



Following Through on Positive Fecal Immunochemical Testing via FIT Navigation and a Direct-to-Colonoscopy Pathway: Preparing for the Next Wave

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Critical Findings

- Delays in communication of +FIT results were seen in the early pandemic
- Completion of diagnostic colonoscopy within 180 days of +FIT did not change significantly due to the COVID-19 pandemic
- Approximately 20% of patients did not receive FIT Navigation, likely due to numerous steps in current workflows to reach our FIT Navigator
- We chose to design a Microsoft Access database which:
 - Semi-automates alerts to the FIT Navigator
 - Ranks patients by time since last intervention
 - Enables a true "Direct-To-Colonoscopy workflow"

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INTRODUCTION

- The COVID-19 pandemic resulted in new policies which sought to reduce transmission via postponement of average-risk screening colonoscopies
- Mail-out fecal immunochemical testing (FIT) emerged as a solution; however, +FIT require diagnostic colonoscopy
- At our Veterans' Hospital we instituted FIT Navigation (FITnav) in August 2020 to bolster +FIT follow-up with diagnostic colonoscopy <180 days (180-day target); however, we noted no increase in this metric
- We began with a retrospective chart review to understand our workflows and FITnav implementation
- Here we report our findings alongside the rationale for our intervention, a centralized database which enables prospective data collection

DATA SOURCES AND METHODS

- Index +FIT in those between 45-75 y/o were identified in three pre-defined periods: Mar. 01 – Sept. 03 of 2019/2020/2021 (pre-pandemic/early pandemic/late pandemic)
- Exclusion criteria were: dementia + >65 y/o, inpatient orders, diagnostic test indication, and serious comorbidities
- We analyzed outcomes using descriptive statistics, chi-squared analysis of categorical variables, and a binary logistic regression model, controlling for potential confounders such as age, priority group, marital status, sex, and race/ethnicity

ACKNOWLEDGMENTS

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RESULTS

- Demographics were similar between periods
- No significant inter-period differences in 180-day target were seen on descriptive analysis, binary logistic regression (adjusted odds ratio of 0.94 (95% CI: 0.58-1.52), or survival analysis (p=0.87)
- Days to 1st patient notification increased on average (7.8 to 10.4 days) with greater variation (SD: 6.1 vs. 17.3) between pre-pandemic and early pandemic (p=0.041)

