



Analytic Spotlight

Policy Change impact to Breast Cancer Screening

Background:

In March 2023, the U.S. Preventive Services Task Force (USPSTF) updated their recommendations for Breast cancer screening guidelines - mammograms every 2 years for women starting at **age 40**.

Current policy is for all women to get breast cancer screening every 2 years starting at **age 50**, and for women ages 40-49 to consider it, depending on personal risk.

Although this recommendation is currently going through the commentary period (= not officially adopted policy yet), it is almost certain to pass scrutiny and become the standard (for CDC, NCQA, CMS and other orgs.) moving forward soon. Per ACA rules, screening mammograms must be provided to all eligible women at no out-of-pocket-costs.

Purpose:

The purpose of this dashboard is to evaluate compliance with existing guidelines, size up the newly eligible population for screening mammograms and determine potential increase in cost to the plan.

What does the data show?

- i. Current Breast cancer screening compliance rate – **88%** (~21pts. above benchmark of **67.5%**)
- ii. Newly eligible population for Breast cancer screening (40-49 yr. old active female members within the last 2 years who do NOT have a Breast cancer diagnosis) – **21,531**
- iii. Number of newly eligible members who have already had a screening mammogram in the last 2 years (for any reason) – **10,409 = 48.3%**.
- iv. Avg. cost per screening mammogram in the most recent year: **~\$700**
- v. *Potential increase in number of members if **at least 67.5%** (benchmark compliance rate) of all eligible members had got a screening mammogram: **4,124****
- vi. *Potential increase in cost to plan if **at least 67.5%** (benchmark compliance rate) of all eligible members had got a screening mammogram: **~\$2.9 million over 2 years**

**NOTE: These are conservative estimates – Potential increase in number of newly eligible members and associated costs would be higher if more than 67.5% of eligible members got their screening mammograms*
*** NOTE: 21,531 (newly eligible members) X 0.675 (Symmetry benchmark) = 14,533 – 10,409 (those who have already had a mammogram) = **4,124 potential new members***

Current Breast Ca screening compliance (age 50+)
88%
 (Benchmark rate 67.5%)

Newly eligible members (age 40-49 yrs.)
21,531
 (Active members in last 2 years)

Newly eligible members who have had a Mammogram
10,409
 (48.3%)

Potential Allowed costs in future
~\$1.5 million/yr.
 (To reach at least 67.5% compliance)

How to use this data

- **Identify potential increase in eligible population:** The change in standard will mean all 40–49-year-old women become eligible for Breast Ca screening.
 - Targeted education and communication to all of them will be needed.



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Newly eligible members who would need a Mammogram
4124
(To reach at least 67.5% compliance)

- **Estimate the increase in cost to plan for budgeting purposes:** Conservative estimates based on prior year utilization and per service and/ or per member costs project significant increases to plan spend in the future.
 - Vital to budgeting for upcoming year with or without plan design changes.
- **Expect an increase in incidence of Breast cancer diagnoses in the future:** Screening more people means identifying more people with cancer.
 - Women will be diagnosed at an earlier stage (since they were screened earlier), thereby improving overall prognoses and outcomes.

What's next?

- Consider changing all preventive screening informational literature with the newly recommended age ranges.
- Ensure appropriate plan design changes to ensure that the cost of screening mammograms is fully covered for 40–49-year-old women (prior authorization may have been in place in the past)
- Ensure budgeting for not only the increased number of screening mammograms but also for treatment of higher numbers of breast cancer cases

Disclaimer: Results shared in this study are specific to the data set analyzed. A different population of members may have varying results. That's part of what makes health analytics so interesting!

Methodology:

- Compliance rate with current guidelines is measured using the Careshield (EBM) module
 - **Symmetry Benchmark** compliance rate used for comparison.
- Utilization and cost for screening mammograms in the most recent year derived using claims data.
 - **HEDIS** grouper code for **Breast Cancer Screening** used to identify claims specific to screening mammograms.
- Eligible population size determined using member age and gender
 - Members **already diagnosed with Breast cancer excluded** from eligible population
 - Diagnosis of **Breast cancer** based on **Symmetry Episodes methodology** (ETG Base: 635600 Mal neo breast)
- **Potential Impact** (conservatively) calculated based on **assumption** that the newly eligible population (age 40-49) will comply with screening guideline at (at least) the **benchmark rate**.
 - Current year **Symmetry benchmark** compliance rate is **67.5%**