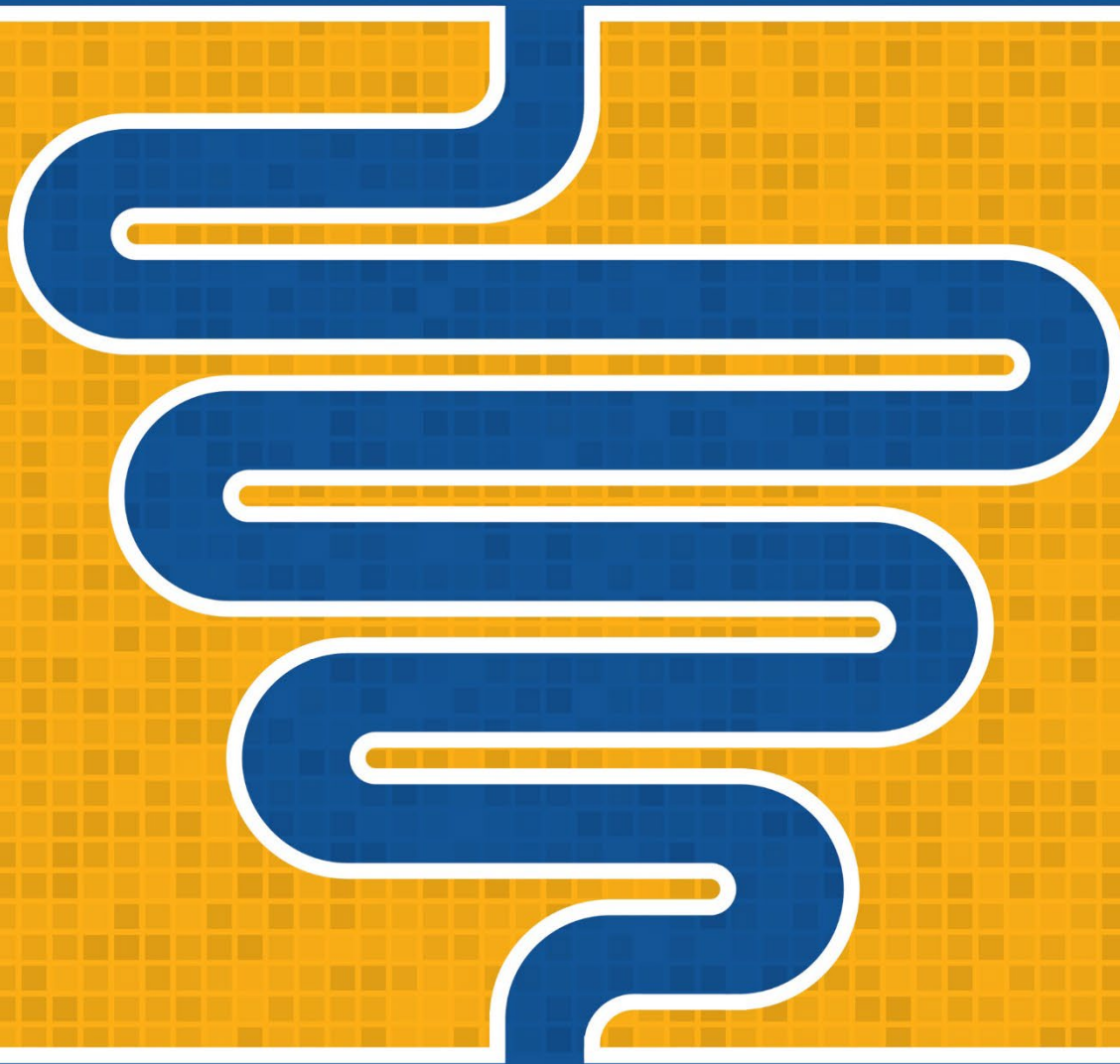


# Testimonial Transcript

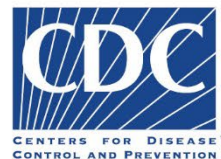
## AltaMed



NATIONAL ASSOCIATION OF  
**CHRONIC DISEASE DIRECTORS**  
Promoting Health. Preventing Disease.



KAISER PERMANENTE.  
**Center for Health Research**





### Narration

AltaMed is a large, federally qualified health center system in southern California.

We have more than 30 clinics and serve predominantly Hispanic or Latino, Spanish-speaking people.

We provide general primary care, dental, and behavioral health services.

This video tells the story of our mailed FIT program over the past few years. Mailed fecal immunochemical tests, or FITs, are stool-based screening tests that patients can receive by mail and complete at home.

We began our mailed FIT program when the Kaiser Center for Health Research approached us to participate in a study to support colorectal cancer screening using mailed FIT kits.

We had leadership support to reduce structural barriers to colorectal cancer screening and a desire to increase screening compliance among patients by testing tailored messages for Hispanic or Latino people.

2017 was the first year of our FIT program, and we had 28,000 patients who were eligible for screening. But that population changed to 73,000 patients who were eligible in the first half of 2022.

The population size of patients who are eligible increased because the United States Preventive Services Task Force Recommendations changed in 2021 to recommend starting colorectal cancer screening at age 45.

We use a centralized model for the mailed FIT program.

One team implements the entire mailed FIT program for the more than 30 clinics in the health system.

AltaMed participated in a five-year Kaiser Permanente Center for Health Research study called PROMPT, which looked at the most effective methods for increasing kit return rates.

