



Improving Stool Test Completion: Five Lessons Learned from the Field

- 1. The best CRC screening test is the one a patient will complete.**
 - Offer a variety of ACS/USPSTF approved screening options for patients –limitation of screening options is contrary to patient–centered care and shared decision making.
 - Provide accessible information for patients on the pros and cons of different screening options.
- 2. Select a FIT or high sensitivity FOBT kit with proven sensitivity and specificity for CRC and adenomas.**
 - Discontinue use of Guaiac based tests as it requires dietary changes and has low sensitivity and specificity for CRC and adenomas.
 - Simplify Sample Collection – use a one–sample test versus three sample tests.
 - Provide readable instructions – think of literacy and health literacy, check with test maker for picture instruction sheets or instruction in different languages. Consider making your own instruction sheet with larger type and illustrations.
- 3. Teach the patient how to collect a sample.**
 - Be sure to address the YUCK factor and include gloves with the FIT kit!
 - Have a test FIT kit available in each exam room – MA or other staff can walk patients through the instructions. Have patient “teach back”.
 - Emphasize instruction on anything that would invalidate test (do not complete if on period, urinate first, flush before bowel movement).
 - Use a small container and brown Playdoh to demonstrate sample collection.
- 4. Simplify FIT kit return.**
 - Provide postage–paid, pre–addressed envelope.
 - Make sure postage is adequate– many practices have completed FIT kits sitting in dead mail offices.
 - If kits must be returned in–person, consider mailing FIT kit to the patient one week prior to an appointment.
- 5. Support FIT kit return.**
 - Reminder phone calls or texts two days to one week after FIT is distributed.
 - Consider small incentives for return.
 - Write “return by” date on the mailer to encourage prompt return.