NATIONAL LUNG CANCER ROUNDTABLE

Enhancing Access, Affordability and Equity for Lung Cancer Screening

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Health Care Costs Remain a Top Policy Issue: Solutions must protect patients, reward providers and preserve innovation

- Innovations to prevent, diagnose and treat disease have led to impressive reductions in morbidity and mortality
- Irrespective of remarkable clinical advances, cutting health care spending is the main focus of reform discussions
- Underutilization of high-value care persists across the entire spectrum of clinical care leading to poor health outcomes, especially among populations of color, economically vulnerable individuals and those with chronic conditions

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Americans don't care about health care costs; They care about what it costs them

- Everyone (almost) agrees there is enough money in the US health care system; we just spend it on the wrong services and in the wrong places
- Moving from a volume-driven to value-based system requires a change in both how we pay for care and how we engage consumers to seek care
- The most common patient-facing strategy - consumer cost-sharing – is typically a 'blunt' instrument, in that patients pay more out of pocket for care regardless of clinical value

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Inspiration (Still)

"I can't believe you had to spend a million dollars to show that if you make people pay more for something, they will buy less of it."

- Barbara Fendrick (my mother)

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“Blunt” Cost-Sharing Worsens Health Care Disparities

Effects of Increased Patient Cost Sharing on Socioeconomic Disparities in Health Care

Michael Chernew, PhD[1] Teresa B. Gibson, PhD[2] Kristina Yu-Isenberg, PhD, RPh[3]
Michael C. Sokol, MD, MS[4] Allison B. Rosen, MD, ScD[5], and A. Mark Fendrick, MD[5]

- **Cost-sharing worsens disparities and adversely affect health, particularly among populations of color, economically vulnerable individuals and those with chronic conditions**

Chernew M. *J Gen Intern Med* 23(8):1131–6.

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Alternative to "Blunt" Consumer Cost Sharing: Value-Based Insurance Design (V-BID)

- Sets consumer cost-sharing on clinical benefit – not price
- Little or no out-of-pocket cost for high value care; high cost share for low value care
- Rare bipartisan political and broad multi-stakeholder support
- Successfully implemented by hundreds of public and private payers


TheUpshot

Health Plans That Nudge Patients to Do the Right Thing

Austin Frakt
THE NEW HEALTH CARE JULY 10, 2017

RELATED COVERAGE

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ACA Sec 2713: Selected Preventive Services be Provided without Cost-Sharing

- Receiving an A or B rating from the United States Preventive Services Taskforce (USPSTF)
- Immunizations recommended by the Advisory Committee on Immunization Practices (ACIP)
- Preventive care and screenings supported by the Health Resources and Services Administration (HRSA)

Over 137 million Americans have received expanded coverage of preventive services

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COVID-19 Testing and Vaccines Provided without Cost-sharing

Review

Utilization Impact of Cost-Sharing Elimination for Preventive Care Services: A Rapid Review

Medical Care Research and Review
1–23

DOI: 10.1177/10775587211027372
journals.sagepub.com/home/mcr
SAGE

- Impacts of cost-sharing elimination varied depending on clinical service, with a majority of findings showing increases in use
- Studies that included socioeconomic status reported that those who were financially vulnerable incurred substantial increases in utilization
- No studies of lung cancer screening included

Your Free Cancer Screen Shows Trouble: What If You Can't Afford the Follow-Up?

- **Section 2713 of the ACA requires that breast, cervical, colorectal and lung cancer screening to be covered without consumer cost-sharing for eligible individuals.**
- **However, coverage without patient cost-sharing is not mandated for evidence-based, recommended procedures for those with an abnormal initial cancer screening test result**
- **Cost barriers for care required to complete the cancer screening process may lead to delays in or deferrals of clinically indicated care and may create financial hardship for individuals**

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Out-of-Pocket Costs for Procedures after Lung Cancer Screening in a National **Commercially** Insured Population

- **Of 6,268 patients receiving at least one LDCT for LCS, within 12 months 462 patients (7.4%) received a downstream invasive procedure (needle biopsy 69.0%, cytology 23.6%, bronchoscopy 18.6%, surgery 23.8%)**
- **62% of LCS encounters with at least one downstream procedure, had a cost share (median $51, IQR $0-$343)**
- **Those with a lung cancer diagnosis after downstream procedures paid a median of $332 (IQR $0-$1,341.52) compared with those without a cancer diagnosis (median $31.34, IQR $0-$245.68)**

Tailor et al. Journal of the American College of Radiology. 2021. doi: 10.1016/j.jacr.2021.09.015

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Your Free Cancer Screen Shows Trouble: What If You Can't Afford the Follow-Up?