Some of the options were:

- Automated text message prompts and automated phone call reminders
- Live phone call patient reminders
- Automated text message prompts, automated phone call reminders, and live phone call reminders



The PROMPT study showed that the combination of automated prompts and automated reminders, and live call reminders was the most effective for increasing return rates, so that's the method that we use too.

In our population, the people most likely to return their kits are people with Medicare and people who have completed a mailed FIT kit before.

The people least likely to return their kits are people who are uninsured and those who don't feel engaged with screening care.

To manage the program costs, we filter the total list of patients who are eligible to include only people who

- are due for screening,
- have a previous record of completing a FIT kit,
- have a recent visit within two years, and
- are asymptomatic and do not have a current referral to gastroenterology.

These criteria focus on people who are most likely to return their kit, with the goal of reducing the size of the mailing list.

But even so, we had a large mailing list. In 2021, we had 11,000 patients who met our criteria and who received mailed FIT kits.

~~We don't do the big batch mailings ourselves.~~

As for mailing the FIT kits, we have used a vendor for the past four years, 2017 to 2021, to mail out the FIT kits in June and July.

In 2021, the vendor sent out 5000 kits in the first batch and 6000 in the second batch.

Our patient navigators made follow-up calls to all patients who had not returned FIT kits. It took our three navigators about one month of continuous effort to call all the patients who needed a reminder to complete and return their kits.

In January 2022, our quality improvement team started to use a new continuous mail-out model to increase sustainability and reduce program costs.

The new approach uses the internal staff to mail out a small batch of kits every month instead of using external vendors to mail out FIT kits in June and July of each year.

The new approach also asks patients in advance if they want to receive a mailed FIT kit.

The expectation is that patients who agree to the test will be more motivated to complete the kit.



Patients get a text message asking them if they want a kit.

If they say yes, a kit is sent out, followed by a video link to show them how to complete the kit.

If they have not returned their kit after four weeks, they get a follow-up phone call.

The four-week waiting period lets our team focus on patients who really need follow-up.

The reminder phone calls made by our patient navigators help to improve the return rates.

Two navigators on the quality improvement team mail out the kits and a different team of three navigators do the follow-up calls.

About 1.5 full-time equivalent people are devoted to colorectal cancer screening activities, and about 10% of that is for mailed FIT.

That is because the continuous mailing list is much smaller than the normal in-clinic screening lists.

The data on the continuous mail-out program shows that return rates are about 50% compared to 32% for the previous batch program. But the 50% result is based on a smaller population of more motivated people who agree to the test.

In addition to improving screening engagement, we were also able to reduce program costs.

FIT kits (at about \$3.66 per kit) were not sent to people who would not return them. And the continuous model is much less expensive than using a vendor.

We immediately follow up on abnormal results with our Colorectal Cancer Screening registry team, which consists of a registered nurse and two medical assistants.

The registered nurse calls the patient and explains the clinical significance of the abnormal result, the importance of a follow-up colonoscopy, and the overall procedure.

The registered nurse also answers questions and places a GI referral.

A medical assistant follows up with each patient to schedule a colonoscopy and tracks the colonoscopy result.

Our biggest challenge with the batch system was in getting lab results matched with patients in our electronic medical record system.

The system did not automatically generate lab orders for patients, and sometimes there was no system lab order to match with incoming lab results.



In those cases, the incoming lab results all went into the general work queue in the system, which meant that the health information team had to manually match the incoming lab results with individual patient records.

The continuous mail-out system solves this problem by ensuring that patients have a lab order in the system that can be automatically matched with incoming lab results.

Our baseline rate for receiving follow-up colonoscopy results from the GI providers was 16% in 2020, but now with the existence of the Colorectal Cancer Screening Registry to follow up on abnormal results, the overall rate of receiving colonoscopy results has increased to 25% in 2022.

The remaining 75% of results included patients who did not get a colonoscopy, patients somewhere in the process, and patients for whom the specialist had not sent the results to AltaMed.

One area for improvement for us is to get the colonoscopy results into the system so that providers can review the results and tell the patients what to do next.

Since the patients always receive their colonoscopy results, we send patients a text message and ask them to bring in their results on their next visit.

Our team feels good when they see an increase in screening completions after they mail out FIT kits because it means that patients are completing the kits and more people are getting screened.

In 2021, about 25% of all patients who completed their screening kits received those kits through the mailed FIT program.

There were 203 abnormal results from the 2021 FIT mailing, which we followed up on. And that means that our mailed FIT outreach program is working to help save lives.

We can offer some advice for working with clinic teams, working with leaders and providers, and working with the lab.

First, for clinic teams, create clear procedures and responsibilities for sending primer messages and following up on mailed FIT kits to ensure that the program operates smoothly.

Second, for leadership and providers,

- Ensure that your leadership and providers support the mailed FIT program.
- Set the expectation that they will see an increase in total abnormal screening results because of the additional people being screened by the mailed FIT program. This will avoid unexpected surprises for providers.



Third, let the lab know that their free FIT kits will be returned for analysis so that they can bill for the associated processing costs.

If you have a good relationship with your lab, maybe you can use your high kit return rates to negotiate free or lower prices from the lab for the kits that you mail out.

Thank you for watching this video about the mailed FIT program at AltaMed!

We hope that our story gave you some ideas to start or improve a successful mailed FIT program at your clinic as well.

### Resource Links

Mailed FIT Implementation Guide

<https://chronicdisease.org/wp-content/uploads/2023/01/60851-Mailed-FIT-Guide-v50.pdf>

Mailed FIT Implementation Workbook

<https://chronicdisease.org/wp-content/uploads/2023/01/Mailed-FIT-Course-Workbook-v05FF.pdf>