



# Introduction: Project Goals

- To assist in designing future interventions aimed at improving colorectal cancer screening rates.
- To survey members of Michigan health plans to identify factors that motivate screening or present barriers to screening.



Introduction:

## About MAHP Foundation

- MAHP Foundation works with 25 managed care plans that cover over two million Michigan residents.
- The Michigan Association of Health Plans and its Foundation actively participate in the Michigan Cancer Consortium and its committees.



## Methods: Process

- Contracted with Public Sector Consultants, Inc., a firm experienced in survey design and analysis.
- Secured commitments to provide member data from six health plans.
- Convened project committee of state health department and health plans.



## Methods: HIPAA Compliance

- Contract between MAHP Foundation and Public Sector Consultants included confidentiality requirements regarding protected health information.
- MAHP Foundation executed Business Associate Agreements with each participating health plan.



## Methods: Health Plan Data

- Plan data included member name, address, age, screening history and whether Medicaid or commercial.
- Mail surveys were coded to allow identification of Medicaid vs. commercial members and to check screening status against plan data.



## Results: Definition of Screened Respondent

- FOBT within previous year.
- DCBE within previous five years.
- Flexible sigmoidoscopy within previous five years.
- Colonoscopy within previous ten years.



# Results: About the Respondents

	Commercial	Medicaid	Total
*Screened	1517 62 percent	389 50 percent	1906 59 percent
Not screened	932 38 percent	387 50 percent	1329 41 percent
Total	2449 76 percent	786 24 percent	3235

\*using plan-defined classification of screening



## Results: Who is Screened?

- Age groups 55 – 64; and 65 – 74 have highest proportion of screened respondents.
- Screening more likely among white respondents (61%) than black respondents (47%).
- Commercial plan members more likely to be screened than Medicaid.



## Results: Screening More Likely Among Respondents Who:

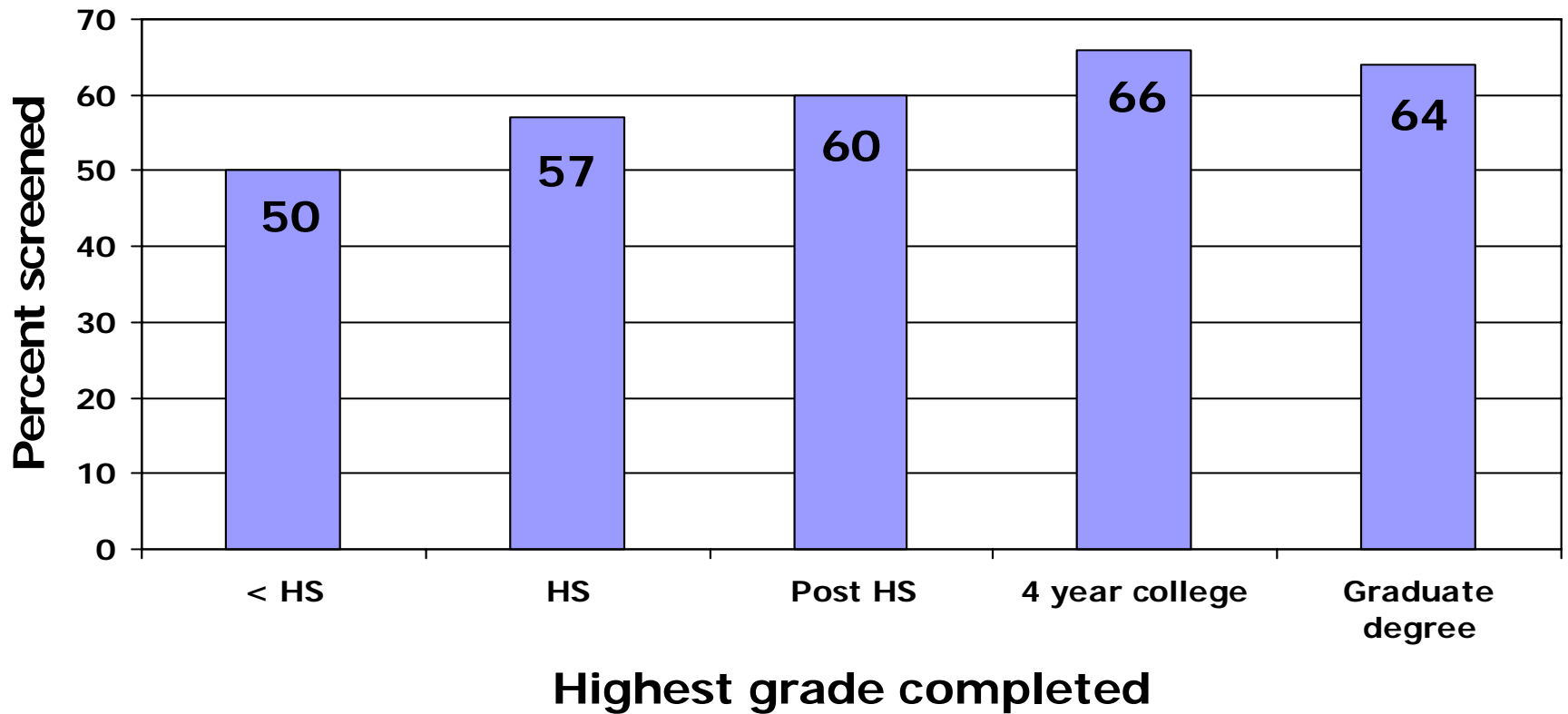
- Have knowledge of risk factors.
- Have received screening information.
- Have family history of colorectal cancer or any cancer.



