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Physicians' use of nonphysician healthcare providers for colorectal cancer screening.

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BACKGROUND: Data on the involvement of nonphysician healthcare providers in colorectal cancer (CRC) screening delivery are sparse. This article describes physicians' use of nurse practitioners and physician assistants to provide CRC screening with the fecal occult blood test (FOBT), flexible sigmoidoscopy, and colonoscopy, as well as physicians' attitudes toward using these providers to perform flexible sigmoidoscopy. **METHODS:** Nationally representative samples of primary care physicians, gastroenterologists, and general surgeons were surveyed in 1999-2000. Descriptive statistics and logistic regression were used to estimate the prevalence and predictors of physicians' use of nurse practitioners and physician assistants for CRC screening and to assess physicians' attitudes toward their use in providing CRC screening with flexible sigmoidoscopy. **RESULTS:** Overall, 24% of primary care physicians reported using a nurse practitioner or physician assistant to provide CRC screening with FOBT. However, only 3% of all physicians surveyed used nurse practitioners and physician assistants for CRC screening with flexible sigmoidoscopy, and less than 1% of gastroenterologists and general surgeons reported using these providers to perform CRC screening with colonoscopy. Approximately 15% of general surgeons, 40% of primary care physicians, and 60% of gastroenterologists who do not currently use nurse practitioners or physician assistants to perform CRC screening with flexible sigmoidoscopy agreed that these providers could effectively perform the procedure. **CONCLUSIONS:** These results show current involvement of nurse practitioners and physician assistants in the delivery of CRC screening to be limited. Use of nonphysician healthcare providers for CRC screening with FOBT and flexible sigmoidoscopy is one possible solution to the challenge of boosting low screening rates. However, physician beliefs about the ability of nurse practitioners and physician assistants to perform flexible sigmoidoscopy are a potential barrier to increasing the involvement of nonphysician providers in CRC screening delivery.

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