

Oklahoma ranks fairly low among states with respect to proportion of eligible patients who have been screened for colorectal cancer. Why do you think this is and what could be done to improve our performance in this area?

Because Oklahomans are more overweight than the rest of the country due to poor eating habits. So, when they do the bowel prep it is more uncomfortable getting all that fatty greasy food out of the way.

1) Discuss screening options whenever patient receptive. 2) Don't focus on one method of screening, tailor screening method to that most likely to work for the individual patient. 3) Reinforce the importance of screening at subsequent visits. 4) Utilize the cooperation of significant others. 5) Present it to the patient as something well accepted and what is expected of him/her. 6) If patient cancels appointments for screening endoscopies, reschedule and address reasons for cancellation. 7) Use reminder systems to raise this issue with the patient at visits. One or more of these work on most patients.

First, it requires review of the chart to look for risk factors such as family history and age. Second, I approach them in a matter of fact way. It is so funny that people are more willing to have surgery than a colonoscopy or sigmoidoscopy. If they are reluctant, I simply tell them that I have had a colonoscopy myself and can relate firsthand to their fears. We discuss that the procedure is pretty much painless, and the worst thing is the prep. At that point, we laugh about the diarrhea and all of the funny bodily function things one giggles with when discussing diarrhea and flatulence. Then, turning to a more serious note, I simply tell them exactly what Dr. Mold told me when we were discussing this: "Colon cancer is a stupid way to die. This cancer is extremely preventable with colonoscopy." Now, I have a few who make an appointment and then cancel (or fail to show up for their consultations), but most are willing to go through with the procedure.

One drawback to this screen, as with any screen, is cost!! Let's face it, when you are struggling to eat and buy gas, the last thing you want to pay to do is have a camera shoved up the hiney! Convincing insurance companies to cover this more is crucial. Some insurance companies cover it 100%, but then some others will not cover it at all without the correct diagnosis. At this point, deductible and 20% out of pocket usually apply. I know that I scrimp monthly to make my payments, and I would have a difficult time paying for a test when I feel perfectly healthy. I really feel that most patients chose not to do this because of cost, not out of fear of the unknown.

Because our state ranks very high in uninsured citizens. The only way to improve this is by getting more people insured.