

# PharmFIT: Evaluating patient perspectives on use of a pharmacy-based colorectal cancer screening program

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## INTRODUCTION

Colorectal cancer (CRC) is a common and preventable cancer in the United States. Yet, screening rates remain below the target of 80% of adults aged 50-75. Low screening rates are particularly prevalent within medically underserved communities. An easy-to-complete stool-based home test, called a FIT (short for Fecal Immunochemical Test), can be completed annually. If positive, patients require a follow-up colonoscopy. Most interventions aimed at increasing CRC screening using the FIT are delivered in the primary care setting. Pharmacies are easily accessible to most populations, may help increase CRC screening rates by serving as an additional venue for FIT distribution.

## OBJECTIVE

The purpose of our study was to assess patient perspectives about receiving a FIT from a pharmacy in order to inform a pharmacy-based CRC screening program.

## METHODS

We conducted in-person and telephone semi-structured interviews with 32 patients, ages 45-75, residing in rural and urban areas in NC and WA. We explored acceptability and intervention design preferences for delivery of a pharmacy-based CRC screening program. Andersen's Healthcare Utilization model and the Theoretical Domains Framework (TDF) were mapped to interview guides and informed coding and thematic analysis.

Figure 1. Andersen's Healthcare Utilization model

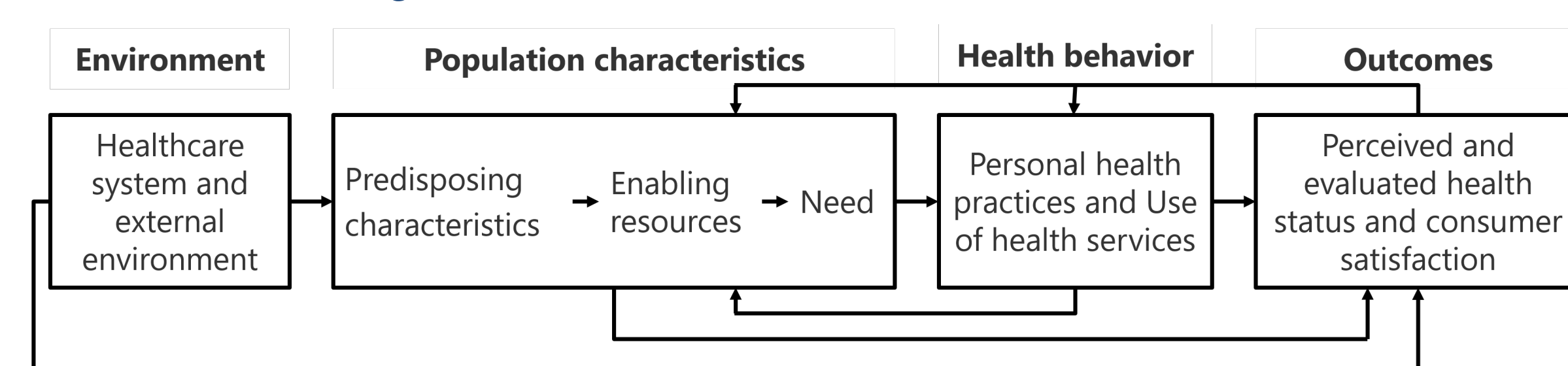
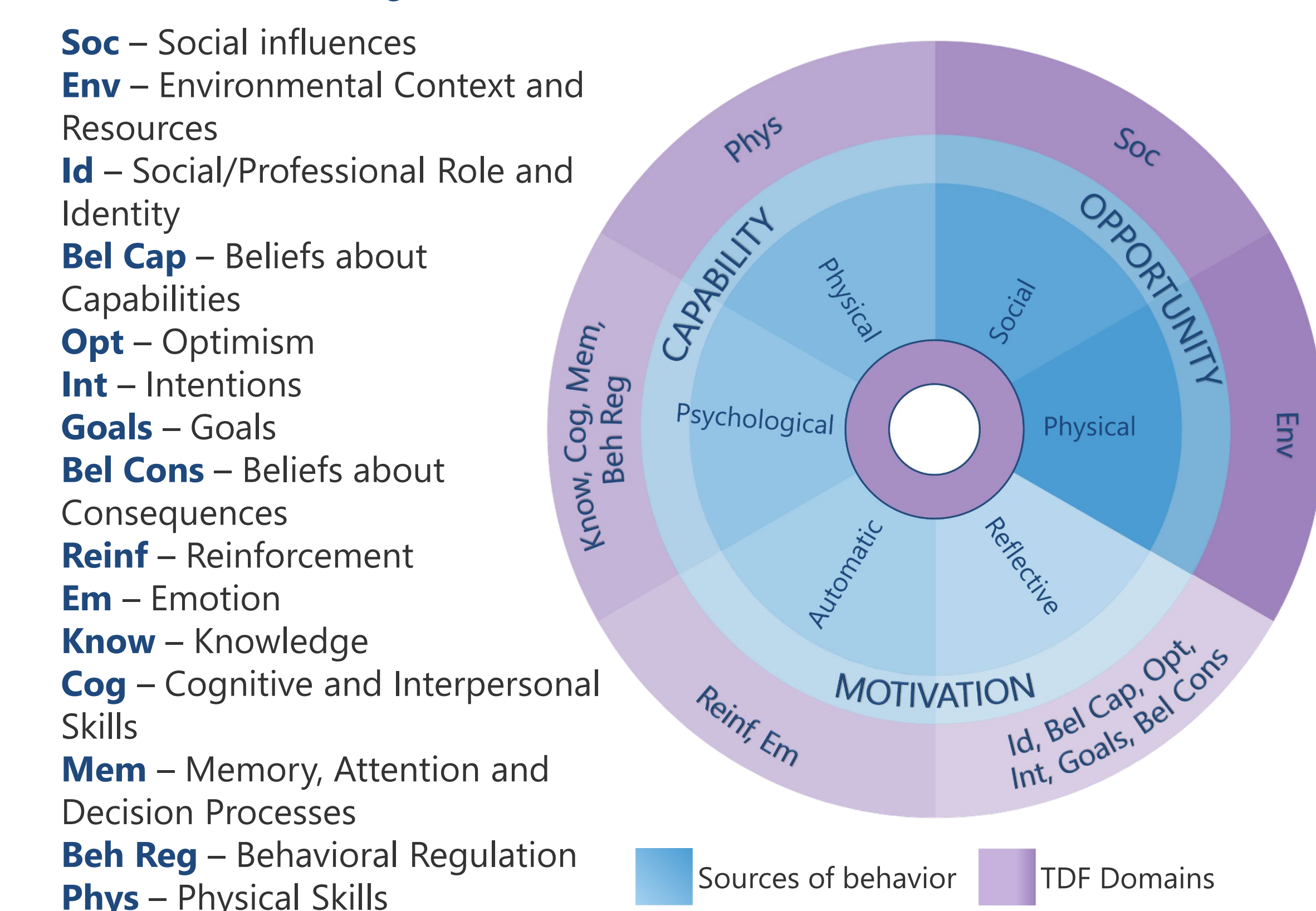


