

# **What evidence is there that the ACA has increased utilization of cancer preventive services?**

Lindsay M. Sabik, PhD

Associate Professor, Health Policy and Management  
University of Pittsburgh Graduate School of Public Health  
Director, Workgroup on Cancer Health Services Research  
University of Pittsburgh Health Policy Institute  
Member, Biobehavioral Cancer Control Program  
UPMC Hillman Cancer Center

# Disclosures

I have no actual or potential conflict of interests to disclose

# ACA Provisions Related to Preventive Services

## Insurance expansion

- Expansion of Medicaid to low-income working age adults
- Health insurance Marketplaces
- Dependent coverage mandate

## Coverage requirements

- Coverage of preventive services with “A” or “B” rating by US Preventive Services Task Force without cost sharing (exception: mammography)
- Medicare coverage of Annual Wellness Visit

## Payment and delivery reform

- Multiple models to test changes in payment & delivery
- Accountable Care Organizations (ACOs)

# ACA Provisions Related to Preventive Services

## Insurance expansion

- Expansion of Medicaid to low-income working age adults
- Health insurance Marketplaces
- Dependent coverage mandate

## Coverage requirements

- Coverage of preventive services with “A” or “B” rating by US Preventive Services Task Force without cost sharing (exception: mammography)
- Medicare coverage of Annual Wellness Visit

## Payment and delivery reform

- Multiple models to test changes in payment & delivery
- Accountable Care Organizations (ACOs)

# ACA Provisions Related to Preventive Services

## Insurance expansion

- Expansion of Medicaid to low-income working age adults
- Health insurance Marketplaces
- Dependent coverage mandate

## Coverage requirements

- Coverage of preventive services with “A” or “B” rating by US Preventive Services Task Force without cost sharing (exception: mammography)
- Medicare coverage of Annual Wellness Visit

## Payment and delivery reform

- Multiple models to test changes in payment & delivery
- Accountable Care Organizations (ACOs)

# ACA Provisions Related to Preventive Services

## Insurance expansion

- Expansion of Medicaid to low-income working age adults
- Health insurance Marketplaces
- Dependent coverage mandate

## Coverage requirements

- Coverage of preventive services with “A” or “B” rating by US Preventive Services Task Force without cost sharing (exception: mammography)
- Medicare coverage of Annual Wellness Visit

## Payment and delivery reform

- Multiple models to test changes in payment & delivery
- Accountable Care Organizations (ACOs)

# Patient Example: “I don't know what I would have done”

- Enrolled in Indiana's ACA Medicaid expansion
- Referred for routine screening mammogram
- Diagnosed with stage I breast cancer
- Treatment covered by Medicaid



