

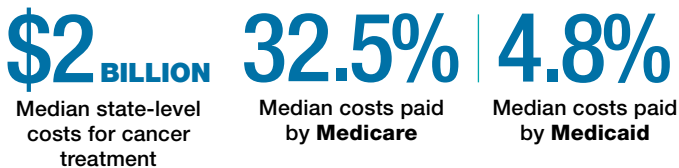
# NO TIME FOR GUESSWORK

WHEN IT COMES TO CANCER, EVIDENCE-BASED INTERVENTIONS SAVE LIVES AND DOLLARS.

Public health agencies offer proven strategies for improving the quality and rate of cancer screening. Working with health systems and other partners to implement evidence-based interventions can significantly reduce health care costs and increase lives saved.

## CANCER IS COSTLY; STATES PAY THE PRICE<sup>1</sup>

In less than 20 years, the total medical cost of cancer in the United States has nearly doubled. All payers feel the impact. States bear much of the cost.



## SCREENING NOW SAVES DOLLARS LATER

**60 to 89%** of the costs of screening pre-Medicare patients (ages 50 to 64) for colorectal cancer would be offset by savings in future Medicare treatment costs.<sup>2</sup>

## CANCER AFFECTS WORKFORCE PRODUCTIVITY

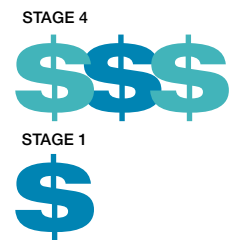


Cancer is one of the top five most costly diseases in the United States and leads to substantial work loss.<sup>3</sup>

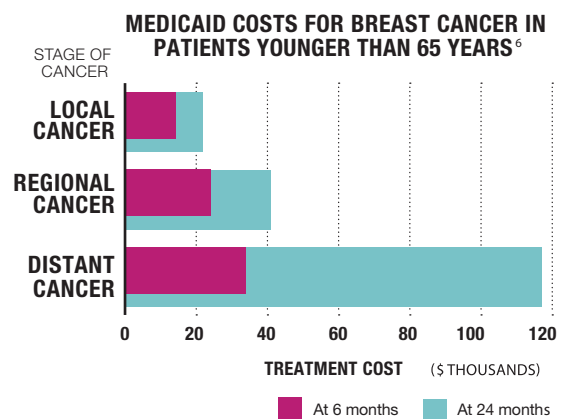


## EARLY DETECTION REDUCES COSTS

Late-stage cancer requires more expensive treatment. Colon cancer stage 4 treatment is **three times more expensive** than stage 1 treatment costs.<sup>4</sup>



Additional Medicaid end-of-life costs during **final 4 months** for patients with cancer compared to those without cancer.<sup>5</sup>





## EVIDENCE-BASED INTERVENTIONS WORK

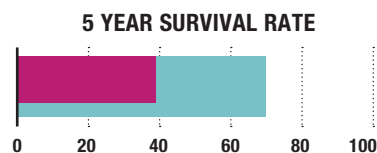
### USING MULTIPLE EVIDENCE-BASED INTERVENTIONS INCREASES SCREENING RATES

**24%** Increase in adults **up-to-date with colorectal cancer screening** after using patient navigators + client reminders + provider reminders.<sup>7</sup>

### Patient navigators at a major urban health system:<sup>8</sup>

- Reduced no-show/cancellation rates by **3%**
- Generated revenue that paid for **2 navigator salaries** after 3.5 months.
- Generated **\$150,000** in **additional hospital revenue** (per Navigator).

Patient navigators and increased access to screening at an urban hospital center<sup>9</sup> increased **five-year survival rates in breast cancer** from **39% to 70%**



<sup>1</sup> Tangka FK, Trogdon JG, Ekwueme DU, Guy GP Jr, Nwaise I, Orenstein D. State-level cancer treatment costs: how much and who pays? 2013;119(12):2309–2316. <sup>2</sup> Goede SL, Kuntz KM, van Ballegooijen M, Knudsen AB, Lansdorp-Vogelaar I, Tangka FK, Howard DH, Chin J, Zauber AG, Seeff LC. Cost-savings to Medicare from pre-Medicare colorectal cancer screening. *Medical Care* 2015;53(7):630–638. <sup>3</sup> Tangka FK, Trogdon JG, Ekwueme DU, Guy GP Jr, Orenstein D. State-level estimates of cancer-related absenteeism costs. *Journal of Occupational Health and Environmental Medicine* 2013;55(9):1015–1020. <sup>4</sup> Birtwistle M, Earnshaw A for Cancer Research UK. Saving lives, averting costs: An analysis of the financial implications of achieving earlier diagnosis of colorectal, lung and ovarian cancer. 2014. <sup>5</sup> Tangka FK, Subramanian S, Sabatino SA, Howard DH, Haber S, Hoover S, Richardson LC. End-of-life medical costs of Medicaid cancer patients. *Health Services Research* 2015;50(3):690–709. <sup>6</sup> Subramanian S, Trogdon J, Ekwueme DU, Gardner JG, Whitmire JT, Rao C. Cost of breast cancer treatment in Medicaid: implications for state programs providing coverage for low-income women. *Medical Care* 2011;49(1):89–95. <sup>7</sup> Joseph DA, Redwood D, DeGross A, Butler EL. Use of evidence-based interventions to address disparities in colorectal cancer screening. *Morbidity and Mortality Weekly Report Supplement* 2016;65(1):21–28. <sup>8</sup> Balderson D, Safavi K. How patient navigation can cut costs and save lives. *Harvard Business Review* 2013. <sup>9</sup> Ibid.