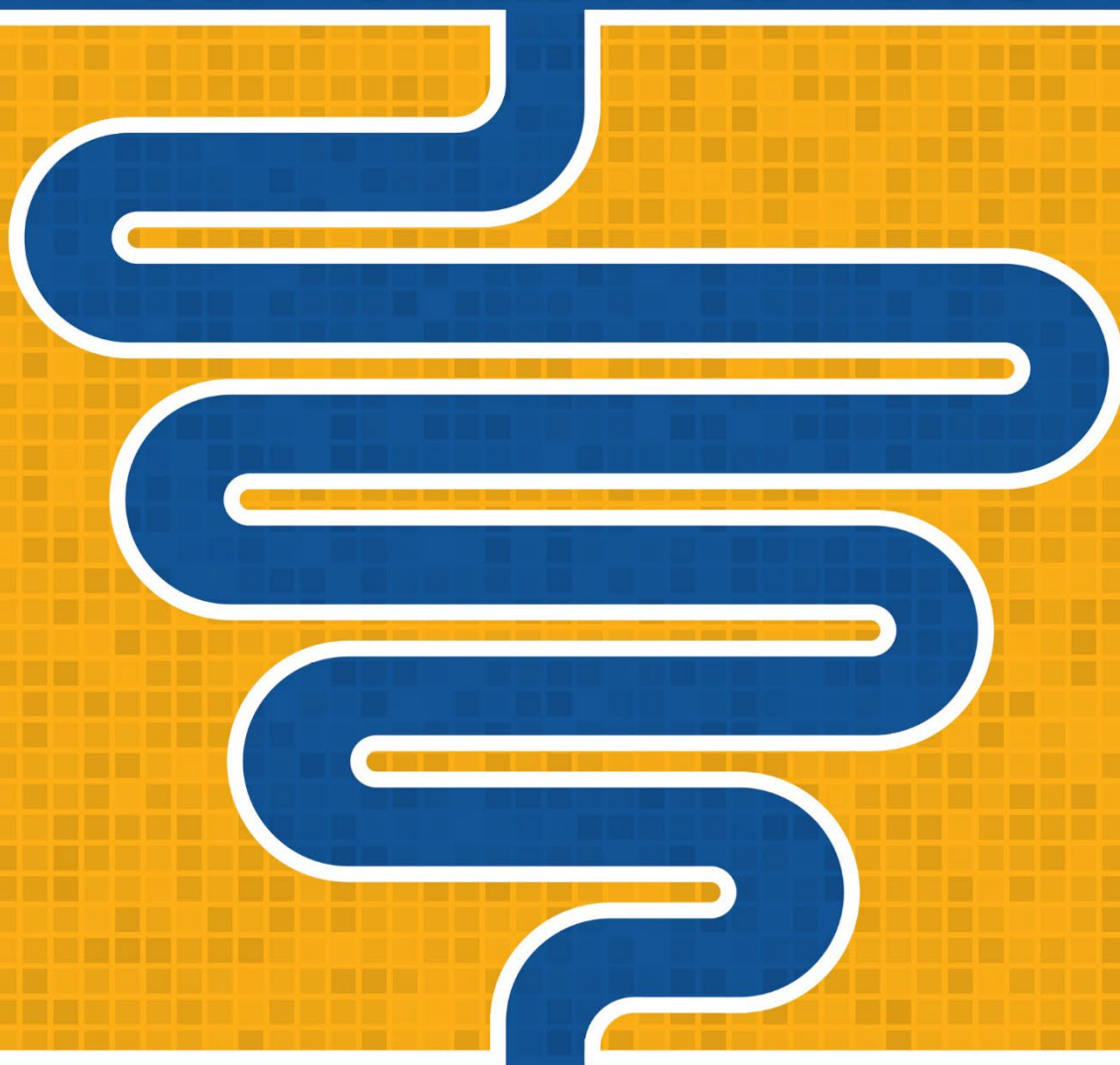


# Testimonial Transcript

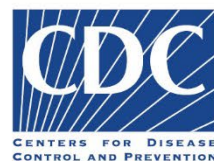
## Lincoln Community Health Center



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



KAISER PERMANENTE.  
**Center for Health Research**





## Narration

Lincoln Community Health Center is a community-based clinic system in Oregon.

We provide quality healthcare services to community members of all ages in Lincoln County.

We operate three main clinics in Lincoln City, Newport, and Waldport, Oregon, and operate four school-based health centers in high schools.

This video tells the story of creating and operating our mailed FIT program during its first three years. Mailed fecal immunochemical tests, or FITs, are stool-based screening tests that patients can receive by mail and complete at home.

