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Access matters: Improved detection of premalignant polyps with a screening colonoscopy program for the uninsured

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Background

Colonoscopy is an effective screening modality for the early detection of colonic polyps and cancer, but screening rates are low particularly among minorities and the uninsured. In 2008, Capital Health obtained a clinical grant from the American Cancer Society to perform screening colonoscopies for patients without insurance who were established at the hospital's primary care clinic. The aim of this study is to evaluate the grant program with respect to endoscopic findings and changes in the demographics of patients undergoing colonoscopy.

Methods

A retrospective review was performed on all patients registered for colonoscopy at the endoscopy suite of Capital Health Regional Medical Center. A pre- and postimplementation analysis was designed to compare 3 groups: 1) all colonoscopies performed in the twenty four months prior to the program's start (pre-program group) 2) all screening colonoscopies performed on uninsured patients in the program during twenty four months period (program group) and 3) all other colonoscopies performed in the same suite during the time of the program (parallel group). A descriptive analysis of demographics, ethnicity and insurance status was performed.

Results

There were a total of 4004 colonoscopies performed during this 52 month period, 53 (1.3%) were excluded because the data was incomplete. The pre-program group had 1892 colonoscopies of which 375 were screening colonoscopies, the program group had 363 screening colonoscopies, and the parallel group had 1750 colonoscopies of which 343 were screening colonoscopies. Implementation of the grant program resulted in nearly double the screening colonoscopies performed as compared to the pre-program period (375 vs 705). There was no change in the number of the reimbursed procedures performed in the same suite after initiation of the grant program. The proportion of minority patients undergoing a screening procedure in the program group was significantly increased compared to the other groups and this increase was largely accounted for by a higher proportion of Hispanic patients. The number of patients with polyps was higher in the program group compared with the preprogram and parallel group (42%, 36.8%, and 33.9%, respectively).

Conclusions

A grant-funded program offering screening colonoscopies to uninsured patients demonstrated a high number of premalignant polyps that might otherwise have been undetected. Our experience suggests that targeting health care disparities by insurance status can increase access to preventive services and detect a high number of premalignant lesions.

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Keywords

Colorectal Cancer; Screening; Colonoscopy

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