Implementing "Flu-FIT": An Innovative Way to Incorporate Influenza Vaccination & Colorectal Cancer Screening

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American Cancer Society Clinician’s Dinner
Implementing "Flu-FIT":
An Innovative Way to Incorporate Influenza Vaccination & Colorectal Cancer Screening

Date: Wednesday, July 31, 2019
Time: 5:30 PM – 7:30 PM

• Event Kickoff: Welcome & Dinner Blessing
  Sonja Fuqua
  5:30pm-5:50pm

• Guest Speaker Presents/ Best Practice Sharing
  Shimeka Chretien-Bass
  5:50pm-7:15pm

• Questions & Feedback
  Shimeka Chretien-Bass
  7:15pm-7:25pm

• ACS Call to Action/ Adjourn/ Closing Thoughts
  Shimeka Chretien-Bass
  7:25pm-7:30pm
ACS FluFIT/ FluFOBT Program Learning Objectives:

- Explain the value of FluFIT as an evidence-based intervention to increase access to colorectal cancer screening.

- Understand the key planning steps of a quality FluFIT program and discuss how colorectal cancer screening with a FIT test aligns with Flu shot vaccination in a clinical setting and leads to positive outcomes for increasing rates of both.

- Identify the components of a successful and sustainable FluFIT program, as well as the tools and resources to develop a program in a clinic or pharmacy setting.
OVERVIEW

- CRC Basics
- Stats
- Why use FIT
- Characteristics of a High Quality FIT Program
- Flu FIT Program Components
- Implementation Examples and Resources
COLORECTAL CANCER: THE BASICS

- Cancer that begins in either the colon or rectum
- Often called simply “colon cancer” or “CRC”
- Usually develops from pre-cancerous growth called a “polyp” in the lining of the colon or rectum
- Finding and removing polyps can prevent CRC from occurring
Colorectal cancer: How common is it?

- 3rd most common cancer in both men and women in the U.S. (not including skin cancer).
- 2nd leading cause of cancer-related death in the U.S. for men and women combined.
- It’s estimated that more than half of all cases could be prevented by regular colonoscopy screening!
NATIONAL SCREENING RATE – BRFSS
Percentage of U.S. Adults Age 50-75 years Up-to-Date with CRC Screening, Behavioral Risk Factor Surveillance System

<table>
<thead>
<tr>
<th>Year</th>
<th>Screening Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>65.2%</td>
</tr>
<tr>
<td>2014</td>
<td>66.2%</td>
</tr>
<tr>
<td>2016</td>
<td>67.3%</td>
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</tbody>
</table>
Change in percentage of respondents (50-75) up-to-date with colorectal screening

BRFSS, 2012-2016

U.S. change 1.8

Legend:
- Red: ≤ -4.0
- Orange: -3.9 to -0.1
- Gray: 0.0 to 0.9
- Light blue: 1.0 to 3.9
- Dark blue: ≥ 4.0

States with significant changes:
- Georgia: -4.4
- Maryland: -1.4
- New Hampshire: -1.1
- Massachusetts: -1.2
- New Jersey: 2.0
- Connecticut: 3.4
- Delaware: -0.6
- Rhode Island: 0.4
Quick Facts
Colorectal Cancer (CRC) Screening in Mississippi
Behavioral Risk Factor Surveillance System - 2016

CRC screening test use* in Mississippi has increased since 2012.

In 2016, 59.9% of age-eligible residents had a current CRC screening test. 345,000 residents were not currently screened. African Americans lagged behind whites when it came to having a current screening test. Screening occurred more frequently in men and people aged 65 to 75, who were likely insured by Medicare.

**CRC screening test use, by race/ethnicity:**
- Whites (61.9%)
- African Americans (56.3%)

CRC screening test use, by insurance status:
- Insured (59.4%)
- Uninsured (22.9%)

**CRC screening test use, by sex:**

- 2012 – 60.6%
- 2014 – 60.7%
- 2016 – 59.4%

- 2012 – 56.2%
- 2014 – 59.1%
- 2016 – 60.5%

**CRC screening test use, by age:**
- 50 to 64 Years (54.0%)
- 65 to 75 Years (72.1%)

Men and women aged 65 to 75 years were eligible for Medicare insurance.

