

Breast Cancer Disparities:

Evidence to Data to Improvement

Foster Gesten, M.D., FACP
and Victoria Wagner

Office of Quality and
Patient Safety, NYSDOH

Breast Cancer Follow-Up Pilot Project

Research → *Action* → *Improved Outcomes*

Collaboration and Data Linking

- *Partners:* NYSDOH (Cancer Registry, Office of Health Insurance Programs, Office of Quality and Patient Safety) and the Dana-Farber Cancer Institute and Medicaid health plans
- *Data:* Linked data file of Registry cases from 2002-2009 and Medicaid data from 2001-2011
- *Result:* A multi-disciplinary team that can leverage a robust, longitudinal dataset to examine patterns of cancer care

Adjuvant Hormone Therapy (AHT) Research

An Opportunity to Leverage the Medicaid Data to Identify Modifiable Risks for Disparity

Study Objective

To evaluate initiation of hormone therapy use by women (under age 65) with stage I-III HR+ breast cancer enrolled in New York State Medicaid program

Citation:

RL Yung, et al. Underuse of Adjuvant Hormone Therapy for Women with Non Metastatic Breast Cancer with New York State Medicaid
JNCI J Natl Cancer Inst (2012) 104 (14): 1102-1105.

What is AHT?

Adjuvant hormone therapy (AHT) is the mainstay of medical treatment for women with hormone receptor positive (HR+) early stage breast cancer.

- Reduces recurrence by > 40%
- Category I NCCN recommendation

- Estrogen promotes the growth of about 2 out of 3 of breast cancers

- **Tamoxifen** : These anti-estrogen drugs work by temporarily blocking estrogen receptors on breast cancer cells, preventing estrogen from binding to them. They are taken daily as a pill.

- **Aromatase inhibitors (AIs)**: Three drugs that stop estrogen production

Yung et al. Methods

Data Source: New York State Cancer Registry linked to Medicaid, Medicare and inpatient hospitalization records

Cohort:

- 1538 Women aged 21-64
- Stage I-III HR+ (ER+ or PR+) Breast Cancer diagnosed 2004-2006
- ≥ 2 years follow-up in Medicaid

Use of Hormone Therapy (HRx):

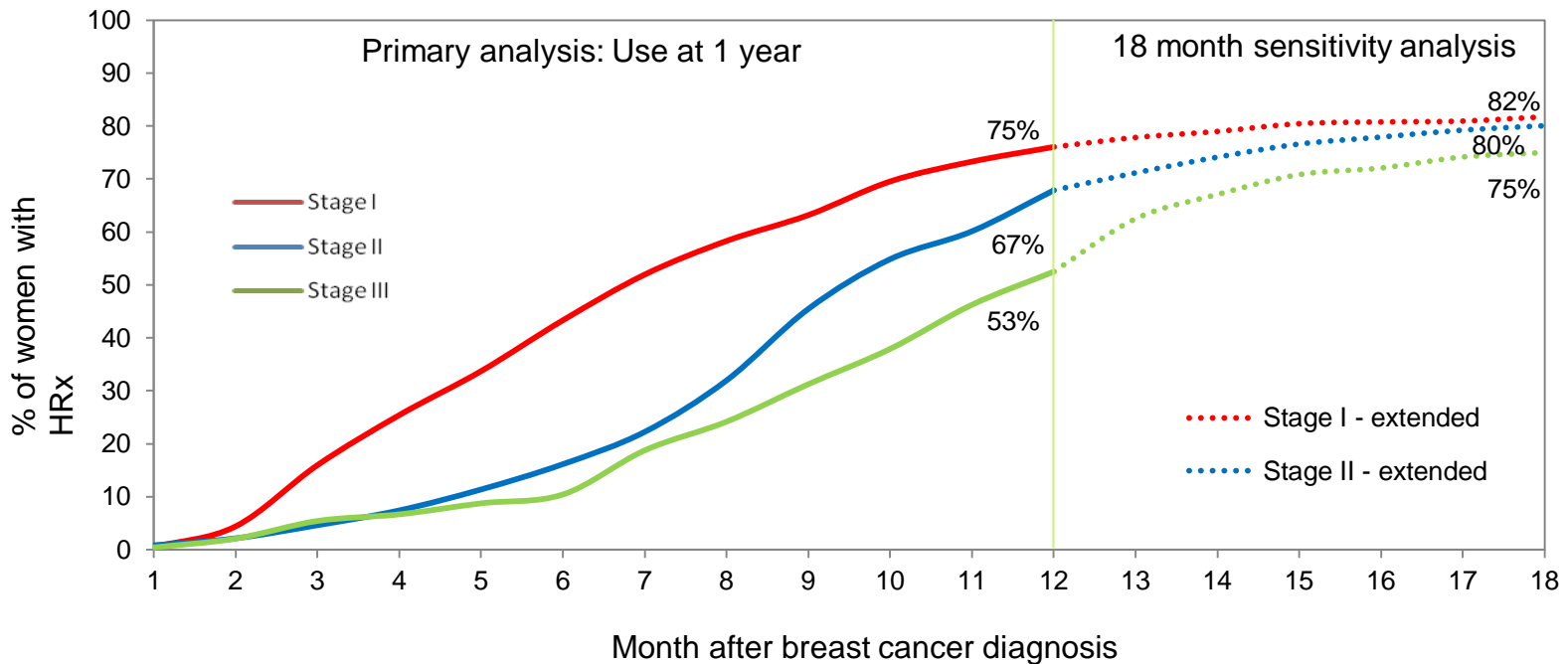
- Pharmacy claims for AHT as this is covered in the pharmacy benefit

