

Summary of Analysis Plan: Colorectal Cancer Control Program Indirect/Non-Medical Cost Study

The population-based Colorectal Cancer Control Program (CRCCP) was funded for five years beginning in 2009 to address low screening rates and screening disparities. Though disparities in colorectal cancer (CRC) screening rates have been well documented, the sources of these disparities have not been studied in depth. The priority population for screening through the CRCCP is persons aged 50 to 64 years who are uninsured or underinsured for screening. The indirect and non-medical costs associated with CRC screening may pose barriers to patients seeking CRC screening.

The proposed study will collect the first-ever data on the indirect and non-medical costs incurred by low-income patients screened for CRC with fecal immunochemical test (FIT) or colonoscopy. This initial data collection is designed to yield descriptive data about the respondent population. These data will be considered representative of the respondent population but are not intended to be generalized to a wider population of patients screened for CRC.

This initial study will provide a preliminary understanding of the variability between the indirect and non-medical costs incurred by patients screened at different grantee sites and between the types of screening test used. The results of this study may inform the design of future, larger scale attempts at identifying and measuring the indirect and non-medical costs associated with CRC screening. The objectives of the proposed study are to provide:

1. Estimates of the non-medical costs associated with CRC screening among the low-income population screened through CRCCP;
2. Estimates of the indirect costs incurred by the low-income population screened through CRCCP; and
3. Information on variation in the indirect and non-medical costs by type of screening test (FIT and colonoscopy).

The proposed data collection will generate patient-level survey data. This descriptive data will be analyzed using standard univariate and bivariate descriptive statistics (e.g., means, frequencies, crosstabs). The following table shells provide examples of how the data analysis will be presented.

Patient characteristics. Analysis will begin with a description of the survey participants that obtained CRC screening through one of the participating providers.

Sample Table 1. Respondent Characteristics

Grantee site	Alabama	Arizona	Colorado	New York	Pennsylvania
<i>Number of responses</i>					
Average respondent age					
% Male					
% Female					
Race					
% White					
% Black/African American					
% American Indian or Alaska Native					
% Native Hawaiian or Other Pacific Islander					
% Asian					
Fluent in English					

Indirect costs associated with CRC screening. A primary objective of the study is to identify and measure indirect and non-medical costs associated with CRC screening.

Sample Table 2. Average time spent being screened for colorectal cancer and on activities related to screening

Grantee site	Alabama	Arizona	Colorado	New York	Pennsylvania
<i>Number of responses</i>					
Missed work time					
Office visits					
Traveling to/from office visits					
Traveling to/from screening site					
Preparing for screening test					
Screening test					
Recovery time					
Total time spent on screening and related activities					

Non-medical costs associated with CRC screening. In addition to time estimates, we also seek to measure the cost outlays faced by patients while obtaining CRC screening.

Sample Table 3. Average out-of-pocket costs associated with colorectal cancer screening

Grantee site	Alabama	Arizona	Colorado	New York	Pennsylvania
<i>Number of responses</i>					
Replacement child/elder care					
Parking fees					
Taxi, bus, train fares					
Preparation kit					
Food required to meet dietary restrictions					
Total out-of-pocket costs associated with colorectal cancer screening					