

Factors relating to use and non-use of direct-mail fecal immunochemical tests (FIT)

Interview findings from a diverse FQHC patient population

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 SCHOOL OF PUBLIC HEALTH
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Presentation Outline

- Colorectal cancer (CRC) screening and Federally Qualified Health Centers (FQHC)
- FQHC patient interviews to improve direct mail efforts
- Implications



Background

Colorectal Cancer

- 135,430 new cases estimated in 2017
- CRC is leading cause of cancer death
- Annual screening (e.g. FIT) reduces CRC mortality

About 16 every hour

Recommended screening could prevent **60%** of these deaths

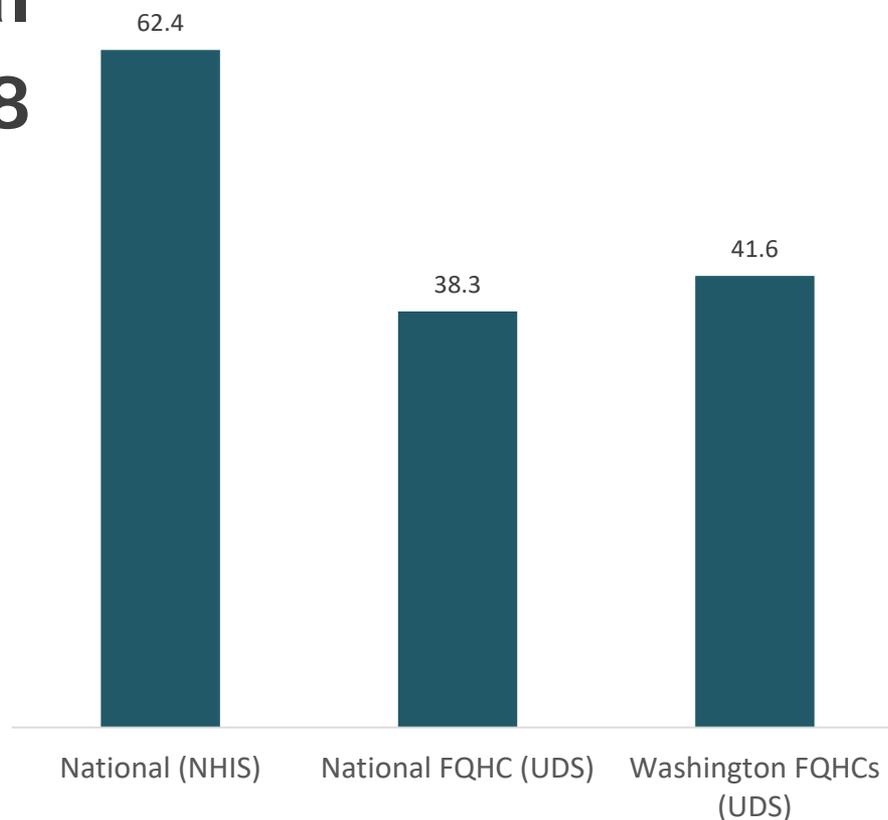


Colorectal Cancer Screening Rates



**National Goal
80% by 2018**

CRC Screening Rates (2015)



Why focus on Federally Qualified Health Centers (FQHCs)

Mission

- Community-based and patient-driven
- Deliver high quality, comprehensive primary and preventive care
- Provide services regardless of patient ability to pay

Use

- Volume of patients served is growing. 24 million patients served in 2015
- Rate of FQHC-use grew faster than either Medicare or privately insured
- Medicaid and uninsured patients are served at the highest rates

Low income and uninsured patients are less likely to be up to date on CRC screening



