

FIT-Flu Colon Cancer Screening Program in Community Health Clinics

THE UNIVERSITY OF TEXAS

MDAnderson

Cancer Center

Daniel Pacheco, Elisa Furlan, Melissa Mims, Rosalind Bello, Lewis Foxhall, MD The University of Texas MD Anderson Cancer Center, Houston, TX 77030

Background

The Agency for Healthcare Research and Quality (AHRQ) reports that only about half of all adults aged 50-75 have ever received age-appropriate colorectal cancer (CRC) screening, and the proportion of minority populations who have ever been screened is approximately 30%. The Texas Cancer Registry indicates that 44.5% of adults reported having sigmoidoscopy or colonoscopy in the past 5 years, and 14.1% reported annual FOBT. This is well below the American Cancer Society's 2015 challenge goal of 75% of all adults over 50 having a recent CRC screening test.

Various public education campaigns and strategies have been attempted to increase CRC screening rates in the underserved and underinsured populations, but poor adherence with stool tests, especially in the uninsured, remains a significant barrier to effective CRC screening. Incomplete follow-up of positive FOBT results is another issue, as primary care physicians often fail to recommend optical colonoscopy to patients with positive FOBT results.

Goal

Increase colorectal screening rates for lowincome, uninsured patients of federally qualified health centers and community clinics.

Objectives

- Increase fecal immunochemical tests (FIT)
 use as first-line CRC screening in the
 primary care setting.
- Increase patient knowledge regarding colorectal cancer incidence and available screening tools.
- Increase use of appropriate CRC screening modalities in primary care practice.

Methods

This CRCS program provides for payment of costs related to the FIT test, follow-up colonoscopy and polypectomy, if needed, for low-income, uninsured patients. This comprehensive approach requires community service providers involved in colonoscopy provision and navigation services for patients.

Eligibility

Patients 50 – 75 years who agree to receive the flu shot and meet the following criteria:

Clinical Criteria:

- No allergies to the flu vaccine
- No visible rectal bleeding or hematuria
- Are not menstruating when they take the stool specimen
- No positive FOBT or FIT test in the past 12 months
- No colonoscopy or sigmoidoscopy within the past 5 years
- Willing and physically able to prepare a stool specimen
- None of the following conditions a terminal illness, ileostomy or colostomy
- Symptomatic acute colitis or acute diarrhea, recent acute diverticulitis, recent colorectal surgery, and/or active inflammatory bowel disease (Crohn's, ulcerative colitis)

Area

The Fit-Flu program is currently available to community clinics serving Austin, Calhoun, Chambers, Colorado, Fort Bend, Harris, Matagorda, Waller and Wharton counties.

Harris County

Legacy, Hope, Christ, Shalom, Good Neighbor, Shifa, Spring Branch, HACS, Pasadena, Central Care, San Jose, V Care, Vecino, Christus, and El Centro de Corazon.

Chambers County

Chambers Community Health Center

Fort Bend

Access Health (Richmond, Missouri City, and Brookshire)

Matagorda County

Matagorda Episcopal Health Outreach Program



Results

Since August 2013, 4,183 take-home CRCS tests have been distributed and 2,553 have been returned resulting in a return rate of 61%. Of the returns, 177, or 6.93%, were positive. Of those that completed colonoscopy, 7 patients were diagnosed with cancer and 6 were successfully navigated to treatment with one refusing treatment.

	Year (One (12 mo	nths)	Year Two (6 months)			Total					
Clinic	# Distributed	Monthly Average	# Returned	# Distributed	Monthly Average	# Returned	Total Distributed	Total Returned	Return Rate	Positive	%Positive	Cancer Found
Access Health	1181	98.4	791	268	44.7	116	1449	907	62.6%	70	7.7%	5
Spring Branch	270	38.6	150	304	50.7	208	574	358	62.4%	18	5.0%	1
Chambers Health	90	11.3	47	25	4.2	23	115	70	60.9%	10	14.3%	1
MEHOP	84	7	47	72	12.0	52	156	99	63.5%	9	9.1%	0
Good Neighbor	67	22.3	50	122	20.3	87	189	137	72.5%	5	3.6%	0
V Care	75	18.8	54	95	15.8	63	170	117	68.8%	3	2.6%	0
Vecino	51	17	21	17	2.8	12	68	33	48.5%	2	6.1%	0
Норе	51	12.8	34	36	6.0	26	87	60	69.0%	4	6.7%	0
Pasadena	16	8	8	1	0.2	0	17	8	47.1%	0	0.0%	0
Central Care	20	10	5	63	10.5	36	83	41	49.4%	5	12.2%	0
Shifa	33	16.5	5	69	11.5	33	102	38	37.3%	1	2.6%	0
HACS	13	13	6	12	2.0	12	25	18	72.0%	1	5.6%	0
Christ Clinic	4	0.8	2	54	9.0	28	58	30	51.7%	1	3.3%	0
Legacy	2	8	0	465	77.5	382	467	382	81.8%	33	8.6%	0
El Centro de												
Corazon	3	0.8	1	13	2.2	9	16	10	62.5%	0	0.0%	0
Christus St. Mary	101	202	25	503	83.8	219	604	244	40.4%	15	6.1%	0
San Jose (new)				3	3	1	3	1	33.3%	0	0.0%	0
	2061		1246	2122		1307	4183	2553	61.0%	177	6.93%	7

Conclusions

CRC can be curable if detected in its early stages, but often fatal when diagnosed later. This CRCS program creatively addresses major barriers related to cost and coordination of complex services involving multiple community providers while supporting patient-centered care through robust navigation services.

Contacts

Elisa Furlan

Program Manager

The University of Texas MD Anderson Cancer Center Center

Office of Health Policy

Email: efurlan@mdanderson.org

Ph: 713-563-2021

Daniel Pacheco

Program Coordinator

The University of Texas MD Anderson Cancer

Office of Health Policy

Email: dvpacheco@mdanderson.org

Ph: 713-745-8382

Website

http://www.mdanderson.org/about-us/facts-and-history/office-of-health-policy/programs/fit-flu.html



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