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

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Objectives

- To implement an intervention that provides information on colorectal cancer 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

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.

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 3rd 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/underinsured 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