

Executive Summary

Healthcare Provider Knowledge, Attitudes, Practices, and Beliefs about Colorectal Cancer Screening

Project Purpose

This project was one part of a larger initiative of the Comprehensive Cancer Control Program of South Dakota (SD) and the South Dakota Council on Colorectal Cancer (CRC). The purpose of this project was to explore healthcare provider knowledge, attitudes, practices, and beliefs related to CRC screening.

Methods

The target population for this project was healthcare providers who perform, order, or refer patients for CRC screening in the state of SD. A modified version of an existing survey, the “National Survey of Primary Care Physicians’ Cancer Screening Recommendations and Practices: Colorectal and Lung Cancer Screening Questionnaire” was used. Data were analyzed using descriptive statistics.

Results

The CRC screening recommendations and practices survey was completed by 140 providers for a 21% response rate. The majority of the providers reported CRC screening recommendations and practices consistent with the current guidelines with the exception being a number of providers still using digital rectal examination with guaiac testing. The majority recommended colonoscopy every 10 years for the average-risk patient. Age-related guidelines were not as well known. The greatest barriers to screening were perceived as insurance coverage, especially for colonoscopy.

Summary and Recommendations:

Based on the findings of this study, we offer the following ideas toward enhancing healthcare provider knowledge, attitudes, practices, and beliefs related to CRC screening:

1. Offer continuing education for all healthcare providers specifically related to CRC screening guidelines with emphasis on age and risk guidelines and the lack of evidence for continued use of guaiac of DRE testing.
 - a. Publish educational pieces on current CRC screening guidelines in journals and other places that reach South Dakota healthcare providers.
 - b. Offer public education related to CRC screening methods and the importance of early detection.
2. Lead policy efforts to influence insurers to cover screening colonoscopy per current guidelines.
3. Further study of colonoscopy preparation to determine actual problems such as timing of preparations, amount of preparation, quality of preparation methods, and both tolerance and adherence to preparatory procedures.