Health care reform: Continuing the prostate screening debate; Where does patient navigation belong?

Michael Preston, University of Arkansas for Medical Sciences
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Where does patient navigation belong?

Michael A. Preston, Ph.D., M.P.H.
University of Arkansas for Medical Sciences

mapreston@uams.edu

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* Research team includes:
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  * Katherine Glover-Collins, MD, PhD; UAMS
  * Dale E. Gray, BS; UAMS
  * Sharla A. Smith, PhD, MPH; UAMS
Prostate Cancer

- Most commonly diagnosed cancer among men
- Second leading cause of cancer deaths among men
- 238K+ new cases (1:6 men will get prostate cancer)
- 29K+ deaths (1:36 men will die of prostate cancer)
- 2.5 million men are survivors
- Overall death rate has declined
- Disparities remain among racial/ethnic groups and disadvantaged populations
Prostate Screening

* PSA (prostate-specific antigen) blood test
* DRE (digital rectal exam)
* Uncertainty or false test results
  * Confusion
  * Worry
* Expectant management (watchful waiting)
* Current recommendations (No screening with PSA)
* Early detection: 5-year survival rate
  * 99% (local) vs 28% (distant)
Prostate Cancer
Death Rates* by Race and Ethnicity, U.S., 1999–2010

Source: Mortality Files, National Center for Health Statistics, CDC.
Strategies to reduce disparities in cancer detection, treatment, and outcomes among racial/ethnic minorities and low-income patients have been gathering momentum with the introduction of PN initiatives.

- African American males rely on their physicians to recommend all needed tests/screenings.
- PN: designed to help patients overcome obstacles to timely screening, diagnosis, and treatment.
  - PN services significantly decreased time to receive f/u services.
  - Improved diagnosis and 5-year survival rates (breast).

*American Cancer Society, 2013; Freeman HP, 2004; Ferrante JM, 2007*
To examine the current and potential roles of PN in the improvement of prostate screenings among disadvantaged populations
Population Studied

- Low-income (less than 200% FPL)
- Uninsured or under-insured patients
- Disadvantaged populations
- 19 counties in Arkansas
- March 2008 to February 2012
Methods

* Longitudinal study design was conducted on males over 35 years of age presenting to PN since 2008 (n=1602)
* Information included patient's demographics, geographical location, PSA scores, DRE scores, and the array of event types in which community engagement occurred
* Data analyzed using comparison analyses
Principal Findings

* PN allowed for greater utilization of health services among populations of rural origins
  * (Urban: n=747, Rural: n=833)
* Mean PSA scores were within normal range
  * 4.0 ng/mL and lower
* No significant differences among racial/ethnic groups
PSA Score Urban vs Rural

**p<0.05
Mean Age Urban vs Rural

***p<0.01
Conclusions

* Equity of access to cancer screenings among DP can be achieved with the utilization of PN programs
* Access to the health care system is a strong barrier which fosters disparities among DP
* PN allows rural DP entry into the health care system at earlier stages, considering PSA as a proxy for disease
* PN programs may prove useful in reducing racial/ethnic disparities in prostate screening and mortality
Policy Implications

- Health care reform lays the foundation for preventative programs such as PN
- This study provides additional evidence suggesting such strategies are worthy of testing and evaluation on a larger scale
- Identify best ways to design health systems for preventive services that target medically underserved populations
- Potentially missed opportunities to get physicians and patients to make informed-decisions for prostate screening