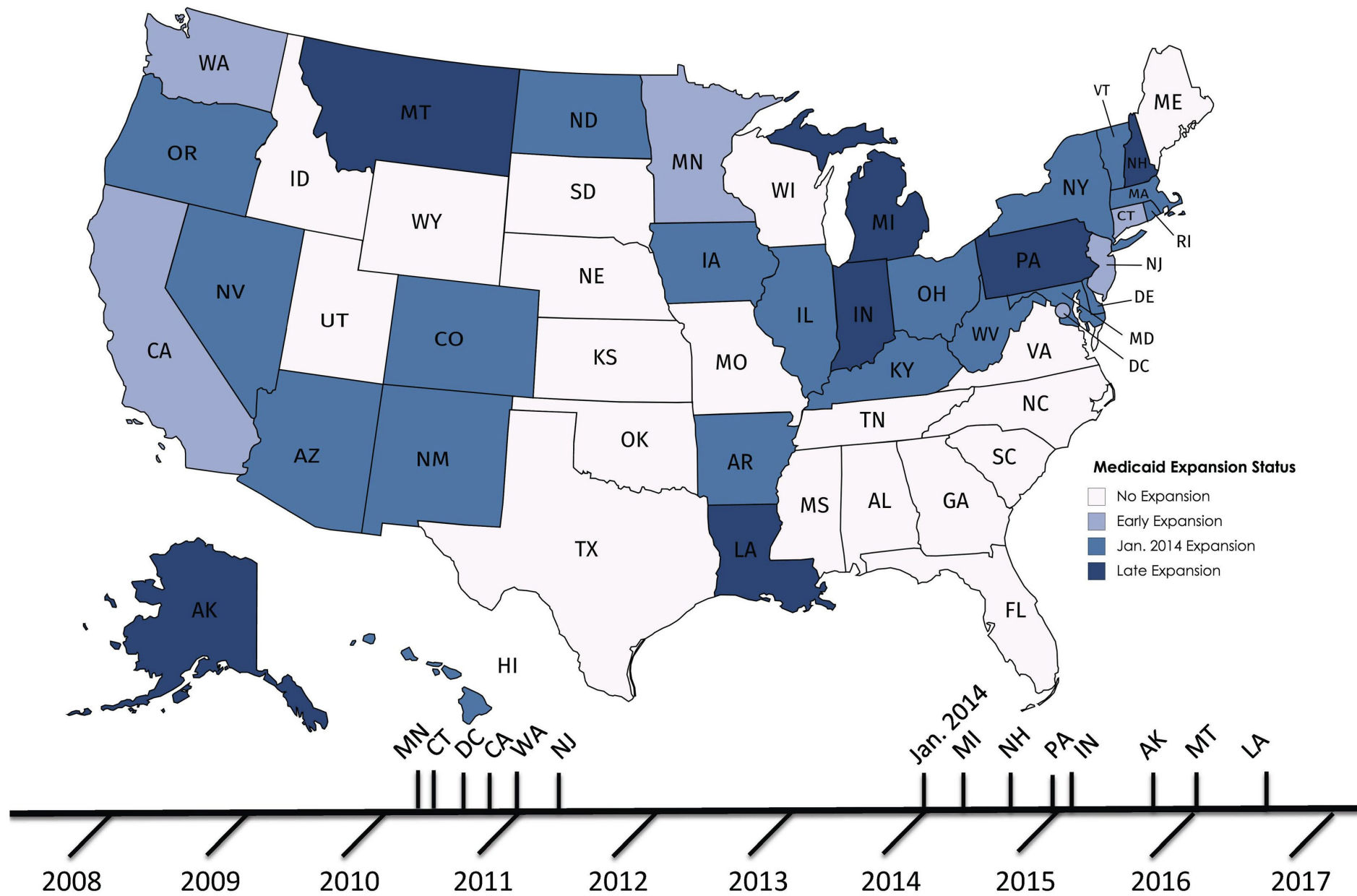
Indiana Public Media, March 2018

<https://indianapublicmedia.org/news/cancer-patients-covered-insurance-aca-142616.php>

# Overview of Evidence & Key Considerations

- Growing literature examining changes in screening and stage at diagnosis associated with provisions of ACA
- Methods supporting causal inference vary across contexts
  - Variation in Medicaid expansion across states





# Overview of Evidence & Key Considerations

- Growing literature examining changes in screening and stage at diagnosis associated with provisions of ACA
- Methods supporting causal inference vary across contexts
  - Variation in Medicaid expansion across states
  - No clear control group to study Marketplace or Medicare changes
  - Some Medicare and privately insured patients had full coverage for preventive services prior to ACA
  - Changes in screening guidelines around time of ACA implementation
- Key outcomes include screening receipt and stage at diagnosis
  - Screening assessed through surveys or administrative data
  - Stage at diagnosis tracked through cancer registry data

# **Evidence on Preventive Services**

## **– Impacts of Medicaid**

- Among studies focused on estimating the impact of ACA Medicaid expansion on cancer preventive services
  - Majority find increase in at least one type of cancer screening
  - Findings vary by type of screening
    - Evidence of increases in colorectal cancer screening are most consistent
    - Some evidence of increases in cervical cancer screening
    - Fewer studies find increases in mammography
      - Role of provider supply: increases in expansion states with more primary care providers
- Mixed findings may reflect differences in safety net programs (e.g. National Breast and Cervical Cancer Early Detection Program)
- Evidence of largest changes in early expansion states

