

Eliminating cost for colorectal cancer screening doesn't improve screening rates

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Making colonoscopy available at no cost to eligible Medicare beneficiaries under the Affordable Care Act (ACA) did not increase the number of people in this target population who regularly undergo the procedure, says a new large scale national study from University Hospitals Case Medical Center Seidman Cancer Center. Interestingly, the same analysis found that rates of routine mammography significantly increased following the ACA's mandate for low or no cost screenings for Medicare recipients.

"It was long assumed that cost was a major prohibitive factor for why people didn't get screened. So the Affordable Care Act made an effort to reduce or remove costs for several highly successful screening and recommended procedures, including mammography and colonoscopy," said study lead author Gregory Cooper, MD, Co-Program Leader for Cancer Prevention and Control, UH Seidman Cancer Center and Professor, Case Western Reserve University School of Medicine. "This data shows that doing so still doesn't necessarily guarantee the patients who should be screened will be. Other factors clearly play a role and need to be addressed as well."

The research team analyzed data from a 5 percent random national sample of Medicare claims from 2009 through 2012 in individuals ages 70 years or older. The data set captured two years of claims prior to the ACA, when authors estimate only one-third of beneficiaries could obtain screenings with little or no out-of-pocket cost, and two years of claims post-ACA implementation, when all beneficiaries were able to receive

these services with no out-of-pocket cost. For mammography, the sample included 862,267 women. For colonoscopy, the sample comprised 326,503 individuals, all with one or more increased risk factors for [colorectal cancer](#).

The study, which will appear in the May 2016 (e-published December 6) edition of the *Journal of the National Cancer Institute*, found a greater uptake in colonoscopy for patients who participated in a yearly wellness visit with their primary care physician. The authors hypothesize this could be because these preventive visits include a required written screening schedule for 5 to 10 years, and may be effectively facilitating referrals for these tests.

Colonoscopy is considered the gold standard for [colon cancer](#) screening due to its ability to locate and remove precancerous polyps. Although all men and women are at risk for colorectal cancer, some people are at higher risk for the disease because of age, lifestyle or personal and family medical history. Recent studies have identified that African Americans have a higher risk for the disease. Starting at age 50, everyone should begin routine screening tests. According to previous research conducted by Dr. Cooper and his team, many adults do not follow these national guidelines and evidence indicates that African Americans are less likely than whites to get screening tests for colorectal cancer.

"This study reinforces that we need to do more than simply issue national guidelines for colorectal cancer screenings and make them affordable for everyone in the target population. It is imperative we find a way to increase participation in these important cancer screenings for at-risk populations. For example, if more people had yearly preventive visits, primary care physicians would have additional opportunities to emphasize the importance of procedures such as [colonoscopy](#) at detecting and treating cancer early," noted Dr. Cooper, who is also a

member of the Case Comprehensive Cancer Center at Case Western Reserve University.

Dr. Cooper is a [cancer prevention](#) expert with expertise in colon cancer prevention. His research in colon [cancer](#) education and screening has been published extensively in numerous academic journals including *Cancer* and *JAMA Internal Medicine*.

Provided by University Hospitals Case Medical Center

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