



# Access to Cancer Care for Medicaid Patients at Commission on Cancer (CoC)

## Hospitals Across the United States

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### Introduction

The Affordable Care Act (ACA) expanded Medicaid access at the statewide level. Access to care for many Medicaid reliant patients may be limited due to internal hospital specific factors such as lower reimbursement and higher administrative logistical inefficiency

Commission on Care (CoC) accredited hospitals are a group of care centers across the United States that meet the CoC's criteria for standards of cancer care. Patients may call CoC-accredited hospitals with cancer related needs but may experience disparities in access based on Medicaid status. In this study, a methodology typically used for auditing companies was used to assess accessibility of care for certain demographics of patients. This study filled a gap in the literature as previous studies investigating the impact of the ACA failed to account for the patients who may not be able to access care at the outset. This study aimed to assess access to cancer care for Medicaid patients across different Commission on Cancer hospitals.

### Methodology

- A cross-sectional secret shopper study was conducted to assess access to care for four cancer types: colorectal, breast, urologic, and skin cancer, at CoC hospitals
- CoC-accredited hospitals were randomly selected from the American College of Surgeon's CoC Hospital Locator web application from March to July of 2020.
- Using a standardized script, investigators posed as a Medicaid patient looking to schedule an initial consultation for a cancer type specific diagnosis. Investigators noted whether or not the CoC center accepted Medicaid.

Six types of CoC centers were called:

- Academic Comprehensive Cancer Programs (n=44)
- Community Cancer Programs (n=75)
- Comprehensive Community Cancer Programs (n=150)
- Integrated Network Cancer Programs (n=36)
- NCI Designated Comprehensive Cancer Programs (n=29)
- NCI Designated Network (n=29)

These centers differ in size and resources. For the purposes of analysis, NCI Designated Comprehensive Cancer hospitals were combined with NCI Designated Network hospitals.

The secret shopper data were supplemented with hospital level characteristics sourced from the American Hospital Association and Center for Medicare and Medicaid Services. These data helped assess the relationship between hospital level characteristics and Medicaid access.

### Assessing Differences in Access to Care

| Hospital Characteristic  | Colorectal<br>OR (95% CI) | Urologic<br>OR (95% CI) | Breast <sup>a</sup><br>OR (95% CI) | Skin<br>OR (95% CI) |
|--|---------------------------|-------------------------|------------------------------------|---------------------|
| <b>Facility Type (proportional to hospital size/resources)</b> | Ref                       | Ref                     | Ref                                | Ref                 |
| Community (n = 75)   | Ref                       | Ref                     | Ref                                | Ref                 |
| NCI Designated (n = 29)  | 0.2 (0.0, 2.2)            | 0.4 (0.0, 4.1)          | -                                  | 1                   |
| Integrated Network (n = 36)                                    | 0.4 (0.0, 3.2)            | 0.6 (0.1, 2.8)          | -                                  | 0.5 (0.1, 2.0)      |
| Academic Comprehensive (n = 44)                                | 0.8 (0.1, 10.2)           | 0.8 (0.1, 6.5)          | -                                  | 0.9 (0.2, 5.1)      |
| Comprehensive Community (n = 150)                              | 0.2, (0.0, 0.8)*          | 0.27 (0.1, 0.8)*        | -                                  | 0.4 (0.2, 1.0)      |
| <b>Ownership</b>   | Ref                       | Ref                     | Ref                                | Ref                 |
| Government (n = 39)  | Ref                       | Ref                     | Ref                                | Ref                 |
| For-profit (n = 38)  | 0.6 (0.1, 4.3)            | 0.1 (0.0, 1.0)*         | -                                  | 0.1, (0.0, 0.7)*    |
| Nongovernment, Not-for-profit (n = 257)                        | 0.9 (0.2, 4.1)            | 0.2 (0.0, 1.7)          | -                                  | 0.4 (0.1, 1.6)      |

Table 1. Multivariable analysis of Medicaid Acceptance by facility type and ownership. <sup>a</sup> Association between facility type and Medicaid acceptance for breast cancer care did not approach significance (p < 0.1) on univariable analysis and therefore was not included in the multivariable model. \*p < 0.05

