GI Accessibility for Colorado Medicaid Enrollees

Project Goals

1. Test perception (real or perceived) that screening colonoscopy is not widely accessible to Medicaid patients

2. Provide stakeholders interested in the summary of this assessment a basic understanding of barriers to endoscopic screening for Colorado's medically underserved at **system** and **patient** levels

3. Summarize solutions to better ensure the medically underserved receive access to quality care

Methods

Phase 1 Survey administered via key informant interview to GI practices and hospitals across Colorado to gather input regarding barriers and facilitators for accepting a variety of insurance and payment methods for endoscopic screening.

Phase 2a Survey administered via Survey Monkey to GI practices and hospitals across Colorado to better understand capacity, appointment wait times for colonoscopy, use of patient navigation, and reimbursement challenges.

Phase 2b Survey administered via email to select primary care practices using patient navigation for cancer screening in Colorado to understand real-time appointment wait times and delays or challenges in patients scheduling colonoscopies.

Reach

22 GI Facilities

- 6 completed Phase 1 and Phase 2a
- Free-standing endoscopy, non-for-profit hospital, critical access hospitals, for-profit hospital

3 Primary Care Clinic Systems

- 2 urban clinic sites
- 2 rural clinic sites

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Supported by the Colorado department of Public Health and Environment, contract number 16 FHLA 83955

1 Major Barriers

Patients No-Show or Late
Reimbursement Rates
Noncompliance with Bowel Prep and Follow-up

