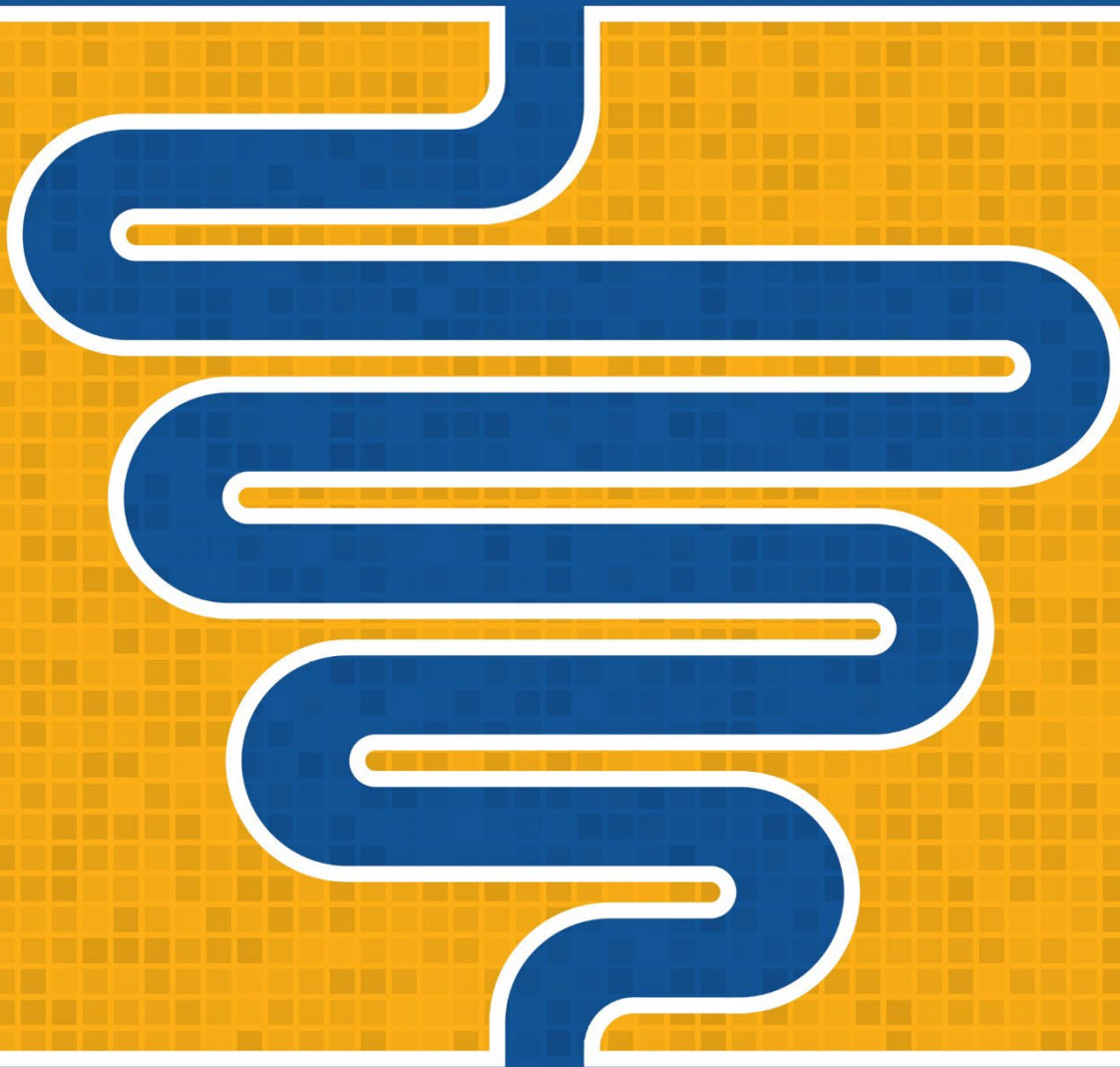


Video 10 Transcript

Sustaining the Program



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VIDEO 10: SUSTAINING THE PROGRAM

Narration

Hello and welcome to this video series on how to implement a mailed FIT outreach program!

