

Rideshare removes hurdle to colonoscopy, pilot study shows

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A first-of-its kind rideshare study shows that if they are given a way to get to home from a colonoscopy after sedation, many patients will seek out a procedure they would otherwise avoid.

The [study](#), co-led by UW Medicine and the Fred Hutchinson Cancer Center, was presented this past week at a conference in Chicago. The full report will be published in a forthcoming issue of the journal *Gastroenterology*.

In prior studies, explained senior author Dr. Rachel Issaka, transportation was cited as one of the main barriers to completing a colonoscopy. Issaka directs the UW Medicine/Fred Hutch Population Health Colorectal Cancer Screening Program and is an assistant professor of medicine, Division of Gastroenterology, at the University of Washington School of Medicine.

"Lack of patient transportation or a chaperone are frequently cited barriers to colorectal cancer screening," the report noted. This in turn led "to missed or delayed colonoscopies for initial screening or follow-up of abnormal non-invasive tests."

"All but one of the riders said this was a very positive experience for them," said Ari Bell-Brown, a research program manager at Fred Hutch. All the participants were recruited from Harborview Medical Center, and even the one who did not have a positive experience would use rideshare again or recommend this to a friend who needed a colonoscopy, according to the survey response.

Twenty-two [patients](#) had taken part in the rideshare study at the time of the presentation. About 38% of the participants identified as white; 28% identified as Black and 25% as Hispanic. The great majority of participants (71%) have been men. The participants said they typically traveled by public transportation (64%) or on foot (36%) to attend appointments at Harborview Medical Center in Seattle.

The process of establishing the rideshare pilot program was published in January 2023 in *Frontiers in Health Services*. Recruitment in the program

is ongoing, with participants identified by the clinical team that screens patients to ensure they have a chaperone or transportation lined up prior to scheduling a [colonoscopy](#).

The study's investigators are considering expanding the program, Issaka said, noting that rideshare could also help facilitate lung cancer screenings (bronchoscopy) and other exams for which patients receive sedation.

"We found that transportation costs were very modest, generally about \$20 to \$25 per ride, so we are also interested in exploring analyses that would encourage insurance companies to cover this service for patients who receive procedural [sedation](#) in the future," she said.

In 2021, UW Medicine and Fred Hutch jointly implemented a program in which patients in need of colorectal screening received a fecal immunochemical test (FIT) at home via U.S. mail. This program also included health system navigators who provided patients guidance about self-administering the screening and assisted with follow-up colonoscopies. Adding a rideshare component to this program would be a logical next step, Issaka said.

An earlier study also led by UW Medicine and Fred Hutch researchers found that only about 40% of patients with abnormal fecal immunochemical test results sought follow-up colonoscopies within one year.

"Colon cancer is one of the most preventable cancers, and one in three people who are due for screening have not completed it," Issaka said.

"Improving screening and follow-up of non-invasive tests will help us find cancer earlier, when it's easier to treat. Our study shows that there are practical solutions to these challenges, and they are necessary for those who experience the most disparities."

More information: Ari Bell-Brown et al, Operationalizing a Rideshare Intervention for Colonoscopy Completion: Barriers, Facilitators, and Process Recommendations, *Frontiers in Health Services* (2022). [DOI: 10.3389/frhs.2021.799816](https://doi.org/10.3389/frhs.2021.799816)

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