

# **IMPLEMENTATION GUIDE**

## **Fecal Immunochemical Test (FIT) and Colonoscopy Outreach**

*Using an Evidence-Based Program to develop  
a process model for program delivery in the practice setting*

**Note:** Refer to “Putting Public Health Evidence in Action”. Review the appropriate Modules and the handouts provided in each, in order to modify and evaluate this program to meet the needs of your organization and audience.

“Putting Public Health Evidence in Action” is available online at:  
<http://cpcrn.org/pub/evidence-in-action/>

### **I. Program Administration (Type of Staffing and Functions Needed)**

#### **Database Analyst/Programmer/IT Staff**

- Identify eligible patients due for colorectal cancer screening
- Set up database or electronic medical record system to track patients and document program delivery

#### **Outreach Program Staff (or Nursing Staff)**

- Mail screening invitation letters
- Call patients who do not respond to outreach invitations within 2 weeks to encourage screening completion
- Mail FIT result letters
- Call patients with a canceled FIT result and positive FIT result to facilitate appropriate follow-up
- Schedule screening and diagnostic colonoscopy appointments
- Conduct colonoscopy appointment reminder calls
- Mail colonoscopy appointment reminder letters, bowel preparation kits, and instructions

#### **Nurse Practitioner, Physician Assistant, or Physician**

- Order FIT and colonoscopy for patients due for colorectal cancer screening
- Order diagnostic colonoscopy for patients with a positive FIT result

## II. Program Delivery

For additional information on modifying program materials, refer to the appropriate Module(s) for program adaptation from “Putting Public Health Evidence in Action”.

### A. Program Materials (All listed materials can be viewed and/or downloaded from the RTIPs Products Page):

- **FIT Strategy Workflow:** This 1-page flowchart provides a visual description of how to implement the FIT strategy.
- **FIT Invitation Letter:** This 1-page letter includes basic information regarding colorectal cancer risk and an invitation to undergo colorectal cancer screening. The invitation is mailed with a one-sample Polymedco OC-Auto® Personal Use Kit (available commercially), instructions on how to perform the test, and a return envelope with prepaid postage.
- **FIT Negative Result Letter:** Patients with a negative FIT result are mailed this letter that reports the negative result and recommends repeat FIT screening annually. Negative FIT result letters are also routed via the electronic medical record to the patient’s primary provider.
- **FIT Positive Result Letter:** Patients with a positive FIT result are mailed this letter that reports the positive result and includes a recommendation to call and schedule a colonoscopy. Positive FIT result letters are also routed via the electronic medical record to the patient’s primary provider in order to enlist him/her in encouraging the patient to complete a colonoscopy if the patient is seen in clinic.
- **Colonoscopy Strategy Workflow:** This 1-page flowchart provides a visual description of how to implement the colonoscopy strategy.
- **Colonoscopy Invitation Letter:** This 1-page letter contains basic information regarding colorectal cancer risk and an invitation to undergo colorectal cancer screening. The invitation also includes a telephone number to call for scheduling.
- **Colonoscopy Appointment Reminder Letter:** This 1-page letter reminds patients of their scheduled appointment and provides details of the appointment and a telephone number to contact with questions.
- **Colonoscopy Bowel Prep Instructions:** Patients are mailed bowel preparation kit (Gatorade and polyethylene glycol 3350) free of charge and pre-procedure instructions, including written details regarding the timing of the colonoscopy.

- **FIT and Colonoscopy Telephone Call Scripts**

- FIT invitation: This script is used to call patients who do not respond to the initial outreach invitation within 2 weeks. They receive up to two telephone call reminders to encourage screening completion. If interested, patients who did not receive the initial invitation will be mailed another Polymedco OC-Auto® Personal Use Kit. Patients may receive up to three kits annually.
- Canceled FIT: This script is used to call patients who have a canceled FIT result (e.g., specimen too old, specimen label incomplete, specimen unsatisfactory for testing). They are called, informed why the FIT could not be processed, and encouraged to repeat the test. Patients may receive up to three Polymedco OC-Auto® Personal Use Kits annually.
- Positive FIT: This script is used to call patients who have a positive FIT result. They are called within 1 week to inform them of their positive result and schedule a diagnostic colonoscopy.
- Colonoscopy invitation: This script is used to call patients who do not respond to the initial outreach invitation within 2 weeks. They receive up to two telephone call reminders to encourage screening completion. If interested, patients are triaged by telephone to an open-access colonoscopy slot or pre-procedure clinical review based on the results of a structured history form.
- Colonoscopy appointment reminder: This script is used to call patients 10 and 2 business days before their colonoscopy appointment to review the bowel preparation instructions and address any pre-procedural questions.