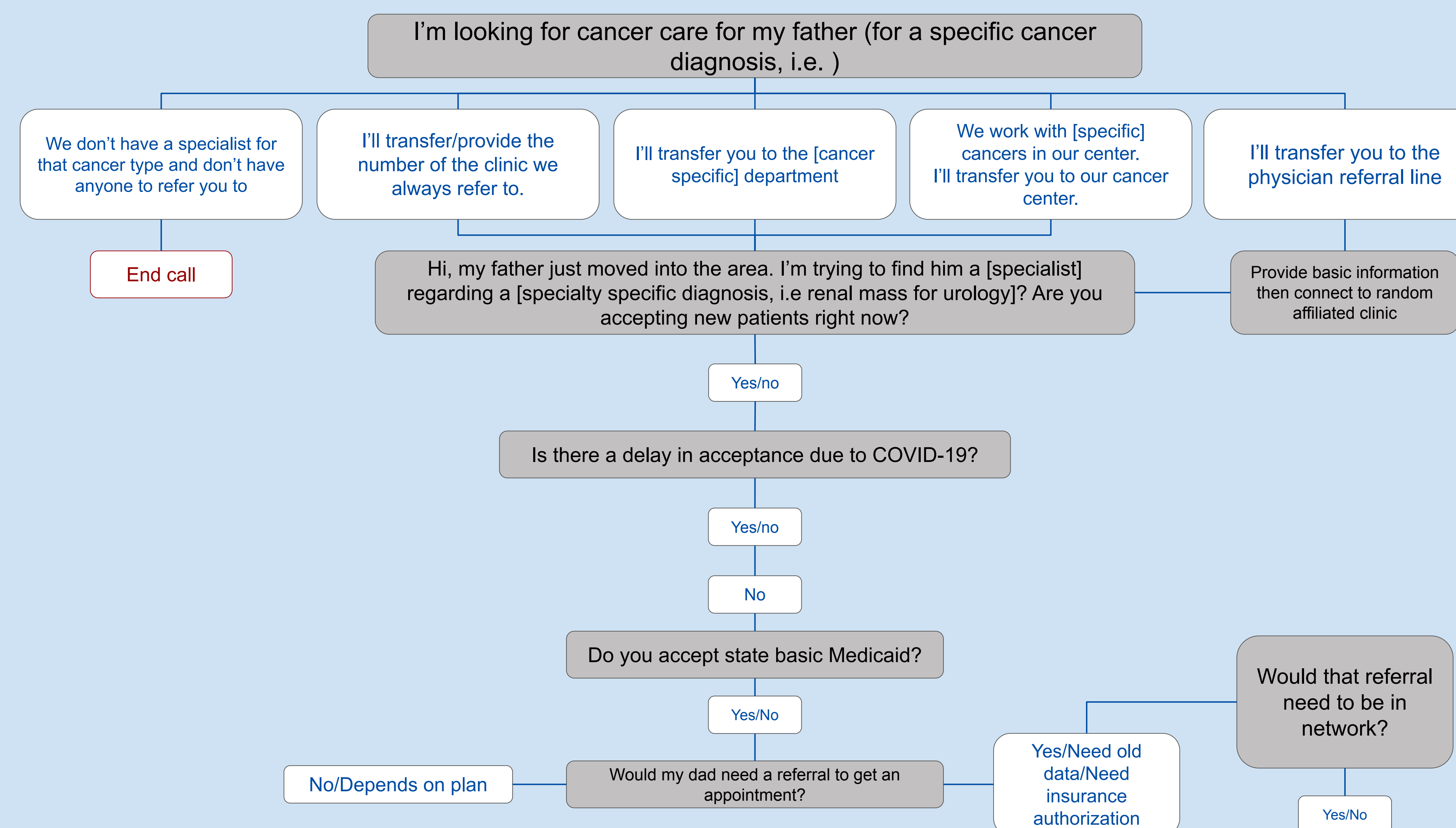


Figure 1. Flowchart outlining the Secret Shopper Methodology

### Medicaid Largely Accepted, Certain Gaps Remain

- The rate of Medicaid acceptance for at least a single cancer type was 99% (331 hospitals of the 334 CoC hospitals contacted).
- There was, however, facility level variance in Medicaid acceptance across the different cancer types.
- Medicaid acceptance for colorectal, breast, urologic, and skin cancer types was 90%, 96%, 87%, and 80% respectively.
- Out of the 334 hospitals contacted, 2% accepted Medicaid for a single cancer type, 8% for two cancer types, 21% for three, and 68% for all cancer types.
- Through a multivariable logistic regression, the odds of Medicaid acceptance were the lowest among comprehensive community cancer centers (p < 0.05 for urologic and colorectal cancer) and in institutions that were designed as for-profit (p < 0.05 for urologic and colorectal cancer).
- Hospitals belonging to states that passed Medicaid Expansion were significantly more likely to accept Medicaid for breast cancer (OR: 12.8, 95% CI: 2.7-60.2) and urologic cancer (OR: 2.5, 95% CI: 1.2-5.2).

### Conclusion

- Medicaid patients continue to face disparities when accessing cancer care.
- Acceptance rates varied among cancer types, the cancer centers themselves providing care (tied to ownership), and geographic location (with Medicaid Expansion status).
- Further research projects using the secret shopper methodology can be conducted to assess quality of care received by Medicaid patients.

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