

**Title: MANAGING FECAL IMMUNOCHEMISTRY TEST (FIT) AT POPULATION HEALTH LEVEL IN AN URBAN SAFETY NET HOSPITAL**

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**"Introduction:**

Lack of fecal immunochemistry test (FIT) orders is perceived as a barrier to complete CRC screening. We aimed to evaluate bulk ordering FIT as a population health level methodology to improve CRC screening rates.

**Method:**

Individuals 50-75 years old, who had a primary care provider visit in the MetroHealth System within the preceding 2 years were reviewed between 10/2018 and 04/2019. Individuals at average-risk of CRC who neither completed a FIT in the preceding 11 months nor were assigned to the colonoscopy screening track were identified via querying of the electronic health record (EHR). Bulk orders were placed on eligible individuals once every month and they were informed. FIT orders were released in clinic or mailed upon request. If FIT resulted positive, patients were contacted for a follow-up colonoscopy. FIT numbers at each step of the bulk order were compared to regular orders in usual care to analyze differences in outcome.

**Results:**

From 10/2018 to 04/2019, 27,212 bulk orders and 13,756 regular orders were placed. Only 11.1% bulk orders were released compared to regular orders (48.4%). Higher number of the released regular orders were completed (93.4% vs 53.9%). Among those with positive FIT, significantly higher number of patients obtained a follow-up colonoscopy within 120 days in the bulk order (67.5%) compared to usual care (56.7%),  $p = 0.04$ .

**Conclusion:**

Managing FIT at a population health level provides a time-efficient way to identify patients due for CRC screening. Bulk ordering bypasses the need for an in-person encounter for order placement. "