- **Sample SQL Database (Screenshots):** This 4-slide presentation visually shows pictures and examples of the SQL database. The database serves as an electronic medical record and provides a list of patients who need telephone reminder calls.

## **B. Program Implementation**

**The steps used to determine which CRC screening strategy to implement are as follows:**

Step 1: Physicians and outreach staff consider their patient population and practice environment to determine whether the FIT strategy or colonoscopy strategy is most appropriate for implementation. Considerations include system resources, costs, potential procedure-related complications, patient barriers to screening, and patient risk factors.

**The steps used to implement the FIT strategy are as follows:**

Step 1: Outreach staff obtain commercially available Polymedco OC-Auto® Personal Use Kits.

Step 2: The database analyst identifies eligible patients using the following criteria: age-eligible for CRC screening (typically aged 50–75 years); due for CRC screening using colonoscopy or flexible sigmoidoscopy; no prior history of colorectal cancer, inflammatory bowel disease, or colon polyps; and valid mailing address and telephone number on file.

Step 3: Physician places FIT orders in electronic medical record and outreach staff assemble FIT invitation letters and patient collection kits.

Step 4: Outreach staff mail FIT invitation letters, including patient collection kits.

Step 5: Outreach staff conduct up to two telephone call reminders to encourage screening completion among patients who do not respond to outreach invitations within 2 weeks (i.e., do not return the FIT).

Step 6: Outreach staff mail FIT result letters to patients and route a copy of the letter to patients' primary providers via the electronic medical record.

Step 7: Outreach staff calls patients with a positive FIT within 1 week of the result and facilitate direct scheduling of a diagnostic colonoscopy.

Step 8: Physician places colonoscopy orders in electronic medical record for patients interested in screening.

Step 9: Outreach staff conduct first colonoscopy appointment reminder call 10 business days before patients' screening colonoscopy appointment.

Step 10: Outreach staff mail colonoscopy appointment reminder letter, bowel preparation kit, and instructions, following the 10-day reminder.

Step 11: Outreach staff conduct second colonoscopy appointment reminder call 2 business days before patients' screening colonoscopy appointment.

**The steps used to implement the colonoscopy strategy are as follows:**

Step 1: The database analyst identifies eligible participants based on the following criteria: age-eligible for CRC screening (typically aged 50–75 years); due for CRC screening using colonoscopy or flexible sigmoidoscopy; no prior history of colorectal cancer, inflammatory bowel disease, or colon polyps; and valid mailing address and telephone number on file.

Step 2: Outreach staff mail colonoscopy invitation letters.

Step 3: Outreach staff conduct up to two telephone call reminders to encourage screening completion among patients who do not respond to outreach invitations within 2 weeks (i.e., do not schedule a colonoscopy).

Step 4: Physician places colonoscopy orders in electronic medical record for patients interested in screening.

Step 5: Outreach staff conduct first colonoscopy appointment reminder call 10 business days before patients' screening colonoscopy appointment.

Step 6: Outreach staff mail colonoscopy appointment reminder letter, bowel preparation kit, and instructions, following the 10-day reminder.

Step 7: Outreach staff conduct second colonoscopy appointment reminder call 2 business days before patients' screening colonoscopy appointment.

### **III. Program Evaluation**

**For additional information on planning and adapting an evaluation, review the appropriate Modules for program implementation and evaluation from “Putting Public Health Evidence in Action”.**

<http://cpcrn.org/pub/evidence-in-action/>

For further assistance in designing and conducting an evaluation, consider communicating with members of NCI’s Research to Reality (R2R) Community of Practice who may be able to help you with your research efforts. Following is a link to start an online discussion with the R2R community of practice, after completing registration on the R2R site:

<https://researchtoReality.cancer.gov/discussions>.