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Identification and correction of decreasing cancer screening colonoscopy rate during the economic recession

Colon cancer is a silent killer and is the second common cause of cancer deaths in the country. This very same colon cancer is one of the most easily curable cancers if detected early and it is preventable by removal of precancerous polyps by the screening colonoscopy. This colon cancer screening colonoscopy is highly recommended by multiple governmental agencies and professional societies for people at or over 50 years and others who are at higher risk even before they reach 50. The rate of this life saving screening colonoscopy has decreased re-entry mainly due to no shows and cancellations at our center. This is presumably due to various impacts from economic recession which include but not limited to loss of jobs, high deductible/high copayments from the insurance companies. When faced with economic insecurity, asymptomatic individuals may be unable to afford screening colonoscopy, or may perceive it to be less important than competing demands for their more limited resources. Reduced screening rates during the recession may ultimately increase health care costs and result in cancer related deaths. This is consistent with literature in other fields of medicine. For instance, during difficult economic times women are more likely to be diagnosed with advanced rather than local breast cancer. The purpose of this study is to identify the incidence and causes of no shows and cancellations for the screening colonoscopies at our center. Once done, then apply corrective measures if any and thereby reduce the no shows and cancellations, and increase the screening colonoscopy rate. This is important for good quality patient care. First, we analyzed the data of the previous years before the economic recession and compared with the present one. Total number of screening colonoscopies scheduled: 443; total cancellation: 35 (7.9%); commercial insurance screening colonoscopies (CISC) scheduled: 312; CISC cancellation: 25 (8%); total cancellation/no shows rate decreased from 13.8% in the initial measurement to 7.9% in the re-measurement group. CISC cancellation rate was 19.9% in the initial measurement and 8% in the re-measurement group. This is a statistically significant decrease with a P value <0.001. The re-measurement values are not identical to the performance goal but are closer. The above data was derived from the patients' encounters where they cancelled the procedures with the endoscopy center. There may be a very large number of patients who declined the screening colonoscopies at the entry level at the primary care physicians' offices due to the unawareness of the screening benefits. We recommend that the primary care physician's offices to specifically emphasize and advice to the patients that their cancer screening colonoscopies are completely covered under preventive care regardless high deductible and co-pays and advise accordingly at the time of referrals especially when the insurance coverage is complete. The high deductible/high co pay insurance has become rampant under the present economy with employers and insurance companies finding the ways to cut their cost. Advising the patients proactively about the insurance implications in preventive healthcare tests is a commendable practice in continuing to provide a good preventive healthcare to the community. This recommendation is applicable to other preventive screening tests such as Mammograms, PAP smears, PSA and bone density tests.

Biography

Indran Indrakrishnan is a Clinical Professor of Medicine at the Emory University School of Medicine and the Medical Director of GDC Endoscopy Center LLC & Gwinnett Digestive Clinic PC in Atlanta GA. He was the Former President and currently on the Board of Directors of Georgia Gastroenterological and Endoscopic Society. He has served and has been serving on numerous committees including American College of Gastroenterology, American College of Physicians, Medical Association of Georgia and AAAHC International. He has organized and spoken at many CME conferences across the country and has won many distinguished awards from national and international scientific organizations. He has published several Clinical and Basic Science research articles and is in the Editorial Boards of peer review journals. He has a special interest in the Management and Public Education of Colorectal Cancer and is on the Board of Directors of Fight Colorectal Cancer, a national nonprofit patient advocacy organization.

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