*Proportion of people who reported completing a screening test for CRC among all people who could be screened based on age (50 – 75 years).
People who were current with CRC screening in 2016 either received a home-based blood stool test within the past year; a colonoscopy within the past 10 years; or sigmoidoscopy within the past 5 years combined with a blood stool test within in the past 3 years (2008 US Preventive Services Task Force Recommendations).

Footnotes:
Prevalence of screening test use account for the differences in age among states; estimates based on small numbers not shown. The U.S. CRC screening test use prevalence estimate excludes Puerto Rico.
Population estimates for states and D.C. are from CDC’s National Center for Health Statistics (released 6/26/2017). Available on CDC WONDER.
Population estimates for Puerto Rico are from the U.S. Census Bureau. Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016 (Release Date: June 2017).
Percentage of Adults Aged 50 to 75 Years Who Reported Being Uptodate with Colorectal Cancer Screening, by State, BRFSS 2016

https://www.cdc.gov/cancer/dcpc/research/articles/use-colorectal-screening-tests-state.htm
COMMUNITY HEALTH CENTER PATIENTS – UDS
Percentage of Federally Qualified Health Center Patients ages 50-75 years Up-to-Date with CRC Screening, Uniform Data System

Bar chart showing the percentage of Federally Qualified Health Center Patients ages 50-75 years up-to-date with CRC screening from 2012 to 2017:
- 2012: 30.2%
- 2013: 32.6%
- 2014: 34.5%
- 2015: 38.3%
- 2016: 39.9%
- 2017: 42.0%
Percentage of U.S. Adults Age 50-75 years Up-to-Date with CRC Screening,

*Healthcare Effectiveness Data and Information Set

HEDIS* (2012 – 2017)
Number of Cancer Deaths in the United States

Colon and Rectum, All Ages, All Races/Ethnicities, Male, and Female, Number of Cancer Deaths, 2016

Number of Cancer Deaths

WHY SCREEN?

1. PREVENTION
Find and remove polyps to prevent cancer

2. EARLY DETECTION
Find cancer in the early stages, when best chance for a cure
BEST PRACTICES FOR CRC SCREENING

1. Create groups of 3-4 (doesn’t need to be from the same clinic)
   2. Team stands by a flip chart
3. Elect one person from your group to speak for your team
4. There will be 3 discussion items and your team has 10 minutes each to discuss/take notes.
5. Each team will report back to the group on 3 answers (5 minutes/team)
SHARE BEST PRACTICES FOR COLORECTAL CANCER SCREENING
SHARE BEST PRACTICES FOR FLU VACCINATION
IDEAS TO COMBINE BOTH PRACTICES TO IMPLEMENT A SUCCESSFUL FLUFIT PROGRAM?
TIME TO SHARE

Attacking from every angle.
What is “FluFit/ FluFOBT”?

• An evidence-based program that expands upon the impact of annual influenza vaccinations by offering colorectal cancer (CRC) screening resources at the time that the patient presents for the influenza vaccination.

• Annual flu shot visits are an opportunity to reach people who are in a “wellness” or preventative health mindset, many of whom also need CRC Screening.
The FluFIT Program is an innovative and effective way to increase colorectal cancer screenings in primary care settings. When men and women come in for their annual flu shot, health center staff provide either a take-home gFOBT kit or FIT kit to those who are also due for colorectal cancer screening. The Program is a population-based intervention that has been shown to increase screening rates in a variety of clinical settings.
FIT HAS ADVANTAGES!