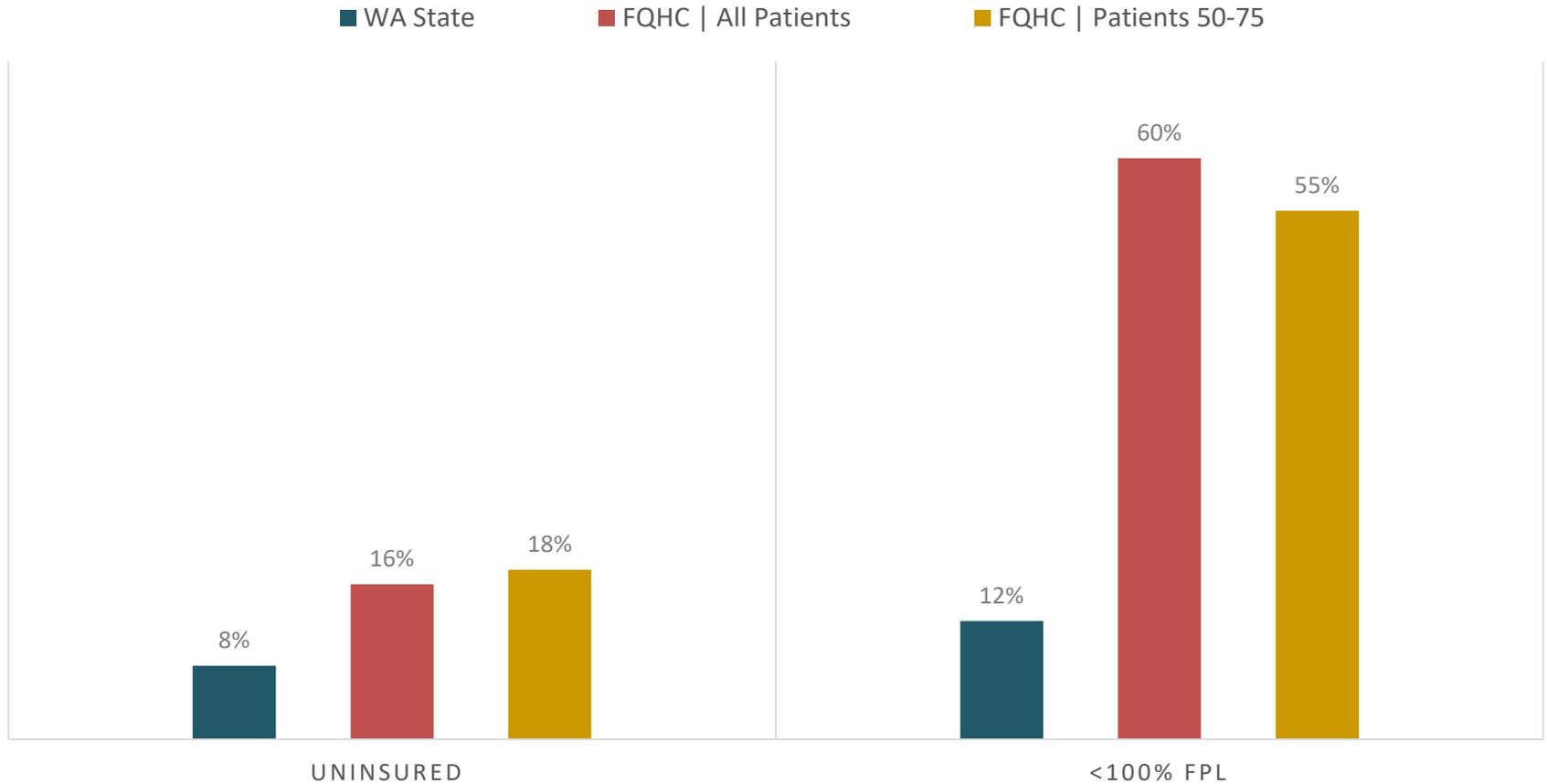
FQHC Spotlight

FQHC Spotlight

- One of largest FQHCs in the state
- Community-based, community-supported and community-governed
- Network of non-profit medical clinic sites throughout western WA
- Provide medical care with integrated dental, behavioral, case management, pharmacy, and social services
- Served over 83,000 people in 2016