Consensus Solutions

Support for Case Management and Patient Navigation
Increasing Reimbursement

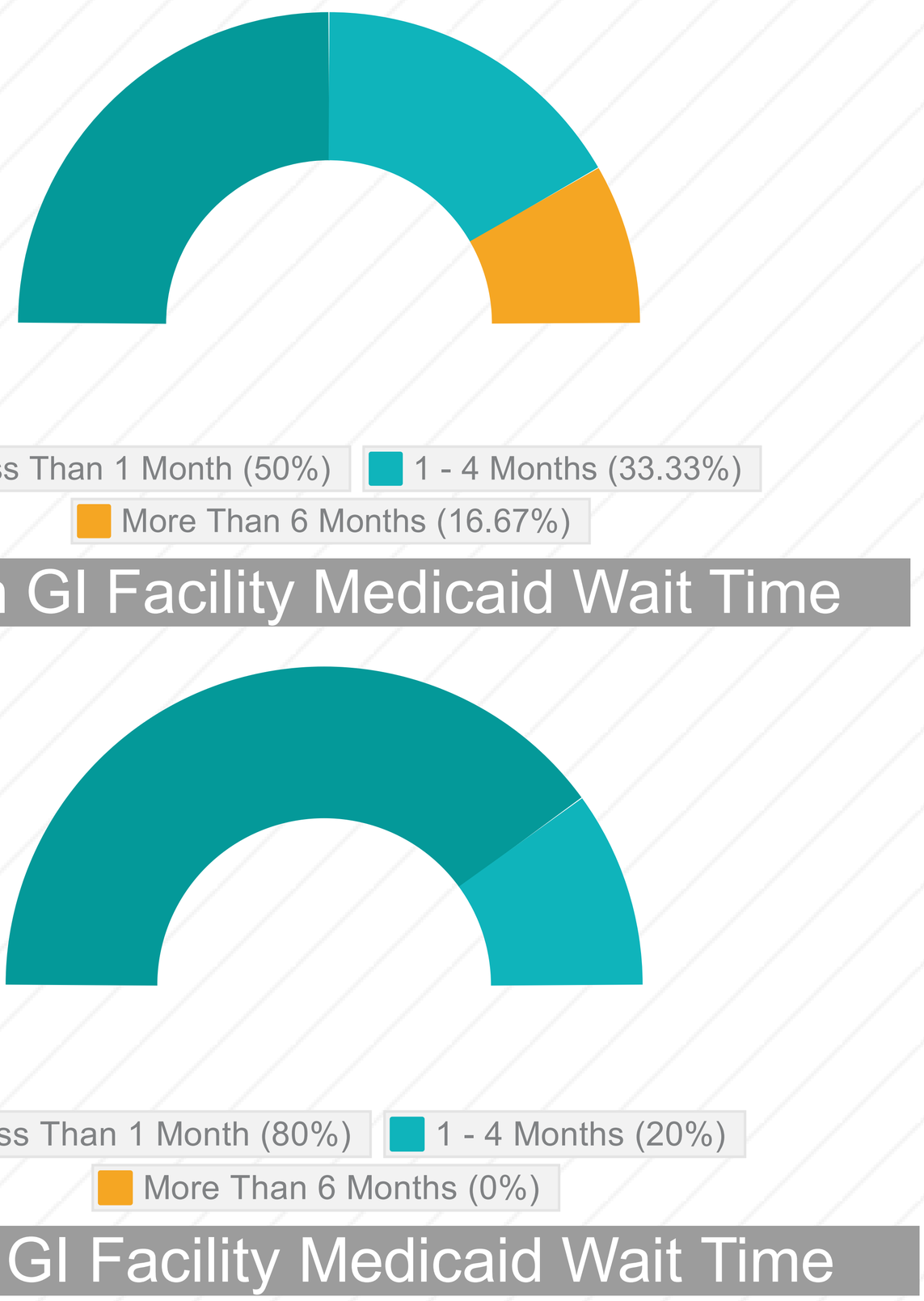
2 Access & Wait Times

All participating GI facilities report accepting at least *some* Medicaid

Real-time experience of Medicaid patients varies

Waits longer than 6 months uncommon – seems restricted to self-pay and *specific* GI facilities (perhaps more likely in free-standing centers)

In rural areas, Medicaid patients comprise a greater proportion of GI facilities' patient population



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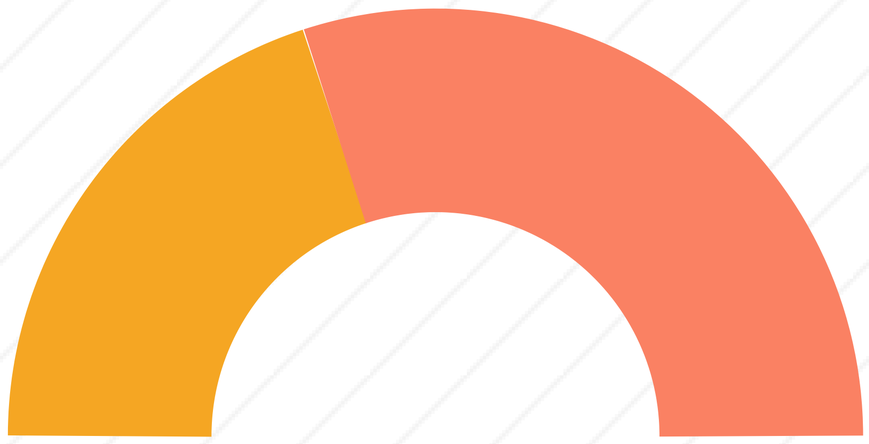
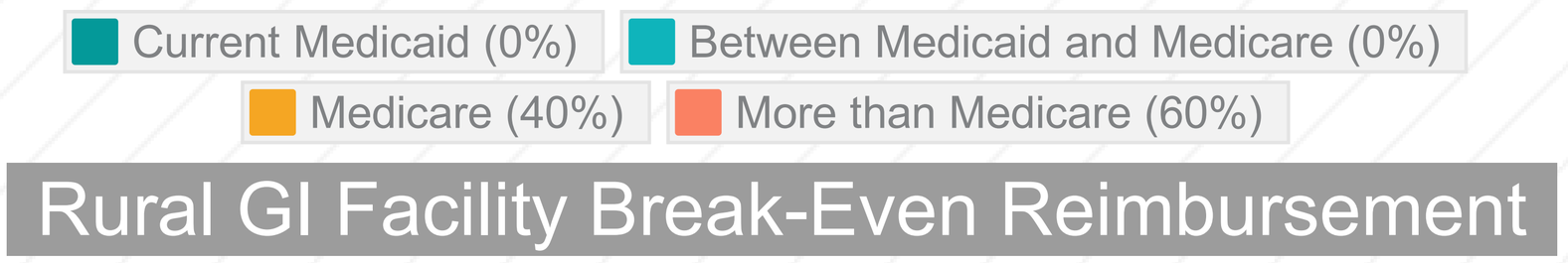
3 Reimbursement Break-Even

