



# Barriers to Colorectal Cancer Screening Among the Uninsured and Under-insured

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## Background

- In the US, colorectal cancer is the third leading cause of cancer-related deaths in both men and women.
- Screening for individuals with average risk of colorectal cancer is recommended for those age 50 to 75.
- An estimated 60% of colorectal cancer-related deaths could be prevented if everyone age 50 years or older were regularly screened.
- As of 2018, 68.8% of Americans in this age group were up-to-date on colon cancer screening.
- Colonoscopy remains the gold-standard for screening, though other options include Cologuard and fecal occult blood kits. The out-of-pocket cost of a colonoscopy is typically >\$1000 with no insurance.
- The setting of our quality improvement project was a direct primary care (DPC) practice in Monument, Colorado that served as a safety net for patients both uninsured and underinsured.
- For this patient population, there are many potential barriers to care that exist, including cost of screenings.

## Objectives

- To implement an intervention that provides information on colorectal screenings and elicit patient views on barriers to screenings
- To characterize the percentage of patients in this primary care clinic who were up-to-date on colon cancer screening before and after our quality improvement intervention

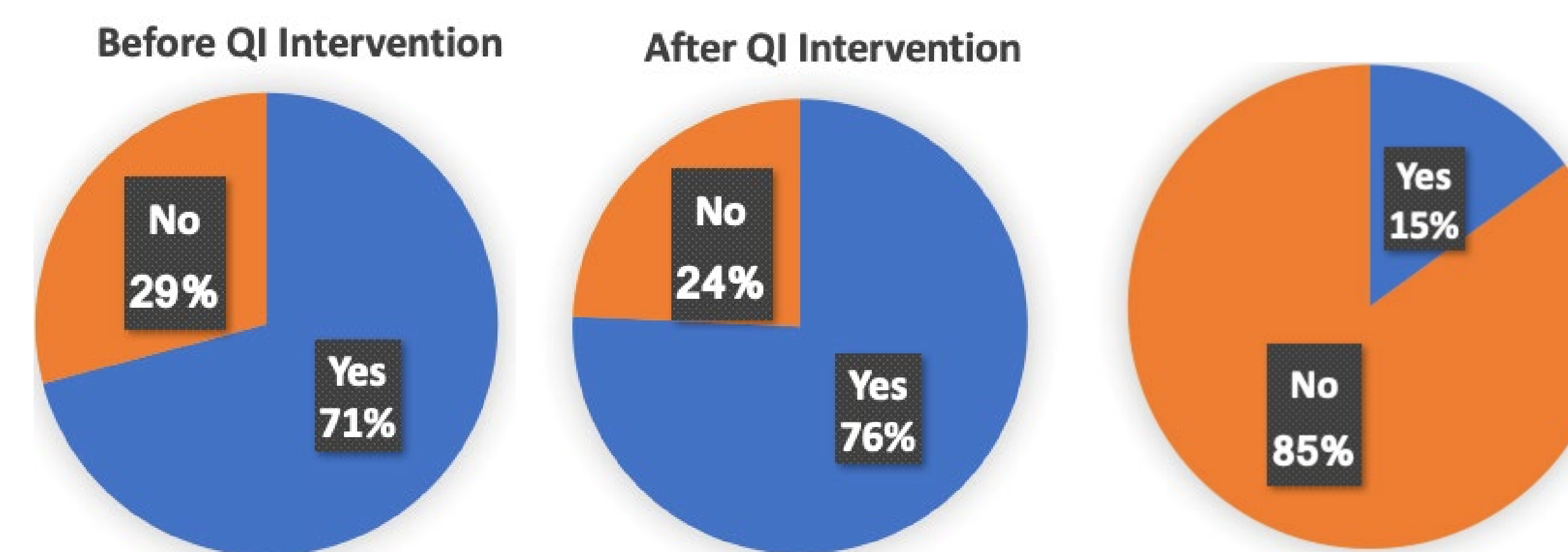
## Program Description

- A pamphlet was given to all patients age 50 to 75 with information on colorectal cancer statistics and common options for screening, including colonoscopy, Cologuard, and immunochemical Fecal Occult Blood Test (iFOBT) between December 2020 to March 2021.
- A survey attached to the pamphlet included questions on whether patients had completed colorectal screenings, barriers to getting screened, and whether the informational pamphlet changed their opinion.
- At the end of the pamphlet, patients were reminded that the iFOBT was included in their membership and to inquire about it, if interested.

