

Quality Improvement Project to Improve Fecal Immunochemical Test (FIT) Return Rate



Tuan Pham, MD; Janelle Whitt, MD
Department of Family & Community Medicine, OU-TU School of Community Medicine

Introduction

Colorectal cancer (CRC) is the second most common cause of cancer death in the United States. Approximately 147,950 new cases of large bowel cancer are diagnosed annually, resulting in approximately 53,200 deaths [1].

Screening has been shown to reduce mortality through early detection and prevention and has been found to be cost-effective [2]. The United States Preventive Services Task Force (USPSTF) recommends initiating screening for CRC at age 50 and continuing until age 75 [3]. Despite recommendations, many adults in this age group are not up-to-date on CRC screening [4].

While multiple screening tests are available, a common screening test widely used is Fecal Immunochemical Test (FIT) due to evidence of effectiveness, convenience, high availability, and low cost [5]. However, return rate of this screening test tend to be low.

The aim of this project is to increase the return rate of FIT as a method to screen for CRC.

Methods

An EMR query was conducted to collect baseline data on OU Tulsa Family and Community Medicine patients age 50-75 years who had orders for FIT between 7/1/19-1/31/20.

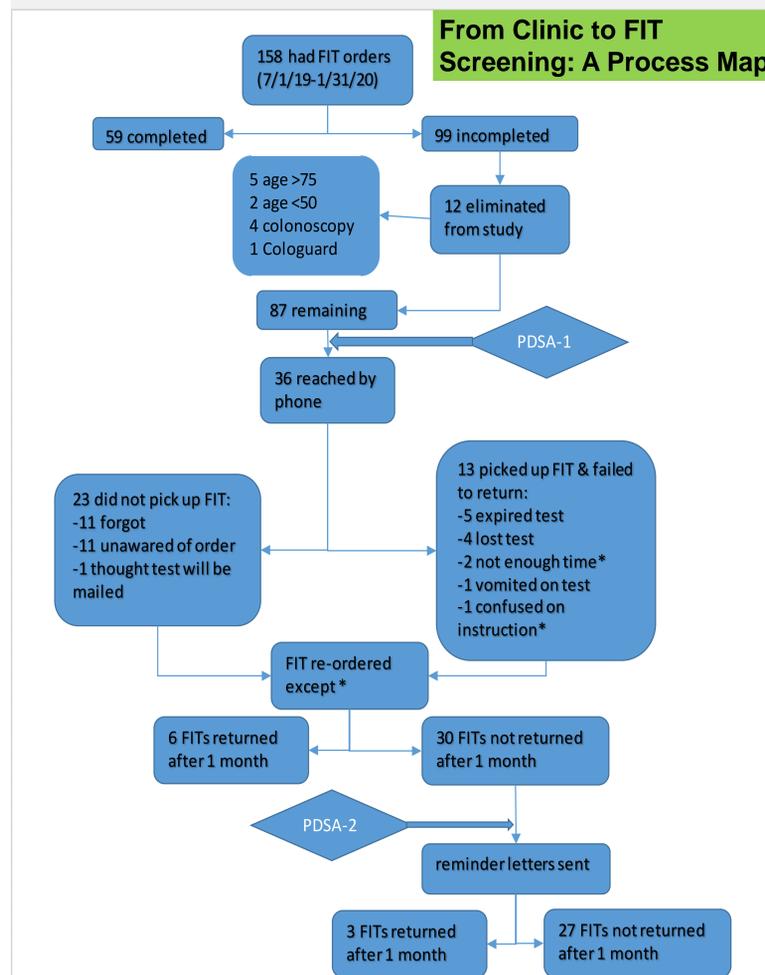
To increase the return rate of FIT for our clinic, we implemented two 1-month PDSA cycles.

PDSA-1 involved calling patients, who had not completed FIT, via phone to provide brief patient education about the importance of CRC screening and offered patients another FIT when applicable.

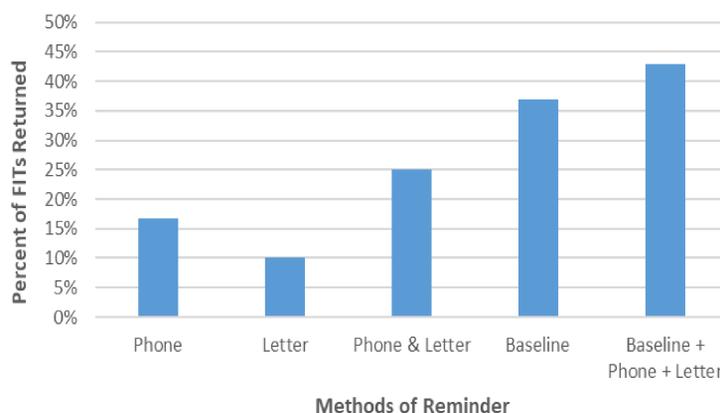
PDSA-2 involved mailing out a reminder letter to return FIT one month after the phone calls.

An EMR query was conducted after each PDSA cycle to determine how many FITs have been returned.

Results



FITs Return Rate Comparison



Final Results		
Return Rate	Percentage	Obtained Between
Baseline	37.34	7/1/19-1/31/20
PDSA-1	16.67	2/1/20-3/1/20
PDSA-2	10.00	3/2/20-4/1/20
PDSA-1&2	25.00	2/1/20-4/1/20
Baseline + PDSA-1&2	43.04 (+5.7)	2/1/20-4/1/20
Rate of Positive FIT	22.22	2/1/20-4/1/20

Discussion

The results of the current study indicate that implementing an organized reminder system using PDSA cycles would improve FIT return rate. More patients are likely to return FIT with repeated reminders. Reminding patients to return test via phone is probably more effective than through letter. Unfortunately, despite reminding patients to return FIT via phone and letter, a majority failed to pick up and return test (27/36, 75%). However, this is expected as these patients have been offered FIT within the past year and have failed to return test.

Our study also failed to recognize the socioeconomic challenges facing our underprivileged populations. Hindrances such as lack of transportation, far distance from clinic, and multiple chronic illnesses deter many from even picking up FIT from our clinic to begin with. We hope to implement a third PDSA cycle by mailing FIT directly to our patients in the future.

Conclusions

The aim of this project is to increase FIT return rate for our clinic by 5% within a 3-month time period. We were able to accomplish this goal (+5.7%) by implementing organized reminder systems via phone and letter. Even with organized reminder systems in place, three quarters of patients are likely to forgo FIT testing for CRC cancer screening. We recognized the many limitations of our study. One limitation is the few number of patients (36) included in the study. We also failed to recognize the socioeconomic barriers that could prevent our patients from coming to clinic to pick up FIT. We plan to implement a third PDSA cycle by mailing FIT directly to patients in the future.

References

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