• Inexpensive and easily obtainable
• Can be offered by any member of the health team
• Can be done by the patient, in privacy and at home, on a single stool specimen, without any special preparation
• Is non-invasive and has no risk of pain, bleeding, bowel perforation, or other adverse outcomes
• Only requires colonoscopy if abnormal
• If done yearly and followed up correctly when abnormal, it is similarly effective to colonoscopy

• Many patients prefer it.
FIT Programs Require That You:

- Select an effective test
- Identify eligible patients
- Train staff to communicate with patients
- Provide appropriate test instructions
- Assure test completion when provided
- Assure high quality test processing
- Follow up abnormal results with colonoscopy
- Follow up normal results with repeat annual testing
So...Before Starting Ask:

- How important is CRC screening within my organization?
- Who will lead the effort and what resources are we able and willing to commit?
- Can we leverage and learn from other activities that we already do well?
- How do we make it easy for patients?
- How do we make it easy for clinicians and staff?
- Will it be sustainable and scalable if it works?
Why FluFIT?

Can be implemented as part of flu shot activities that are organized in most clinics every year.

Creates an opportunity for the whole clinic to gear up for a time-limited campaign.

Lessons learned can be used year-round.

Often feasible with limited resources and sustainable without a lot of outside help.

Adaptable for many different types of clinical settings.
Why FluFit? Part 2:

1. Annual colorectal cancer screening tests are underused.
2. Flu shot activities are an opportunity to reach many people who need colorectal cancer screening.
3. FIT kits can be given to patients by flu shot clinic staff.
Why FluFit? Part 3:

1. FluFIT Programs increase colorectal cancer screening rates. **FluFIT Programs have been implemented successfully in a variety of clinical settings. Implemented and sustained with limited resources, are well accepted by patients, and lead to higher screening rates.**

2. FluFIT Programs can be a first step toward other innovative preventive health and screening interventions. Success with FluFIT can lead to other practice innovations.
   1. **For example, after a successful implementation with FluFIT program, your health system can add other services to flu shot activities, such as mammogram or smoking cessation referrals.**
HOW DOES A FLUFIT PROGRAM WORK?

• Health center staff provide FOBT kits to eligible patients when they get their annual flu shot
  • Either a high sensitivity FOBT or a FIT kit can be used for the FluFOBT Program

• Patient completes test at home and returns kit to doctor’s office or mails kit to the lab for processing
Colorectal Cancer Performance Measures

FluFIT programs can help support ongoing quality-improvement efforts in your setting, as well as meeting requirements for patient-centered medical home recognition and other quality-reporting programs. For example, community health centers annually report CRC screening rates as part of the Health Resources and Services Administration’s (HRSA) Uniform Data System (UDS), and CRC screening is also part of the measure set for the CMS Quality Payment Program (QPP). Commercial health plans may also monitor CRC screening rates through the Healthcare Effectiveness Data and Information Set (HEDIS). Current quality measures are consistent with evidence-based recommendations such as described in the following copy.

Colorectal Cancer Screening Performance Measure (CMS 130v6): Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer defined by any one of the following criteria:

- Guaiac-based fecal occult blood test (gFOBT) or FIT during the measurement period
- Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period
- Colonoscopy during the measurement period or the nine years prior to the measurement period
- FIT-DNA during the measurement period or the two years prior to the measurement period
- CT colonography during the measurement period or the four years prior to the measurement period
HOW TO SET UP YOUR FLUFIT PROGRAM

5 Steps

1.) Assemble a FluFIT team
2.) Choose times & places for FluFIT, and advertise
3.) Design patient-flow & line-management plan
4.) Develop systems to support follow up of dispensed kits
5.) Implement your program: Final preparations

The Flu-FIT “Assembly Line” -- Using electronic health records to assess FIT eligibility while patients wait for flu shots
PUT YOUR FLUFIT TEAM TOGETHER:

• SELECT A FLUFIT CHAMPION TO COORDINATE YOUR EFFORTS

  Role of the FluFIT Champion

  ▶ Cheerleader
  ▶ Coordinate FluFIT campaign
    ◦ Coordinate efforts with all Medical Neighborhood partners
    ◦ Plan, organize, and lead team meetings
    ◦ Plan and organize training
    ◦ Prepare documentation templates
    ◦ Problem-solve and update plan as needed

• SELECT YOUR FLUFIT TEAM MEMBERS AND DETERMINE STAFFING REQUIREMENTS

• HELP YOUR FLUFIT TEAM TO BE SUCCESSFUL
FluFOBT Flow Chart

Patient arrives for flu vaccination.

