

POSTER ABSTRACTS

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Patient-Physician Colorectal Cancer Discussions in Primary Care

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Background: Routine screening is known to reduce colorectal cancer (CRC) morbidity and mortality. Yet, many people (including those receiving routine primary care) fail to receive recommended screening. How physicians and patients discuss CRC screening and how these discussions impact screening use is not known.

Methods: We mailed surveys to 4,966 HMO enrollees aged 50-80 years with a recent visit to a PCP. The survey collected information on the content of CRC screening discussions (including the "5 As:" Assess, Advise, Agree, Assist, and Arrange) as well as patient preferences for shared decision making. Survey responses were linked with 5-year claims data on prior CRC screening use. We estimate the proportions of primary care patients receiving recommended CRC screening, discussing CRC screening with their physician and, among those discussing CRC with their physician, reporting different elements of discussion content.

Results: Among the 2,513 survey respondents (50.6% response rate), 58.7% were female, 68.1% were married, and 34.4% were African American. 54.0% received recommended CRC screening and 79.6% reported discussing CRC screening with their physician. The most frequently discussed screening modality was colonoscopy (70.7%), followed by sigmoidoscopy (41.4%) and fecal occult blood testing (40.6%). Approximately two thirds indicated discussing their interest in screening ("assess"), 36.1% reported being offered a choice among different screening modalities ("advise") and 31.1% were asked about their preferences for different types of tests ("agree"). Over half (55.5%) reported receiving help making an appointment ("assist") and 60.9% indicated receiving information on how to get test results ("arrange"). Three quarters of respondents indicated they were involved in the CRC screening decision-making process as much as they wanted and 13.9 % indicated there was information they wanted but not discussed with their physician.

Conclusions: The majority of primary care patients report discussing CRC screening with their physicians. Yet, the content of these discussions varies and almost half have not received recommended CRC screening. Given the limited time PCPs and patients have to discuss CRC screening it is important that discussions be as productive as possible. Whether the use of a shared decision-making process and the "5 As" lead to improved CRC screening adherence remains an important question.