

Effect of a High Deductible Health Plan on Patients Willingness to Undergo Indicated Breast Imaging

PURPOSE

Anecdotally, some breast imaging practices have noticed a decline in patient adherence to recommended diagnostic imaging following abnormal screening since the adoption of the Affordable Care Act. This study was undertaken to understand the relationship between high deductible health plans and patients' willingness to undergo indicated breast imaging.

METHODS AND MATERIALS

After IRB approval, patients presenting for breast imaging at a safety net academic medical center from 9/2021 to 2/2022 completed a paper survey comprised of demographic questions (race, education level, annual household income, insurance payor) and scenarios about utilization of breast imaging. The Chi-square test assessed differences by demographic factors. To account for missing demographic data, hot-deck imputation was applied using PROC SURVEYIMPUTE in SAS 9.4 software (SAS Institute, Cary, NC).

RESULTS

932 surveys were collected, with variable question completion rates. When asked whether they would skip indicated imaging if they knew that they had to pay a deductible, of 714 respondents, 151 (21.2%) agreed they would skip imaging, 424 (59.4%) disagreed, and 139 (19.5%) were undecided with responses dependent on race, education level, household income, and insurance payor (p-values = 0.0032, 0.0005, <0.0001, and <0.0001, respectively). The groups with the highest percentage who would skip additional imaging were Hispanic (33.0%), high school educated or less (31.0%), household income of <\$3500 (27.0%), and Medicaid/uninsured (31.5%). Of 707 respondents, 129 (18.3%) agreed that they would skip screening mammography if they knew that they had to pay a deductible for follow-up tests (imaging or biopsy), while 465 (65.8%) disagreed and 113 (16.0%) were undecided, with responses dependent on race, education level, household income, and insurance payor (p-value = 0.0037, 0.0002, <0.0001, <0.0001, respectively). The highest percentage of people who would skip additional imaging were races other than White, Black, or Hispanic (26.4%), high school educated or less (27.1%), income of <\$35000 (23.6%), and Medicaid/uninsured (28.0%).

CONCLUSIONS

A deductible payment for indicated follow-up breast imaging from abnormal screening discourages 21% of women from returning for diagnostic workup and leading to 18% to skip screening altogether. Given that these patients already fall into vulnerable groups, removing financial barriers to care is critical so not to further exacerbate existing healthcare disparities.

CLINICAL RELEVANCE/APPLICATIONS

Identifying and addressing socioeconomic barriers to screening and diagnostic breast imaging is critical in addressing existing breast cancer disparities and ensuring better outcomes, especially for vulnerable populations.