PROVIDER IDENTIFIED BARRIERS TO COLORECTAL CANcer SCREENING

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INTRODUCTION
Colorectal cancer (CRC) is cancer that starts in either the colon or rectum, and are often grouped together and referred to as "colorectal cancer". Colorectal cancer ranks 4th out of the 10 most common invasive cancers for new cases and mortality in the U.S. Despite this, it is one of the most preventable cancers through screening, early detection, and lifestyle modifications. Regular screening, most often via colonoscopy, can detect colorectal cancer in an early stage that is more treatable, and screening can prevent colorectal cancer from forming by removing polyps before they become cancerous. In exploring why these disparities exist within Appalachia, research displays clear barriers identified by patients that may prevent them from getting CRC screening (such as embarrassment, transport, fear of procedure). While this provides valuable information, there is a lack of direction on how to improve on said barriers. In hopes of gaining new information to implement effective changes, this study seeks to receive the opinions of providers and how they interact with their patients regarding screening.

PURPOSE OF STUDY
The purpose of this study is to gather insight into the perspectives of primary care providers regarding colorectal cancer, and how they mitigate patient barriers and improve screening rates in their practices. Information obtained from future studies that utilize similar objectives, design principles, and methodologies could help provide the necessary guidance for daily interactions between healthcare providers and patients to effectively reduce screening barriers and increase compliance in CRC screening recommendations. This study took the analysis of CRC incidence in Kentucky one step further to assess and compare the distribution of CRC within Kentucky, specifically between the Appalachian and non-Appalachian regions of the state.

METHODS
The data for this study was collected by means of a voluntary survey. The survey was distributed to primary care providers, including physicians, nurse practitioners, and physician assistants in outpatient clinics, who are employed by the St. Claire Healthcare system - a system that primarily serves individuals living in rural Appalachia. Participant responses were considered regardless of gender, age, race, religion, or other cultural factors. All providers included are practitioners in rural communities. Upon their agreement to participate, approximately 100 providers were contacted by email with the direct link to the survey, which was delivered via Qualtrics survey system. Participants were not asked to disclose their name, and all of their responses remain anonymous. The system in which participant responses were compiled is password protected, with only this team's researchers possessing within the St. Claire Healthcare system.

RESULTS
As a result of the low response rate on the survey, the group did not have any meaningful qualitative data results to stratify and report out on based on the popularity response rate regarding provider-identified barriers to colorectal cancer. With a better response rate, the group would have expected to see results that were congruent with the themes found in the literature focused on patient-identified barriers to the lack of colorectal cancer screening. One of the most popular responses identified by patients in pre-existing literature regarding the lack of completing colorectal cancer screening was due to fear of the procedure, therefore the group postulates that had qualitative data had been obtained from the survey, similar responses would have also been reported from the provider perspective.

DISCUSSION
This study utilized the primary care provider’s perspective in attempts to identify CRC screening barriers and opportunities to improve recommended CRC screening compliance within Appalachia.

This research serves as a framework and implicates the need for continued research to evaluate trends and commonalities in CRC screening barriers encountered by the Appalachian population, however a number of limitations must be accounted for when considering this study’s utility. The most obvious limitation being the low response rate achieved when the electronic survey was distributed. This could have been attributed to:

1. The small sample size of primary care healthcare providers possessed within the St. Claire Healthcare system
2. The time frame providers had to provide a response (approximately 2 weeks)
3. Conducting research dependent upon provider response during the on-going issue of COVID
4. The lack of reimbursement provided to survey participants.

Other notable limitations include: A lack of strict exclusionary criteria; as well as the possibility inaccuracies in response to survey questioning as they exclusively depend upon recollection and recall by individual participants.

Despite these, the opportunity now exists to gain relevant information from a new perspective and build upon current knowledge of this topic through future research. This could be pivotal in modifying daily patient-provider interactions and developing new strategies to reduce CRC screening barriers in Appalachia.

CONCLUSION
This group suggests that future research efforts on this topic should be aware of the design limitations identified and make any necessary changes to yield a better participant response for this research question. Ongoing study regarding the perceived barriers and solutions of these barriers amongst rural populations can help the healthcare system fundamentally reduce or eliminate these known barriers moving forward for rural populations here in America to help decrease the trends of increased morbidity and mortality seen in the Appalachian region.

REFERENCES