1-21-2008

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Recommended Citation
Fadeyibi, Adetola; Fialkovich, John; Gibberson, Mellory; Kaserman, Joseph; Lloyd, Peter; Myzak, Melinda; Pare, Joseph; Spottswood, Greta; Dameron, Debbie; and Vecchio, James, "Barriers to Completing Colonoscopy Screenings" (2008). Public Health Projects, 2008-present. Book 5.
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Barriers to Completing Colonoscopy Screenings

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University of Vermont College of Medicine, American Cancer Society, Fletcher Allen Health Care

Background
Colon cancer is the second leading cause of cancer death in the United States and the third leading cause of cancer death in Vermont. Colon cancer progression may be prevented by removing precancerous polyps found on colonoscopy screening. Vermont ranks among the states with the best colon cancer screening rates, but there is room for improvement. In 2006, 55.5% of Vermonters over 50 years of age had undergone a sigmoidoscopy or colonoscopy within the last 5 years. Vermont’s public health goal is to raise this percentage of screened individuals to 65% by 2010.

Vermont medical institutions have the resources to perform screening colonoscopies on all Vermonters over 50 years of age. Although primary care physician (PCP) recommendations increase the likelihood of a patient completing a colonoscopy screening, a substantial number of patients referred for screening colonoscopies do not complete their appointments.

Objective
The objective of this study was to determine the factors that increase patient compliance with primary care referrals for colonoscopy and attendance to scheduled colonoscopy appointments.

Methods
Written surveys were administered to patients prior to undergoing colonoscopy at a gastroenterology office in Chittenden County, Vermont. Phone surveys were conducted with patients who had missed their scheduled colonoscopy appointments in Chittenden County, Vermont or had not scheduled a colonoscopy appointment following primary care physician referral. A total of 226 people were contacted. Of the 191 people reached, 61 chose to participate.

Surveys inquired about motivations for making appointments and obstacles to adhering to scheduled appointments.

Data from patients over the age of 50 undergoing or referred for a screening colonoscopy were included. Under these criteria, written office surveys were obtained from 290 patients and phone surveys were obtained from 61 patients.

Two-tailed Fisher's exact tests were performed for analysis of data using GraphPad QuickCalcs. Patients undergoing colonoscopy were compared against patients with missed appointments or unscheduled appointments for colonoscopy.

Table 1 – Survey Responses

<table>
<thead>
<tr>
<th>Demographic Information</th>
<th>% Completed (Actual Number)</th>
<th>% Missed (Actual Number)</th>
<th>Statistical Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>63 (153)</td>
<td>44 (27)</td>
<td>NS</td>
</tr>
<tr>
<td>Female</td>
<td>47 (137)</td>
<td>56 (34)</td>
<td>NS</td>
</tr>
<tr>
<td>Spouse/Partner</td>
<td>74 (216)</td>
<td>67 (41)</td>
<td>NS</td>
</tr>
<tr>
<td>Single</td>
<td>20 (57)</td>
<td>33 (20)</td>
<td>P&lt;0.03</td>
</tr>
<tr>
<td>Age &gt; 50 years</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>ND</td>
</tr>
<tr>
<td>Age 50-59 years</td>
<td>44 (127)</td>
<td>49 (30)</td>
<td>ND</td>
</tr>
<tr>
<td>Age 60-65 years</td>
<td>23 (66)</td>
<td>18 (11)</td>
<td>ND</td>
</tr>
<tr>
<td>Age 61-65 years</td>
<td>15 (44)</td>
<td>20 (12)</td>
<td>ND</td>
</tr>
<tr>
<td>Age 66-70 years</td>
<td>6 (18)</td>
<td>7 (4)</td>
<td>ND</td>
</tr>
<tr>
<td>Age &gt; 70 years</td>
<td>12 (35)</td>
<td>7 (4)</td>
<td>ND</td>
</tr>
<tr>
<td>First colonoscopy</td>
<td>60 (115)</td>
<td>82 (50)</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>Not first colonoscopy</td>
<td>40 (115)</td>
<td>18 (11)</td>
<td>P&lt;0.001</td>
</tr>
</tbody>
</table>

Appointment Scheduling
By Primary Care Physician 72 (209) 85 (52) P<0.04
By Patient 23 (67) 12 (8) P<0.09
By Family Member 1 (4) 0 (0) ND
By Other 4 (12) 0 (0) ND

Barriers to Completing Appointment
Any 27 (71) 69 (42) P<0.0001
Fear or Embarrassment 7 (20) 34 (21) P<0.0001
Cost 4 (12) 28 (17) P<0.0001
Family Commitments 1 (4) 10 (6) P<0.03
Time Off from Work 10 (30) 21 (13) P<0.03
Transportation 7 (20) 11 (7) ND
Waiting Time before Appointment 7 (21) 7 (4) ND
Child/Family Care 1 (4) 2 (1) ND
Other 4 (12) 20 (12) P<0.001

What Prompted Appointment
Primary Care Physician Suggested 76 (227) 90 (55) P<0.03
Health Concerns/Other 41 (116) 15 (9) P<0.001

Results

Conclusions

Patients who did not complete their colonoscopy appointment were more likely to report a barrier to attending the appointment.

The greatest barriers to having a colonoscopy were time off from work, cost, family commitments, fear or embarrassment, and other self-reported issues, which included poor interactions with office staff.

Transportation, child/family care, and waiting time before the appointment were not significant barriers to attending colonoscopy appointments.

A significant percentage of patients undergoing colonoscopy identified health/other concerns as reinforcing factors beyond PCP referral for attending their appointments.

Patients who are single or are undergoing their first colonoscopy are statistically more likely to miss their appointment.

In order to improve colonoscopy screening rates, we recommend specific education for patients in the areas of cost and fear/embarrassment both in physicians' offices and through mass media social marketing approaches.

References

www.cdc.gov

UVM COM MSLG II Posters 2005, 2006

www.vccom.net

Vermont State Cancer Plan

UVM Department of Pediatrics – Thomas Delaney, PhD

Medical records were not reviewed to confirm screening status.
Surveys conducted by phone may have variability among different interviewers.
Survey respondents were limited to patients who had been referred for colonoscopy screening in Chittenden County, VT.