

Colorectal cancer screening rates on rise among Medicare beneficiaries due to expansion of coverage

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Colorectal cancer screening rates increased for Medicare beneficiaries when coverage was expanded to average-risk individuals, but racial disparities still exist, according to researchers at The University of Texas Health Science Center at Houston (UTHealth).

"Despite the expansion of [Medicare coverage](#) for colorectal cancer screening, disparities persisted among the ethnic groups we examined," said Arica White, Ph.D., M.P.H., former doctoral student at The University of Texas School of Public Health, part of UTHealth. In 1998, Medicare began covering fecal occult blood test (FOBT) annually and sigmoidoscopy coverage every 4 years for average-risk beneficiaries and in July 2001 coverage was expanded to include colonoscopy for average-risk beneficiaries every 10 years.

The research is published in the May issue of *Cancer Epidemiology, Biomarkers and Prevention*.

"Screening rates are significantly lower among racial/ethnic minorities and this study tells us expansion in screening coverage does not necessarily lead to reduction or elimination of disparities among ethnic populations," said White. Researchers found Hispanics were less likely to receive screening after colonoscopy coverage was expanded, and blacks were less likely than whites to get screened during the periods prior to FOBT coverage, during FOBT coverage-only and after

colonoscopy coverage, according to the study. White believes this is the first study to use Medicare claims data to examine the impact of the change in Medicare policy on disparities in guideline-specific colorectal cancer screening from prior to FOBT coverage to after colonoscopy coverage.

Differences in screening rates may be attributed to differences in socioeconomic status, health beliefs and health education as well as healthcare access. "These differences should not exist within a population that is universally insured," said White. "We need to identify and address the barriers which are causing these disparities in screening rates among the Medicare population."

In 2005, only 50 percent of U.S. adults age 50 years or older reported having a fecal occult blood test within the past year and/or an endoscopy within the past 10 years, according to the Centers for Disease Control and Prevention's National Health Interview Survey. "Many people age 65 years and older who are at risk of developing the disease are not getting screened even though they have access to screening services through [Medicare](#)," said White.

Colorectal cancer is the third most frequently diagnosed non-skin cancer in men and women in the United States, according to the American Cancer Society (ACS). The risk of developing colorectal cancer is slightly higher in men than in women and it is estimated that more than 50,000 Americans will die from the disease this year. Regular colorectal cancer screening or testing is recommended by the ACS as the most important way to prevent the disease. However, despite these national recommendations, prevention and early detection, screening rates remain low.

"There needs to be more emphasis on evidence-based strategies to continue to increase colorectal cancer screening rates among all

[Medicare beneficiaries](#)," said White. She believes if there continues to be an increase in screening rates it is possible to attain the Healthy People 2020 goals and objectives of increasing colorectal cancer screening and eliminating [racial disparities](#) for some racial/ethnic groups.

White is currently an Epidemic Intelligence Service Officer at the Centers for Disease Control and Prevention.

Provided by University of Texas Health Science Center at Houston

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