- **New research shows that out-of-pocket costs are common, non-trivial and rising over time for necessary follow-up testing after initial no-cost cancer screening test**
  - **Breast[1]**
  - **Cervical[2] -**
  - **Colorectal[3]**
  - **Lung[4]**

JAMA Network Open. 2021;4(8):e2121347
Obstetrics & Gynecology. E-pub ahead of print. 2021. doi:10.1097/AOG.0000000000004582
JAMA Network Open. Accepted for publication
JACR E-pub ahead of print. 2021.DOI:https://doi.org/10.1016/j.jacr.2021.09.015

Out-of-Pocket Costs for Services after Positive Cancer Screening: Require Coverage of the Entire Cancer Screening Continuum

- It is well-established that consumer cost-sharing is associated with decreased utilization of evidence-based medical care
- Substantial and rising levels of cost-sharing for recommended services after an initial lung cancer screening test could:
  - Deter patients from undergoing necessary diagnostic evaluation
  - Reduce future screening participation
  - Lead to delays in diagnosis and treatment
- Benefit design must take into account that lung – and other – cancer screening often requires multiple steps and should remove financial barriers to completing the entire diagnostic process

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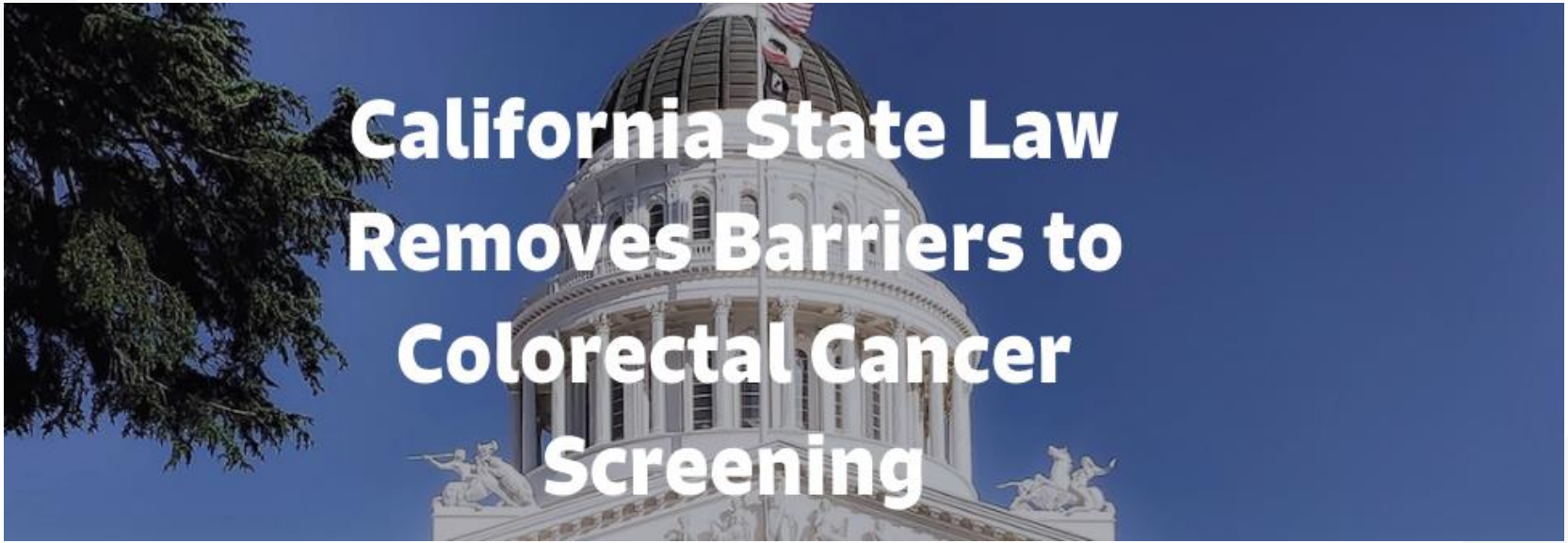
Moving Forward: Policy Success to Eliminate Cost-Sharing for Procedures after Positive Cancer Screening



Similar policies should be implemented nationally for USPSTF recommended cancer screenings

https://fightcolorectalcancer.org/blog/california-state-law-removes-barriers-to-colorectal-cancer-screening/

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