

**Montana Primary Care Association
Mailed FIT Kit Project 2020**

Overview

Montana’s community health centers have continued to use evidence-based strategies to provide quality primary care services to patients throughout the state. Each year, these centers report their performance using the Uniform Data System (UDS) defined measures. Colorectal cancer (CRC) screening is one of these UDS defined measures. Through participation in the Montana Primary Care Association (MPCA) run Quality Data Initiative, health centers report their monthly CRC data and learn about emerging best practices that can help boost their center’s screening performance. In Montana, CRC remains one of the most commonly diagnosed cancers and has the second highest mortality rate among cancers. Numerous barriers to screening exist, and due to COVID-19, these factors have been compounded. In an effort to screen more health center patients and address these barriers, the MPCA is implementing a mailed FIT kit project. Through participation in this project, health centers could see an increase in screening rates and potential to earn quality awards.

To apply, read through manual and complete the attached application. Any questions can be directed to Laura Gottschalk lgottschalk@mtpca.org

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Importance of CRC screening programs

Colorectal cancer is the 4th most commonly diagnosed cancer in Montana and has the second highest mortality rate of all diagnosed cancers within the state [1]. Screening can be very effective in detecting CRC and increases the five years survival rate to 90% when it is caught in its earliest stages [2]. That rate drops to 71% when caught at a regional stage and further drops to 14% when detected at an advanced stage [2]. Despite the benefits associated with early detection and following screening guidelines (USPSTF recommends screening for adults age 50-75), only 64.5% of Montanans were screened in 2018 and only 46% of Montana health center patients [3, 4, 5]. Screening rates among uninsured and marginalized groups in Montana and nationally are lower [4].

Project Overview

Montana Primary Care Association (MPCA) recognizes that many CHC patients have significant challenges that interfere with adhering to colorectal cancer screening recommendations. In an effort to screen more patients and reduce the burden of colorectal cancer in Montana, MPCA is funding a mailed FIT program for its member health centers. MPCA will be covering all postage costs, the cost of the kits, and will pay the equivalent of the Medicaid reimbursement rate (minus the cost of the kit) per each mailed kit. The kits are CLIA waived and the samples collected can be processed at the clinic without the use of a laboratory. For this project, MPCA will ask each participating health center to adhere to certain guidelines, particularly around patient inclusion. The guidelines will be covered below.

Fecal Immunochemical Testing vs Colonoscopy

While colonoscopy is considered to be the most comprehensive and effective screening tool for colorectal cancer, it is not always the most feasible option for every patient. Cost, invasiveness, and inconvenience are some of the main factors behind why some choose to not have a colonoscopy. Additional variables during the time of COVID-19, such as reduced primary care visits, limited fully functioning surgical centers, and backlogged patients due for screening, could likely drive the rate of unscreened patients up in 2020. This is a national concern but is compounded in Montana by the limited number of surgical centers and providers able to provide this service. FIT testing can provide a screening for colorectal cancer that is both safe and effective. When performed every year, there is a 64% reduction in mortality rates among those using FIT testing compared to a 65% reduction among those getting a colonoscopy every 10 years [6]. Furthermore, testing is non-invasive, low-cost, and easy to complete from the comfort of one's own home. Those with a positive FIT will need a follow-up colonoscopy to confirm colorectal cancer (low incidence of CRC among those with a positive FIT), but by using FIT, those that are at a greater risk can be prioritized [7].

Advantages to implementing a mailed FIT program

In addition to providing a comfortable alternative to colonoscopy, a mailed FIT program can help address health disparities by eliminating the need to travel and take time off from work to

complete a colonoscopy. Furthermore, the use of mailing FIT kits directly to patients has been shown to improve screening compliance rates by up to 40%. This is an excellent way to help clinics meet their screening goals and potentially obtain quality awards. Additionally, when there is a coordinated clinical strategy in place around a mailed FIT program, it reduces the pressure placed on clinics to rely on opportunistic screening.

Things to Consider

This project may take up to 14 weeks from the time the FITs are distributed to participating centers to completion

Chart Cleaning and Scrubbing: Gaps around CRC screening rates are always likely to exist in a clinic's EHR. These are often due to outstanding medical records or misplaced records within the clinic's EHR. A data cleanup can help ensure that the clinic staff do not waste their time and energy on outreach to those not eligible and will help the intervention target those that need it most. MPCA is asking that a data cleanup has been completed before participating in this project. The Health Outcomes Improvement Coordinator may complete a data survey prior to starting this project.

Staggering the mailing of kits

Clinics may choose to mail kits in clusters according to PCP. This approach could be helpful if staff does not feel that they have the capacity to perform a large mail out and all of the components that accompany it.