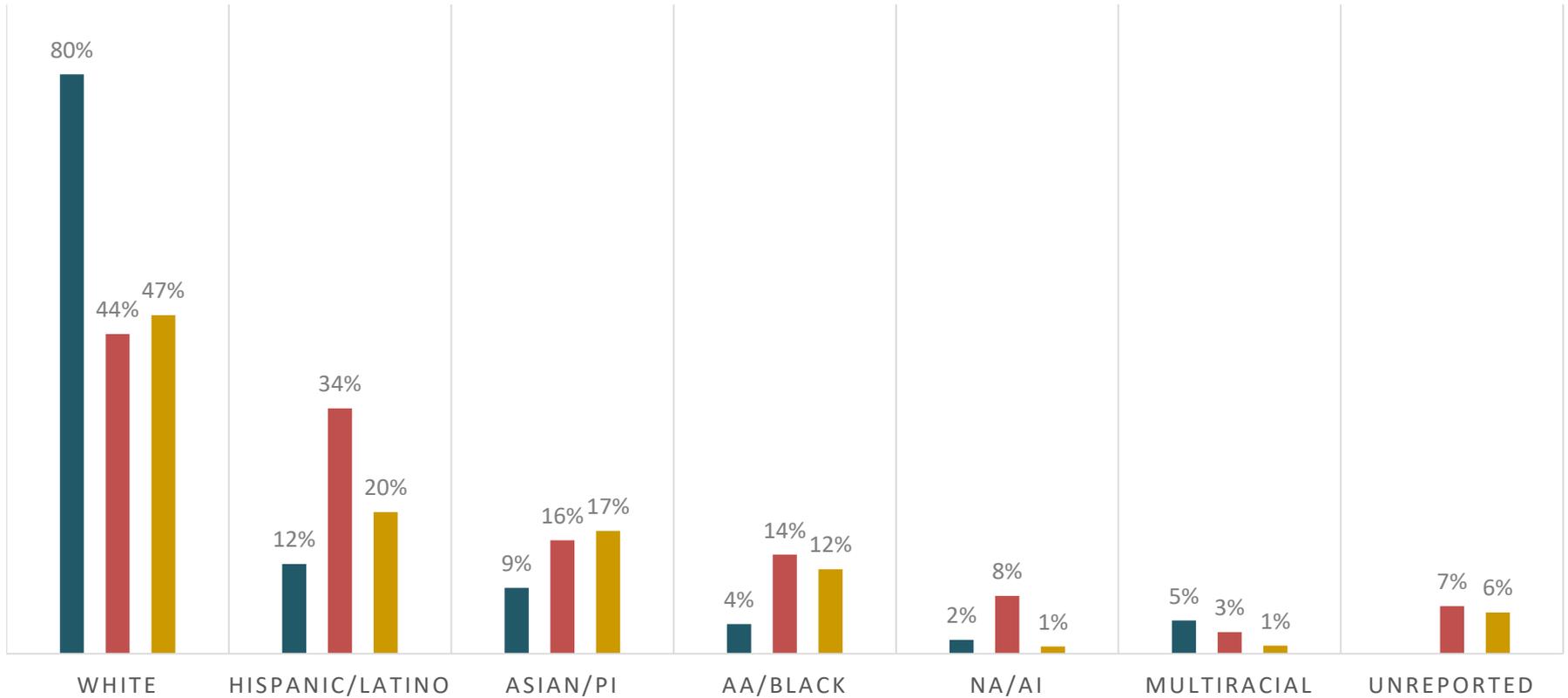


Patient Population



Patient Population

■ WA State ■ FQHC | All Patients ■ FQHC | Patients 50-75



CRC Screening Initiative

- System-Wide Goal: Increase CRC screening rate 6% (to 60%)
- Implement evidence-based strategies to promote screening
 - Provider reminders
 - Provider assessment and feedback
 - Small media
 - Patient reminders
 - Reducing Structural Barriers → **Direct mail FIT kits** (n=5500)



