Patient Experience in a Federally Qualified Health Center that Implemented a Population-based Mailed Fecal Immunochemical Test (FIT) in Colorectal Cancer Screening Program

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Colorectal Cancer

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

Data Source: Centers for Disease Control. American Cancer Society. Key statistics for colorectal cancer.
Colorectal Cancer Screening Rates Remain Below National Targets

CRC Screening Rates (2015)

- National (NHIS): 62%
- National FQHC (UDS): 38%
- Washington FQHCs (UDS): 42%
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

Setting

- One of largest FQHCs in the state
- 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

% of Patients

- UNINSURED
  - WA State: 8%
  - FQHC | Patients 50-75: 18%

- <100% FPL
  - WA State: 12%
  - FQHC | Patients 50-75: 55%
Patient Population

- **White**: 80% (WA State: 47%)
- **Hispanic/Latino**: 12% (WA State: 20%)
- **Asian/PI**: 9% (WA State: 17%)
- **AA/Black**: 4% (WA State: 12%)
- **NA/AI**: 2% (WA State: 1%)
- **Multiracial**: 5% (WA State: 1%)
- **Unreported**: 6%
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)
Objective

Assess across diverse patient groups, patient-reported:

• CRC screening barriers and facilitators
• Acceptability and usability of FIT kit and materials
• Quality and degree of communication between patients and their FQHC clinic staff
Recruitment Methods

• Mailed invitation letter with FIT Kit (n=195) to stratified random sample

• Inclusion criteria
  – 50-75 years old
  – Active patient status
  – Due for CRC screening
Interview Method

- 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?
Recruitment Results

• Attempts
  • 193 calls
  • 25 unreachable

• Participants
  • 43 completed interviews (26% of those reached)
  • 4 languages (Spanish=17, Punjabi=2, Swahili=2)
  • 72% completed FIT (compared to 35% of overall)
Reasons for Non-Completion | n=12

**TEST IS UNPLEASANT (33%)**
- English: 4
- Non-English: 0

**OTHER HEALTH PRIORITIES (17%)**
- English: 3
- Non-English: 2

**AGE (8%)**
- English: 1
- Non-English: 0

**LACK OF TIME (8%)**
- English: 0
- Non-English: 1

“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 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: 7 (23%) YES, W/ PROVIDER
- Non-English Speaking Patients: 5 (26%) YES, W/ PROVIDER
- NO: 3 (29%)

Did Not Complete FIT | n=12

- English-Speaking Patients: 0 YES, W/ PROVIDER
- Non-English Speaking Patients: 1 YES, W/ PROVIDER
- NO: 4 (33%)
Discussion

• Patients receiving mailed FIT still experience barriers to CRC screening

• Discussions with clinic staff, especially non-physician staff for non-English speaking patients, important in supporting FIT completion
Thank you, collaborators!

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