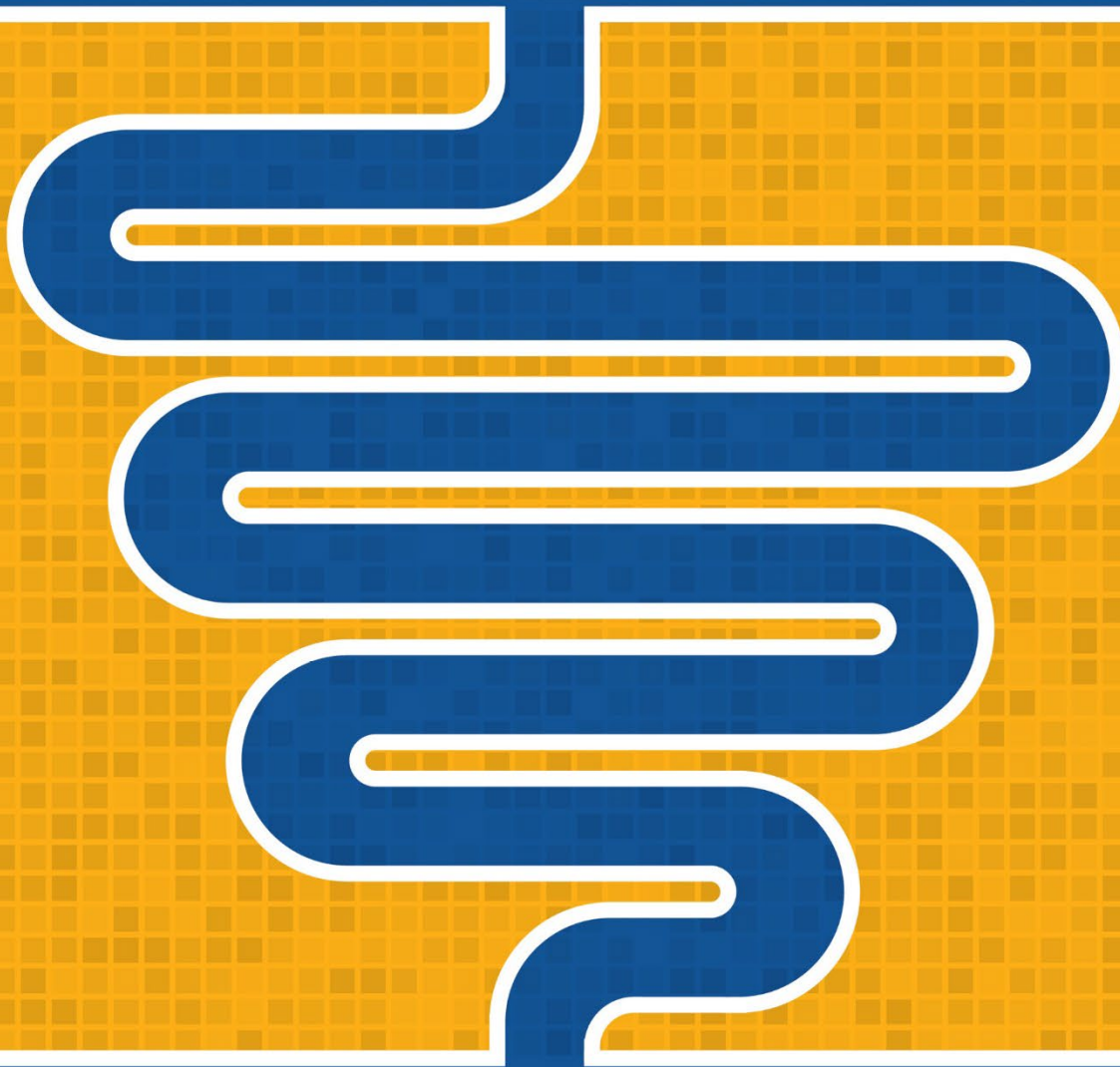


# Video 2 Transcript

## Getting Ready



NATIONAL ASSOCIATION OF  
**CHRONIC DISEASE DIRECTORS**  
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## VIDEO 2: GETTING READY

### Narration

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

I'm Dr Richard Wender. I chair the department of Family Medicine and Community Health at the University of Pennsylvania and I was the long time Chair of the National Colorectal Cancer Roundtable, and previous Chief Cancer Control Officer at the American Cancer Society. So, I've been working in colorectal screening for a long time and I'm now part of a system wide program that includes mailed FIT here at the University of Pennsylvania.

The previous video described some important prerequisites and capacities for your program. This video will help you to get ready and to design your program by talking about

- How to customize your program goals,
- How to refine your process using the Plan-Do-Study-Act model,
- How to build a capable team,
- How to educate your patient population, and
- How to bring your patient records up to date with historical colonoscopy information.



## VIDEO 2: GETTING READY

### Narration

The first thing to know is that FIT testing is one of the screening tests recommended by the United States Preventative Services Task Force and it is to be done annually. The goal is to create and sustain a mailed FIT outreach program that allows you to send FIT kits yearly to serve your patient population.

The second thing to know is that mailed FIT programs can be different because of the different clinics, staffing levels, priorities, resources, and patient populations that are involved. There is no one-size-fits-all program design that everyone must use.

