Video 1 Transcript
Technical Resources and Capacity
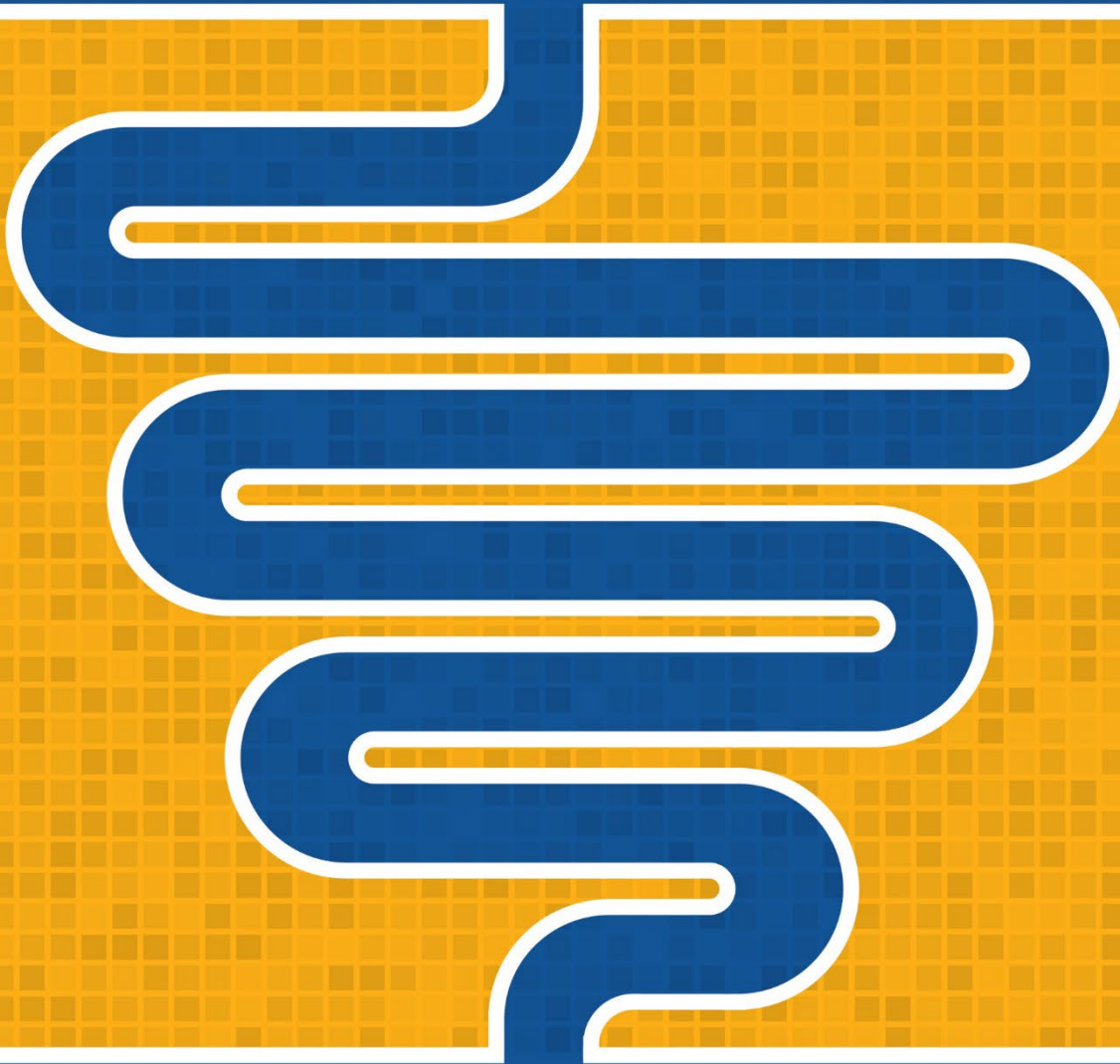
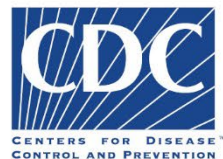## Narration

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

My name is Lisa Richardson and I'm the Division Director of Cancer Prevention and Control at CDC.

This video series is based on the 2022 Mailed FIT Implementation Guide that was developed in partnership with Kaiser Permanente Center for Health Research and with the support of the Centers for Disease Control and Prevention. The purpose of the guide is to share evidence-based practices to help increase colorectal cancer screening rates in communities across the country.

The goal of this video series is to help you create a successful and customized mailed FIT outreach program for your patient population. There is also a companion workbook to help you with your planning, and there is more detailed information in the Mailed FIT Implementation Guide itself.

Now let's get started with module one, which discusses the technical resources and capacity required to make your program run smoothly and efficiently.

Narration

The United States Preventive Services Task Force and the American Cancer Society now recommend that adults at average risk begin colorectal cancer screening at age 45 and continue to age 75.

