

Identification of Colorectal Cancer Screening Barriers in Genesee County, Michigan

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Executive Summary

Three focus groups were conducted from May to August 2005 with Genesee County physicians to elicit their perspective on barriers to colorectal cancer (CRC) screening for average risk patients. Focus group participants provided information on patient and physician barriers to CRC screening, factors that support making appropriate recommendations, screening practices, as well as what the focus for potential interventions may be. The most salient themes, but not all, from the study are outlined here.

Physician Barriers to Colorectal Cancer Screening

- CRC Screening is not a priority during patient visits as patients often come in for acute and/or complex problems.
- Physicians often forget to recommend CRC screening during a patients visit or to follow-up with patients who may initially refuse.
- Reminder systems, especially computerized reminder systems, would be very useful in helping physicians remember to recommend CRC screenings as appropriate, but cost is a barrier to more physicians having such a system.
- Participants felt younger physicians were more likely to make recommendation for CRC screening.

Patient Barriers to Colorectal Cancer Screening

- Preparation for CRC screening methods was identified as significant barrier.
- Cost of CRC screening, including time off of work and making transportation arrangements, strongly influenced patient adherence to screening recommendations.
- Fear about what the CRC screening may find.
- The screening methods are seen as very unpleasant to patients.
- Different sub-populations have different barriers to CRC screening and these specific barriers need to be taken into account.

Importance

- CRC screening is seen as extremely important by physicians, given that it is the second most common cancer.
- The fact that there are effective early detection and curative intervention methods for CRC makes screening even more important.

Enabling Factors

- Physicians tend to have a strong influence on their patients, so any increases in physician recommendation of CRC screening should be met with increased screening rates.
- The presence and use of reminder tools for physicians, including computerized systems or less technical ways, such as chart cover sheets, would help remind physicians to recommend screening as needed.

Education/Awareness

- Patients are not as aware of needing CRC screenings as they are other cancer screenings (e.g. breast, prostate, cervical).
- Patient demand for CRC screenings is relatively low compared to these other cancer screenings.
- Participants emphasized use of a variety of venues to raise awareness and educate patients (e.g. television, local newspapers, brochures in physician waiting rooms).

Screening Practices

- Physicians are aware of the current guidelines regarding CRC screenings but tend to use their own experience-based guidelines.
- Many felt that fecal occult blood test was not worthwhile in that it had very low sensitivity.
- Colonoscopy was cited as the most effective CRC screening method.
- American Cancer Society was identified most often as a source of screening guidelines; other sources were used, but these were usually medical specialty-specific (e.g. American Academy of Family Practice).

Other Points of Interest

- Physicians acknowledged that there are both patient and physician barriers to CRC screening, but felt that resources in Genesee County would be better used by prioritizing physician barriers for intervention efforts.
- Managed care is perceived as being a good way to increase screening; both through patient education and urging/requiring physicians to screen patients.

Recommendations for Improving Screening Rates

- Increase public awareness and demand for CRC screening.
- Focus on addressing physician barriers through support and implementation of consistent and agreed upon reminder system among primary care physicians, gastroenterologists, and health care plans.
- Find ways to support implementation of computerized reminder system for physicians who are currently unable to do so because of cost, as this was seen as an important method to improve the physician-side.
- Raise awareness and make CRC screening a priority for physicians during patient visits.
- Locate ways to address the issue of cost as a barrier for patient adherence to CRC screening recommendations.