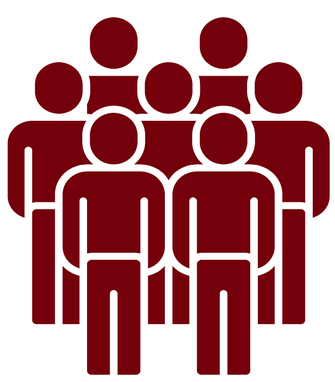
KEY FACTS SHEET

February 2022

RURAL & MINORITY Health Research Center

Perceptions and practices for colorectal and cervical cancer prevention and control in Rural Health Clinics in South Carolina



ABOUT US

The Rural and Minority Health Research Center's mission is to illuminate and address the health and social inequities experienced by rural and minoritized populations to promote the health of all.

PROJECT OVERVIEW

Year Funded: 2018 - 2019

- Although overall cancer incidence and mortality rates in the United States are declining, disparities between urban and rural populations persist.
- In many rural areas, the incidence and mortality of potentially preventable cancers, such as cervical and colorectal, are higher than in urban populations.
- This study utilized interviews with health practitioners to investigate cancer screening and prevention practices and perceptions at Rural Health Clinics.

RESEARCH APPROACH

In-depth, semi-structured interviews were conducted with:

- 6 physicians
- 2 physician's assistants
- 1 advanced practice nurse

Interview questions examined healthcare provider perspectives on:

- Use of US Preventive Services Task Force (USPSTF) recommended cancer screenings
- Community Guide (developed by the Community Preventive Services Task Force) recommended evidence-based interventions to increase screening rates

Qualitative analysis methods focused on identification of common and recurring themes.

KEY TAKEAWAYS

- Providers are aware of current cervical and colorectal cancer screening guidelines and follow recommendations in a nuanced manner according to patient needs and incorporating guidance from multiple organizations.
- Providers reported both patient- and provider-level barriers to cancer screening including patient-provider gender concordance, transportation, costs, provider time constraints, administrative hurdles, and electronic health record and information technology challenges.
- Additional technical and material resources (e.g., small media, navigation services, electronic health record report customization) should be provided to RHCs to enable the implementation of evidence-based interventions to improve uptake of cervical and colorectal cancer screening.

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INTERVIEW THEMES

Cancer screening recommendations

- Providers offered a nuanced appreciation of cancer screening recommendations, with some noting that they begin with USPSTF guidelines and modify their practices according to other organizational guidelines.

  Representative quotes:
  "[USPSTF] are the ones most often endorsed by the [American Academy of Family Physicians]. They tend to be slightly less aggressive than the sort of specialty recommendations on different cancer screenings. I think that they are a better use of resources and lead to less adverse events for patients."

  "*When we order the Pap smear, the algorithm for that ordering will select women who need HPV testing as part of their Pap collection based on their age and characteristics, so we have that incorporated into the process, so we don't have to think that hard about it, and that's following the American Society for Colposcopy and Cervical Pathology guidelines."*

Multilevel Barriers to cancer screening

Representative quotes:
"There were women that prefer a female provider for a Pap smear…some [patients] refuse a female and want a male, so I think having two genders in the office is important for that reason."

"*I would just say the number one reason people don't get a colonoscopy is they're just not keen on the idea of the procedure. It ultimately boils down to maybe being timid or fearful about the procedure."*

"*The patient would have their consultation with the physician, and then be given the prep and then go back again for the actual procedure. So just logistics of time off work, burden on loved ones for transportation, and on top of that the very unpleasant prep."*

"If a family member had [a colonoscopy] and it cost them $2,000.00 after their insurance picked up the rest, [the patient] is less likely to want to have that done. I do see that happen fairly often. Cost is definitely a barrier."

"*Unfortunately, a large part of the time the cancer screening is incorporated into managing chronic diseases or catching people when they come in for an acute illness. And that means if you are running behind that day and you're trying to catch up the lag in your appointment schedule, you may or may not think to double check their cancer screening."*

"We fax referrals to the specialists. And then we far too often say, well, our job is done. And then a patient will come back and say, 'Well, I never heard from the specialist.' And it's hard to close that loop sometimes…maybe our fax machine didn't work or maybe they misplaced their referral…"

"I have a lot of patients that are self-pay… And for women, having Best Chance Network [SC's Breast and Cervical Cancer Early Detection Program] is wonderful because they can get a pap smear, they can get a mammogram at a reduced cost. But I personally don't know of anywhere you can go to get an endoscopy or get a colonoscopy, or anything else at a reduced cost."

Patient-Level Barriers

1. Preference about a specific gender of provider for Pap testing
2. Time, transportation, and colonoscopy preparation requirements
3. Concerns about costs of procedures and/or follow-up care

Provider-Level Barriers

1. Lack of dedicated provider time to discuss cancer screening with patients
2. Administrative and legal policies
3. Information technology and electronic health record challenges

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