Consumer Decision Making:
Motivators of and barriers to colon cancer screening among the Medicare population

Presented to:
American Public Health Association
2007 Annual Meeting
Washington, DC

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Agenda

- Background and Objectives
- Research Methods and Audience
- Key Findings
- Implications and Outcome
- Appendix
  - Sample messages tested

Background

- Colon cancer is the 2nd leading cause of cancer death
- Risk of colon cancer increases with age
- Highly treatable and curable if found early
- Despite Medicare coverage of screening, rates are low. Only 52% had at least 1 claim for colon cancer screening between 1998-2004.
- Awareness campaigns (i.e., those sponsored by ACS, CDC) typically focus broadly on people 50 and older
- Little (if any) research had been conducted on colon cancer messaging research targeted specifically to the Medicare population of seniors, ages 65+

Research Objectives

- To identify barriers and motivators to colon cancer screening among seniors 65+
- To identify outreach strategies employed by other organizations to promote colorectal cancer screening
- To assess the extent to which these strategies are relevant and effective for Medicare's target audience of seniors 65+
- To identify communications strategies CMS can employ to promote screening behaviors and overcome perceived barriers

Research Methods and Audience

- One-hour in-depth interviews with 59 Medicare beneficiaries in July 2006
  - Age 65 to 84
  - Screening status: 21 screened and 38 unscreened for colon cancer
  - Majority of respondents have Medicare and supplemental insurance coverage
  - Recruited based on risk factors, including race/ethnicity, obesity, family history, smoking

- Two research locations selected based on average screening rates for seniors
  - Baltimore, MD (high rate of screening)
  - Las Vegas, NV (low rate of screening)

Colon Cancer Knowledge and Awareness

- Research reveals limited knowledge of colon cancer risk factors or screening guidelines, even among those recently screened.
- Physician recommendation is highly influential, regardless of level of knowledge.
- Many who have had colonoscopy, flexible sigmoidoscopy or FOBT are simply following their physician's direction and do not know what the tests are for.

  "[My doctor] said, 'We're going to send you for a colonoscopy." But he didn't give me a reason. I thought it was just cleaning or something, I didn't know…I thought it was more like they were flushing you out."

Experience with Screening

- Experience with screening (all types) is reported to be generally “not that bad.”
- Word of mouth from peers tends to be positive, encouraging.
- Nearly all would do it again if physician recommends it.

> *“It was relatively simple. I mean, they put you to sleep, and when you wake up, it’s over.”*

Motivating Factors

- Key motivators for screened population:
  - Taking care of themselves and staying healthy
  - Being around to support their children and see grandchildren grow up
  - Valuing physician relationship and acting based on trust in that physician
  - Knowing friends or family who have had colon cancer and learning from their experience

