

## How difficult is it for you to get your patients in for a colonoscopy?

1. Not at all difficult for us if the patient sees our local GI (Vijay Prabhu). We send demographic data and note to his office, and his staff schedules the patient (one to two weeks out).
2. The referral is the biggest barrier in our semi-rural setting. All the more reason we need to get this procedure in the hands of primary care doctors more and more.
3. The fact that there is a financial disconnect or disincentive for primary care docs to take time to encourage and educate patients about colon cancer. Practices like other's and mine have that incentive aligned properly since we provide endoscopic services to our patients. I would vote for a \$100 kick back for any appropriate referral for colon cancer screening, but Medicare is currently only paying about \$190 bucks for colonoscopy so it's a joke. Maybe with the new Obama plan with emphasis on prevention the financial incentive will be more aligned.
4. Same week scopes are not very practical for the patients referred to me as many are on ASA, coumadin etc. I can almost always work in a referred urgent case if the benefit is greater than the risk.
5. I think compliance rates for colonoscopy are roughly 35% if referred and 80% if provided by the PCP
6. Dr Stokesberry's group at Baptist in OKC can get them in the same week.
7. My colonoscopist will do them without a consult. A big plus. His nurse/scheduler allows direct phone access from the patient or my nurse to get a date. That same nurse will arrange the prep. On the average it takes me 4 times to offer to the patient (that is average- which means I have some I have to recommend 8 or more times). I recommend every time I see them, even if it is for a paper cut. On the average they get scheduled 1.9 times per colonoscopy done. My colonoscopist sends me a note if they have been scheduled and no-show. I get a report on ALL the patients I sent, along with path and recommendations, via Fax about 10 days after the procedure.
8. It is easy in the private sector.
9. The only difficulty encountered is when a patient is uninsured or screening colonoscopy is not a covered benefit. Otherwise , there is no problem at all.
10. Not at all difficult. Getting patients to agree is another question - especially in the recession.