Analysis:

- Logistic regression evaluating variables associated with initiation of hormone therapy within 1 year

Yung et al. Results

Stage-specific Cumulative Use of Hormone Therapy



- At 1 year 68% (overall) had initiated AHT.
- More advanced stage associated with underuse
- By 18 months the effect of stage was attenuated, however there was still significant underuse by all women with an overall hormone Rx start rate of 80%.

The Landscape of Sub-optimal Adjuvant Treatment

“Patient interviews and focus groups revealed that women overwhelmingly heard the risks of adjuvant treatments. However, the reasons as to why it was worth enduring those side effects and risks, and the fact that these treatments could help them to live longer and keep the cancer from recurring, was often lost in a haze of information proffered at a now distant doctor’s visit.”

Source: Bickell, NA and Cohen, A: Understanding Reasons for Underuse: An Approach to Improve Quality and Reduce Disparities in Breast Cancer Treatment *Mt Sinai J Med* 75:23–30, 2008.

The Breast Cancer Follow-up Pilot: A Conversation Catalyst

- Leverage NYSDOH internal data systems to identify Medicaid managed care enrollees aged 21-64 with non-metastatic, hormone-receptor positive, breast cancer who are receiving sub-optimal AHT (as close to 'real time' as possible)
- Care managers would then contact identified women to:
 - Discuss the benefits of AHT
 - Facilitate communication between the woman and her provider(s)
 - Administer a brief survey to help us understand barriers to receipt of AHT

Start with a Pilot

- Cohort limited to women with breast cancer surgeries from May 1, 2012 and November 30, 2012
- 8 plans have volunteered to participate:
Emblem, Fidelis, HealthFirst,
HealthPlus/Amerigroup, Hudson Health Plan,
MetroPlus, MVP and WellCare

Pilot Design: Identification Phase

Women age 21-64 insured by New York State Medicaid with breast biopsy or surgery procedure codes in conjunction with breast cancer diagnoses

Link Medicaid Women to New York State Cancer Registry Data to get information on stage and hormone receptor status