# **Evidence on Preventive Services**

## **– Impacts of Other Provisions**

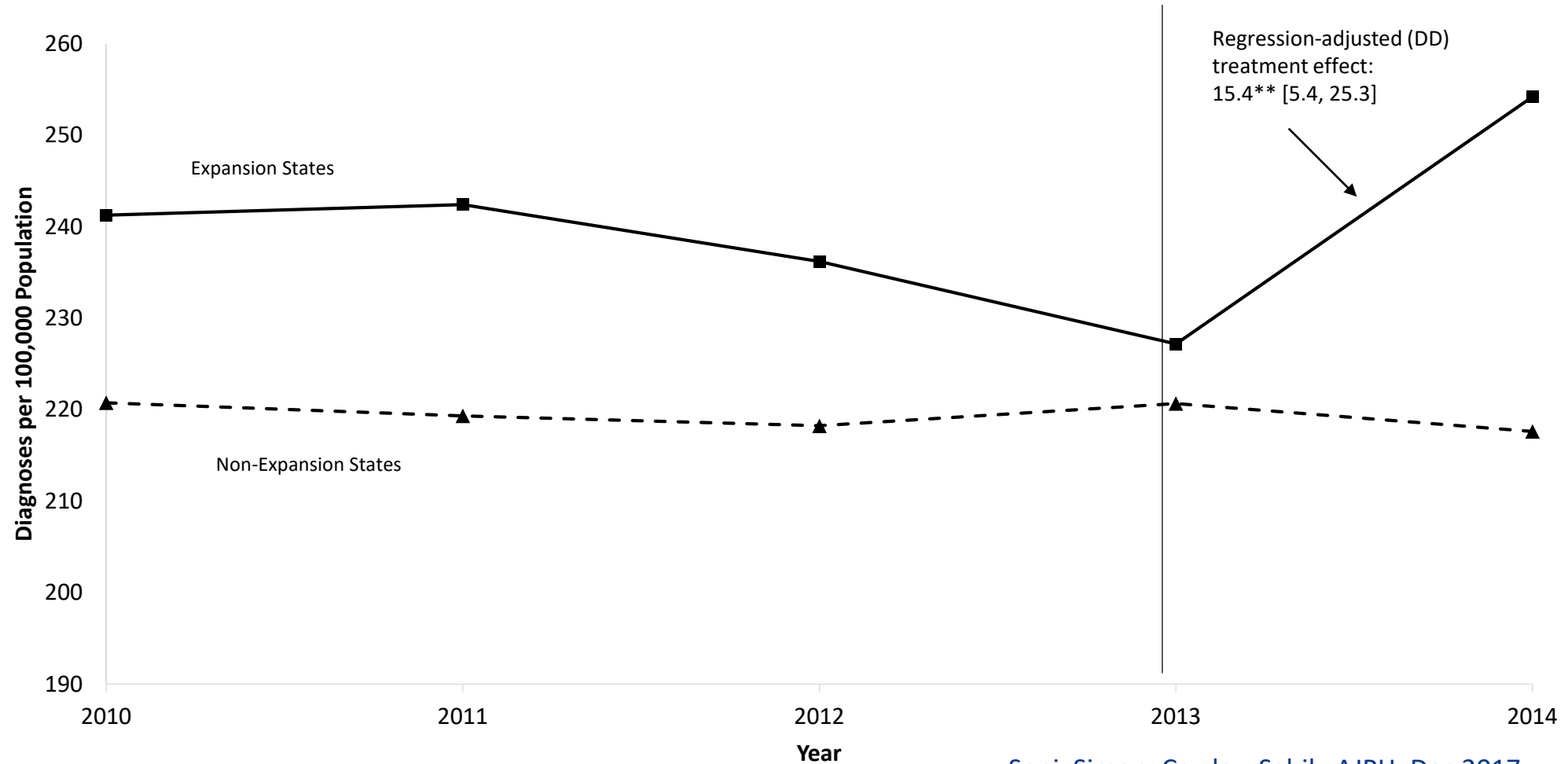
- Mixed evidence on changes in screening for Medicare enrollees after the ACA, but multiple studies suggesting increases
  - Increases concentrated among those without supplemental coverage
- Relative increase in HPV vaccination after dependent coverage mandate
- Evidence for privately insured inconclusive
- Lack of comparison groups & changing guidelines limit studies

