



Purpose

The objective of this study was to analyze the effectiveness and cost of patient incentives, together with patient navigation and patient reminders, to increase **fecal immunochemical test (FIT)** kit return rates.

The setting is a **Federally Qualified Health Center (FQHC)** in Appalachia, and the majority of its population experienced homelessness.

Study Questions

1. What was **the effect** of the interventions on the **FIT kit return rate and CRC screening uptake**?
2. What was **the cost** of the interventions?

Intervention

Patients were given a \$10 gift card to local grocer/gas station upon return of a FIT kit or a completed colonoscopy.



Patient navigators tracked unreturned FIT kits and reminded patients to return them via phone call or mail.



Patient navigators tracked whether patients scheduled and completed colonoscopies and reminded them to do so via phone call or mail.

Results



The FIT kit return rate **increased to 47.6%** (168/353) during the implementation period from 21.7% (40/184), **an increase of 25.9 percentage points**.



Total cost of the intervention, including patient incentive, patient navigation, and patient reminders (reported for the implementation time frame only), was **\$11,632.54**.



The **cost per additional screening** due to the intervention was **\$127.83**.

Key Takeaways

- The incentives, together with patient navigation and patient reminders, helped to **improve CRC screening uptake** in one rural FQHC serving patients who were experiencing homelessness.
- Costs at the FQHC were driven **primarily by the time spent by patient navigators** to track and contact patients.