



Regional variations in utilization of preventive health care of colorectal cancer

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Abstract

Background: Examinations of early colorectal cancer diagnosis are part of the benefit package of the statutory health insurance funds. Patient education of early colorectal cancer diagnosis, faecal occult blood test and colonoscopy are included in the screening program. The aim of the present survey is the demonstration of the participation rates of the collateral cancer (CRS) screening program in Germany taking into account regional variations and differences of age and sex.

Methods: The basis of calculation are the nationwide ambulatory care claims data of 2007 and 2008 referred to §295 SGB V as well as the colonoscopy data of the indication documentations of 2003 to 2010, which are documented in the practices according to guidelines and transmitted to the regional Associations of Statutory Health Insurance Physicians.

Results: The predominantly part of the insurants who participate in the CRS screening program make use of the faecal occult blood test. In 2008 this pertains to 155% of the insurants aged to 50 to 74 years. By comparison the part of insurants who take part in the patient education amounts to 11,6% (insurants aged to 55 to 74 years) and the part of the insurants which participate in colonoscopy amounts to 2,4% (insurants aged to 55 to 74 years). The regional variation range of the utilization of the medical examinations of early colorectal cancer diagnosis diversifies to some extent. The extremal quotient on the level of 413 administrative districts of the colonoscopy utilization rates of 2008 represents EQ=8.1 (range 0.6% to 4.6%), in comparison to EQ=4.2 (education, range 4.9% to 20.4%) and EQ=3.6 (faecal occult blood test, range 6.9% to 25.0%). Both the participation rate of the education and of the faecal occult blood test show age and gender related differences. In the age-group of the insurants under 70 years more than twice as much women then men access the health screening. With increasing age this gender-specific effect inverts.

Conclusion: The results provide evidence for a yet increasable utilization of medical examinations of early colorectal cancer diagnosis in the district of SHI-authorized physicians. The genesis of numerous initiatives and local and nationwide campaigns contribute potentially to an increase of the medical examination of the early colorectal cancer diagnosis, but a growing participation at the screening programs is desirable, unless this is affected of an individual risk-/benefit-balance.