

Access to Medicare increases cancer detection, reduces cancer mortality rate

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Access to Medicare significantly impacts detection of certain cancers and life expectancy following cancer diagnosis, according to a new study from the UW School of Medicine and Public Health that was recently

published online in the *Journal of Policy Analysis and Management*.

"Given that the Medicare population is projected to increase from 54 million in 2015 to 80 million by 2030, and that older adults served by Medicare will account for 70 percent of [cancer patients](#) by 2030, understanding the influence of Medicare coverage is vital for public policy," said Rebecca Myerson, Ph.D., assistant professor of population health sciences, who led the study.

Myerson's research examined Medicare because it is one of the largest public insurance programs in the U.S., providing nearly universal health insurance coverage to Americans older than age 65. Her analysis accounted for additional forms of Medicare coverage such as Medicare Advantage.

The study analyzed [cancer detection](#) and [mortality](#) rates at age 65, the age of near-universal Medicare eligibility, based on vital statistics data and data from the National Cancer Institute's Surveillance, Epidemiology and End Results program. The analysis included data from 2001 to 2015 on people within the age range of 59 to 71. Breast, colorectal and lung cancer incidence was analyzed, because screening for these types of cancer are recommended both before and after age 65. These tumor sites are also leading causes of cancer mortality in the United States. With lung cancer, for example, fewer than half of those diagnosed prior to age 65 survive one year after beyond their diagnosis.

Detection of breast, colorectal and [lung cancer](#) increased by 50 diagnoses per 100,000 people at age 65, a 10 percent increase compared to people 63 and 64 years old. Early-stage cancer accounted for much of the increase. Mortality for those types of cancer at age 65 decreased by nine per 100,000 population for [women](#), a 4.5 percent decrease compared to women 63 to 64 years old.

The cancer mortality rate did not significantly change for men.

The increase in diagnoses was particularly pronounced for [black women](#). At ages 63 to 64, only 55 percent of black women with cancer had been diagnosed prior to metastasis, compared with 62 percent of non-black women. At ages 63 to 64, black women had a cancer mortality rate that was 22 percent more than non-black women, the research showed.

After becoming eligible for Medicare at age 65, black women experienced a particularly large increase in early-stage cancer detection: 62 diagnoses per 100,000 individuals or 15 percent, compared to an increase of 47 per 100,000 or 11 percent among non-black women. Black women also experienced a particularly large decline in cancer mortality at age 65, of 20 per 100,000 population or 9 percent, according to Myerson's research.

"This represents an improvement in health equity among women with cancer. In contrast to the encouraging results among black women, we found no significant change in cancer detection or mortality at age 65 among black men. Closing racial disparities in cancer outcomes should continue to be a high priority going forward," she said.

To assess the validity of the overall findings in the study—that as the U.S. population enters Medicare enrollment, detection of these three cancers increases and related [mortality rates](#) drop—Myerson and her team examined what took place in Canada, a nation with similar demographics to the U.S. and no change in late-in-life insurance coverage. Residents of any age have access to [public health](#) insurance in Canada.

The analysis of data from Statistics Canada showed that cancer mortality was nearly identical in both countries prior to age 65. At age 65 mortality declined in the United States, but not in Canada. A similar pattern was

observed at age 65 in the data on cancer detection.

"The lack of a break in cancer outcomes at age 65 in Canada reduces potential concerns that life changes at age 65, other than the change in Medicare eligibility, could account for our findings," Myerson said.

To avoid bias in their data, the researchers were careful to analyze population-level mortality rather than post-diagnosis survival, Myerson said.

Patients whose cancer is diagnosed earlier will appear to survive longer after diagnosis even if earlier diagnosis doesn't actually save lives. By using vital statistics data which records all tumors, even those diagnosed at autopsy, the researchers were able to address this issue and examine the full effects of Medicare at age 65 on cancer mortality.

The research suggests that having access to high-quality insurance such as Medicare—which provides access to a wide provider network and relatively comprehensive coverage—can increase rates of cancer detection, and possibly lead to a longer life. The findings not only inform ongoing policy discussions about Medicare, but also inform policy discussions about insurance more broadly, according to Myerson.

"Patients lacking access to affordable treatment may delay treatment due to cost, or delay diagnosis despite having symptoms," she said. "For patients needing urgent access to [medical care](#), such as patients with [cancer](#), high-quality insurance can save lives."

More information: Rebecca M. Myerson et al. Does Medicare Coverage Improve Cancer Detection and Mortality Outcomes?, *Journal of Policy Analysis and Management* (2020). [DOI: 10.1002/pam.22199](https://doi.org/10.1002/pam.22199)

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