Individuals aged 76 to 85 should engage in shared decision-making with their physicians about screening, and individuals over 85 should discontinue screening.

The screening recommendations apply to adults who are at average risk for colorectal cancer. They do not apply to adults who may be at higher risk for reasons such as having a prior diagnosis of colorectal cancer, inflammatory bowel disease, adenomatous polyps, or genetic disorders or family history that increase their risk of colorectal cancer.

FIT screening is recommended annually. The Stool DNA-FIT is recommended every 1 to 3 years. If abnormal test results are found, a follow-up colonoscopy is required.

Narration

The CDC provides a resource that can show you the historical uptake of colorectal cancer screening tests in your state.

The resource provides data on the percentage of age-eligible people who were screened each year, grouped by race and ethnicity, insurance status, sex, and age group – 50 to 64 years and 65 to 75 years.

Visit the CDC's web page shown on the screen to learn more.

Narration

A program champion is a key success factor for your mailed FIT program. It is important for your program champion to be a passionate person who is knowledgeable about FIT programs, who can influence other people, and who is willing to advocate for your program. For example, your champion could be a clinician from within your healthcare system.

Another success factor is strong organizational support for ensuring that key activities are integrated into system operations, such as record-keeping, in-office visits, outreach efforts, and communications.

Other kinds of organizational support include funding and policies that support your program. For example, one health system policy might be to encourage process quality reports from the operating program.

Two other factors for a successful program are colonoscopy capacity and staffing resources. They are discussed later in this module.

Narration

It is important for your program to have a good data collection infrastructure so that you can work efficiently and conduct follow-up operations for patients with abnormal FIT test results.

Here are five capabilities that can be achieved with a strong data infrastructure:

1. Identify and track patients that are eligible for mailed FIT outreach.
2. Track the key steps in the screening process (mailings, results, and result communications).
3. Track the key steps in the colonoscopy navigation process after abnormal FIT results.
4. Allow for repeat invitations for patients with normal results, and
5. Track reimbursements if they are applicable.

The first two practices are essential: identifying eligible patients and tracking the screening process. Practices three, four, and five are recommended for a strong infrastructure.

Narration

Various tools and resources can be used to track patients and generate reports in your program, and the set of tools can vary by clinical site. Your electronic health records (EHR) system is usually the most important tool because it does most of the tracking and reporting work.

You can maximize your success by understanding your EHR capabilities and how to use them effectively. For example, you can choose EHR features that are matched to the needs, size, and capacity of your program. Here are three examples of useful EHR system features.

- Some EHR systems can generate reports for patients as they move through the screening process, such as reports for eligibility, sending introductory letters, mailing FIT kits, and sending patient reminder messages.

- Some systems can track preventive health data for individual patients and update patient health data automatically or allow you to enter information such as historical colonoscopies manually.

- Some systems can generate reports for patients who are due for screening and export the results into spreadsheets for your staff.

Narration

It is important to have the capacity to provide the follow-up colonoscopies that are recommended for patients who receive abnormal test results. More FIT testing will require more colonoscopy capacity.

It is recommended to ensure patients receive follow-up colonoscopy within six months after an abnormal test result. You can estimate the colonoscopy capacity that you may need because the abnormal result rate is typically between 4% and 8% of the number of FIT tests that you mail out.

A detailed calculation on how to estimate the colonoscopy capacity for your patient population is shown in the Mailed FIT Implementation Guide.

Narration

It is important to have sufficient technical capacity in other areas, such as knowledge about FIT testing, internal or external lab capacity, entering lab orders, receiving lab results, communicating lab results to patients, and following up on abnormal screen test results. You can also define clear protocols for sending, returning, and processing FIT kits before they expire.

Your staff training plan can include your mailed FIT program so that it can be seamlessly integrated into your daily operations. Then all of your staff members – including doctors, nurses, and medical assistants – can be knowledgeable about mailed FIT programs and be comfortable educating patients about your program.

The ability of clinical staff to collect a family history from patients can help to determine the patient's colorectal cancer risk and to select an appropriate screening protocol. Visit the CDC's web page shown on the screen to learn more about how to use family history information.

Narration

Thank you for watching this video on the technical resources and capacities that can support a successful mailed FIT program.

This video highlighted the importance of having a program champion and organizational support for your program. Then it identified key technical resources, EHR systems, and staff and colonoscopy capacities that will help your program serve your patient population.

The next video will help you to get ready by talking about your program goals, priorities, strategies, partners, resources, and tools.

Resource Links Shown on the Slides in the Video

Mailed FIT Implementation Guide

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

U.S. Preventive Services Task Force Recommendation for Colorectal Cancer Screening

https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening

Colorectal Cancer Screening Test Use

https://www.cdc.gov/cancer/ncccp/screening-test-use/index.htm

The Centers for Disease Control and Prevention Resources on Hereditary Colorectal Cancer

https://www.cdc.gov/genomics/disease/colorectal_cancer/index.htm