
Background: Blacks are more likely to be diagnosed at a later stage of colorectal cancer (CRC), and have poorer survival than Whites. Colorectal cancer (CRC) is usually curable when diagnosed at an early stage.

Objectives: We compare the use of CRC tests for screening between Whites and Blacks and compare the use of CRC tests for either screening or diagnosis and further check the test results for a diagnosis of CRC.

Data: The data we use are from physician claims files provided by the Centers for Medicare and Medicaid Services (CMS) (1996–2000) for a closed cohort of all Tennesseans eligible for Medicare in 1996, age ≥6.

Results: Half as many Blacks as Whites were screened with fecal occult blood testing (FOBT), sigmoidoscopy, and colonoscopy. Significantly fewer Blacks had any colorectal procedures, sigmoidoscopy, colonoscopy, and/or barium enema, for screening or diagnosis; however, the test results show that more Blacks were diagnosed with CRC than Whites. The use of CRC tests is low regardless of race. Only 24% of beneficiaries used at least one of the four procedures during the five years. During the five years, FOBT and barium enema use decreased significantly for both Blacks and Whites, while colonoscopy use increased significantly. Sigmoidoscopy use was highest in 1998, which corresponds to the change of Medicare coverage policy in 1998.

Conclusions: Removal of financial barriers to screening alone has failed to substantially improve the use of colorectal procedures. Lack of vigilance and lack of access to good quality of care contribute to the fact that Blacks are more likely to be diagnosed at a late stage of CRC than Whites. (Ethn Dis. 2006;16:412–420)

Key Words: Colorectal Cancer, Medicare, Racial Disparities

INTRODUCTION

Blacks are more likely to be diagnosed at a later stage of colorectal cancer (CRC)¹,² and have poorer survival than Whites.³ Colorectal cancer (CRC) survival is closely related to the stage of cancer at diagnosis and is usually curable when diagnosed at an early stage. Studies have been done to try to find the reasons that are related to the late diagnosis, and factors such as patient’s age, sex, race, insurance coverage, socioeconomic status, residence (urban/rural), and the use of CRC screening tests have been reported.⁴–¹⁴

Colorectal cancer (CRC) screening tests were not covered for Medicare beneficiaries until 1998. Before January 1, 1998, Medicare covered fecal occult blood testing (FOBT), sigmoidoscopy, colonoscopy, and double-contrast barium enema for diagnosis of CRC for people who have signs or symptoms. Effective January 1, 1998, Medicare added selected coverage for screening. Specifically, for beneficiaries aged 50 and older, Medicare paid for: 1) a screening FOBT every year; 2) a screening sigmoidoscopy every four years; and 3) a screening colonoscopy for high-risk individuals every two years. Medicare also permitted substitution of a double-contrast barium enema for the latter two tests as per physician judgment.¹⁵ Effective July 1, 2001, Medicare started to cover screening colonoscopy for normal- and low-risk individuals once every 10 years. As a result of the policy change, new Healthcare Common Procedure Coding System (HCPCS) codes have been established for these services.¹⁵ Ko et al¹⁶ investigated the effect of the policy change on the use of colorectal tests, and found that the insurance coverage for these tests did not substantially affect the utilization rates for Washington state Medicare beneficiaries in 1994, 1995, and 1998.

In this paper, to explore the reasons for more late diagnoses for Blacks than Whites, we not only compared the use of CRC tests for screening between Whites and Blacks, noting the difficulty in distinguishing screening and diagnosis procedures, but we also compared the use of CRC tests for either screening or diagnosis and further checked the test results for a diagnosis of CRC. Fewer tests but more diagnosed CRC for Blacks is consistent with late-stage diagnoses for Blacks. The data we used are from physician claims files provided by Centers for Medicare and Medicaid Services.