

Engaging Rural Primary Care Physicians in Colorectal Cancer Screening Research

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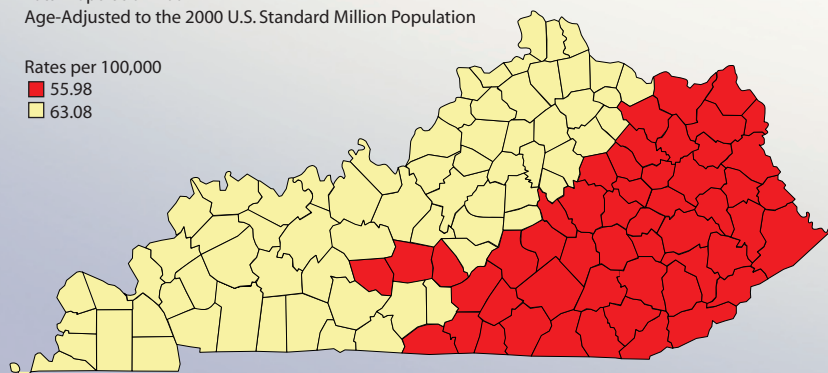
In 2005, the University of Kentucky Prevention Research Center (UK PRC) received a five-year grant to increase colorectal cancer screening in rural primary care practices. Screening for colorectal cancer in Kentucky lags behind national rates, and is even lower among Appalachian counties. During the first year of the study, researchers conducted qualitative research activities to understand the challenges and barriers rural physicians face when recommending colorectal cancer screening.

Colorectal Cancer in Kentucky and Appalachian Kentucky

Age-Adjusted Invasive Cancer Incidence Rates by Appalachian Region in Kentucky
Colon and Rectum, 2004

Total Population 2004
Age-Adjusted to the 2000 U.S. Standard Million Population

Rates per 100,000
■ 55.98
■ 63.08



Focus Group Data

Location	Specialty*	Practice Years (Range)	Daily Patient Load (Range)	Age (Range)	Gender
Somerset	PC = 2 FP = 3 IM = 2	5 – 27	25 – 50	31 – 60	M = 7 F = 0
Pikeville	PC = 0 FP = 1 IM = 4	1.5 – 19	15 – 40	25 – 40	M = 5 F = 0
Ashland	PC = 0 FP = 5 IM = 0	1 – 17	15 – 35	25 – 50	M = 2 F = 3

* PC = Primary Care, FP = Family Practice, IM = Internal Medicine

METHODS

The UK PRC contracted with a marketing research firm to conduct focus groups with rural primary care physicians in three southeastern Kentucky communities. Letters were sent to primary care, general practice, internal medicine, and family practice physicians in the Somerset, Pikeville, and Ashland areas. Seventeen physicians were recruited from neighboring small towns as well as main cities. Each physician received an incentive for participating in the two-hour focus groups.

RESULTS

All physicians agreed that a physician recommendation was effective in encouraging patients to be screened, and that colonoscopy offers the greatest sensitivity and specificity for colorectal cancer screening. Physicians were less likely to perform screening if not adequately reimbursed, and colorectal cancer screening was considered the most difficult due to time and expense. Education, awareness, motivation, and available resources were cited as factors to patient screening compliance. Suggestions for increasing compliance included reminder cards, phone calls, patient incentives, and waivers of insurance co-pays/deductibles.

CONCLUSIONS

Rural physicians' perceptions provided useful qualitative data in refining a colorectal cancer screening intervention. Year two of the study involves recruiting 66 rural practices in Appalachian Kentucky using an academic detailing intervention tailored to rural primary care practices.