

SUPREP BOWEL PREP KIT
Sodium picosulfate, osmotic laxative
and polyethylene glycol
oral solution
(7.5g/1.5g per 5 mL)

Click here for SAVINGS COUPON

IMP-001011 SAFETY INFORMATION
SUPREP Bowel Prep Kit (osmium sulfate, polyethylene glycol) The Solution is an osmium laxative. The Solution is a preparation for oral consumption. Adverse reactions (ARs) are a result of osmium sulfate, polyethylene glycol, or the Solution. Full Prescribing Information and Medication

Braintree

Continuing Medical Education

Perelman School of Medicine
University of Pennsylvania

Register Today
Earn Free CME Credits by reading the latest medical news in your specialty.

Sign Up

Gastroenterology

More Docs No Help for Racial Colonoscopy Gap

Published: Dec 17, 2011

By Kurt Ullman, Contributing Writer, MedPage Today
Reviewed by Don F. Zalesnik, MD, Associate Clinical Professor of Medicine, Harvard Medical School, Boston and Dorothy Caputo, MA, RN, BC-ADM, CDE, Nurse Planner

★ save | A | A

Communities that have more physicians available to perform colonoscopies actually have bigger – not smaller – disparities in screening rates between minority and white patients, according to a recent study of Texas Medicare claims data.

In the study of claims for nearly 975,000 Texas Medicare beneficiaries, colonoscopy use was higher in whites (40.7%) than in blacks (35.0%) or Hispanics (28.7%), reported Taylor S. Riall, MD, PhD, and colleagues from the University of Texas Medical Branch in Galveston.

In areas where the availability of colonoscopists or primary care physicians was higher, there was an association with higher levels of colonoscopy use among whites. For blacks and Hispanics, the usage remained unchanged or actually decreased, they wrote online in *Health Services Research*.

Studies have shown that there are racial disparities in colorectal cancer screening. To explore the issue further, the researchers examined the associations between the availability of colonoscopists and PCPs, the racial/ethnic differences in use of this procedure, and interactions with availability of both specialist and primary care physicians.

Using the claims and enrollment data for 100% of the Medicare beneficiaries in Texas, the researchers selected those ages 66 to 79 in 2007. After various exclusions (interruptions in Medicare enrollment; race other than white, black, or Hispanic; or enrollment in an HMO during the study period of 2002 to 2007), there were 974,879 participants in the final analysis.

Physician availability was defined as the number of doctors per 10,000 people 65 or older in a given Hospital Service Area (HSA). A colonoscopist was defined as a physician who performed more than five colonoscopies a year as shown in Medicare claims data. A PCP was a general practitioner, family physician, general internist, or geriatrician as designated by their specialty codes on Part B claims.

After adjusting for age, sex, comorbidities, presence of risk factors for colon cancer, and income, the odds of undergoing colonoscopy were 20% lower for blacks (OR=0.80, 95% CI 0.79 to 0.82) and 32% less for Hispanics (OR 0.68, 95% CI 0.66 to 0.69) when compared with whites.

In the model that included availability of a colonoscopist, those living in the area with the highest quartile of availability had higher odds of colonoscopy (OR=1.09, 95% CI 1.02 to 1.18), but neither colonoscopist nor primary care physician availability had an impact on the racial and ethnic disparities.

In fact, the black-white and white-Hispanic disparities increased as the availability of colonoscopists increased. As an example, the author pointed out that blacks living in the HSAs in the lowest quartile of colonoscopist availability were 13% less likely to have the procedure than whites. Those in the highest quartile were 23% less likely than whites to have a colonoscopy.

One of the limitations of the study cited by the authors is that they included colonoscopies performed for any reason, without differentiating between screening and diagnostic purposes. Also, because their cohort included Medicare beneficiaries (all 65 or older) from a single state, the results may not be generalizable to younger populations or those in other states.

The authors also noted that the total number of colonoscopies in the Hispanic population might be reduced because of that group's tendency to use other kinds of screening tests.

"Our data imply that increasing colonoscopist capacity alone may not improve colonoscopy use and may be associated with increased racial/ethnic disparities," wrote the authors. "This finding takes on more significance given that our study population was uniformly covered by Medicare Parts A and B."

The study was supported by grants from the National Institutes of Health and the Cancer Prevention Research Institute of Texas. No author disclosure information was given.

Action Points

- A Medicare database study found that rates of colonoscopy increased for whites when colonoscopists were present in the community but decreased for black and Hispanic patients, thereby increasing the disparity in receiving the screening test for racial/ethnic minorities.
- Note that the investigators had hypothesized that racial disparities for colorectal cancer screening would decrease in areas where colonoscopists were plentiful but found the opposite.