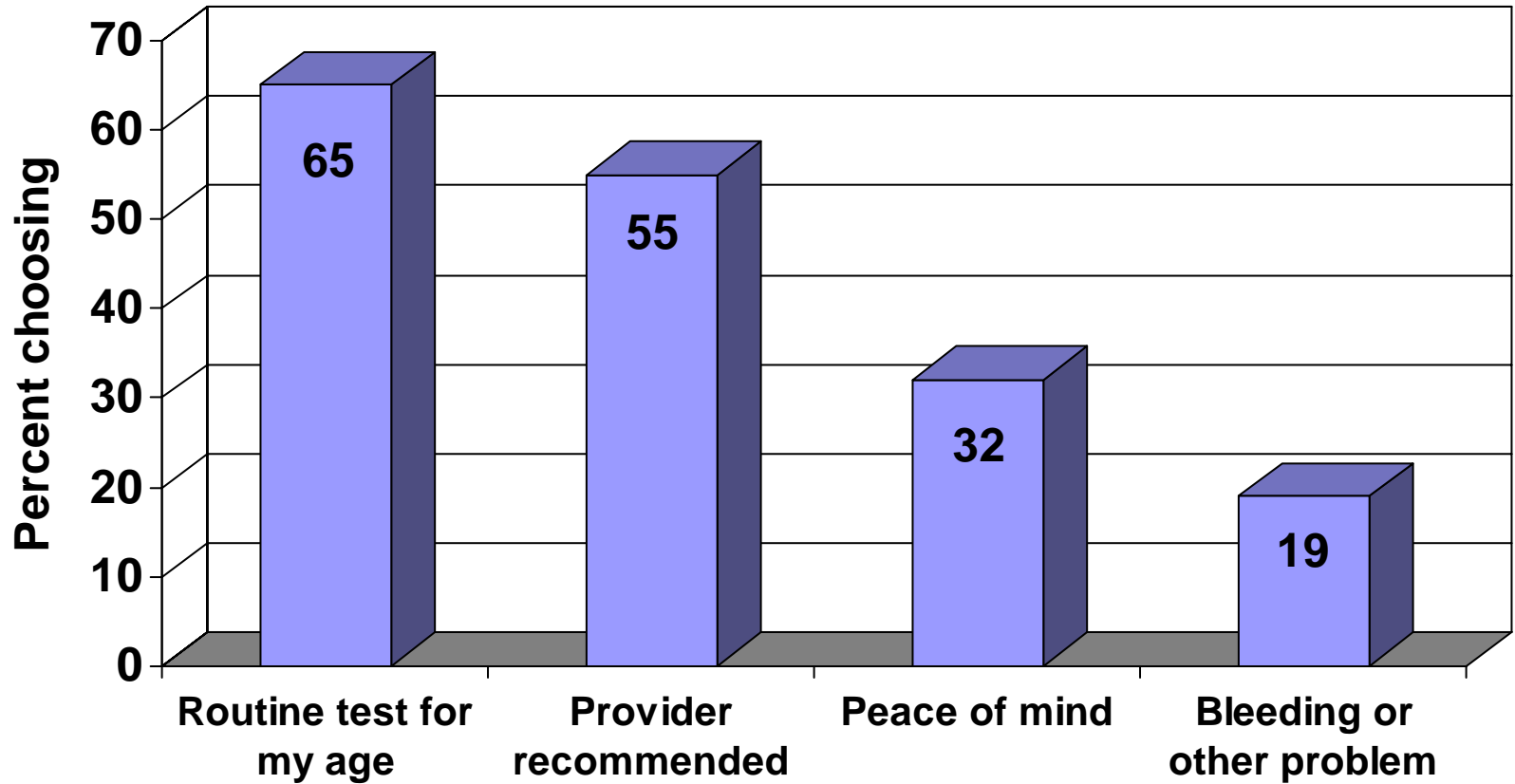
## Results: Screening More Likely Among Respondents Who:

- Are acquainted with someone who has been screened.
- Have a higher level of schooling:
  - Controlling for schooling indicates much of the apparent difference by race and plan type is related to schooling.