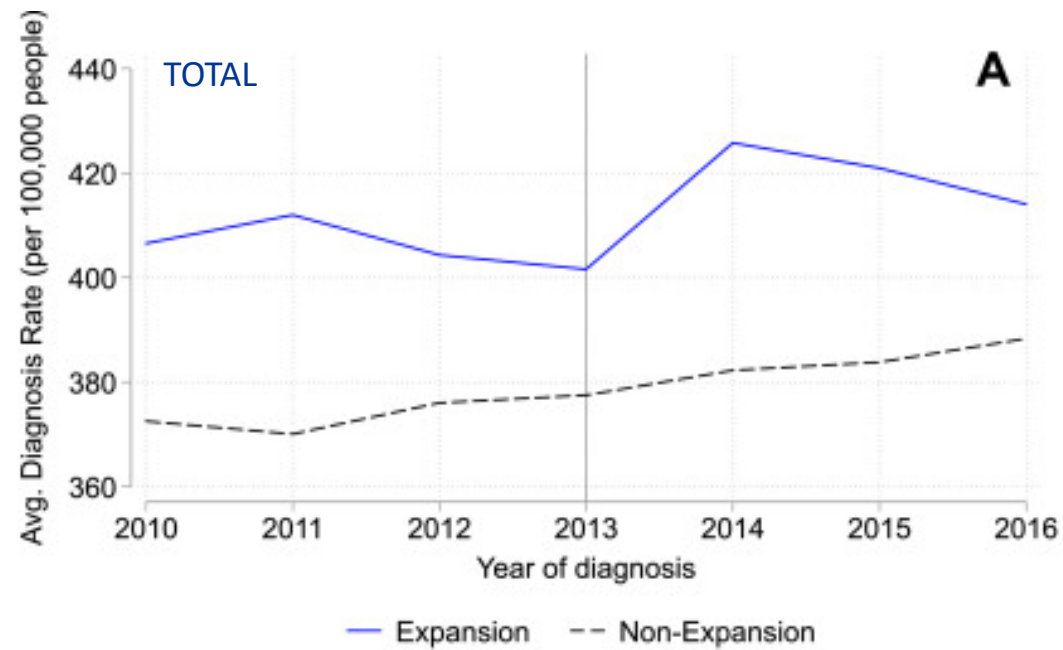
# Evidence on Stage at Diagnosis

- Multiple studies find that the ACA is associated with an increase in early diagnosis of cancer
- Medicaid expansion states experienced increase in rate of early-stage diagnosis, driven by screening amenable cancers
- Dependent coverage mandate associated with decrease in late-stage cervical cancer diagnosis

