

# PharmFIT: Perspectives from primary care providers on a pharmacy-based distribution of fecal immunochemical test (FIT) kits for home colorectal cancer screening

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## BACKGROUND

### FIT for Colorectal Cancer (CRC) Screening

CRC screening rates are suboptimal, particularly in rural, minority, and otherwise underserved communities.

FIT kits can be completed at home.

Models for distributing FIT kits to patients are critically needed, particularly in the era of COVID-19.

### Pharmacy Setting

Pharmacies are often more accessible than primary care facilities.

Pharmacists are highly trained but underutilized members of the healthcare workforce.

### Role of Primary Care

Primary care provider (PCP) buy-in of a pharmacy-based FIT distribution (PharmFIT) program is necessary for successful implementation.

## RESULTS

### Participant Characteristics

	All	NC	WA
N	30	12	18
Sex			
Female	15	6	9
Race/Ethnicity			
White	22	12	10
Asian	6	-	6
Other/Multiple	2	-	2
Years in practice			
<5	21	10	11
5-10	4	1	3
>10	5	1	4



### 3 Workflow and Care Coordination

**Complexity** - Identifying eligible patients  
PCPs were comfortable with pharmacists' ability to correctly identify patients eligible for FIT, but expressed concern about the lack of access to health history

**Female North Carolina** | *I think that a pharmacist would be capable of doing that. I think what would be tricky is not having a full access to medical history.*

**Complexity/Cosmopolitanism - Test results communication and follow-up**  
PCPs felt it is critically important to clearly define who is responsible for: 1) communicating test results, and 2) ensuring that appropriate follow-up care is received

**Male Washington** | *One of the big challenges, I suspect, would be subsequent follow up. How do we coordinate the next step of follow up? What if things get lost along the way? What if there's a positive result that needs follow up, but because of communication, because of interface, it doesn't get communicated?*

**Complexity - Follow-up care coordination**  
PCPs expressed concern about pharmacists being able to make referrals to gastroenterology for colonoscopies following positive FIT

**Female North Carolina** | *Generally, the next step is getting a colonoscopy, which they can't order. And so, I feel like if you're going to discuss positive results, you should be able to do the next step.*

## IMPLICATIONS FOR POLICY & PRACTICE

### Engagement

The PharmFIT intervention should include specific linkages between pharmacies and primary care facilities to ensure buy-in from primary care clinics and PCPs.

### Information Flow

The PharmFIT intervention must a priori determine how test completion and test results will be sent to a patient's PCP.

### Work-Flow

A clear delineation of responsibility, including communication of test results and coordination/referral to follow up care must be developed and communicated to PCPs of patients completing a FIT through their pharmacy.

## NEXT STEPS

### Next steps:

- Integration of PCP, pharmacist, and patient perceptions of PharmFIT
- National surveys of pharmacists and patients and key stakeholder interviews with PCPs and pharmacy staff to co-develop protocols for implementation
- Piloting PharmFIT in community pharmacies

## RESEARCH OBJECTIVES

1 Assess acceptability for PharmFIT concept

2 Assess contextual factors impacting PharmFIT

3 Specify possible workflows for PharmFIT

## METHODS



Data Collection: Semi-structured Interviews (N=30)



Participants: Primary Care Providers



Locations: North Carolina and Washington



Analytic Framework: Consolidated Framework for Implementation Research (CFIR)

### 1 Acceptability for PharmFIT concept

PCPs were generally accepting of a pharmacy-based FIT distribution program with appropriate pharmacist training AND a clear understanding of how results will be communicated to patients and of who is responsible for follow-up care coordination

**Female Washington** | *I feel like a win is a win. I do ... have some feelings about ... workload..., but if someone is getting screening that is indicated, that is a win.*

### 2 Contextual Factors

#### Cosmopolitanism - Relationship with Pharmacists

Most PCPs reported little-to-no relationship with community pharmacists, but strong relationships with in-house clinical pharmacists

#### Cosmopolitanism - PCP-Pharmacy communication

PCPs reported little exchange of information beyond sending prescriptions

**Female Washington** | *[I] never [receive messages from the pharmacy electronically]...I wish I did. I think that would make life a little bit simpler.*

#### Inner Setting - Standing Orders for FIT

Most PCPs were comfortable with their clinic extending standard orders for FIT (i.e., not requiring physician sign-off) to pharmacies

**Female North Carolina** | *I think that [a FIT order from a pharmacist] is okay...if it's a...preventive test that I probably would've recommended..anyways. I'm okay with that.*