Figure 1: Initial workflow versus Direct-To-Colonoscopy (DTC) workflow

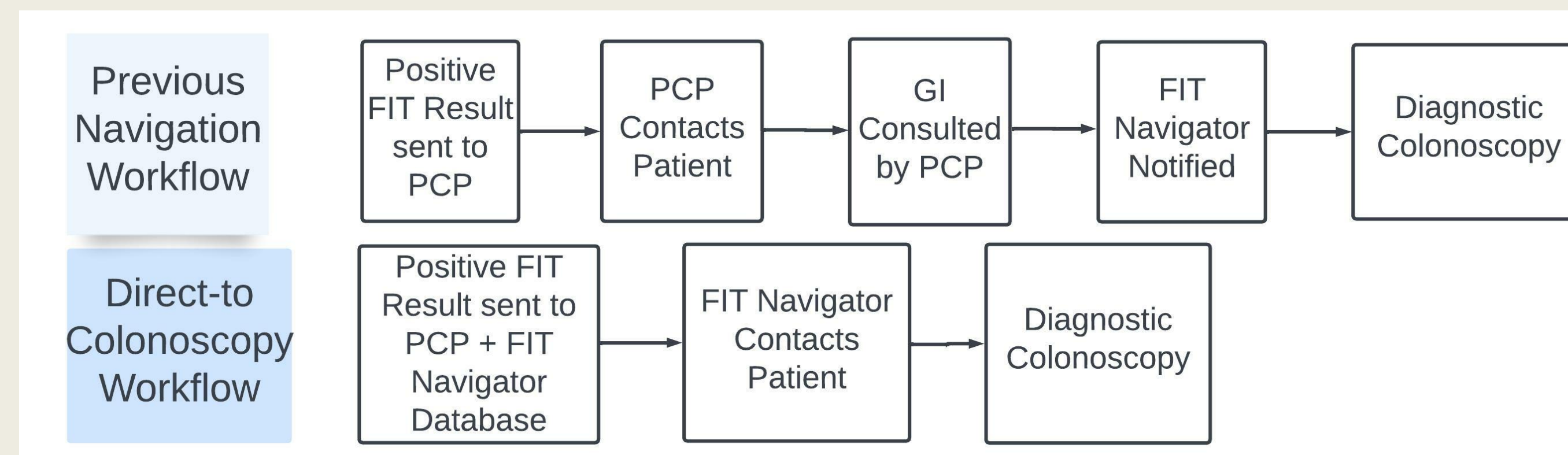
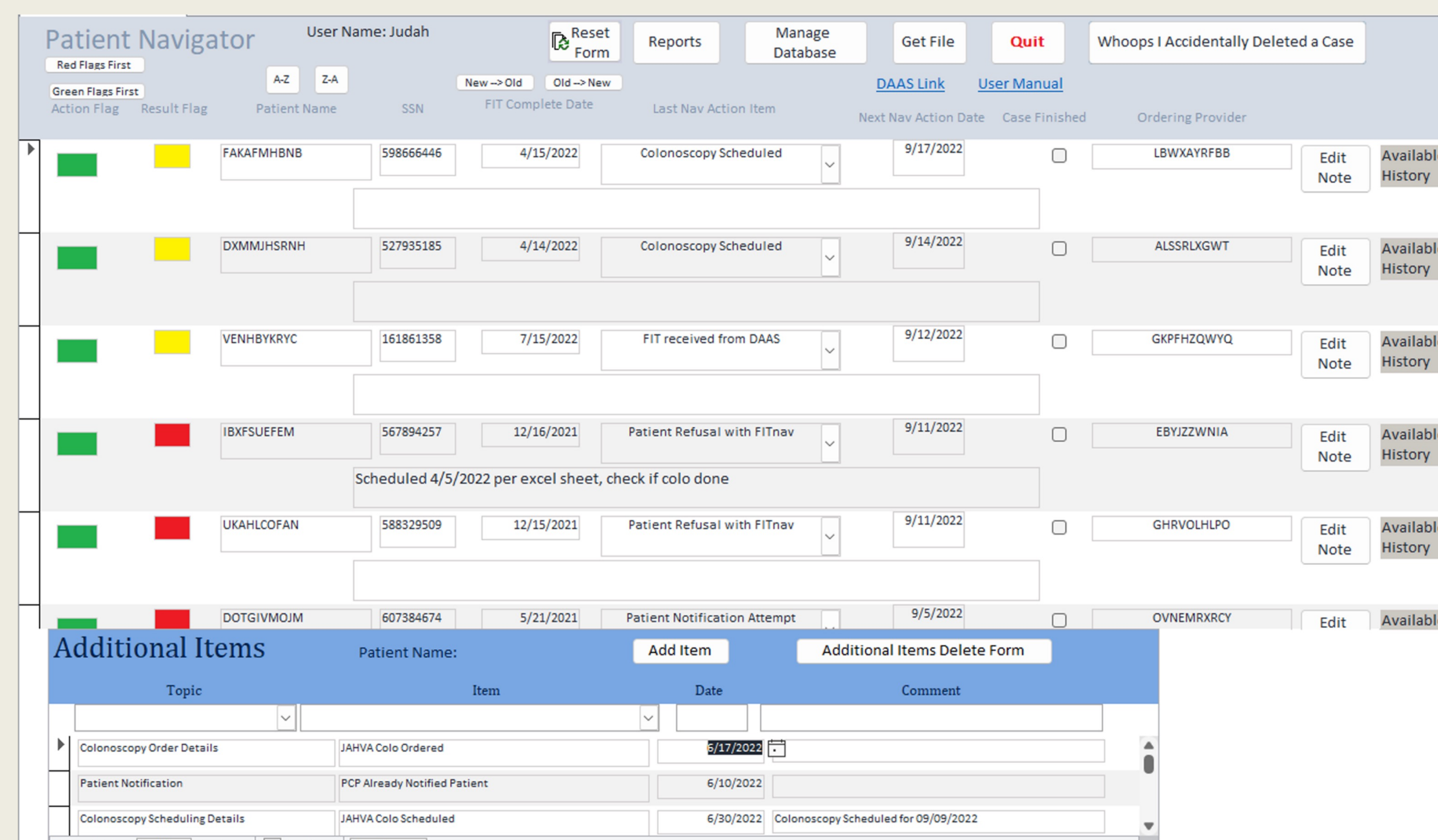


Figure 2: Screenshot of our informatics intervention, a Microsoft Access database which allows workflow tracking and prospective data collection



DISCUSSION

- While prior literature suggests FIT Navigation as a system-level intervention, we found no formal guidance on implementation, suggesting an area for formal implementation science
- Our data suggests that placing FIT navigators into existing workflows may limit program efficacy without further improvement
- The proportion meeting 180-day target was not significantly affected by the pandemic or our initial implementation

Table 1. Period comparison on primary outcome & process variables

		Pre-pandemic (N=121)	Early Pandemic (N=103)	Late Pandemic (N=253)	p
Colo <180 Days (Yes/No)	Yes	65 (53.7)	62 (60.2)	148 (58.5)	0.573
Proportion where FIT Navigator Not Notified*	N (%)	--	--	51 (20.2)	--
Patient Notification (Days)	Mean (SD)	7.8 (6.1)	10.4 (17.3)	7.2 (8.2)	0.041
Days to 1 st GI Consult	Mean (SD)	16.8 (25.8)	9.3 (16.4)	9.8 (18.6)	0.009
Coupled Consult Placement	N (%)	4 (3.8)	12 (12.5)	12 (5.4)	0.026