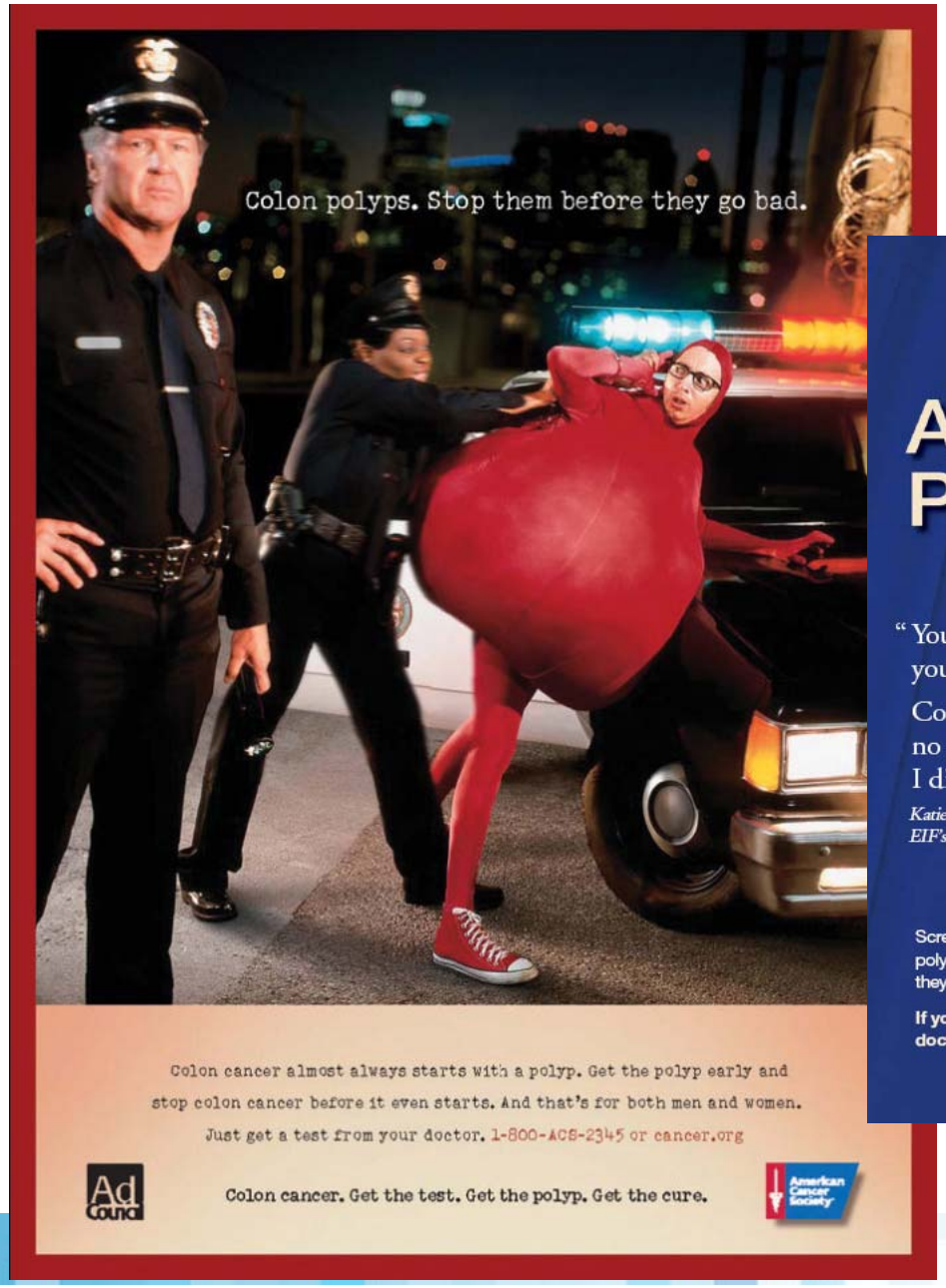
Barriers to Screening

- Barriers for unscreened population:
  - Established defense mechanisms reinforce status quo
  - Underestimating risk posed by colon cancer
  - No symptoms, feel fine
  - No consistent physician relationship
  - Physician doesn't recommend screening
  - Unlike younger counterparts, embarrassment, fear of pain, and discomfort are not significant barriers

"I didn't feel like there was anything to fear."

"If there was any concern about it, I would expect him (my doctor) to tell me about it"

Messaging and Outreach – Existing Messaging



Medicare Population vs. General Population

Similarities:

- Strong reliance on physician's guidance regarding screening decisions
- Few proactively pursue colon cancer screening
- Because they are healthy, eat well and are not "at risk," they don't need to be screened

Key differences:

- Perception that colonoscopy is painful or embarrassing not as prevalent with Medicare-age seniors
- Seniors have more confidence in ability to perform an FOBT, with little embarrassment
- Seniors have a higher "health schema," so are more comfortable with even invasive procedures.
- Seniors are more likely to believe that lifestyle and diet drive risk
- Seniors do not link family history and genetics as risk factors and they don't feel CRC affects men more than women

Messaging and Outreach

- Motivating messages:
  - Position screening as activity that can help positively manage their overall health.
  - Challenge existing notions/misconceptions about who is at risk (2nd leading cancer killer, has no symptoms, risk increases with age)
  - Encourage conversation with peers and physicians about importance and ease of screening

"The second leading cause. I had no idea…I would think lung, breast…you know, the colon you don't hear that much."

Messaging and Outreach

- Other message and outreach strategies are situational, specific to the barriers of beneficiaries on different screening paths.
- This research identified 8 pathways to screening, with the critical pivot point being presence or absence of a strong physician recommendation.
- Messages and behavioral objectives differ for individuals in each pathway.