Urban GI Facilities say something between Medicaid and Medicare

Rural GI Facilities say they need reimbursement *at least* as high as Medicare





Could be related to *volume* in rural areas:
- 60% rural facilities at less than 50% capacity
- No urban facilities under 50% and 33% are over 90%

4 Patient Navigation

GI facilities don't always know if their referring primary care practices use PN

Some GI facilities use PN themselves

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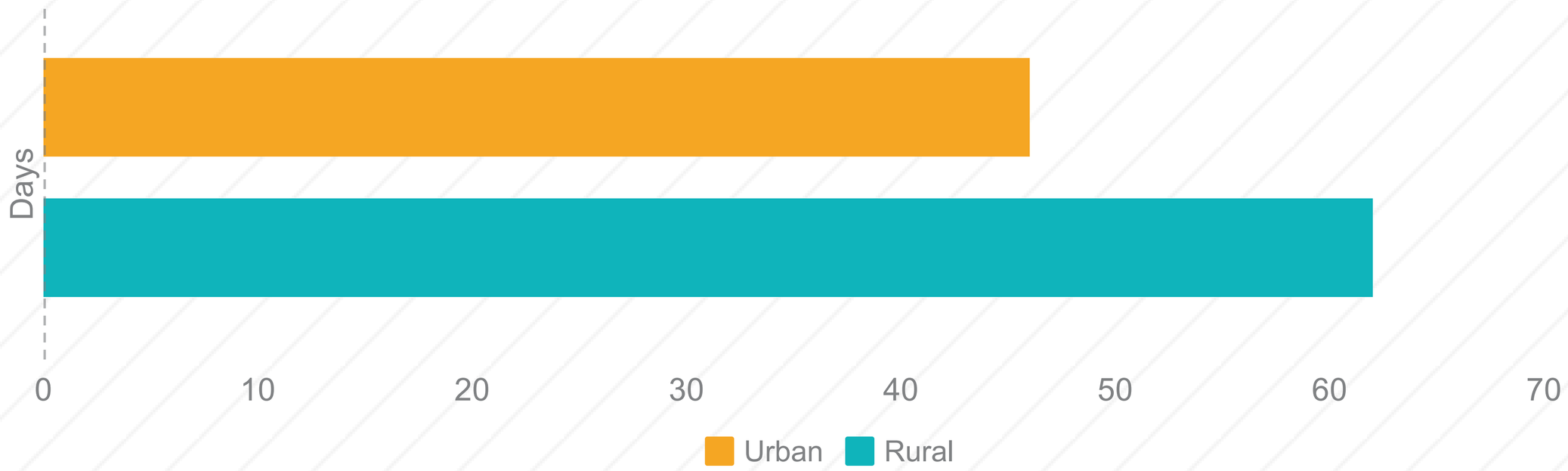
5 Primary Care Perspective



Rural wait times greater overall than urban

Anecdotal and Process Data

Some difficulty getting patients scheduled in rural areas because the referral must be sent to the GI group for scheduling and coordination.
- Could explain why delay between referral creation and appointment scheduled is greater, in practice, in rural areas than GI facility capacity and volume suggests

Some primary care practices refer to specific GI facilities based upon patient's payer source.
- Additional follow-up required to understand the rationale and impact of this approach.

Sub-goal of project: understand difference in wait times from the GI facility's perspective as compared to patient's perspective (as reported by the PCP)
- Responses received are insufficient to create PCP-GI facility dyads and meet this goal

Recommendations

Consider opportunities to increase reimbursement

Training and technical assistance on role, scope, and benefit of Patient Navigation for GI facilities

Training and technical assistance on referral work flows between primary care and specialty care with the inclusion of a patient navigator

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