Determining eligible patients:

- Ages 50-75, no FIT lab result in the last year, colonoscopy results within the last ten years, other CRC screening result within the specific screening test time frame, or diagnosis of colorectal cancer
- Will use CRC data for the trailing year
- Have a viable address or way to contact the patient
- Be an established patient at the CHC and have a Primary Care Provider (PCP)
- Were seen at the clinic within the past 12 months
- Will prioritize patients that are underinsured and uninsured first

Requirements

- Those clinics using AZARA DRVS will be prioritized
- Clinics must agree to commit to bi-weekly check-ins with MPCA FIT kit team and be prepared to provide a list of patients if requested
- Clinic must complete a data cleanup of their CRC numbers prior to completing this project
- Clinics must agree to complete a data survey with the Health Outcomes Improvement Coordinator if asked
- Clinic must commit to utilizing their EHR electronic portal reminder system (if available)
- FIT kits must be distributed via mail (unless patient is experiencing homelessness)
- In addition to following inclusion criteria, the clinic must document and follow their clinic's closed loop referral process for those patients that have a positive FIT with the goal of scheduling a colonoscopy within 6 months of a positive result
- Clinics must document if the patient refuses colonoscopy in the provider notes
- Clinic must document all attempts to get patient into a colonoscopy within the provider notes

- Clinic must commit to creating a sustainability plan for continuing the Mailed FIT Kit work beyond year 1

Materials needed

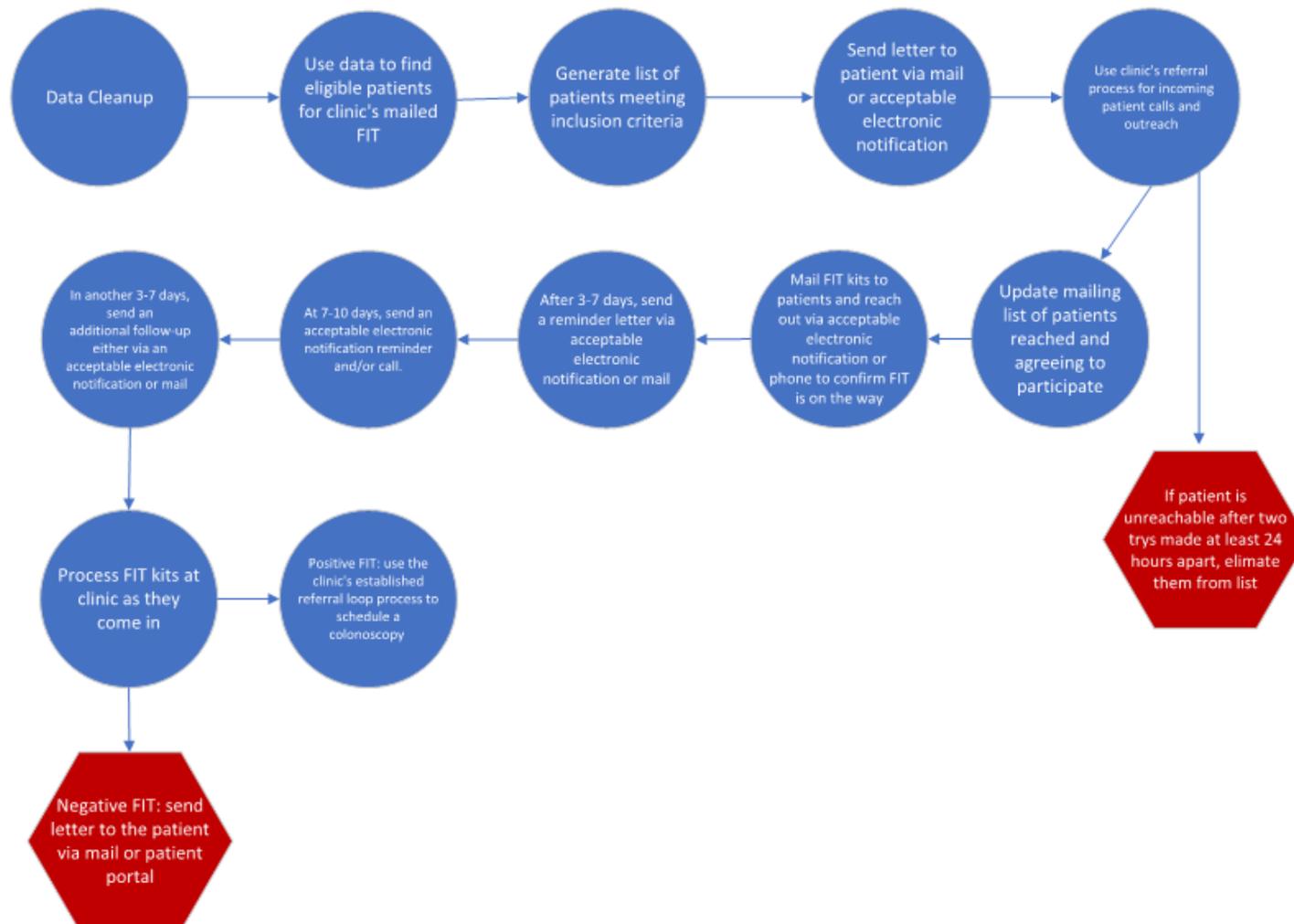
- MOU between health center and MPCA (distributed by MPCA)
- Introductory letter to be distributed either via mail or clinic's electronic patient portal (Letter and postage provided by MPCA)
- FIT kit and letter (Provided and paid for by MPCA)
- Reminder phone call script (Provided by MPCA)
- Reminder letter distributed either via clinic's electronic portal or via mail (Postage and letter provided by MPCA)
- Certified letter for positive FIT (postage paid for by MPCA)
- Patient FAQs (Provided by MPCA)
- Suggested Workflows (See below)

