

# Increasing Cancer Screening: Provider Incentives

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## Task Force Finding and Rationale Statement

### Intervention Definition

Provider incentives are direct or indirect rewards intended to motivate providers to perform cancer screening or make appropriate referral for their patients to receive these services. Rewards are often monetary, but can also include nonmonetary incentives (e.g., continuing medical education credit). Because some form of assessment is needed to determine whether providers receive rewards, an assessment component may be included in the intervention.

### Task Force Finding (October 2009)

The Community Preventive Services Task Force found insufficient evidence to determine the effectiveness of provider incentives in increasing screening for breast, cervical or colorectal cancers. Evidence is insufficient because of a small magnitude of effect across studies and because data from health care systems that include provider incentives as part of their strategies for administration and provider compensation have not been published.

### Rationale

The Task Force finding is based on an update of a previous review. The Task Force made no change to its previous conclusion of insufficient evidence to determine the effectiveness of provider incentive interventions. This is because, although additional studies were found during the update, the magnitude of effect across the studies was small (median change 1.7 percentage points, IQI: -0.1 to 3.6 percentage points). All of the incentive programs evaluated had a substantial time lag between cancer screening and receiving the incentive. The amount of the incentive was also often small and tied to the study funding. These common factors may have contributed to the small effects found in the evaluated studies.

Many health care systems include provider incentives as part of a comprehensive strategy for administration and provider compensation. However, studies of the effects of such strategies were not available for evaluation and thus could not contribute to the Task Force findings. It would be helpful if evaluations of such strategies could be made publicly available and thus contribute to our understanding of effective means of improving delivery of cancer screening.

### Publications

Sabatino SA, Lawrence B, Elder R, Mercer SL, Wilson KM, DeVinney B, Melillo S, Carvalho M, Taplin S, Bastani R, Rimer BK, Vernon SW, Melvin CL, Taylor V, Fernandez M, Glanz K, Community Preventive Services Task Force. Effectiveness of interventions to increase screening for breast, cervical, and colorectal cancers: nine updated systematic reviews for The Guide to Community Preventive Services. *Am J Prev Med* 2012;43(1):765-86.

Community Preventive Services Task Force. Updated recommendations for client- and provider-oriented interventions to increase breast, cervical, and colorectal cancer screening. *Am J Prev Med* 2012;43(1):760-4.

### Disclaimer

The findings and conclusions on this page are those of the Community Preventive Services Task Force and do not necessarily represent those of CDC. Task Force evidence-based recommendations are not mandates for compliance or spending. Instead, they provide information and options for decision makers and stakeholders to consider when determining which programs, services, and policies best meet the needs, preferences, available resources, and constraints of their constituents.

Suggested Citation:

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