Patient Interviews

Objective

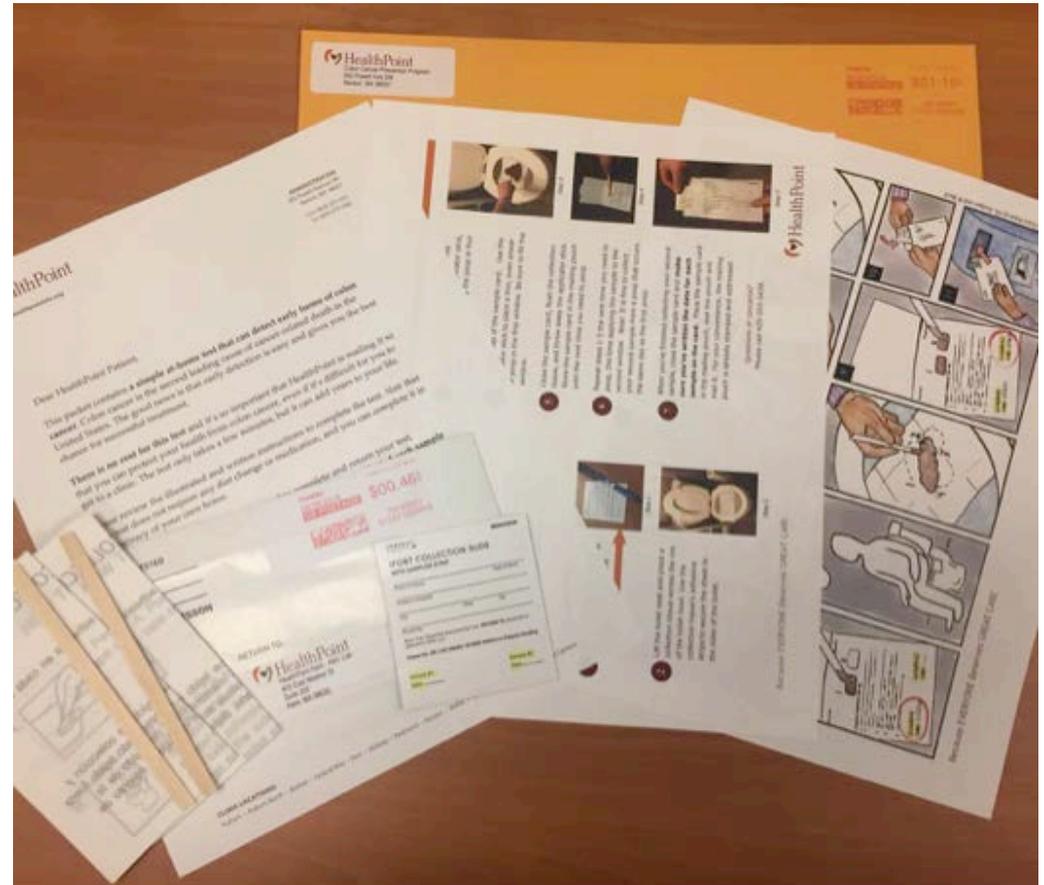
Assess across diverse patient groups, patient-reported:

- CRC screening barriers and facilitators
- FIT material utility
- Communication between patients and their FQHC clinic staff



Methods

- Mailed invitation letter **with FIT Kit** (n=195) to stratified random sample
- Inclusion criteria
 - 50-75 years old
 - Active patient status
 - No colonoscopy (past 10 years) or fecal test (past year)



Methods

- Semi-structured interviews
- Completed within two weeks, July-August 2016
- Conducted by two trained staff; translator used as needed

What in particular helped you decide to do your colon cancer screening?

What stopped you from completing the screening?

