

# CASE STUDY SPOTLIGHT

## Family and Medical Counseling Service (FMCS)



### Type

Federally Qualified Health Center

### Location

Washington, D.C.

### EHR

eClinicalWorks

**3,362**  
patients

- 81.5% of patients at or below 200% Federal Poverty Guideline
- 1.3% of patients are best served in a language other than English
- 24.0% of patients are uninsured



### Patient Strategies

- Patient reminder or recall/in reach
- Patient education
- Small media
- Navigator/Community Health Worker
- Automated campaigns



### Clinician/Staff Strategies

- Provider assessment & feedback
- Provider reminder or recall
- Care team/team-based approach
- HIT interventions dashboard
- Follow up to abnormal (positive) FIT



### Reducing Structural Barriers

- Mailed FIT
- Transportation

## Background

In 2017, Family and Medical Counseling Service, Inc. (FMCS) had a colorectal cancer (CRC) screening rate of 34.6%. FMCS faced process and capacity challenges with CRC screenings due to not having a dedicated staff person to assist with these efforts, including follow-up with patients.

## Results

By 2020, FMCS increased its CRC screening rate by 12 percentage points to 46.8%. The practice attributes its success in streamlining their processes to having a patient navigator dedicated to CRC screening efforts.

## Evidence-based Strategies and Innovations

FMCS used multiple strategies to increase their CRC screening rate. To address structural barriers, they used funding from the DC Primary Care association to provide transportation as well as a mailed fecal immunochemical test (FIT) campaign. Clinicians and patients received reminders, and a team-based approach was used as well as dashboards and a streamlined process for follow-up after positive or abnormal FITs. A variety of patient education was provided too, but their biggest change was hiring and utilizing a patient navigator to assist with CRC screening. The practice shared the following solutions and lessons learned from their CRC screening interventions:

### Patient Navigators Consistently Follow Through with Patients

- The practice hired a patient navigator to oversee CRC screening efforts. By having a dedicated patient navigator, the health center ensured consistent follow-through with patients for screening.
- The patient navigator provides education and instructions to patients on FIT kits and follows up with them to return the kits.

### Mailed FIT: Postage Issues

During the pandemic, the practice experienced issues with inconsistent postage on FIT kits mailed to patients that made it difficult to fully implement a mailed FIT campaign. Of the FIT kits distributed by mail, approximately 60% of patients returned their testing kits.

### Patient Screening Reminders

- The practice uses robo-calls through an automated system to provide reminder calls, texts, and emails for patients overdue for screening. These reminders continue until the screening is completed.
- After giving patients a FIT kit to take home, the navigator creates a “dummy” referral in the EHR and creates actions in the EHR to serve as reminders to follow up with patients to return the FIT kits.
- The practice schedules follow-up appointments with patients to return to the office within a couple of weeks and instructed patients to bring the completed kit with them for the return visit.
- When patients do not return the FITs during a return visit, providers receive notifications via telephone encounters and are encouraged to re-engage the patient at the next visit.

### Positive or Abnormal Results Follow-up

The patient navigator flags the result in the system and sends it to the provider as high priority. The provider then calls the patient with the results and alerts the patient navigator if a follow-up colonoscopy is needed. The navigator follows up with the patient and states “I am following up on the results that were shared with you by your doctor”.

### Colonoscopy Referral Follow-Through

- The patient navigator schedules the colonoscopy appointment for the patient. Two days before the appointment, the navigator conducts a reminder call. If transportation barriers are noted, the navigator works to set up transportation assistance. Once results are returned, they are attached to the order, and a note is entered in the referral/diagnostic imaging order stating, “the report is attached, please enter results”. It is then assigned to the provider.
- If the patient does not show for their colonoscopy, the navigator tries to reach the patient three times. For those that remain unsuccessful, the navigator sends the order back to the provider, and in the results writes “scheduling unsuccessful”.

### Lab Requisitions

To prevent discrepancies with specimens and orders, the patient navigator staples the lab requisition form to the shipping envelope and instructs patients to include their name and date of birth on the kit.

### Provider Prompts in the EHR

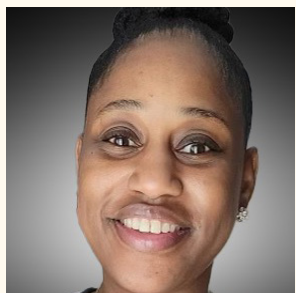
- **Clinical Decision Support System (CDSS) Alerts & Chart Reviews** – CDSS alerts providers and staff if the patient is due for a CRC screening. In addition, the medical assistants conduct chart reviews the day before the visit and will add a note if the patient is due for a screening.
- **Healthcare Effectiveness Data and Information Set (HEDIS) Dashboard** – allows providers to review their individual compliance rates with clinical quality measures. Providers can drill down to view which patients are non-compliant.
- Appropriately attaching results to diagnostic imaging orders is key for the practice to receive performance measure credit for performing the screening. The patient navigator worked to streamline this process and ensure that the proper dates were on the orders. This was a collaborative effort between the navigator, medical records, and medical assistants.

### Patient Education

Prior to the COVID-19 pandemic, the patient navigator provided American Cancer Society (ACS) pamphlets to patients and performed face-to-face education. During March, Colorectal Cancer Awareness Month, FMCS also set up a table in the lobby to provide educational talks about CRC. The practice also provides patient education via the patient portal. If the patient navigator was not able to perform in-person education, they would provide education via phone and send an ACS pamphlet via mail.

## Structural Barriers

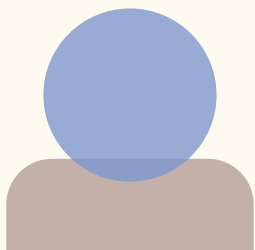
- **Medical Transportation** – Through their partnership with the DC Primary Care Association, the health center received funds to assist some patients with transportation needs to consult appointments. Pre-COVID, the navigator also arranged for transportation for post-op procedures.
- **Courier** – The navigator sometimes picks up specimens directly from patients' homes.



### Interviewees

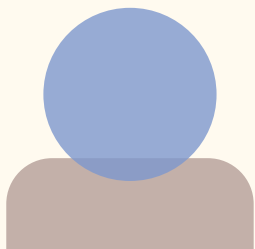
#### **Demetria A-T Premier, MSW**

Quality Improvement Health Information Management Coordinator  
Family and Medical Counseling Service, Inc.



#### **Michael Serlin, MD**

Former Medical Director  
Family and Medical Counseling Service, Inc.



#### **Marquita Iddirisu**

Former Patient Navigator  
Family and Medical Counseling Service, Inc.