Uninsured cancer patients saw increased coverage for care following Medicaid expansion

NCI cancer registry analysis finds uninsured rate cut in half in fully expanded states but dropped only five percent in non-expansion states under the Affordable Care Act

SAN DIEGO, September 26, 2017 – A new study finds that Medicaid expansion enacted as part of the Patient Protection and Affordable Care Act (ACA) improved coverage for care for cancer patients receiving radiation therapy and potentially decreased health care disparities. Analysis of more than 197,000 patient records from one of the nation’s largest cancer registries, which found that the uninsured rate for these vulnerable patients dropped by half in states that fully expanded their Medicaid programs, will be presented today at the American Society for Radiation Oncology’s (ASTRO’s) 59th Annual Meeting.

“Uninsured cancer patients are more likely to go without needed care and treatment, such as radiation therapy or surgery to remove tumors,” said Fumiko Chino, MD, lead author of the study and a radiation oncology resident at the Duke University School of Medicine in Durham, North Carolina. “We conducted a study looking at insurance patterns before and after Medicaid expansion and found that un-insurance rates dropped significantly following expansion. The program appears to have improved access and decreased health care disparities in cancer patients receiving radiation therapy, with the greatest benefits seen among vulnerable individuals living in the highest poverty areas.”

Findings are based on an analysis of 197,290 records from the National Cancer Institute’s Surveillance, Epidemiology and End Results (SEER) database, including all patients ages 18 to 64 (median age 55) who were newly diagnosed with cancer between 2011 and 2014 and received radiation therapy as part of their treatment. Researchers compared insurance rates between patients in states that fully expanded their...
Medicaid programs under the ACA with those in states that did not expand their Medicaid programs. Nearly three-fourths (73%) of the patients lived in states with fully expanded Medicaid programs.

The number of uninsured cancer patients dropped in both expanded and non-expanded states from 2011 to 2014, but expansion states experienced a steeper decline. In expanded states, the uninsured rate declined a relative 52 percent, from 4.4 to 2.1 percent while Medicaid enrollment rose from 15.2 to 18.0 percent (p < 0.0001). In non-expansion states, the uninsured rate dropped a relative five percent (8.4 to 8.0%), with an increase in non-Medicaid insurance (75.7 to 77.1%) and decrease in Medicaid enrollment (15.9 to 14.9%) (p < 0.0001).

Race was associated with coverage changes in non-expansion states only. In expansion states, coverage increased regardless of race; uninsured rates dropped by a relative 56 percent for white patients, from 4.3 to 1.9 percent, and 50 percent for black patients, from 6.0 to 3.0 percent (both p < 0.0001). In non-expansion states, however, only white patients experienced an increase in coverage status. Uninsured rates dropped by nine percent for white patients in non-expansion states, from 7.8 to 7.1 percent (p < 0.0001) while uninsured rates rose by seven percent for black patients, from 9.9 to 10.6 percent, although the difference for black patients was not statistically significant (p = 0.37).

The poverty level where a patient lived similarly influenced coverage changes in non-expansion states only. Uninsured rates in expansion states decreased by 46 percent for patients who lived low-poverty areas (from 3.9 to 1.8%, p < 0.0001) versus 60 percent for those who lived in high-poverty areas (from 4.5 to 1.8%, p < 0.0001). In non-expansion states, conversely, only patients in less-impoverished areas experienced an increase in coverage, as the uninsured rate dropped by 27 percent in low-poverty areas (from 4.8 to 3.5%, p = 0.04) but rose by a relative two percent in high-poverty areas (from 10.9 to 11.1%, p = 0.17).

“This study is part of a developing body of research to quantify health care delivery changes under the ACA. The debate over health care reform is ongoing; our findings indicate that Medicaid expansion was effective at decreasing disparities and improving access to care for cancer patients receiving radiation. We now are assessing if these insurance changes translate to differences in patient survival,” said Dr. Chino.

The abstract, “Healthcare disparities in cancer patients receiving radiation: Changes in insurance status after Medicaid expansion under the Affordable Care Act,” will be presented in detail during a news briefing and the late-breaking abstracts special session at ASTRO’s 59th Annual Meeting in San Diego (full details below). To schedule an interview with Dr. Chino and/or outside experts in health policy, contact ASTRO’s media relations team on-site at the San Diego Convention Center September 24 through 27, by phone at 703-286-1600 or by email at press@astro.org.
ATTRIBUTION TO THE AMERICAN SOCIETY OF RADIATION ONCOLOGY (ASTRO) ANNUAL MEETING REQUESTED IN ALL COVERAGE.

This news release contains additional and/or updated information from the study author(s). Full original abstract and author disclosures available on the final page of this release.