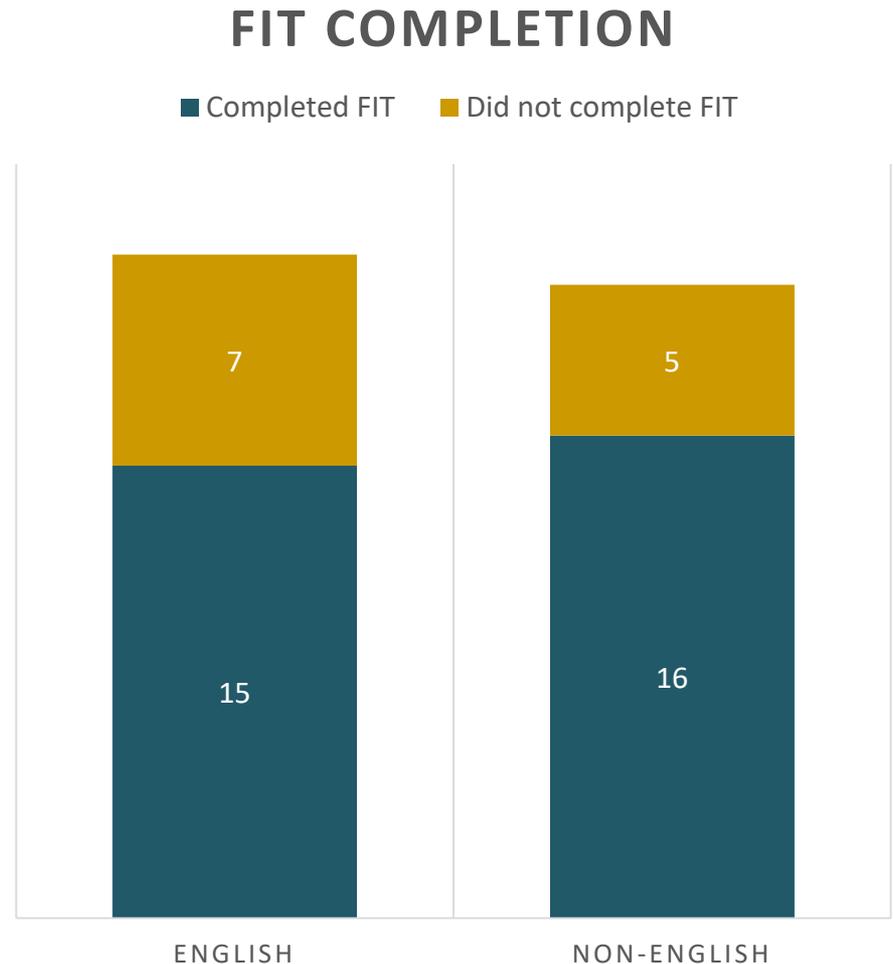
Did anyone from your FQHC clinic speak to you about colon cancer screening? If so, who?

How much did speaking with them help you make a decision to do the screening or not?



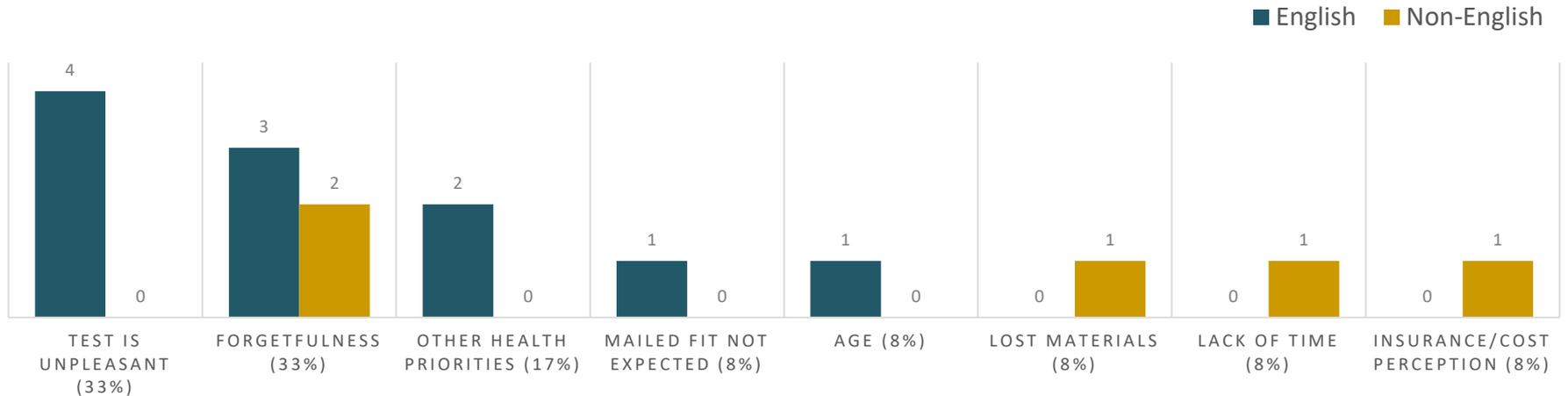
Results

- Attempts
 - 193 calls
 - 25 unreachable
- Interviews
 - 43 completed (26%)
 - 4 languages
 - 51% English/49% Non-English
- Comparable FIT completion rates



Reasons for Non-Completion

| n=12



"It just grosses me out. You know, having to put a piece of paper over the toilet and then play in it.
 - English-Speaking (ES) Female, age 56

No one told me it was coming to me, that was probably the main reason. Other than that, trying to play with my poop didn't sound good.
 - ES Male, age 56

