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Breast Cancer Treatment and Continuity of Care in California: Policy Solutions to Help Patients Maintain Consistent Care

AJ Scheitler, Michelle Ko, Riti Shimkhada, Beth Glenn, and Ninez Ponce

SUMMARY:

- **Breast cancer patients must navigate a complex system of providers, support services, and insurance requirements, all while balancing treatments with family and work obligations.**
- **An already difficult time is further complicated by changes in insurance status that may disrupt an individual's course of treatment.**
- **Policymakers should consider regulations that would protect patients who experience a change in insurance status or whose physicians are dropped from insurance plans before treatment is complete.**
- **Additionally, insurers and health care providers should make patients aware of their rights for coverage in the event of a change in insurance status.**

Many women diagnosed with breast cancer in California encounter fragmented care as they navigate the complex health care system with multiple providers, insurance requirements and restrictions, and valuable support services. Although breast cancer outcomes are better for those with insurance coverage compared to those who lack it, even those who are insured face challenges that can disrupt continuity of care.

As part of a joint study by the UCLA Center for Health Policy Research and the UCLA Center for Cancer Prevention and Control Research, investigators conducted two rounds of interviews with patient educators and advocates, health care providers, and social workers about their knowledge of the patient experience in California for women with a breast cancer diagnosis.

Key informant interviews shed light on the numerous coverage-related barriers to maintaining continuity of care and receiving services in a timely manner, both of which can substantially impact the quality of breast cancer care.

Why is care interrupted?

Treatment of breast cancer can be derailed by events as simple as a job change, a health plan's revising its provider contracts, or the switching of eligibility between Medi-Cal, Covered California, and employer insurance. Additional structural obstacles include:

Rising premiums and cost sharing. In California, health plan premiums increased by 189 percent between 2002 and 2014, and 28 percent of large California firms reduced health benefits or increased cost sharing in 2014.¹ In the past four years,

Covered California premiums have risen 8.5 percent on average, though most of the increases have been encountered by those who do not qualify for premium assistance.² Breast cancer patients may face challenges in continuing their treatment in the face of these rising costs.

Inaccurate provider listings. A secret shopper study of California primary care providers both inside and outside Covered California plans found that callers were unable to schedule new appointments more than 70 percent of the time.³ More than 85 percent of failed appointments were attributable to “no such physician in the practice,” “wrong specialty listing,” “unable to reach the physician,” or “physician not accepting the caller’s insurance plan.” SB 137 was enacted in 2015 to set provider directory standards and require frequent plan reporting updated to ensure accurate provider listings.⁴

Insufficient provider networks. Both the California Department of Managed Health Care Services and the Centers for Medicare and Medicaid have developed standards of network adequacy for health plans. Under DMHC Timely Access regulations, individuals must receive a non-urgent specialty appointment within 15 days.⁵ In 2015, DMHC reported that nearly 90 percent of plans failed to submit accurate compliance data on network adequacy. One national analysis of marketplace health plans found that a lower percentage of silver “narrow network” plans included cancer centers (72 percent vs. 90 percent non-narrow network plans) and office-based oncologists (36 percent vs. 64 percent).⁶

Public programs are especially susceptible to continuity challenges.

Although all breast cancer survivors encounter obstacles to care in California, those in public programs are particularly at risk.

Addressing Barriers to Breast Cancer Care in California: Levers for Policy Change

In 2018, over 29,000 women will be diagnosed with breast cancer in California, and an estimated 4,500 will die of the disease. Yet, uninsured and underinsured breast cancer patients continue to face delayed and restricted access to life-saving, life-extending treatments and to services that enhance quality of life.

The findings contained in this fact sheet are drawn from a two-year study by the **UCLA Center for Health Policy Research** and the **UCLA Center for Cancer Prevention and Control Research** on the barriers to breast cancer care in California. Specifically, the researchers identified five major obstacles facing survivors: Health System Fragmentation/Navigation; Insurance and Health Benefits; Cost; Individual and Cultural Characteristics; and Language/Health Literacy.

The study also found that while barriers varied by insurance status — from public programs to Covered California to private group insurance — no group was immune from challenges in every category.

Read the full report:

<http://healthpolicy.ucla.edu/breastcancer2018>

Women covered by Medi-Cal or the Breast and Cervical Cancer Treatment Program (BCCTP) face particular challenges. Specifically:

- Women who change to Medi-Cal or to the BCCTP coverage are unable to continue to receive care from the same providers who were involved in the diagnosis and/or initiation of treatment.

- Women may change plans because their initial plan does not cover the full range of treatments recommended by their provider (e.g., genomic testing), leading to a change in provider networks.
- Women who voluntarily changed private insurance or did so involuntarily due to a job move or changes in offered plans during open enrollment have experienced interruptions in care.

In addition, although women diagnosed with breast cancer who have commercial insurance coverage regulated by the California Department of Managed Health Care have the right to maintain continuity of care with their treating physician and center under certain conditions, *women in public programs are not always protected in the same way.*

Specifically, women with plans purchased by their employers or with individual health plans (e.g., Covered California) may continue treatment even if (1) the physician and/or hospital are no longer contracted with the insurance plan, or (2) the individual changes health plans. However, these rights are always extended to women in public programs.

Recommendations

For women facing what might be the greatest health challenge of their lives, the ability to maintain treatment with their providers and specialists is of paramount importance. Continuity of care also helps contribute to better health outcomes. Policymakers can ensure more consistent care for survivors by:

- Helping to coordinate effort among advocacy organizations and providers to **inform women** of their rights to maintain continuity of care after changes in insurance coverage.
- **Strengthening mandates** for continuity of care, especially within public programs.

Author Information

AJ Scheitler, EdD, is the director of stakeholder relations at the UCLA Center for Health Policy Research. Michelle Ko, MD, PhD, is an assistant professor at the UC Davis School of Medicine. Riti Shimkhada, MPH, PhD, is a public administration analyst at the UCLA Center for Health Policy Research. Beth Glenn, PhD, is an associate professor at the UCLA Fielding School of Public Health, Department of Health Policy and Management. Ninez Ponce, MPP, PhD, is a professor at the UCLA Fielding School of Public Health and an associate director of the UCLA Center for Health Policy Research.

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Endnotes

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