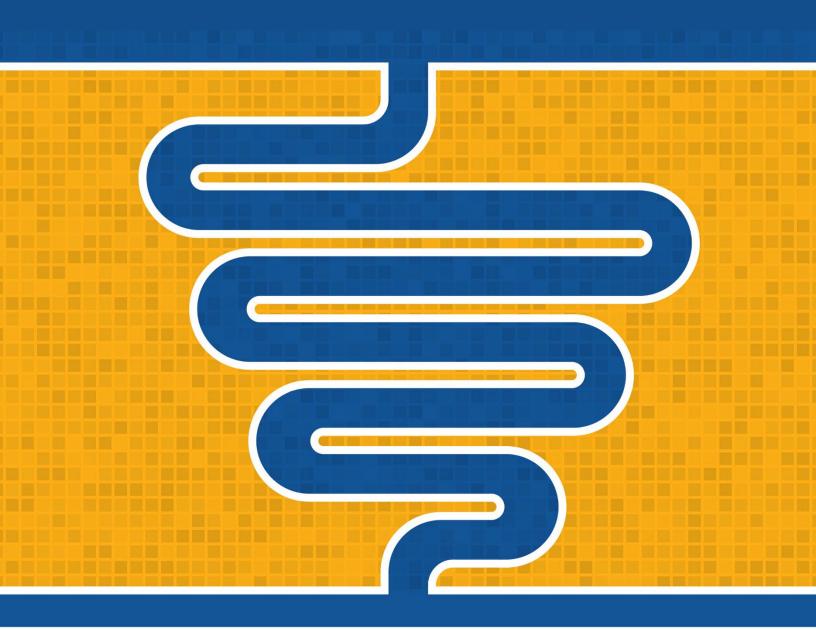
Video 8 Transcript Process Returned FIT Kits









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

I am Dr. Geetha Govindarajan. I am the Director of Clinical Innovations at Friend Health, a large FQHC in the southside of Chicago, and in our organization, we have had quite a bit of success with mailed FIT kits.

The previous video gave you tips on how to remind your patients in a friendly way to return their samples to complete their part of the screening process.

This video is about Step 5 of 6 in the **execution phase** of your program workflow. It gives you tips on how to receive returned FIT kits, send them to the lab, and complete your billing process.

Most patients return their FIT samples within four weeks of receiving them, and most returns will arrive at your clinic within three months. Depending on the size of your population, your lab processing location, the type of FIT being used, and other variables, there are typically three options for receiving and processing the FIT kits.

- 1. Have patients return FIT kits to the clinic and process them at an internal lab. This is the most streamlined process for clinics that have enough internal lab capacity. Clinic staff can check the sample collection date on each returned collection device and ask the patient for a collection date if it is missing.
- 2. Have patients mail their FIT kits to an external lab. This workflow requires that external lab requisitions are included in the FIT kits before they are mailed.
- 3. Have patients return the FIT kits to the clinic. In this workflow, your team can create lab requisitions for received samples and send the samples to an external lab. This option enables a clinic to place lab orders only for returned samples.

Some EHR systems can place large lab orders in batches.

For laboratory billing, it is important to have up-to-date information about patient insurance coverage or income information to help uninsured patients understand if they may be eligible for other assistance.

This information is usually updated when patients visit the clinic. If your EHR system shows that insured or uninsured status has been updated within the last year, you could treat that information as being up-to-date. Otherwise, you might consider phoning patients to obtain their information to update your EHR system.

If a clinic is unable to pay for the testing of uninsured patients, the clinic may want to refer the patient to other programs or assistance that they may be eligible for.

For patients with insurance, the sample processing is usually covered by most insurers.

Community partnerships for follow-up colonoscopy services are vital for patients who are uninsured or underinsured.

For example, consider the work of Dr. Cynthia Yoshida of UVA Health and her colleagues at the University of Virginia Comprehensive Cancer Center.

First, they worked with a local federally-qualified health center to provide FIT colorectal cancer screening for uninsured patients in rural Virginia. Then they partnered with GI practices to obtain free or negotiated rates for uninsured patients who needed colonoscopies.

The National Colorectal Cancer Roundtable recognized Dr. Yoshida's work and honored her in 2021 with an 80% in Every Community National Achievement Award. Please see **nccrt.org** for more information.

Thank you for watching this video on how to process returned FIT samples!

This video discussed options for directing returned samples to your clinic or an external lab, options for billing for lab work, and an example of partnering with others to help uninsured patients with screening and follow-up colonoscopies.

The next video is about options for following up on abnormal results with colonoscopies.

Resource Links Shown on the Slides in the Video

U.S. Department of Health and Human Services

https://TheCommunityGuide.org

Mailed FIT Implementation Guide

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