The clinic started its mailed FIT program shortly after hiring a new panel coordinator and licensed practical nurse, who immediately became the champion for our new mailed FIT outreach program.

She had experience with mailed FIT programs and a passion for ensuring that all eligible people in the clinic population could have convenient access to colorectal cancer screening.

Some of the factors that motivated the launch of our mailed FIT program in the summer of 2019 were: a desire to improve clinic colorectal cancer screening rates, funding support for the program, help from a subject matter expert who provided training and national data comparisons, a new modification to the electronic health record system to support mailed FIT, and a desire to improve related metrics at the clinic.

Our eligible population for colorectal cancer screening consists of about 5000 people, or 10% of the county population.

About 70% of them are primary care patients.

About 50% of the 5000 are patients with Medicaid, 20% are commercially insured, 15% are on Medicare, and the rest are not insured.

In 2022, we are focusing especially on Hispanic patients because of disparities indicated by other non-screening metrics.

Our mailed FIT outreach team uses a centralized model.

All mailed FIT activities are conducted out of a single clinic.

The team size was one person in 2019 but grew to five people in 2022.

The program coordinator and four community health workers.

The team divides the program responsibilities into two parts.



The program coordinator works with the electronic health record system to create lists of eligible patients for mailing, and the four community health workers conduct the mailed FIT mailings and reminder workflows.

When we create a patient mailing list, we filter the total list of eligible patients to include only established patients who have visited our clinic in person within the past year.

This makes the mailing list size manageable and improves our return rates because established patients are familiar with the process.

In the beginning, with only one person on the team, we split the annual mailing effort over several weeks to make the workload manageable for a single person, but since our team has grown, we now split the load among the four community health workers.

Each worker can handle about 75 patients for mailing, reminders, and follow-up activities.

It takes about two months of calendar time to complete one cycle of mailing, reminding, and follow-up activities.

The primary steps in our current mailed FIT workflow are as follows: Generate a patient mailing list from the EHR system; mail out an introductory letter; wait about one and a half weeks and then mail out the FIT kits; wait about one and a half weeks and phone the patients who have not returned their kit; wait about one and a half weeks and phone the patients who still have not returned their kit; mail a final reminder letter to the patients who have not responded.

In 2022, we did our first major mailing in April, and we did a second one in September.

We also distribute FIT kits to patients who visit the clinics throughout the year.

For patient education in the clinic, we created a large wall poster that showed each piece of the mailed FIT kit and explained how the process worked.

The poster was useful to both patients and staff to help everyone understand the components and operation of a mailed FIT kit program.

We experienced two memorable challenges in our program.

In one of the early years of the program, we were ready to start mailing out the kits, but the labs told us they didn't have any kits.

That delay pushed our April mailing well into the summer so that it was almost back-to-back with the September mailing.

So, now we plan ahead and order our kits in January or February so that we have the kits ready in time for the April mailing.



Another time, there were discrepancies between the patient list created by the program coordinator and the list automatically generated by the EHR system.

Because of that, we had to manually enter the FIT orders into our EHR system and handwrite mailing addresses for 300 patients.

We regularly review our mailed FIT outreach program so that we can respond to issues and improve the overall quality of the program.

Here are some examples:

- Our technical assistance program helps us to identify and reduce disparities between Hispanic and non-Hispanic populations.
- We try to capture and share best practices from teams that do well with their mailed FIT efforts.
- Patients sometimes think that FIT screening costs a lot of money, so we responded by including the expected costs of screening in the initial FIT kit.
- Our community health workers are focused on the social determinants of health and delivering overall care to patients.
- Three of our four community health workers are bilingual.
- Most of the planning for our program occurs in January, early in the year.
- Our team meets monthly to review 18 or 20 metrics, including metrics for colorectal cancer screenings that we track monthly, year-to-date, and annually.

We are very data-driven.

Our biggest program achievement was increasing our overall colorectal cancer screening rate among eligible patients from 10.2% in 2014 to 62% in 2020, which is an average increase of about 8% per year for six years or 500% over six years.

We credit that increase to interventions such as staff training, generating friendly competition among providers, increasing public awareness during colorectal cancer awareness month, and using promotional materials such as clinic posters and t-shirts.

We are also proud of our patient education efforts around FIT screenings.

We get personal satisfaction from conducting the mailed FIT program, and we are proud of how well our staff has engaged with the program.



We feel gratified when we see the screening rates go up after a mailing, and we feel good knowing that we are saving lives because of our efforts.

We have three tips for people working with mailed FIT programs: Check out the mailedFIT.org website for excellent customizable letters and materials, follow the mailed FIT implementation guide and customize the program for your clinic, and find a champion to manage and follow the program from end to end.

Thank you for watching this video about the mailed FIT program at our clinic.

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>