A Review on Methods & Importance of Increasing FIT Testing Completion for FQHC Patients

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Evidence of Utility & Background

According to the American Cancer Society in their triannual paper on the subject, over 150,000 Americans will be diagnosed with colorectal cancer (CRC) this year with over 50,000 dying from the cancer as well. As a whole, it is the third leading cause of cancer related diagnoses and deaths. In the past several decades there have been great strides in increasing testing and catching the disease in earlier, localized stages. However, this push has been uneven and there has been an observed increase in the diagnosing of later stage CRC in patients younger than 50. Additionally, these new diagnoses have had a preference of the left colon rather than right. Suggesting environmental factors playing a stronger role than common CRC causing genes such as those involved in lynch syndrome. This reaffirms the need for widespread testing of younger patients to screen for CRC, and leaves fecal immunochemical test (FIT) kits as part of a potential solution.

Introduction

This literature review aims to examine barriers of care that prevent patients at federally qualified health centers (FQHCs) from completing FIT kits for CRC and more broadly evaluating methods that may be implemented to increase CRC screening rates. Nationally, FQHCs care for patients that are medically underinsured or uninsured, as well as higher proportions of ethnic minorities and non-English speaking persons than compared to other health centers. This is also the case with the Bloomington HealthNet Center. The rates of CRC screenings are low throughout the US, and significantly worse in FQHCs compared to other clinics. CRCs tend to have highly promising prognosis if caught early; however, the low rates of testing have contributed to its overall death rate. Methods of increasing screening rates identified by this review are varied, with cost efficiency being something kept in mind. Considering this, effective methods were found to simply be a strong recommendation from a care provider, as well as reminders and clear educational materials provided to patients.

Materials & Methods

A literature review conducted via PubMed, available through the Lilly Library. Papers were chosen based on their relevance to FQHCs. Additionally, studies that worked directly with FQHCs as well as meta-analyses observing FIT kit usage rates were preferred.

Summary & Results

The national goal of CRC screening rates is set at 80% of adults 45-75. FQHCs have, on average, a rate of around 40% in 2023, far below the national average of nearly 60%. Although care providers are divided on the utility of FIT kits compared to colonoscopies, there are clear benefits in a patient being tested through FIT rather than not at all. As such, measures aimed at increased FIT kit usage have been pushed to increase overall CRC screening rates. Measures such as the usage of automated or live call reminders to patients, increasing the strength of provider recommendations, use of educational materials, and implementation of patient navigators have been investigated.

All of these options have been found to improve FIT return rates, and CRC screening rates as a whole within FQHCs. Meta-analyses have shown that through the implementation of one or more of these methods may produce a statistically significant increase in CRC screening for **all** methods. An example being combining providing patients easy to understand infographics with a strong physician recommendation leading to an absolute increase of CRC screening rates of 16.8% on average. Reviews of methods have also shown little-to-no demonstrable difference in rates when using patient navigators vs automated alerts to patients for the case of Appalachian FQHC patients.

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Clinical Significance

Not every FQHC is equal in terms of funding or available resources. Due to this, methods to increase FIT kit usage may vary from clinic to clinic. Universally, a strong provider recommendation and explanation of the test should be the standard care for normal-risk patients between 45-75 years old. Additional measures, **although extremely useful,** may increase the overall cost burden onto health centers. Therefore, realistically their choice of method depends on their own cost-benefit analyses. It is important to be mindful of patient populations and demographic information such as language spoken and literacy. Implementing any form of method to increase CRC screening rates must ensure that they may benefit, and be made available to, all patients. By providing clear information from a provider, in conjunction with east-to-understand graphics, this can be accomplished at minimal cost. A potential limitation may be that, even if patients that have FIT kits ordered for them return the kits at a higher rate, we must still increase the likelihood of them being ordered by a care provider in the first place.

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