# Results: Schooling and Screening

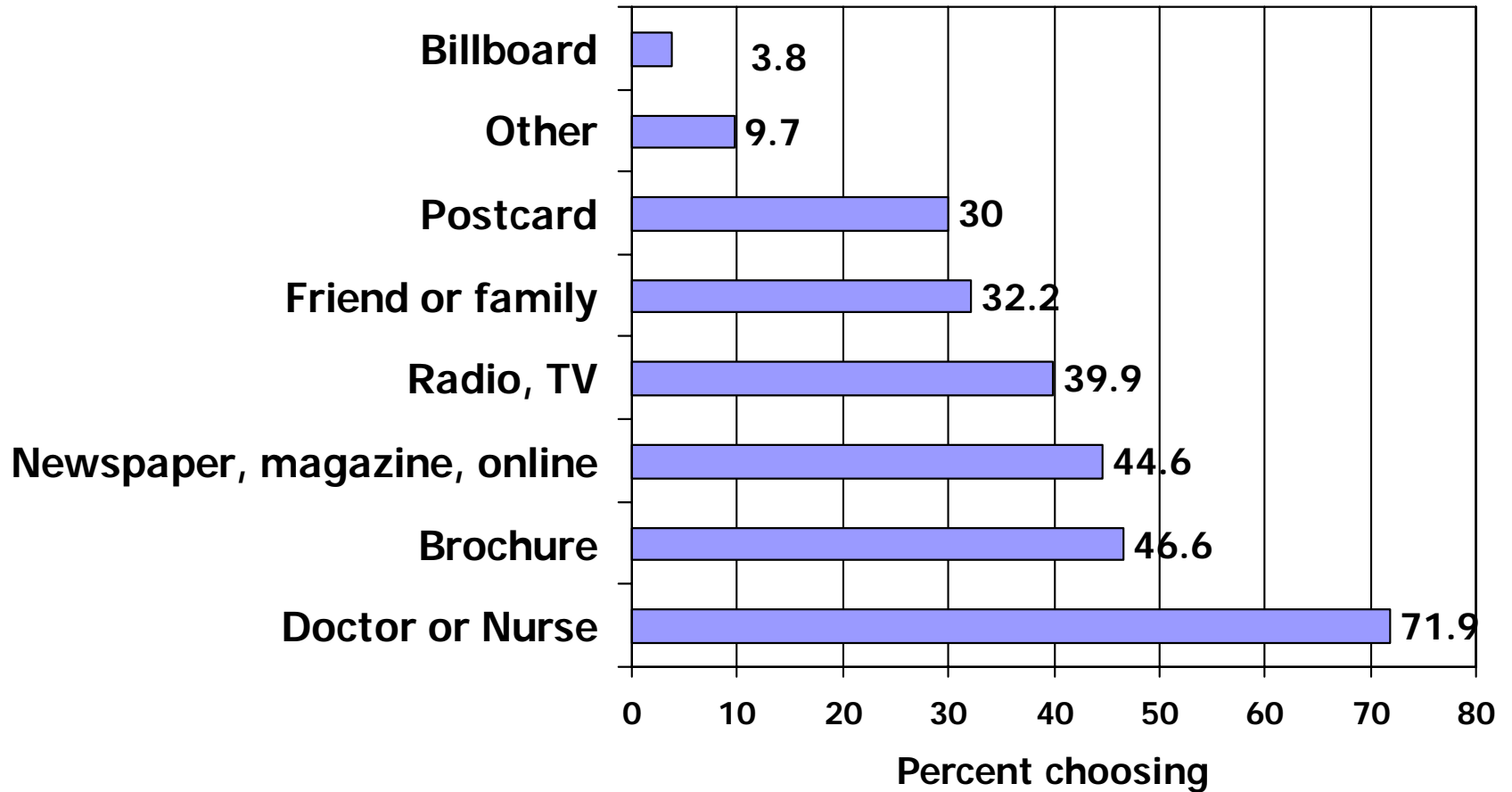


# Results: Reasons for Getting Screened\*



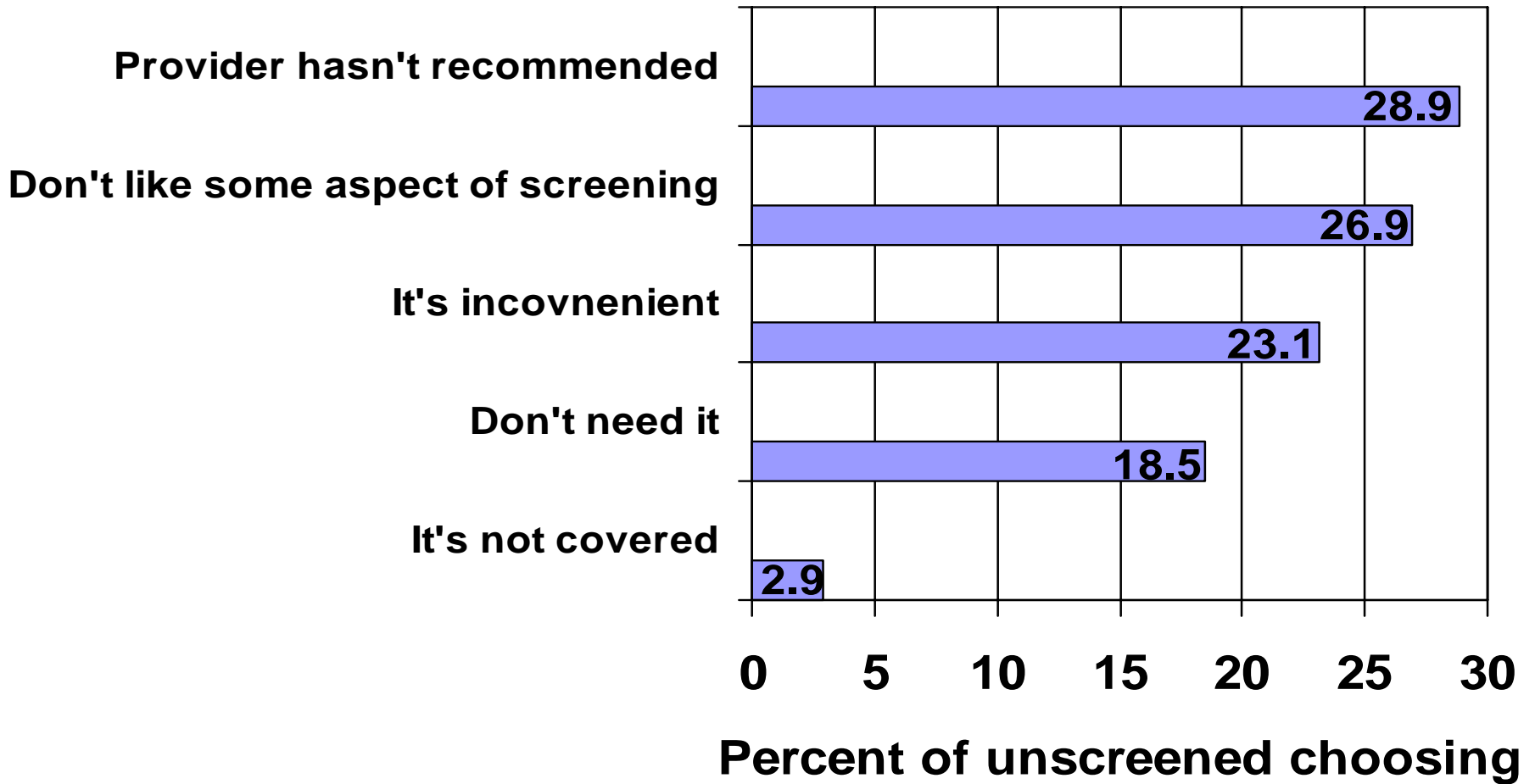
\*Respondents could choose more than one; first-order responses shown

# Sources of Information\*



\*Asked only of those who received information. Respondents could choose as many options as applicable.

# Results: Reasons for Not Being Screened





Results:

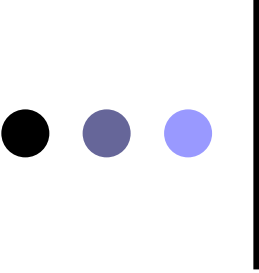
## Focus on Unscreened

- Blacks more likely than whites and Asians to indicate provider did not recommend screening.
- Respondents with graduate or professional degrees more likely to indicate that they don't need screening.



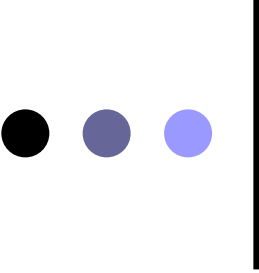
## Conclusions: Lessons Learned

- Provider recommendations and information are critical in decisions about screening.
- Perceived inconvenience is a major impediment to screening.
- Level of schooling and screening rates are linked.



## Conclusions: Improving Screening Rates

- Engage providers in recommending screening:
  - Providers are a frequently cited source of information among those who have been screened.
  - Data suggest that people are not likely to seek screening without provider recommendation.



## Conclusions: Improving Screening Rates

- Develop strategies targeting diverse cultural and educational backgrounds.
- Develop approaches to help people overcome distaste for screening and inconvenience associated with procedures.