

Electronic Supplemental Material

Proposed Design Elements of a PharmFIT™ Intervention from the Patient Perspective

Proposed PharmFIT™ Components	PharmFIT™ Patient-specific Design Elements to Consider	Participant Quotations ^a
Identifying patients eligible and due for FIT	Alert patients ahead of time to expect initiation of CRC screening discussion (e.g., via postcard)	<i>I probably would send a little postcard first. And I'd say, "We're doing this because of X. You're gonna get X, Y, Z." And, then I would know it was coming. If I got something like that without knowing at all that it was coming, it's like, "Is this legit?" It would be a little weird to me to just get it out of the blue. – NC 005</i>
Distributing FIT kit to eligible participants	Ensure private place for discussion (not in line); opaque bags; mail as an option	<i>[I would do CRC screening in a pharmacy] as long as it was in a room where everybody else is out of earshot. – WA 024</i>
Educating and counseling patients on FIT completion and follow-up	Ensure training for pharmacists on FIT (evidence, instruction for FIT completion, information on results implications); pharmacists explain instructions directly to patients and include simple, written, illustrated instructions with the FIT kit for later reference; pharmacists remain available to answer questions in person or via phone/text/email	<i>I typically think of a pharmacist more as a medication advisor, not as much a test advisor, and I would want to know if they had been given training to discuss the test with me before having that conversation. I'd want to know that they were trained in how to answer any questions that I might have about the test, that they were trained in the sensitive nature of explaining the test, and that it would not be discussed at the counter where other people might hear. [I'd want them to] be able to answer all of my questions about how to take the test, when the results might come back, and answer questions about the test results. Would I be going to them or would I be taking that to my doctor? Would they refer me to my doctor? After the test is done, I'd wanna know what their role might be and if they were trained in that. – WA 004</i>
Returning FIT kits	Provide options for returning kit, e.g., in person to pharmacist or dropbox, via mail	<i>As far as sending it back, I [prefer] returning it personally, that way I know it went directly to the pharmacist rather than sitting in the bottom of somebody's letter bag in the back of a post office drop. – WA 003</i>

		<p><i>[I would want to return the kit] by mail. Or, if you just had to put it in a box at the pharmacy, I could do that. – WA 024</i></p>
<p>Transmission of FIT results from pharmacist to PCP</p>	<p>Ensure results are communicated to the PCP and appear in the patient’s EHR</p>	<p><i>The results should go from whoever is testing it directly to my doctor. – WA 013</i></p> <p><i>It seems like it should somehow go into my medical record just as a colonoscopy would. – NC 008</i></p>
<p>Communication of normal FIT results</p>	<p>Pharmacist or PCP communicates normal results to patient; consider patient preference</p>	<p><i>If it came through as normal, and it was just a quick thing where they could just get a card in the mail [from the pharmacy] saying everything was fine. – WA 004</i></p> <p><i>Right now, [I get normal results] in an email in my online records. Which is great. I don’t know what they would do if it [a FIT result] was not normal. I hope they would call me and not email me.” – WA 006</i></p> <p><i>I think either positive or negative results, I’d prefer to hear from my doctor. There is experience and a history with my medical background, and there’s a level of trust that has been built up over the years. I would think that there would be one less step, because [for an abnormal FIT result] my doctor would then be able to make recommendations on seeing either a specialist or next steps. – NC 012</i></p>
<p>Communication of abnormal FIT results</p>	<p>PCPs deliver personal communication about abnormal results</p>	<p><i>In the ideal world the pharmacist would communicate the results to my primary care provider, my PCP, and they would communicate it to me and send a referral for the colonoscopy. – NC 004</i></p> <p><i>It would be great to hear [of an abnormal FIT result] from my primary care physician because they're going to have to make the referral anyway, to get the procedure done. – NC 013</i></p> <p><i>I mean, heaven forbid, it might not be anything to do with colon cancer, but would you wanna have somebody tell you you had cancer when you're standing in the middle of a store? – NC 005</i></p>

<p>Coordination of follow-up care for abnormal FITs</p>	<p>Establish clear ownership of responsibility for results communication and follow-up care; ensure referrals and affordability for the uninsured</p>	<p><i>I do believe that if the pharmacy is going to send me the FIT kit, then they definitely need to get back to my doctor about the results. – NC 005</i></p> <p><i>Because I have insurance and I have a doctor, I'm comfortable just having the pharmacy refer me to my doctor for follow-up testing, but because they're the ones handing it out, I also think that they should have an ability to refer me on to where I might get testing. [There is] the potential fallout if [follow-up] doesn't [work] for the uninsured. I don't like the idea of giving out, "Oh, here. Here's a test. And, oh, hey, by the way, now here's a very expensive follow-up." I think there's some responsibility there [on the part of pharmacists] to have information for those who do not have the funds to get the colonoscopy and deal with the worry of that. – WA 004</i></p>
<p>Annual reminders</p>	<p>Pharmacists send annual reminders via phone/ text/ email depending on patient preference.</p>	<p><i>[I would like to be reminded by] a text message or email. Either/or is fine. A phone call usually takes time from myself and whoever that's calling. So, I think with the text, you can automate it so there's no error or delay in a sense, because it's all put in a system. Like, one year later, you get a text [reminder] automatically from the computer. – WA 027</i></p>
<p>Communication and care coordination between pharmacists and PCPs</p>	<p>Ensure seamless communication and coordination</p>	<p><i>So I get handed the kit or pick up a kit at the pharmacist. Then this kit gets sent to some lab somewhere for reading. And then my reading goes where? Like who gets my results? I guess they send it back to me, but does the pharmacy get my results? Do they go to my physician and then someone follows that up to make sure that I read my results correctly? – NC 011</i></p> <p><i>It just seems like the pharmacist should be not handing out things without my physician knowing it. – WA 006</i></p> <p><i>I wouldn't have a problem if the pharmacist scheduled [the follow-up colonoscopy] or helped me schedule it. I just wanna know that it's done and that my PCP and the pharmacist were somehow gonna be connected. – WA 014</i></p>

^aQuotations are condensed for brevity and clarity. CRC=colorectal cancer; EHR=electronic health record; FIT=fecal immunochemical test; NC=North Carolina; PCP=primary care provider; WA=Washington