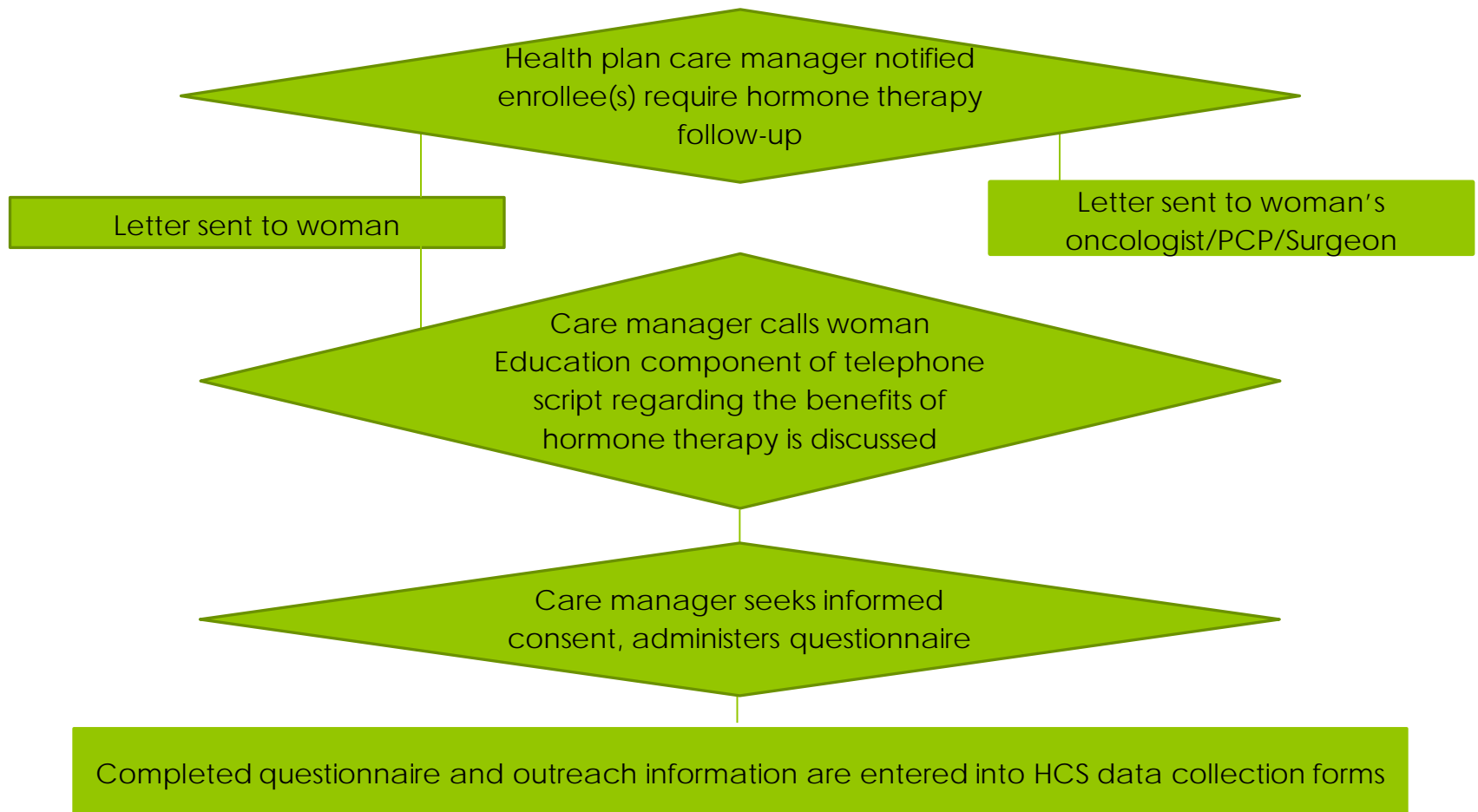
Woman linked to NYSCR data, identified as a primary, non-metastatic HR+ breast cancer case

Check current Medicaid enrollment

Medicaid pharmacy data extracted, woman's status regarding initiation, adherence and discontinuation noted

Data Uploaded to HCS for health plan care managers to access

Pilot Design: Direct Contact Phase



Data Exchange with Care Managers

- Accomplished using the Health Commerce System's secure Person-based Electronic Response Data System (PERDS)
 - Enrollee's contact information is pre-populated (read-only)
 - Health Plans can access their enrollees only
 - Care managers complete outreach information and survey for each enrollee identified
 - Data can be downloaded into Excel or SAS formats to monitor progress and analyze final data

Breast Cancer Follow-Up Pilot Project

Cohort Identification

981 Medicaid insured women with breast cancer surgery
from May 1 through November 30, 2012



897 (91.4%) women matched to Cancer Registry



478 (53.3%) early stage and hormone receptor positive



255 (53.3%) enrolled in a pilot plan as of July 2013



81 (31.8%) require outreach



Data released to plans August 8, 2013

Pilot Status as of 9/16/2013

- 5/8 health plans have begun telephone outreach
- 20/81 women have been contacted
- 18/20 women have consented to our survey

Measures of Success:

What we strive to accomplish statewide

- Development of successful outreach strategies
- Decrease in the length of time between when patients are identified as receiving sub-optimal care to initiation or resumption of AHT.
- AHT initiation rates in NYS Medicaid = national rates
- AHT medication possession ratio ≥ 0.80 for at least 75% of the women successfully contacted