I'm Dr Jason Dominitz. I am the Executive Director of Gastroenterology and Hepatology for the department of Veterans Affairs. I am also a Professor at the University of Washington School of Medicine in Seattle. I have been studying mailed FIT as part of a large VA study comparing programmatic mailed FIT to screening colonoscopy. I am now leading the VAs efforts to implement mailed FIT screening programs across the VA.

The previous video was about Step 6 of 6 in the **execution phase** of your program workflow. It discussed options for entering lab results into your EHR system and protocols for following up on abnormal FIT results.

This video is about how to sustain your mailed FIT outreach program over time.



Narration

FIT tests are annual tests, so you will want to sustain your mailed FIT outreach program so that you can send FIT kits yearly to your eligible patients.

Research shows that individuals who have previously conducted FIT screening are more likely to respond, so your mailed FIT program can become more efficient over time as your patients grow accustomed to receiving annual FIT kits in the mail.

Some key aspects of a sustainable program include:

- Funding.
- Staffing.
- Having policies that expand patient access to external care services.
- Increased health system/health plan reporting, and
- Goal setting toward established benchmarks.

Some programs have chosen to use more abbreviated messages with patients who are familiar with FIT testing and more detailed messaging options with those who are new to FIT testing.

Partnerships across sectors can also play a valuable role in long-term sustainability by helping to fund and support your program.



Narration

These are some best practices to consider for program implementation and sustainability:

- First, have a reliable funding mechanism in place.
- Second, ensure that there is organizational alignment across leadership and staff.
- Third, implement a well-defined and well-documented screening plan with explicit policies and workflows for screening and population selection.
- Fourth, create an oversight process with a management team that is responsible for implementation.
- Fifth, implement a quality assurance structure with a quality improvement team.
- Next, track complications in screening, follow-up of abnormal results, and cancers detected.
- Finally, private health plans, Medicare, and Medicaid programs may benefit from tracking, monitoring, and reporting colorectal cancer screening metrics.

Identify which of these best practices are a priority for your program.



Narration

It can be beneficial for clinical staff to be knowledgeable about how to collect a family history from each patient to assess their colorectal cancer risk.

If you would like to learn more about creating or updating your family history and colorectal cancer risk assessment process, please review the National Colorectal Cancer Roundtable's *Risk Assessment and Screening Toolkit* shown on the screen. The toolkit shows you how to develop a comprehensive process for your clinic. You can find it in the National Colorectal Cancer Roundtable's resource center at **nccrt.org** or at the link shown on the slide.



Narration

Another important aspect of sustainability is to periodically review your program so that you can adjust and optimize its performance and sustainability.

The plans that you create for your review process can consider what data to gather, what methods to use to gather the data, and how to analyze and report on the data.

Finally, you might want your review plan to specify how your team will choose the best improvement options based on the performance reports.

Here are some key performance indicators to review each year:

- What was the return rate of completed mailed FIT tests?
- How much did the return rates improve because of your program?
- What are the demographics of patients who were reached by your program, including age, race, ethnicity, insurance status, previously screened or unscreened status, underserved status, etc.?
- How did the projected program costs compare with the actual program costs?

In addition, here are some review process questions for your team to consider:

- What process will you use to determine what workflows worked (or did not work) for clinic staff?
- How will you define the meanings of “worked” and “did not work?”
- What process will you use to identify desired improvements to your program?
- Do you have regular team meetings or a quality improvement team to focus on improvements?

It's important for all improvement goals to be specific, measurable, attainable, realistic, and timebound and that progress toward those goals is tracked and reviewed regularly.



VIDEO 10: SUSTAINING THE PROGRAM

Narration

Thank you for watching the video series on how to implement a mailed FIT outreach program! This last video in the series gave you tips on how to sustain your program over time.

We hope that these videos helped you, and we wish you success in implementing a mailed FIT program at your site.

Resource Links Shown on the Slides in the Video

National Colorectal Cancer Roundtable Risk Assessment and Screening Toolkit

<https://nccrt.org/resource/risk-assessment-and-screening-toolkit-to-detect-familial-hereditary-and-early-onset-colorectal-cancer/>

Mailed FIT Implementation Guide

<https://chronicdisease.org/wp-content/uploads/2022/06/Mailed-FIT-Guide-Revised-2022.pdf>