

Investment in CRC screening targeting pre-medicare population could cut medicare treatment costs

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Investment in screening programs that target the pre-Medicare population, individuals aged between 50 and 64, is needed to reduce the costs of colorectal cancer in the Medicare program, according to the results of a new study, "Cost-Savings to Medicare from Increased Colorectal Cancer Screening in the Pre-Medicare Population," unveiled today at the American College of Gastroenterology's (ACG) 75th Annual Scientific meeting in San Antonio, Texas.

"With rising [chemotherapy](#) costs and aging of the population, the [Medicare](#) program will face increased costs related to colorectal cancer," said researcher Luuk Goede, M.D. "The purpose of the study was to quantify the impact of different screening programs in the pre-Medicare population."

Using a population-based microsimulation model, MISCAN-colon, researchers estimated screening and treatment costs of three programs: fecal occult blood test (FOBT); mix of FOBT and colonoscopy; and colonoscopy, and compared them to current screening trends. The programs were assumed to increase between 2010 and 2025 beyond the level predicted by current trends. For each program, lifetime costs were tallied for individuals aged 50 years and over, as well as for those who turned age 50 in the years 2011 to 2024.

Due to increased screening, total costs for the pre-Medicare population

in the FOBT program increased by 8.3 percent; increased by 12.6 percent for the mixed FOBT/colonoscopy program; and increased by 13.8 percent for the colonoscopy program.

Total costs in the Medicare population were 3.7 percent lower for the FOBT program; 4.3 percent lower for the mixed FOBT/colonoscopy program; and 4.5 percent lower for the colonoscopy program compared to a situation without a screening program, mainly due to savings in treatment costs, according to the study.

"Treatment savings in the older age group fully offset the increased costs in the younger age group, making all screening programs cost-saving compared to no screening program," said Dr. Goede. "The up-front investment in screening individuals aged 50 to 64 was recouped only after they transition to Medicare at age 65. It's therefore important to invest in screening programs targeting the pre-Medicare population," he explained.

Provided by American College of Gastroenterology

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