In the Louis Stokes Cleveland VA Medical Center Wade Park Primary Care (WPCC) clinics, we excluded patients who had scheduled a colonoscopy. In the Louis Stokes Cleveland VA Medical Center Wade Park Primary Care (WPCC) clinics, FIT tests were only completed 57% of the time when ordered between January 1, 2012 and November 10, 2014 (baseline data).

Aim

To increase FIT completion rates by 15% among patients of the WPCC clinics between December 1, 2014 and December 1, 2015.

Methods

How are FIT tests ordered in the WPCC clinics?
- A clinical reminder is generated for patients age 50-75 when they are checked in by the triage nurse.
- A patient is given a FIT card to complete only if they meet the criteria established in the clinical reminder.
- What is the process for completing a FIT test?
  - The patient must take the stool card home, follow the low literacy instructions on the back, and return a labeled specimen by mail within 6 months of the test being ordered for it to be completed (left side below).

How did you calculate that only 57% of tests were completed in your baseline data?
- FIT tests can be sorted by the status of the order. The following are the possible statuses:
  - Complete – the patient has returned the card and it has been processed
  - Cancelled – cancelled because of a problem with the test (e.g. it was mislabeled)
  - Discontinued – actively discontinued because the test is no longer needed
  - Lapsed – the patient has not returned the test within 6 months from the order date
  - Pending – the patient has not yet returned the test but the 6 months to complete the test have not yet expired.

We calculated completed tests as follows:

\[
\text{completed tests} = \frac{\text{Complete tests}}{\text{Total tests}} \times 100
\]

We found that a negligible number of tests were being cancelled upon arrival at the laboratory.

Nursing staff also demonstrated routine procedures in distribution, labelling, and teaching patients about the test at check-in.

We focused on patient factors and designed both an in clinic and phone survey of the patients to determine barriers to returning the FIT.
- The phone survey did not yield actionable results and was marked by poor participation, and concerns for selection and recall bias.

We therefore designed an intervention based on a previously successful intervention in the literature.
- We sent a mailed educational reminder to patients who had received a FIT test during the previous calendar month reminding them to complete the test.
- This intervention had been previously successful at the San Diego VA Medical Center and had increased the return rate of stool cards by 16% (4).

Results

Measuring the Outcome of Our Intervention:
- We mailed a reminder letter based on a letter used with prior success to patients who had not yet completed their FIT test at the end of the month (4).
- We used a template in the electronic medical record to generate these letters, which the office staff mailed to the patients. The inclusion and exclusion criteria for sending the letters is listed below.

Patient who:
- Had a colonoscopy since stool card was ordered
- Have their primary care clinic at a site other than Wade Park
- Are enrolled in the CONTINU trial (ongoing at the time of project)

Measuring the Process:
We surveyed the 28 patients who were mailed a reminder in April 2015 to ensure that our intervention process was working and that the reminder letter was being received. We were able to contact 18 out of 28 patients.

Conclusions

- We attempted to improve the completion rates of FIT testing in our clinic by replicating a previously successful intervention trialed at the San Diego VA.
- Our mailed reminder was reliably received by the patients, and did not necessarily change behavior.
- Our intervention has yet to show a measurable improvement; however, more time may be needed for further analysis
- Given the lack of measurable improvement, we will not pursue automating letter distribution.

Lessons Learned

- The Difficulty of Surveying Patients:
  - Surveying the patients was challenging and had slow participation.
  - We therefore based our intervention on the literature rather than data collected directly from our patients.
  - This may be a reason for the limited response to our intervention.

- The Importance of Stakeholders:
  - Our intervention relied on the office staff who kindly agreed to assist in sending the reminder letters.
  - We excluded patients who had scheduled a colonoscopy since receiving their FIT card secondary to complaints from the gastroenterology (GI) clinic that our letter would confuse the patients.
  - If the project were started over, we would therefore include the GI staff as planning stakeholders.