Study Presentation Details
- Scientific Session: Tuesday, September 26, 7:45 – 9:15 a.m. Pacific time, San Diego Convention Center, room 5A
- News Briefing: Tuesday, September 26, 1:00 – 2:00 p.m. Pacific time, San Diego Convention Center, room 24C, webcast: http://www.bit.do/astro17-3

Resources on Cancer and Radiation Therapy
- Video: An Introduction to Radiation Therapy (Spanish version)
- Additional brochures, videos and information on radiation therapy from ASTRO’s patient site, RTAnswers.org
- Infographic: Protecting Patients in Health Care Reform
- ASTRO’s clinical practice statements and guidelines

ABOUT ASTRO’S ANNUAL MEETING
ASTRO’s 59th Annual Meeting, the world’s largest scientific meeting in radiation oncology, will be held September 24-27, 2017, at the San Diego Convention Center. The 2017 Annual Meeting is expected to attract more than 11,000 attendees from across the globe, including oncologists from all disciplines and members of the entire radiation oncology team. More than 2,800 abstracts sharing results from clinical trials and other research studies will be presented in conjunction with educational sessions and keynote addresses that underscore the meeting’s theme, “The Healing Art and Science of Radiation Oncology.” Led by ASTRO President Brian Kavanagh, MD, MPH, FASTRO, the 2017 meeting will feature keynote addresses from Richard D. Zane, MD, FAAEM, Chief Innovation Officer for the University of Colorado Health System; Lucy Kalanithi, MD, FACP, widow of Paul Kalanithi, MD, the best-selling author of “When Breath Becomes Air,” with Heather Wakelee, MD, Paul’s oncologist; and Vinay K. Prasad, MD, MPH, an assistant professor of medicine at the Oregon Health & Science University. During the four-day meeting, more than 200 exhibitors will demonstrate cutting-edge technology and medical device innovations for radiation oncology. Visit us online for more information about ASTRO’s 59th Annual Meeting or press opportunities at the meeting.

ABOUT ASTRO
The American Society for Radiation Oncology (ASTRO) is the world’s largest radiation oncology society, with more than 10,000 members who are physicians, nurses, biologists, physicists, radiation therapists, dosimetrists and other health care professionals who specialize in treating patients with radiation therapies. The Society is dedicated to improving patient care through professional education and training, support for clinical practice and health policy standards, advancement of science and research, and advocacy. ASTRO publishes three medical journals, International Journal of Radiation Oncology • Biology • Physics (www.redjournal.org), Practical Radiation Oncology (www.practicalradonc.org) and Advances in Radiation Oncology (www.advancesradonc.org); developed and maintains an extensive patient website, RT Answers (www.rtanswers.org); and created the Radiation Oncology Institute (www.roinstitute.org), a nonprofit foundation to support research and education efforts around the world that enhance and confirm the critical role of radiation therapy in improving cancer treatment. To learn more about ASTRO, visit www.astro.org and follow us on our blog, Facebook and Twitter.
Abstract LBA-15: Healthcare disparities in cancer patients receiving radiation: Changes in insurance status after Medicaid expansion under the Affordable Care Act

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Purpose/Objective(s): The Patient Protection and Affordable Care Act (ACA) was designed to improve healthcare access by expanding insurance coverage including provisions aimed at decreasing disparities. Specifically for cancer patients this includes improving access to high quality cancer care which may include radiation. This study compares insurance status in cancer patients receiving radiation before and after Medicaid expansion under the ACA. The hypothesis is that patients receiving radiation in fully expanded states were less likely to be uninsured.

Materials/Methods: All newly diagnosed cancer patients ≥18 and <65 years from 2011-2014, treated with radiation were compiled from the Surveillance, Epidemiology, and End Results Database. Patients with multiple primary sites (if not first diagnosis) or with unknown insurance status were excluded. Insurance rates at diagnosis were examined before (2011-2013) and after Medicaid expansion (2014); rates were compared between states that fully expanded Medicaid in 2014 (EXP) and those that did not fully expand Medicaid in 2014 (non-EXP).

Results: 197,290 patients were analysed based on the above inclusion criteria. Median age was 55. 78% were white, 60% were female. 73% lived in EXP states. Prior to 2014, non-EXP states had nearly twice the rate of uninsured cancer patients. After expansion, there was a 52% relative drop in uninsured rates in EXP states (from 4.4 to 2.1%, p<0.0001), with a corresponding increase in Medicaid enrollment. In non-EXP states there was a 5% relative drop in uninsured rates from 8.4 to 8.0% with increase in non-Medicaid insurance (75.7 to 77.1%) and decrease in Medicaid (15.9 to 14.9%); p<0.0001.

In EXP states, uninsured rate decreased regardless of race (whites: relative decrease 56%, 4.3 to 1.9%; blacks: relative decrease 50%, 6.0 to 3.0%; both p <0.0001). In non-EXP states, there was a racial disparity with only whites showing decrease in uninsured rates (whites: relative decrease 9%, 7.8 to 7.1%, p<0.0001; blacks: relative increase 7%, 9.9 to 10.6%, p=.37).

In EXP states, uninsured rate decreased regardless of county poverty level (low poverty: relative decrease 46%, 3.9 to 2.1%; high poverty: relative decrease 60%, 4.5 to 1.8%; both p <0.0001). In non-EXP states, there was an apparent disparity with only those living in areas with the lowest poverty showing benefit (low poverty: relative decrease 27%, 4.8 to 3.5%, p=0.04; high poverty: relative increase 2%, 10.9 to 11.1%, p=0.17).

Conclusion: Medicaid expansion in 2014 significantly decreased uninsured rates for cancer patients receiving radiation. Non-expanded states appeared to have healthcare disparities benefiting primarily whites and those living in areas with the lowest poverty levels; these disparities were not found in expanded states. Further research should assess how these changes in healthcare disparities may affect cancer outcomes.