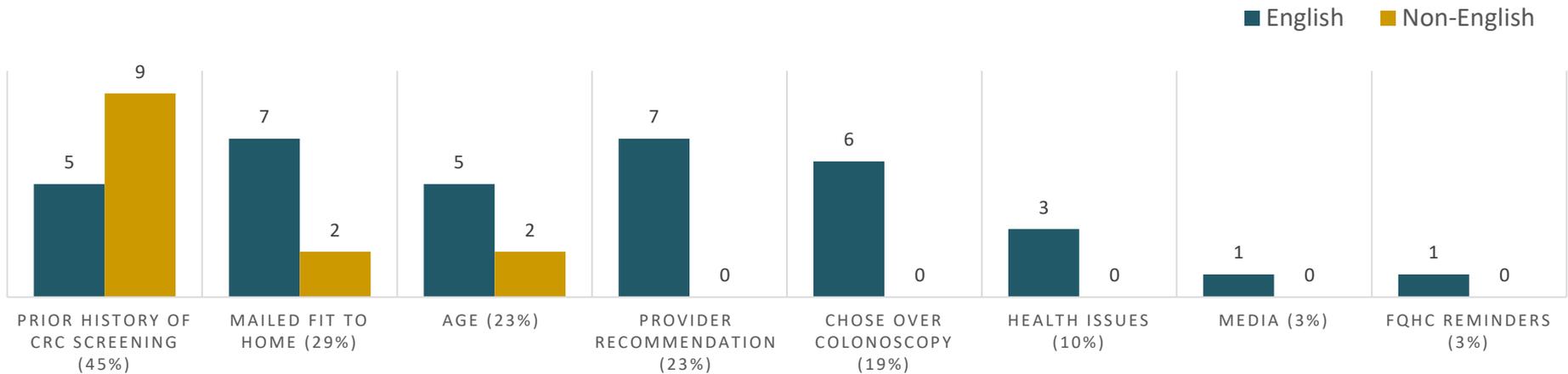
"I don't like being made to feel like because I'm of a certain age now it's almost mandatory. I know my stool is the same, I have no bleeding. I know it's a safety measure, but it doesn't seem like it's all that necessary every year.
 - ES Female, age 68

"I don't have the time. I'm always outside and I never have the time. But I appreciate that you always remind me.
 - NES Male, age 52



Reasons for FIT Completion

| n=31



"Nothing was hard because this was not the first time. I've done it several times, so when I get it I just do it."

- Non-English Speaking (NES)
Female, age 65

"It was so convenient. I didn't have to waste any time or go to a clinic. I thought it was very easy this way."

- NES Male, age 64

"I'm almost 70 years old. I have to be aware of these things."

- NES Male, age 68

"Well I needed to get it done... I never got around to getting a colonoscopy, so this seemed easier in contrast."

- ES Male, age 56

"I just really appreciated that I could get away without doing a colonoscopy. I've had issues with hearing about people who have been injured. I wanted to know if there was a better option for me and [my doctor] said yes, I could take this test. It makes me feel smart that yes, I can do something about colon cancer and not have an invasive procedure."

