

**Title:** *Implementing Fecal Immunochemical Testing (FIT) at the ACC Internal Medicine Clinic.*

Patrick Notini MS3, Amy Shaheen MD, Tamrah Parker MSN, RN, FNP-C, Christina McMillian, Shana Ratner, MD

**Needs and objectives:**

1. To prepare the clinic to provide FIT kits to patients for colorectal cancer screening
2. To create staff confidence and competence in administering FIT kits
3. To administer FIT kits to appropriate patients
4. To ensure that FIT results could be tracked

**Setting and participants:** The UNC ACC Internal Medicine Clinic is an academic internal medicine clinic that cares for approximately 13,000 patients and is recognized as a Level 3 Patient Centered Medical Home. It is staffed by faculty physicians, resident physicians, and advanced practice providers. Before this quality improvement project the UNC Internal Medicine Clinic routinely used colonoscopy or gFOBT stool cards as methods to screen for colorectal cancer (CRC).

**Description of program/intervention:** When the USPSTF updated their guidelines, they established that the preferred tests for CRC screening were FIT and colonoscopy. FIT has higher sensitivity and participation rate than gFOBT. We created a team to implement FIT in our clinic. We met with the nurse manager to discuss the practical aspects of ordering the kits for our practice. The clinic standing order for CRC screening was updated to include FIT. The physician who maintains the clinic's electronic health record preference list added FIT to the health maintenance section. In order to train nursing staff, the medical student researched videos that explained step by step how to administer a FIT kit and the necessary steps for patients to return their sample. The student piloted a training session with 2 nurses and sought immediate feedback. He then using this feedback construct a training that could be delivered to the entire nursing staff. Similar to gFOBT, our practice provides an envelope, return label, and postage for the patient. Follow up phone calls varying from 1-4 weeks after were made to individuals who were given a FIT kit to see if they were able to complete and return their sample, if they found any barriers to completing the sample, or if they had any questions regarding the process. We tracked the results to completion to ensure that they showed up on our clinic reports. We ensured that the same individual in our clinic who tracks positive results for gFOBT was able to track positive results for FIT kits.

**Evaluation:**

Previous to this project, our clinic provided 0 FIT tests to patients. Fifty kits were ordered at a time. After an initial pilot with 2 nurses, all clinic nurses were trained to educate patients. During a 5 week period the clinic provided 38 FIT tests. During this period we provided 2-12 kits per week. During the same time period we provided fewer gFOBT kits than baseline except for 1 week when FIT kits ran out.

Nurse confidence in delivering FIT kits to patients was high. Zero out of six nurses who were surveyed in weeks following the training reported any difficulty administering the FIT kits. We were able to reach 13/26 patients we attempted to call. Patients reported that overall the test was easy and patients liked that it required only 1 sample. The only problem patients expressed was finding the time to complete the test.

**Discussion/reflections/lessons learned:** Although substituting FIT for gFOBT seemed like a very simple process it became apparent that there were many obstacles that needed to be addressed. By having a committed team that kept track of each small step of progress we were able to overcome each individual barrier. In the long run having FIT available at the UNC Internal Medicine Clinic is beneficial to both patients and providers. For providers it is a better test that has a higher sensitivity than gFOBT and has been shown to have higher participation rates. For patients there is ease in only having to provide one sample. Other points of reflection are for patient compliance. On the majority of phone calls given, it appeared that many of the patients had simply forgotten that they had a FIT kit and that they needed to complete the sample. In the future it may be beneficial to have an appointed staff member responsible for follow-up calls.