You can customize your FIT program to fit the needs of your site, resources, and patient populations. Here are four questions to help you customize your program.

1. Define priorities and targets. What are your goals?
2. Select a strategy or two. What strategies will you use to reach your goals?
3. Engage partners. Who can help you to reach your goals? And
4. Gather resources and tools. What resources will you need to acquire?

Answering these four questions will help you to define and understand your program goals and give you more insight into how you intend to accomplish them.



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You will probably want to refine your program in successive improvement cycles.

One tool for managing improvement cycles is the **Plan-Do-Study-Act model**, often called PDSA. In this model, new process changes are tested on a small scale first and then refined in successive improvement cycles based on the most recent process outcomes. The model shown here is from the Agency for Healthcare Research and Quality.

Each improvement cycle has four parts. In the **PLAN** step, some new changes are planned for a process. In the **DO** step, the changes are implemented. In the **STUDY** step, new outcomes are generated. And in the **ACT** step, the new outcomes are interpreted to identify new ideas for improvement. Finally, the next PDSA cycle begins by planning another set of new process changes.

The PDSA model can be used to improve many parts of your program. For example, you can use it to improve the return rates for mailed FIT kits, improve the abnormal result follow-up procedures, or improve any other workflow procedures that you want to focus on.

The PDSA model helps you to focus your improvement efforts on a single workflow on each PDSA cycle. That way, you can get better results in a systematic and controlled way without wasting your valuable resources.



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Building a knowledgeable team is important for your program. Your team members will perform a variety of tasks in your program, including cleaning up data in the Electronic Health Record system, implementing clinical workflows, mailing out FIT kits, managing the return of FIT kits, and following up on both normal and abnormal results.

External partners and vendors can help with the workload, but your team manages the overall program. Everyone has an important role to play.

- Executive leadership.
- Program champions.
- Operations and quality improvement leads.
- EHR system experts.
- Frontline staff.
- Laboratory personnel.

It's beneficial for your champions and leadership to be supportive and knowledgeable about your program. Continuing education updates can give consistent messages to everyone on your team.



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It's also important to educate patients who participate in your screening program. If they understand the importance of colorectal cancer screenings, they are more likely to return their FIT tests on time and work with your colonoscopy navigators to follow up on abnormal results.

Consider educating your patients about the following topics:

- What colorectal cancer is.
- Why colorectal cancer screening is important.
- FIT kits are an approved and accepted alternative to colonoscopy for patients at average risk.
- FIT screening should be performed annually.
- FIT screening is easy and can be done at home with no dietary preparation.
- Fecal samples can be sent through the mail safely.
- Abnormal FIT results require a follow-up colonoscopy.
- FIT screening is usually free, and resources might be available to help pay for a follow-up colonoscopy.

Consider emphasizing that FIT screening is recommended by the USPSTF to be done annually and that abnormal results require a follow-up colonoscopy. Visual aids and videos can be helpful.



## VIDEO 2: GETTING READY

### Narration

Mailed FIT outreach can be conducted by centralized or distributed teams; your team design will depend on the capacity of your clinic or health system and the duties assigned to your team members.

A centralized team is a single team that manages all aspects of the FIT program for the entire patient population, whereas distributed teams are groups at various clinics that manage some or all aspects of the FIT program for some or all portions of the entire patient population.

A centralized FIT team is often preferred because it can manage all FIT-related tasks so that frontline staff can focus on direct patient care.

But a distributed team approach might be more efficient for large health systems, especially if satellite clinics use different FIT program designs to serve different patient populations.

In very large systems, it might also be helpful to split the FIT program tasks among specialized teams at different clinic sites. For example, a specialized team at one site could manage all EHR mailing lists and report generation activities for the entire FIT program. A different specialized team at a different location could manage all follow-up activities for abnormal test results.



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You can improve the efficiency and cost-effectiveness of your program by keeping up-to-date records for insurance claims and historical colonoscopies in your EHR system. The process of bringing records up to date is called “scrubbing.”

Your staff can scrub EHR records in several ways. They can use EHR system tools to generate reports, look at insurance claims for relevant information, scrub the records manually, or use mailed FIT outreach letters to ask patients about their colonoscopy history.

For example, some EHR systems can automatically detect historical colonoscopies by searching for keywords such as “colo” or “colonoscopy” in the comments field of EHR records. Other systems can identify patient records that are missing EHR colonoscopy codes.

You might also contact health insurance plans for updated patient colonoscopy information, or you can manually review patient chart information that is not recorded in the EHR system.

Be sure that you have enough staff to conduct an initial scrub. The work can be labor-intensive, but your program will be much more efficient after the initial scrub has been completed.





## VIDEO 2: GETTING READY

### Narration

Thank you for watching this video on getting ready to start your program!

This video talked about:

- Customizing your program goals.
- Refining your process steps using the Plan-Do-Study-Act model.
- Building your team.
- Educating your patient population.
- Scrubbing your EHR records to bring them up to date with historical colonoscopy information.

The next video is about selecting a FIT kit to meet your needs.

### Resource Links Shown on the Slides in the Video

Agency for Healthcare Research and Quality Plan Do Study Act Model

<https://www.ahrq.gov/health-literacy/improve/precautions/tool2b.html>

Mailed FIT Implementation Guide

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