Patient is 50 to 75 years of age.

- yes: Patient has had a colonoscopy in the past 10 years or flexible sigmoidoscopy in the past 5 years.
- no: Patient receives flu vaccine.

Patient has had an FOBT in the past year.

- yes: Patient receives an FOBT kit and instructions on completing the kit.
- no: Patient returns FOBT kit within 14 days.

Patient returns FOBT kit within 14 days.

- no: Place a reminder call and send postcard to patient.
- yes: Document FOBT kit return date in the electronic health record for yearly screen reminder.

Record test result in patient’s chart. Notify patient of test results.

- negative: Repeat FOBT in one year.
- positive: Provide referral for colonoscopy.
FluFIT Case Study

- In a 2013 FluFIT pilot study in 5 federally qualified health centers, four of the five clinics experienced an increase in the clinic’s colorectal cancer screening rate in the pilot year.
- Clinic staff felt that implementing the FluFIT program increased CRC awareness.
- Return rate for the FIT kits ranged from 33% to 83% across the five pilot sites, with an average return rate across sites of 54%.
- The percentage of patients receiving reminders to return their kits ranged from 35% to 100%.
AMERICAN CANCER SOCIETY FLU FIT
TECHNICAL ASSISTANCE
& RESOURCES:

• FluFit staff training including the 5 key
  elements for implementation of the program
  and evidence based recommendations.
• Co branded small media resources and client
  reminder templates (phone scripts, letters, &
  postcards)
• Motivational Interviewing- evidence-based
  intervention and method to assist others with
  enhancing intrinsic motivation to change by
  exploring and resolving ambivalence.
• Project integration through a quality
  improvement structure including support
  during regular QI team meetings.
Implementation Guide

Available Online: http://www.flufit.org/program/WF004814_Final_082313.pdf
Collaborators in Flu-FIT Program Development, Evaluation, and Dissemination
Summary

1. FluFIT Programs are just one of many ways to “kickstart” or “enhance” colorectal cancer screening activities in primary care.

2. FluFIT Programs reinforce the message that “just like a flu shot, we need to offer FIT to our patients every year.”

3. Lessons learned from doing FluFIT programs can be used to improve screening practices throughout your organization.
Summary

4. Keys to success
   – Decide that screening is important.
   – Engage the whole clinic team.
   – Make it feasible.
   – Make it fun and creative.
   – Map effective processes.
   – Learn from mistakes
   – Celebrate small successes
   – Share stories on Facebook
   – Don’t give up!
• From 80% by 2018 to 80% in Every Community
Everyone deserves to live a life free from colorectal cancer.

With 80% in Every Community, we will continue working to bring down barriers to screening, and our mission isn’t achieved until we see every community benefitting from 80% and even higher screening rates.
Add 2019 Sizzle reel 80% in every comm. & a slide on current partners/pledge
Take the Pledge

ARE YOU IN?

Please select the areas you’d like to learn more about:

☐ Interested in starting a FluFIT program at your clinic and would like ACS assistance

☐ Evidence-based interventions for increasing CRC screening rates

☐ CRC workshops and trainings for clinical staff

☐ Educational resources and materials such as the ACS FluFIT Implementation Guide

Please contact me!

Organization: ________________________________

Contact Name: ______________________________

Phone: __________________________ Email: ________________________
Primary Care Systems

Our overarching goal is to partner to improve cancer control policy and practice at community health centers.

Together we work to:

• Understand the community challenges and barriers to cancer screening and prevention

• Expand the adoption of evidence-based interventions to increase:
  • Colorectal Cancer Screening
  • Breast Cancer Screening
  • HPV Vaccination
  • Access to care

• Save lives and reduce health disparities
American Cancer Society
Regional and Local Contacts

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Thank you for listening

Questions??