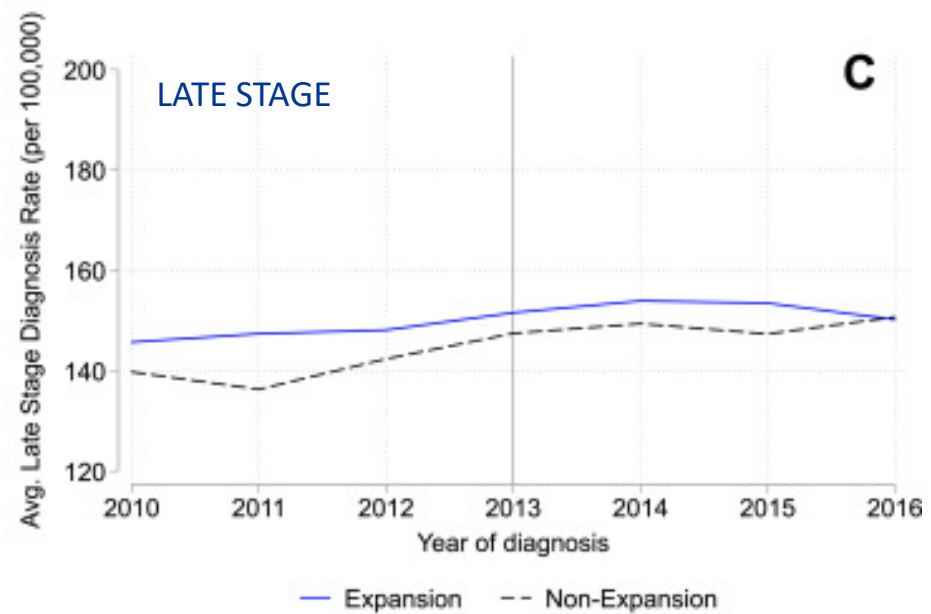
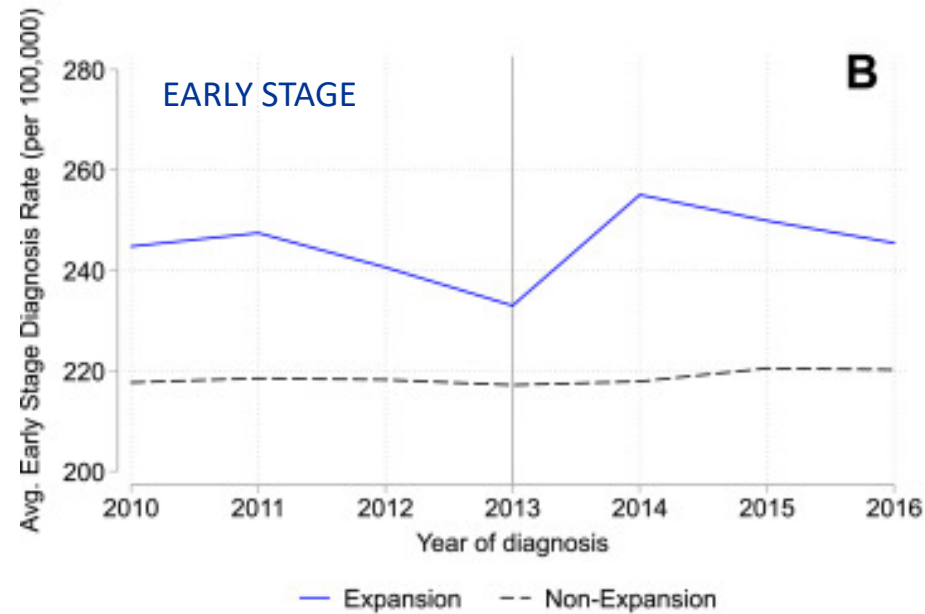
# Increases in Early-Stage Diagnoses in Medicaid Expansion States