Messaging and Outreach

Pathways to Screening

	PHYSICIAN REFERRAL ↓	PHYSICAN REFERRAL ↓	PHYSICIAN REFERRAL ↓	PHYSICIAN REFERRAL ↓
Modifying Factors	Positive physician relationship High knowledge of disease	Positive physician relationship Low knowledge of disease	Test scheduling problems	Positive physician relationship Fear of pain/discomfort, negative WOM, low perceived threat
Behavior	Follow physician recommendation	Follow physician recommendation	Failure to reschedule	Compromise: irregular screening, FOBT
Outcome	Screened	Screened	Never screened	Lapsed/under-screened
Behavioral Objectives	Repeat screening Share experience	Repeat screening Share experience	Revisit issue with doctor	Revisit issue with doctor
Message Approach	Screening matters. Spread the word.	Screening matters. Spread the word.	Build risk perceptions	Address misconceptions & defense mechanisms
Message Channel	Medicare EOB	Medicare EOB	Medicare EOB	Medicare EOB, WOM, grassroots

Messaging and Outreach

Pathways to Screening

	Physician Referral	No/Weak Physician Referral	No/Weak Physician Referral	No Regular Physician
Modifying Factors	Weak physician relationship Fear of pain/discomfort, negative WOM, low perceived threat	Weak physician relationship Low knowledge of disease or symptoms		
Behavior	Refuse physician recommendation	Refuse physician recommendation		
Outcome	Lapsed/under-screened	Never screened	Never screened	Never screened
Behavioral Objectives	Ask friends Reconsideration	Revisit issue with doctor	Ask doctor Talk to friends	Establish physician relationship
Message Approach	Address misconceptions & defense mechanisms	Engage/inform Build risk perceptions	Engage/inform Build risk perceptions	Engage/inform Build risk perceptions
Message Channel	Medicare EOB, WOM, grassroots	Mass media, EOB, WOM, grassroots, DTC	Mass media, WOM, grassroots, DTC	Mass media, WOM, grassroots, DTC, existing provider channels

Messaging and Outreach

- Most effective message channels for a majority of beneficiaries:
  - Physician communications most important
  - Interpersonal communication, allowing peer influence to have an effect (via churches, senior centers, hospitals, etc.)
  - EOB inserts with custom messages triggered by procedure codes

"Well, after talking with you today, it makes me want to rush out there and say, 'Doc, I'm coming to have this test,'…If you can get people one-on-one, you can get most people to do it."

Implications and Outcome

- Recommended roles for Medicare for beneficiary outreach:
  - Creating "consumer demand" for screening
  - Preparing beneficiaries to be receptive to physicians who suggest CRC screening.

- Employ four elements from Health Belief Model:
  1. Introduce new cues to action that are not reliant on physician initiation
  2. Counter known barriers
  3. Increase perceptions of risk
  4. Increase perceived benefits of screening

Implications and Outcome

- Motivations and barriers of people ages 65 and older are distinct; campaigns targeting people 50 and older may be ineffective for the Medicare audience.
- CMS is sharing the results of this study to increase awareness of the need for tailoring messages to people 65 and older rather than lumping them together with the 50+ population.
- CMS campaign messages emphasize health and wellness, rather than focusing on coverage, and encourage beneficiaries to ask their doctors about preventive services that are appropriate for them.

Contact Information

Questions?

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Appendix

Message Strategy

- Messages developed based on existing campaigns, and hypotheses from the Health Belief Model.
  - Increasing perceptions of risk
  - Increasing perceived benefits of screening
  - Addressing known barriers
  - Increasing perceived self-efficacy

Appendix

Sample Messages Tested

- Colorectal cancer causes more deaths than you might think. It is the second leading cause of cancer-related deaths in the U.S., claiming over 56,000 lives this year. (personal risk)
- You might look and feel fine, but you need to get the inside story. Colorectal cancer often has no symptoms. So please get tested. Screening can detect precancerous polyps so they can be removed before they turn into colorectal cancer. (personal risk)
- There are several screening tests available, including tests you can take at home or in your doctor's office. Talk with your doctor to find out which test is right for you and how often you should be tested. (increasing knowledge)
- You already get a regular mammogram and pap smear. Getting tested for colon cancer is one more good thing you can do for yourself. (contribution to overall health)