Colorectal Cancer Screening: Fecal Immunochemical Test (FIT)

According to the New England Journal of Medicine, the Fecal Immunochemical Test (FIT) is an acceptable alternative to colonoscopy for colorectal cancer screening for average risk persons (Feb 2012).

The FIT does not require the same precautions and restrictions and is probably even more sensitive than the older chemical or guaiac-based tests for colorectal cancer. It tests two stools collected on two consecutive days. Screening for Life (SFL) recommends the FIT over the guaiac fecal occult blood test (g-FOBT). SFL covers an annual FIT for men and women ages 50-74 who are enrolled in the program. If the patient has an abnormal or positive FIT, the program will cover a colonoscopy.

Providers who are having difficulty patients who are 50 and older to obtain a colorectal cancer screening, try offering them the FIT option.

*Persons who are at increased or high risk for colorectal cancer should talk to their healthcare provider about the appropriate screening tests and screening intervals.

Educational Opportunity Available

Continuing education related to cancer screening and cancer care is important for healthcare professionals. The following web-based educational opportunities are available:

Colorectal Cancer: Is Your Patient at High Risk?  

Gynecological Cancer Educational Modules for Health Care Professionals  
http://www.cdc.gov/learning/
In April 2015, the United States Preventative Services Task Force (USPSTF) issued new breast cancer screening recommendations for women who don’t have symptoms of breast cancer and are not at high risk of the disease. The final USPSTF breast cancer screening recommendations can be found at: www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening1

Per the Delaware Cancer Consortium, the medical advisory board to SFL, early detection is extremely important, therefore SFL has not changed its guidelines to support these recommendations and continues with current policy guidelines in accordance with the February 2015 NCCN guideline updates. The program continues to screen women who have no symptoms/not at high risk of disease, beginning at the age of 40 and continuing this screening annually. In addition, SFL continues to support a clinical breast exam yearly in conjunction with an annual pelvic exam.

Technology used to perform an annual mammogram for screening continues to improve and some SFL providers now utilize 3D mammography equipment. However, SFL continues to only provide reimbursement for program-qualified women for a 2D digital mammography.

Health Care Connection—Health Home assignments

The Health Care Connection (HCC) provides access to primary care doctors, medical specialists, and help with access to other health resources—including prescription programs, and laboratory and radiology services. HCC program staff are available to assist individuals with establishing a health care home, scheduling appointments, and removing barriers to obtaining healthcare services.

Effective March 1, 2016, all HCC applicants will need to speak with the VIP coordinator to have a health home assigned. The program will no longer automatically assign a Federally Qualified Health Center (FQHC) as a health home simply because the application originated from that location. All HCC applicants will speak with the Coordinator who will assist them with picking a health home.

For more information on this change, please contact the program office at 302-744-1040. To speak with the VIP coordinator, call 866-996-2427, Option 1.

Reminder

Visit the SFL website

Remember to visit the SFL program’s website to review the policy manual, newsletters, SFL provider listing, updated reimbursable CPT codes and much more. Explore this website often as new information is added frequently. Use the link below to access site: http://www.dhss.delaware.gov/dhss/dph/dpc/sfl.html