



HOW TO DO IT

5 Simple Steps

Setting up a FLU-FIT or FLU-FOBT Program is not hard, but it does require some careful planning and staff training before you start.

1. Put Together Your FLU-FIT or FLU-FOBT Team

Select a FLU-FIT or FLU-FOBT Champion to coordinate your efforts

This will usually be a nurse or other member of the medical team who works closely with the manager of your clinical site.

Select your FLU-FIT or FLU-FOBT Team Members and Staffing Levels

FLU-FIT and FLU-FOBT team members can be medical assistants or other health workers who enjoy working with patients and who can be trained to provide flu shots and/or FIT/FOBT kits to patients.

Depending on your setup, you may have each team member carry out all aspects of the FLU-FIT or FLU-FOBT process with patients, or you may divide up the tasks.

To implement a FLU-FIT or FLU-FOBT process, you may need to adjust your staffing levels. If you have a high volume clinical site, you may need to assign one or more additional persons above what you usually need for flu shot season to help assess patient eligibility and dispense FIT kits.

Help your FLU-FIT or FLU-FOBT Team to be Successful

To make sure that the process runs smoothly, start your planning process early, and involve your team members in the planning process.

Once you have settled on the details of your program and who will be involved, set up a date for a final training session. Usually, this training should take place one or two weeks before the start of your Program. [see link about Training](#)

Team members should arrive before the flu shot line opens to check their supplies and systems for assessing patient eligibility and providing FIT/FOBT. Assign at least one experienced team member who knows all aspects of the program to be on hand each day to help supervise and offer guidance to team members who are less experienced. Develop a coverage system for lunch breaks and a back-up plan to solve logistical challenges as they arise.



2. Choose Times and Places for FLU-FIT or FLU-FOBT and Advertise Them

When to Start

The best time to start a FLU-FIT or FLU-FOBT Program is at the time when you usually begin dispensing flu shots. The first several days and weeks of flu shot activities can be busy, but this is also the time when you have the opportunity to reach the largest number of patients who may be due for colorectal cancer screening with FIT or FOBT.

Where to do it

You can do FLU-FIT or FLU-FOBT Programs wherever you provide flu shots, but the approach used may differ depending on the nature of your venue, your available resources, and your relationships with your patients.

FLU-FIT and FLU-FOBT Programs are easiest to implement within integrated healthcare settings. For example, in settings with immediate access to documentation about prior screening history and with systems to provide test results to primary care physicians and to refer patients with abnormal tests to get follow-up.

FLU-FIT and FLU-FOBT Programs can be implemented during dedicated “FLU-FOBT Clinics” or integrated with routine primary care office visits.

FLU-FIT and FLU-FOBT Programs can be implemented outside of integrated healthcare settings, such as in commercial pharmacies or in non-clinical community health settings, but the logistics of doing this successfully are more complex, because of payment, processing, and test reporting issues.

Advertise it

The first step is to meet with the people who work within your organization, including managers and all of your staff members, and inform them that you are doing a FLU-FIT or FLU-FOBT Program so they can be ready to support you and so they can help you reach out to your patients.

How you announce the Program to your patients depends on your resources. If you are in a primary care setting, you may choose to pass out flyers to your patients announcing the FLU-FIT or FLU-FOBT Program dates, send postcards, provide an automated phone call announcement, or place information about the program on your website or in a clinic newsletter.

Important information to give to patients can include the following:

- Dates and Times of your Program •
- Who should come in for their flu shot •
- Explain that patients aged 45-75 who come in for flu shots will be offered a home colorectal cancer screening kit if they are due
- Provide a motivational message, such as “Yearly Prevention Saves Lives”



3. Patient Flow and Line Management Plan

Offer FIT/FOBT in line BEFORE giving the flu shot

Planning patient flow issues in advance will help your Program run smoothly. In busy settings, there may be a FLU-FIT or FLU-FOBT line. When there is a line, the most efficient way to reach everyone who needs colorectal cancer screening is usually to provide FIT/FOBT before providing flu shots. Waiting until after giving flu shots to offer FIT/FOBT may be less efficient, since patients usually expect to leave immediately after getting their flu shot.