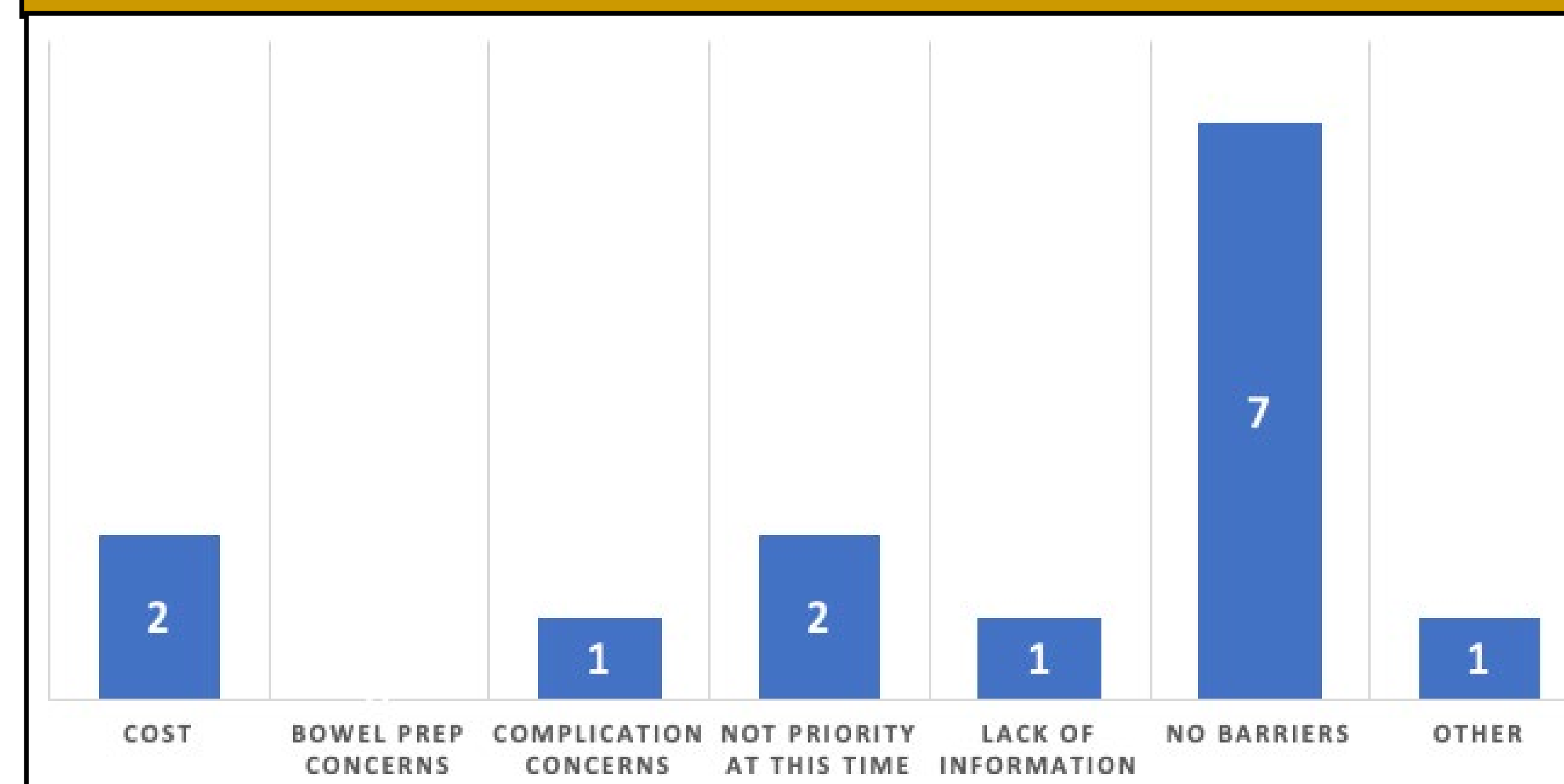
## Results

Percentage of patients up-to-date on colorectal cancer screening

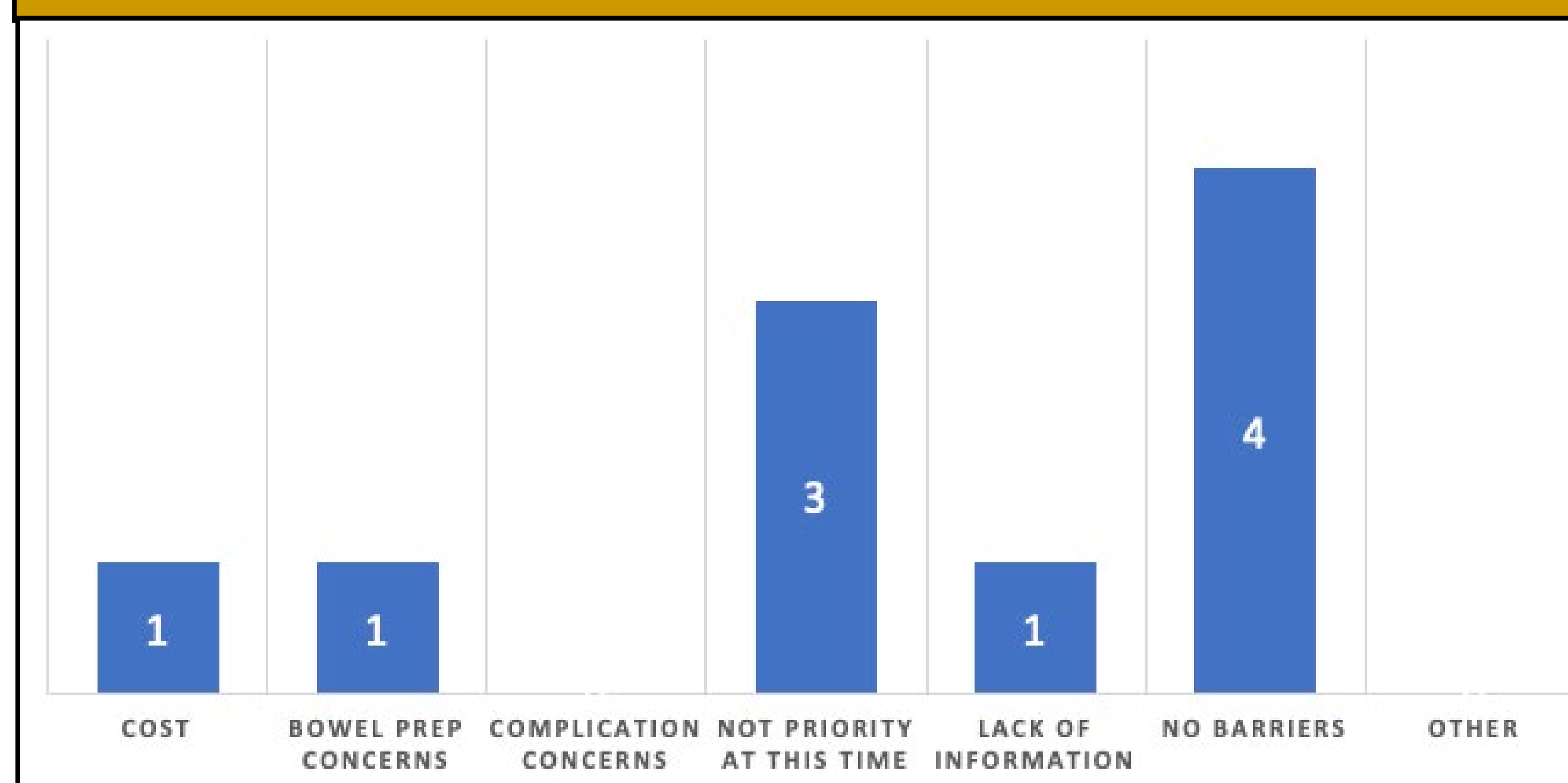
Did the intervention change your opinion on screening?



### Barriers Among Patients Who Have Completed Previous Colonoscopy (n = 12)



### Barriers Among Patients Who Have Not Completed Previous Colonoscopy (n = 8)



## What patients are saying about screening

- "I am not having symptoms or problems and do not wish to be screened at this time."
- "Feel healthy enough. If I were to have symptoms then, I would definitely have it done."
- "I've never had a doctor ask me to have such an exam/screening."
- "Lack of medical insurance poses issues for colonoscopy."
- "I understand the importance of early detection."
- "No barriers, just have not done. Will be doing Cologuard."
- "My father had stage 4 colon cancer."

## Discussion

- In this largely uninsured/under-insured population, when surveyed about barriers to colorectal cancer screening, "no barriers" (46%, 11/24) and "not a priority at this time" (21%, 5/24) were the top 2 most common survey responses
- Cost was only the 3<sup>rd</sup> most common survey response, making up 12.5% (3/24) of overall responses and 10% (1/10) of responses among those who had not yet completed a colonoscopy.
- Our quality improvement intervention did not significantly impact rates of colorectal cancer screening in this practice
- However, when surveyed about whether the information given to them about screenings changed their opinion about it, 15% (3/20) responded "yes"

## Conclusions

- Lack of priority is more commonly a barrier to colorectal cancer screening than cost despite uninsured/under-insured status.
- For health care professionals, navigating the balance between patient autonomy and joint agenda setting is important to increasing colorectal cancer screenings in the primary care setting.

## Reference

1. Center of Disease Control Prevention. Colorectal Cancer Statistics. CDC.gov website. June 8, 2020. Accessed April 1, 2021. <https://www.cdc.gov/cancer/colorectal/statistics/>