UCLA CENTER FOR HEALTH POLICY RESEARCH

Health Policy Fact Sheet

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Breast Cancer and Low-Income Californians: Policy Solutions to Address Barriers to Care

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SUMMARY:

- **Breast cancer treatment is tailored to the biological features of the cancer, stage at diagnosis, and other health considerations. Thus, the time and coordination required for treatment, the involvement of specialists, and medication regimens vary from patient to patient.**
- **Due to multiple barriers, including narrow provider networks and time limits on coverage, breast cancer patients enrolled in public programs may encounter a number of obstacles to completion of necessary treatment in the time frame of program coverage.**
- **Policymakers should consider increasing both flexibility and reimbursements in public programs to accommodate individual patient needs for the full course of treatment.**

Although many women diagnosed with breast cancer in California encounter obstacles to care, low-income women who are covered by Medi-Cal or receive services through the Breast and Cervical Cancer Treatment Program (BCCTP) face added barriers in provider networks, coverage for services, and program restrictions.

These findings and recommendations are part of a joint study by the UCLA Center for Health Policy Research and the UCLA Center for Cancer Prevention and Control Research, in which 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. Researchers also conducted a review of the relevant literature to examine what barriers are specific to breast cancer survivors in public programs.

Shortage of Providers, Lower-Quality Care

A recent national study confirmed prior research that women who have Medicaid or who are uninsured have poorer breast cancer outcomes, including later stage diagnosis and lower five-year survival rates.[1]

In California, disparities may be amplified by the shortage of providers who accept patients with Medi-Cal or BCCTP. In 2015, approximately 60 percent of specialists in the state reported accepting new Medi-Cal patients.[2] However, a subsequent validation study found that California physicians overestimate their availability to Medi-Cal patients on average by 18 percentage

points,[3] suggesting that access is even lower. Among those not accepting new Medi-Cal patients, physicians listed amount of payment, administrative hassle, and delays in payment as the top three reasons (more than 70 percent reported all three).[2]

Multiple studies have further indicated that even when women with Medicaid or other types of low-income public coverage receive care, the quality is, on average, lower than for those with private or Medicare coverage. A landmark study published in 2015 using the California Cancer Registry examined outcomes by type of health insurance. The study found that Medi-Cal patients with stage 0-II breast cancer were the least likely to receive breast-conserving surgery, and those under 70 years of age were also the least likely to receive recommended radiotherapy following breast-conserving surgery.[4] In additional California studies, women with Medi-Cal or other public coverage, such as BCCTP, were also found to be more likely to have had unilateral mastectomy (vs. bilateral).[5]

In interviews for the UCLA study, participants reported the following challenges for women covered by Medi-Cal or BCCTP:

- There continues to be a scarcity of providers accepting Medi-Cal/ BCCTP, leading to undue delays in treatment.
- Limited provider participation in Medi-Cal/BCCTP leads to reduced access to high-quality cancer treatment centers.
- Women who change to Medi-Cal/ BCCTP are unable to continue to receive care from the same providers who have been involved in the diagnosis and/or the initiation of treatment.
- The limitation of BCCTP to 18 months of benefits leaves some women unable to complete their full course of treatment, which can last five or more years.
- Providers experience inconsistency and confusion over services covered by either program.
- Enrollment and authorization processes, including obtaining Medi-Cal eligibility and transitions from Every Woman Counts to BCCTP, can lead to delays in treatment.

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 can 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

Recommendations to Address Challenges for Low-Income Women

Research evidence and key informant interviews shed light on the numerous barriers to timely, high-quality care for women with Medicaid and BCCTP coverage. Recommendations for improving the quality of care for women with breast cancer include:

- **Review Medi-Cal/BCCTP reimbursement rates** and **consider adjustments** as necessary to increase specialist participation.
- **Streamline enrollment**, including integration of Every Woman Counts enrollment with BCCTP to ensure smooth transitions in care from screening and diagnosis to treatment.
- **Review authorization processes and quality of care** among Medi-Cal managed care plans and set targets for turnaround times.
- **Extend BCCTP benefits** beyond 18 months to accommodate full courses of treatment and reconstruction for individual patient plans.

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Endnotes

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