Assessing eligibility for FLU and FIT/FOBT

Most experienced flu shot clinics already have established protocols for screening for patients with allergies to egg or poultry products or other contraindications to flu shots.

Annual FIT/FOBT should be considered for all adults between the ages of 45 and 75. Patients who have had a colonoscopy in the last 10 years will not usually need to get annual FIT/FOBT. Patients with other colorectal cancer screening tests, such as flexible sigmoidoscopy or barium enema usually can still benefit from annual FIT/FOBT.

Therefore, the goal is to offer FIT/FOBT to the following patients:

- Age 45-75
- No colonoscopy in the last 10 years
- No FIT/FOBT in the last year

In many cases, this information can be found in electronic medical records or in a health maintenance log sheet in the patient's paper medical chart. Team members who are unfamiliar with where to find this information may need training from a physician or clinic manager.

When information about colorectal cancer screening is not available in the medical record, you can ask patients between the ages of 45 and 75 to tell you if they did a home stool test for colorectal cancer screening in the last year or a colonoscopy in the last 10 years and offer FIT/FOBT who are due for screening based on their answers.

If there is both no information in the medical record and patients are uncertain about when they had their last tests, you may still consider offering FIT/FOBT if it seems possible that they have not had testing in the recommended time intervals.

One time-saving approach for clinics with electronic health records is to print out a list of patients who are due for FIT/FOBT at the beginning of the flu shot season and use it as a reference to select appropriate patients for FIT/FOBT as they come in for their flu shots.

4. Develop Systems to Support Follow-Up of FIT/FOBT Kits Dispensed



Consider ease of test completion when selecting a FIT or FOBT kit

There are many FIT and FOBT tests kits on the market. When possible, select a test kit that does not require the patient to restrict their diet or medication regimen for several days before they collect their specimen. It is easiest for patients to complete a test that they can take home and complete without special preparation or delay.

Provide clear instructions for completing and returning kits

Most test kits come with manufacturer-recommended instructions, and they can be given to patients as part of the FIT/FOBT kit.

You may want to insert additional instructions (such as multilingual instructions, simpler instructions for low literacy patients, a special reminder to date the kit when completed, and/or or a phone number to call if they have questions) if you believe this would be helpful.

Provide a return envelope for kits to be mailed back to your clinic or to the lab

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Reminder phone calls or postcards to encourage test completion by those who are given FIT or FOBT

Typically, less than 50% of people who are given FIT/FOBT kits will return them without reminders. Providing reminders within 2 or 3 weeks of providing patients with a home FIT/FOBT kit can increase return rates.

Assist patients with abnormal FIT or FOBT results to get colonoscopy and additional treatment when needed

Develop a system for FIT/FOBT results to get to both the patient and their primary care physician. Patients with normal FIT/FOBT test results should receive the message that this is good news and that they should repeat the test in a year. Their primary care clinicians should also receive these results.

Patients with abnormal FIT/FOBT test results should be called and told that they require colonoscopy to check for polyps or cancer. Their primary care clinician should also be called with this message so they can assist with arranging a colonoscopy for the patient.

Keep a log of patients with abnormal test results and check it periodically to verify that everyone on the list has gotten needed follow-up.



5. Final Preparations

Gather Your Supplies Well in Advance

Order flu shots and FIT/FOBT Kits with Return Envelopes/Stamps

Written patient education materials, posters, and algorithms for your team can be downloaded from this website, edited for use in your patient population and printed up for your use [link to materials](#)

Two Weeks Before FLU/FIT or FLU-FOBT Activities Start

Recheck to be sure you have all your supplies

Do a walkthrough with your FLU-FIT Team

Consider doing a role play with your FLU-FIT Team, checking your workflow and procedures for providing flu shots and FIT/FOBT kits

Your first day of your FLU-FIT or FLU-FOBT Program

Whatever happens on the first day, don't give up – FLU-FIT and FLU-FOBT programs get easier with experience.

Congratulate yourselves for getting to this point!!!

For more information or questions about FLU-FIT and FLU-FOBT Programs, visit www.flu.fit.org or contact:

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