Figure 2. Theoretical Domains Framework



## RESULTS



**Patients like the idea of pharmacy-based CRC screening, IF pharmacists and physicians practice good communication regarding test results and follow-up.**

### 1 Patients perceived pharmacy-located CRC screening as highly acceptable

Age 73, Washington State.

“ I like my pharmacist. He’s very knowledgeable, he’s a health professional, so **receiving a FIT from a pharmacist would be no problem with me.** ”

Age 54, North Carolina

“ The **ease of access** would be super convenient, as opposed to going to a primary care physician, where you’re then cranking out the medical insurance, and paying your copay, and doing all that... ”

### 2 Various factors influenced acceptability



**Ease of access.** Patients said pharmacies were easier to access than their doctor’s office.



**Privacy.** Patients said they would want to discuss CRC screening in a semi-private area of the pharmacy and to have the kit placed in discreet packaging (e.g. an opaque bag).



**Wait times.** Patients felt that a benefit to receiving a FIT kit from a pharmacy would be reduced wait times compared to those common at a doctor’s office.



**Beliefs/attitudes about pharmacist capabilities.** Most patients felt confident in their pharmacists’ capabilities. However, many still wanted their doctor to be involved in the conversation around CRC screening.

### 3 Seamless communication in the care continuum was highly important to patients

Age 55, Washington State

“ I would think it would be better if the **pharmacy reported [the FIT results] to my doctor** just as when I get a mammogram, they report it to my doctor. ”

Age 68, North Carolina

“ [I]n the ideal world **the pharmacist would communicate the results to my primary care provider...and they would communicate it to me and send a referral for the colonoscopy.** ”

## DEMOGRAPHICS

	Washington State N=21	North Carolina N=12
<b>Patient Characteristic</b>	<b>n (%)</b>	<b>n (%)</b>
Age (range)	62 (46, 75)	61 (50, 73)
Female	17 (81%)	6 (50%)
≥ College Degree	14 (67%)	11 (92%)
<b>Race</b>		
White/Caucasian	19 (91%)	8 (67%)
Black/African American	1 (5%)	3 (25%)
Other/Not Reported	1 (5%)	1 (8%)
<b>Ethnicity</b>		
Non-Hispanic	20 (95%)	11 (92%)
Not reported	0 (0%)	1 (8%)
<b>Prior CRC Screening</b>		
Never Screened	3 (14%)	1 (8%)
FIT/FOBT Only	5 (24%)	2 (17%)
Colonoscopy Only	9 (43%)	6 (50%)
Colonoscopy and FIT/FOBT	3 (14%)	2 (17%)
Other	1 (5%)	1 (8%)

## DISCUSSION

Patients perceived pharmacy-located CRC screening programs to be highly acceptable. However, there were concerns about communication and care coordination with patients’ doctors. Patients expressed concerns about how they would be informed of test results, with preferences split between receiving results from their doctor and receiving results from their pharmacist. Regardless of who reported the results, patients wanted the pharmacy and doctors’ offices to seamlessly communicate about results and follow-up care.

## IMPLICATIONS

Patients viewed pharmacy-located CRC screening as an acceptable option to increase CRC testing. To improve programmatic success, it will be critical to:

- Clearly define how **communication and care coordination** between the pharmacy and patient’s provider will take place.
- Ensure a **closed care loop** in providing patients with comprehensive information pertaining to their results and next steps in the event of an abnormal result.
- Attend to implementation outcomes such as **acceptability** during the pilot phase of the intervention.

## NEXT STEPS

Our next steps include developing a pharmacy-located CRC screening pilot program to assess **feasibility**.

Later steps include assessing the cost of care coordination and policy requirements to ensure long-term **sustainability**.

## ACKNOWLEDGEMENTS

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