Early Stage Diagnoses





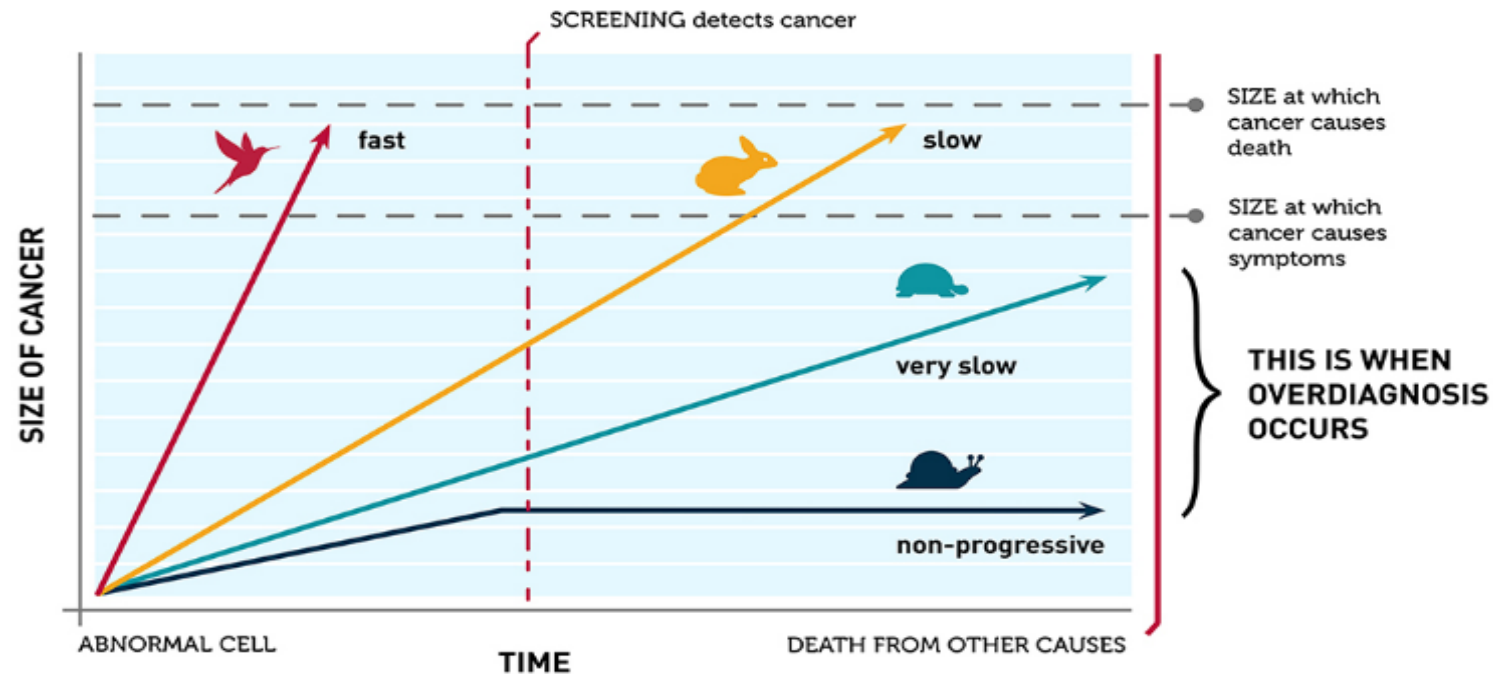
**Figure 1A:** Total diagnosis rates by year for Expansion and Non-expansion states



**Figure 1B,1C:** Early and late stage diagnosis rates for Expansion and Non-expansion states

# Gaps in Evidence

- Changes in preventive services for key target populations
- Impacts on false positives & overdiagnosis
- Long term effects on late-stage diagnosis, mortality





# Future Research Directions

- Continued monitoring of effects of ACA to inform future reform
  - Larger impacts in early-expansion states may suggest lagged effects
  - Understand if increases in early diagnosis lead to improved survival
  - More examination of provisions beyond Medicaid expansion
- Focus on subgroups least likely to receive screening services
- Better understanding role of non-financial factors
  - Health insurance literacy
  - Provider availability, transportation, other access barriers

# Summary of Evidence on ACA Impacts Cancer Prevention

- Strongest evidence pertains to Medicaid expansion
  - Findings on screening are mixed, but most studies focused on cancer find some evidence of increases in screening
  - Evidence of increases in early-stage diagnoses of screening amenable cancers across multiple studies
- Improvements in screening and diagnosis for young adults
- Studies on other provisions face more methodological hurdles
- Research suggests the ACA has improved cancer screening and increased early cancer diagnosis...
- ... but disparities remain and gaps in our understanding persist

# Key References – Review Articles

- Gruber J, Sommers BD. (2019). The Affordable Care Act's Effects on Patients, Providers, and the Economy: What We've Learned So Far. *Journal of Policy Analysis and Management*, 38: 1028-1052.
- Moss HA, Wu J, Kaplan SJ, Zafar SY. (2020). The Affordable Care Act's Medicaid Expansion and Impact Along the Cancer-Care Continuum: A Systematic Review. *JNCI: Journal of the National Cancer Institute*, 112 (8): 779–791.
- Sabik LM, Adunlin G. (2017). The ACA and Cancer Screening and Diagnosis. *The Cancer Journal*, 23(3):151-162.
- Zhao J, Mao Z, Fedewa SA, Nogueira L, Yabroff KR, Jemal A, Han X. (2020). The Affordable Care Act and access to care across the cancer control continuum: A review at 10 years. *CA: A Cancer Journal for Clinicians*, 70(3):165-181.

# Thank you!



University of  
**Pittsburgh**

Graduate School of  
Public Health