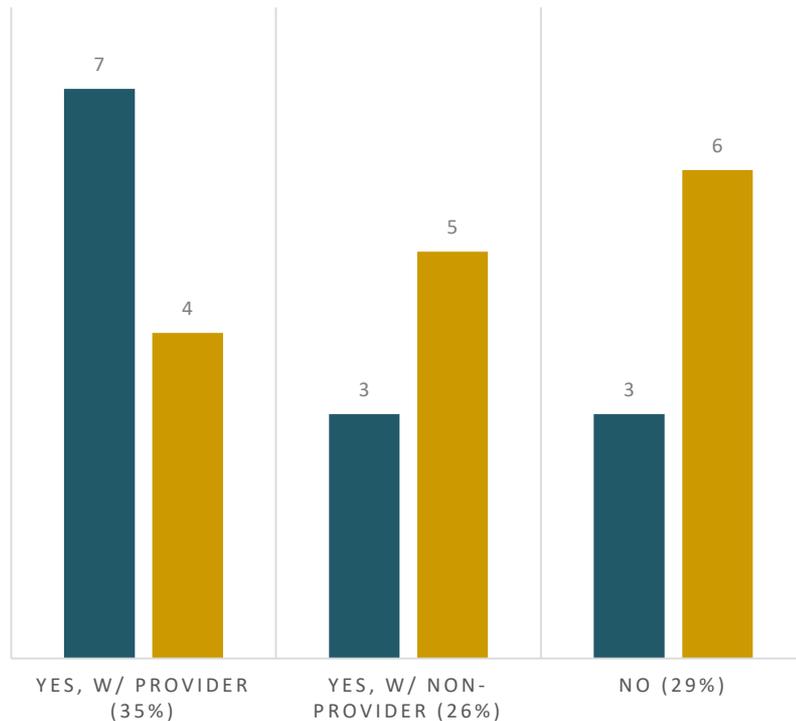
- ES Female, age 70



Communication with Healthcare Staff

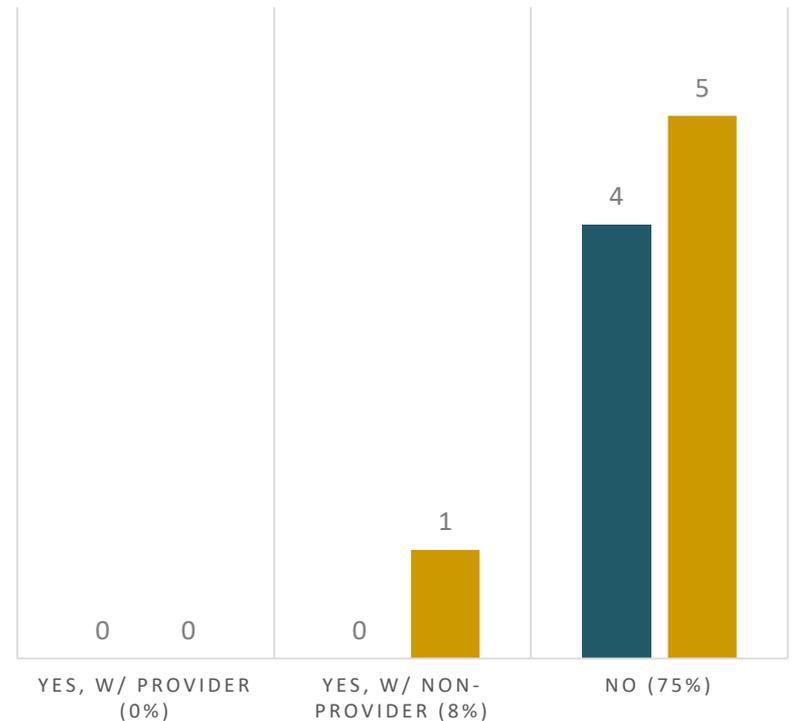
Completed FIT | n=31

■ English-Speaking Patients ■ Non-English Speaking Patients



Did Not Complete FIT | n=12

■ English-Speaking Patients ■ Non-English Speaking Patients



Key Findings

- English and Non-English speaking patients reported varied and different reasons for non-completion
- Both English and non-English speaking completers reported previous CRC screening as a facilitator
- Facilitators among English-speaking completers
 - Discussion w/ providers
 - Alternative to colonoscopy
 - Direct-mailed FIT
- Non-English speaking patients (completers and non-completers) recall communicating w/ healthcare staff about CRC screening less frequently than English-speaking patients



Implications

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Patients receiving mailed FIT still experience barriers to CRC screening.

Practice

- Additional services are needed to address these barriers
- Increase provider and clinic staff awareness of patient barriers
- Review/modify training, protocols, workflows to better address barriers
 - Use findings to further tailor materials to target populations
 - Motivational interviewing or other techniques may help address patient-reported barriers (e.g. unpleasantness of fecal testing)
- Identify strategies to facilitate consistent/routine annual screening

Research

- Identify/test strategies to facilitate consistent/routine annual screening
- Identify/test strategies to enhance effectiveness of clinic discussions with non-English speaking patients
- Identify potential barriers among interview non-completers

Policy

- Continue to engage FQHCs in discussions, partnerships, program planning (e.g. CRCCP) to increase CRC screening



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