COLLEGE OF PUBLIC HEALTH / HEALTH SERVICES MANAGEMENT & POLICY

Financial Constraints on Breast Cancer Risk-Management Decisions Among Women at Elevated Risk

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INTRODUCTION

Women at elevated risk of breast cancer may have a lifetime risk of up to 80%, compared to the average 12% risk for women in the U.S.[1] National guidelines recommend that high-risk women consider risk-reducing strategies, which include enhanced surveillance, prophylactic mastectomy, salpingo-oophorectomy, and chemoprevention.[2] However, financial constraints may affect utilization and limit the potential of these methods to reduce population incidence and burden of breast cancer. Research on financial adversity has often been limited to single or proxy classifications, such as health insurance coverage status, insurance type, or income, and has rarely focused on the effects of financial constraints on disease prevention.

AIMS

(1) identify the health-related financial constraints experienced by women at high risk of breast cancer,

(2) document the health behaviors related to cancer risk management that are affected by these financial constraints,

(3) explore women's perceptions of health insurance companies and coverage, and how these perceptions affect their health behaviors.

METHODS

SEMI-STRUCTURED QUALITATIVE INTERVIEWS

We conducted in-depth, semi-structured interviews with women at elevated risk of breast cancer. Open-ended questions elicited women's own stories about prevention decision making, focusing on risk status, sources and content of risk information, prevention options, decision-making processes, psychosocial well-being, and financial resources.

INDUCTIVE ANALYSIS

Inductive coding and qualitative content analysis were used to generate themes to describe women's experiences with financial constraints.

PARTICIPANTS AND RECRUITMENT

50 women at elevated risk but without cancer diagnosis were recruited from clinics at the James Comprehensive Cancer Center, volunteer databases, patient conferences, and snowball sampling.

		African American	White	Total
SES	Low	3	1	4 (8%)
	Medium	10	11	21 (42%)
	High	7	18	25 (50%)
Age	≤35	8	7	15 (30%)
	36-45	4	9	13 (26%)
	46-55	2	4	6 (12%)
	56-70	6	10	16 (32%)
Severity of Risk	Severe	0	6	6 (12%)
	High	19	22	41 (82%)
	Moderate	1	2	3 (6%)
Total		**20 (40%)**	**30 (60%)**	**50 (100%)**

RESULTS

Theme 1: Insurance coverage	
No health insurance	Prevented women from completing screenings or procedures Stopped women from filling prescribed medications Visited emergency room or urgent care for crucial medical needs Resulted in medical bill debt
Gaps in insurance coverage	
▪ "I'm gonna do whatever I have to do and I'm gonna have to deal with how to pay for it later." ▪ "I didn't [have] insurance through my jobs and I didn't make enough to get private insurance. If something was wrong [I] would go the ER"	
Theme 2: Under-insurance	
Limited insurance coverage	Insurance does not cover certain procedures (genetic testing, genetic counseling, intense BC screening methods, etc) Required to prove "high risk" status before insurance will cover procedures or earlier screenings
High deductibles & co-pays	Prevented women from completing screenings or procedures Resulted in medical bill debt
Prescription costs	Stopped women from filling prescribed medications Switched medications because of cost
▪ "If I have insurance, why do I owe so much?" ▪ "I was known for arguing with the insurance company because, basically, I had an insurance adjustor making my medical decisions instead of a doctor." ▪ "My gynecologist said 'I know you need this more than anybody, but Medicaid is not going to pay for [genetic testing]…despite what your record shows - two lumpectomies, a biopsy, your family history'…and I said well, how much is it? And when she told me, I was in shock. It was expensive…And because of that, I couldn't have it."	
Theme 3: Competing financial demands	
Medical bill debt	Long-term payment plans caused further financial constraint Resulted from either periods of no insurance or under-insurance
Tight budget (reasons other than medical bill debt)	Reasons for tight budget included: one income household, raising children, managing comorbidities Influenced decisions about making doctors' appointments, screenings and procedures
Affording to take time off work for surgical recovery	Prevented women from completing procedures
Housing problems	Took priority over health needs
▪ "I've thought about [mastectomy], but financially, I've felt like that's not something that I'd be able to do. I've been [working] for ten years. It took me six years before I got myself security…and I just didn't feel like I had the means to do that…[I have] diabetes, neuropathy, PTSD, COPD…[I'm] dealing with higher priority issues." ▪ "I'm a stay-at-home mom. We get by. We have young children, so what resources we have go completely into them. If you were talking to me ten years from now, I probably would have the [genetic] test because it's going to be more affordable, or we're going to have more money… I'm sure that my answers would be different in ten years when money's less of an issue."	

— Financial issues led to major delays or complete blockage of breast cancer prevention-related actions such as genetic testing and counseling, mammograms or MRIs, and prophylactic surgeries.

— Risk-reduction decisions were also influenced by women's perceptions of what insurance will cover, lack of insurance company transparency, and lack of trust in insurance companies.

CONCLUSIONS

These results suggest that financial constraints have a major impact on utilization of breast cancer prevention services. Patients encounter financial constraints that are far more nuanced than indicated by simple classifications commonly used in research. Future studies should investigate the effects of financial constraints on a larger scale. For breast cancer risk reduction methods to effectively lessen population incidence of breast cancer, financial constraints must be addressed through policy or community interventions.

BIBLIOGRAPHY

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