

# PharmFIT: How pharmacists would design a pharmacy-located colorectal cancer screening program

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## BACKGROUND

Colorectal cancer (CRC) screening completion is sub-optimal among underserved populations: uninsured or publicly insured, low income, poorly educated, rural, and racial/ethnic minorities. Community pharmacies may be promising venues to complement current screening efforts. Most US residents (90%) live within 5 miles of a community pharmacy. Medicare beneficiaries visit pharmacies an average of 13 times per year compared to 7 visits per year to their primary care providers. Pharmacies may also be more convenient than primary care clinics for certain preventive services like FIT; they have longer operating hours, shorter wait times, and can typically see patients without appointments. **Since pharmacies are the most accessible health care setting in the US, they could meaningfully increase community capacity for CRC screening.**

## OBJECTIVE

To identify programmatic features and processes recommended by pharmacists to inform the design of a pharmacy-located CRC screening program.

## METHODS

- Between August 2019 to January 2020, we conducted 23 key-informant interviews with community pharmacists practicing in Washington State and North Carolina.
- We asked pharmacists to provide input on the implementation process for distributing FIT kits to patients.
- Interviews were audio recorded and transcribed. We used the Consolidated Framework for Implementation Research (CFIR) for transcript coding and thematic analysis.



Figure 1. Consolidated Framework for Implementation Research (CFIR)

Table 1. Participant characteristics

	Total n=23 (SD or %)	North Carolina n=12 (SD or %)	Washington n=11 (SD or %)
<b>Age (avg)</b>	38 (9.8)	38.5 (8.6)	38 (9.8)
<b>Sex</b>			
Male	11 (48)	7	4 (36)
Female	12 (52)	5	7 (64)
<b>Race</b>			
White	16 (70)	7 (64)	9 (82)
Black/African American	1 (4)	1 (9)	-
Asian/Pacific Islander	3 (13)	2 (18)	1 (9)
American Indian/Alaska Native	-	-	-
Multiple or other	2 (9)	2 (9)	-
Declined	1 (4)	-	1 (9)
<b>Ethnicity</b>			
Non-Hispanic	23 (100)	12 (100)	11 (100)
Hispanic	-	-	-
<b>Years in practice at current location (avg)</b>	4.5 (2.9)	4.4 (3.1)	4.5 (2.9)
<b>Practice setting</b>			
Retail/chain pharmacy	6 (26)	3	3 (27)
Independent pharmacy	10 (43)	6	4 (36)
FQHC	7 (30)	3	4 (36)

## 1. MANY PHARMACY OPERATIONS ARE COMPATIBILITY FOR CRC SCREENING

Pharmacists believed that FIT kits distribution was compatible with their environment, workflow, and scope of practice, drawing comparisons to established vaccination and point-of-care testing programs. A couple pharmacists were already distributing FIT kits at their pharmacies.

*"Just thinking from that perspective...when we give vaccinations we kinda have to do similar processes. So, you know looking at age and comorbidities and history and things like that. So, I think that we definitely have a lot of that information readily available...and if we don't we are able to ask the patient...So, I think that [providing kits] would be pretty feasible."*

- 26 y/o male, Retail/chain, NC

*"Anytime you add something, there's always a hesitation [in the pharmacy]...you're adding on [another service]...we've just incorporated [FIT distribution] into our flow....we've learned it really doesn't take very long. So, it's going well since we've incorporated [the program]..."*

- 33 y/o male, FQHC, WA

## FINDINGS



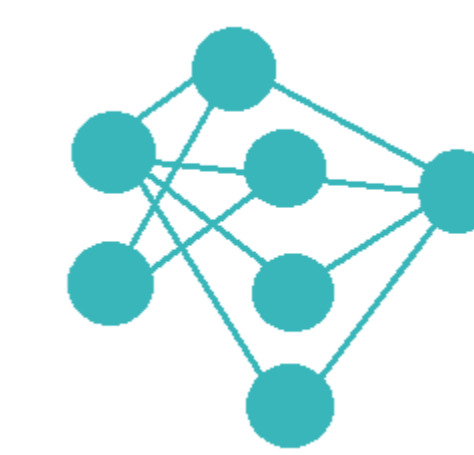
### 2. PROGRAMS SHOULD TAKE ADVANTAGE OF AVAILABLE RESOURCES TO PROVIDE FIT KITS TO MEET PATIENT NEEDS

Pharmacists mentioned several methods for distributing kits through their pharmacies:

- In-person
- Mail order
- Home delivery
- Health fairs
- Community events

*"...we could do free delivery on [the FIT kits]. Like...[to] those retirement communities...We could even schedule with them and go out there for an hour or two and set up a booth at some point and generate some interest. And also, plan a time to get the kits to them, whether it be delivery or set up a time where...[community members] come pick up [their] packets...there's different ways we could do it. But definitely pick up from the store, we could deliver the packets, we could set up a table or a booth at some of these retirement communities...I think those would all be viable options."*

- 49 y/o male, Independent, NC



### 3. PHARMACIES SHOULD IMPROVE CONNECTIONS WITH PRIMARY CARE PROVIDERS AND DELINEATE ACCOUNTABILITY FOR CARE COORDINATION

Pharmacists' responses varied with respect to reporting results to primary care providers or following-up with patients who did not have an established provider or needed a referral for a diagnostic colonoscopy. Participants identified faxes and phone calls as the primary means of communicating results to providers.

*"We would, probably, either fax [test results] – actually, that's probably the only option we have right now. We could fax a sheet with the results to the provider."*

- 34 y/o female, Retail/chain, NC

*"...if the pharmacist orders anything, [they] are responsible for any abnormal results. So, as long as you refer the positive result out to [the patient's] primary care doctor...and [inform] the patient, you've completed your duty..."*

-33 y/o male, FQHC, WA

*"If we don't get a response [about receiving test results]...what do we do?...Do we call the patient? Do we call the provider? Or how do we follow up that that message was received and they're working on it? Because I don't think doctors' offices will get back to us to let us know what they are going to do with our request...Some [clinics] will say thank you for sending a message. We'll talk to the patient. But most other places, they're also so busy they may not even let us [at the pharmacy] know."*

-42 y/o male, Independent, NC

## POLICY & PRACTICE IMPLICATIONS

- Many pharmacies are capable of integrating a CRC screening program and have a wide variety of available resources to support patient needs to obtain and complete CRC screenings.
- Primary care providers and community pharmacies will have to develop stronger communication and referral networks to ensure appropriate patient care coordination.
- State and national pharmacy associations should consider developing continuing education and training on CRC screening and program implementation to facilitate CRC screening service adoption in pharmacies.

## FUTURE RESEARCH

- Conduct two national surveys of adults aged 50-75 and community pharmacists to evaluate attitudes and preferences for a pharmacy-located CRC program (Winter 2020/2021)
- Conduct implementation pilots with pharmacies and primary care clinics to distribute FIT kits to patients (Spring/Summer 2021)

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