References

1. Chronic Disease Prevention and Health Promotion Bureau. Montana Comprehensive Cancer Control Plan 2016-2021. Helena, Montana; 2016.
2. Survival Rates for Colorectal Cancer [Internet]. Cancer.org. 2020 [cited 23 July 2020]. Available from: <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/survival-rates.html#references>
3. Recommendation: Colorectal Cancer: Screening | United States Preventive Services Taskforce [Internet]. Uspreventiveservicestaskforce.org. 2020 [cited 22 July 2020]. Available from: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening>
4. Zimmerman H. [Internet]. 2019. Available from: <https://dphhs.mt.gov/Portals/85/ahealthiermontana/Coalition/ChronicDisease/SHIPColorectalCancerDataPresentation2019.pdf?ver=2019-12-13-173241-15>
5. HRSA 2019 Montana Health Center Data [Internet]. 2020. Available from: <https://data.hrsa.gov/tools/data-reporting/program-data/state/MT/table?tableName=6B>
6. Zauber A, Lansdorf-Vogelaar I, Knudsen A, Wilschut J, van Ballegoijen M, Kuntz K. Evaluating Test Strategies for Colorectal Cancer Screening: A Decision Analysis for the U.S. Preventive Services Task Force. *Annals of Internal Medicine*. 2008;149(9):659.
7. Corley D, Jensen C, Quinn V, Doubeni C, Zauber A, Lee J et al. Association Between Time to Colonoscopy After a Positive Fecal Test Result and Risk of Colorectal Cancer and Cancer Stage at Diagnosis. *JAMA*. 2017;317(16):1631.

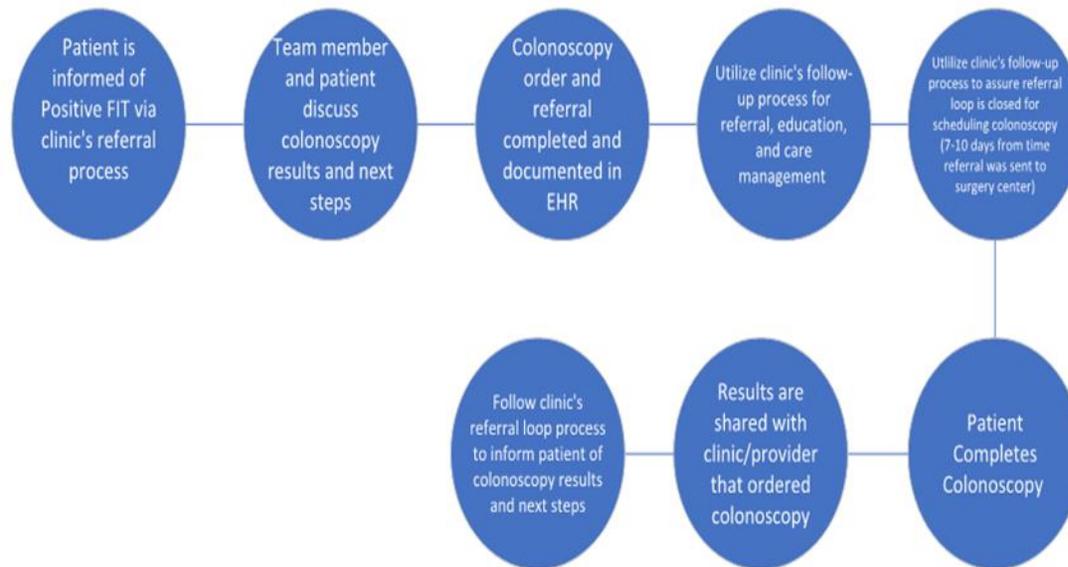
Mailed FIT Kit Workflow

Document all communication history



Colonoscopy Workflow

Document all communication history



Mailed FIT Kit Project Application

Clinic Name:

Clinic Project Lead and Title:

Phone Number:

E-mail:

Number of patients eligible for mailed FIT kit project as defined by page 5 in manual :

Does your clinic currently have the capacity to meet project requirements? If not, what is your strategy to meet project requirements before kick-off?

What are your clinic goals for participating in this project?

What support do you need from the MPCA to make this project a success?

****Upon receipt of Mailed FIT KIT Project Application, Laura Gottschalk will contact project lead for an informational phone call. ****