

POSTER ABSTRACTS

9th Annual HMO Research Network Conference

April 1-2, 2003 Denver, CO

Cancer
20

Utilization of Colorectal Cancer Screening Procedures in a Large HMO

Reina Haque, PhD, Kaiser Permanente Southern California
Shelley Enger, PhD, Kaiser Permanente Southern California
Daniel S. Anderson, MD, Kaiser Permanente Southern California

Background. The Healthy People 2010 report has made colorectal cancer (CRC) screening a public health priority. However, less than half of individuals currently targeted for screening complete such exams. Detection methods currently used include the fecal occult blood test, sigmoidoscopy, colonoscopy, and the double contrast barium enema. Population-based utilization rates are largely unknown for these modalities. The main objective of this proposed study is to characterize the patterns of colorectal cancer screening among nearly 800,000 individuals aged 50-70 years who are members of a large multi-site health maintenance organization over the 1996-2000 period. An important barrier to CRC screening is cost incurred by patients. Therefore, the specific aims are to determine whether the screening percentages varied by patient demographics and provider characteristics in an insured population, and estimate the proportion of individuals who experienced complications as a result of the exams.

Methods. We plan to review the electronic administrative data collected on CRC screening exams and factors related to members who undergo the exams and the providers who perform the tests. We will use an algorithm to differentiate tests that were potentially completed for screening or diagnostic purposes.

Preliminary Results. To ascertain the accuracy of the electronic administrative data on CRC screening, we conducted a medical chart review of 50 randomly selected health plan members aged 50-70. The sensitivity and specificity were excellent (90% and 92%, respectively). The positive predictive value was also 90%. These preliminary results suggest that the electronic data have high reliability.

Conclusions. A key advantage of conducting this study at Kaiser Permanente Southern California is its large membership which includes an ethnically diverse population and the access to extensive computerized data systems. Hence, we will be able to complete the proposed study in a cost and time-efficient manner. Because little is known about the providers who recommend or perform the tests, an innovative feature of this investigation is the examination of provider specialty and type. Understanding these factors will help determine the predictors and correlates of screening utilization in a diverse population, and provide the needed data to increase CRC screening.