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TITLE Trends in Breast Cancer Screening: Impact of Early Medicaid Expansion

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ABSTRACT

PURPOSE

The Affordable Care Act (ACA) has resulted in sweeping changes in how we provide health insurance for the average American. To implement the coverage mandate, some states have responded by expanding Medicaid coverage. California, Connecticut, Minnesota, New Jersey, Washington, and District of Columbia were considered early expanders, implementing their programs by 2011. We sought to determine whether expansion of access to health insurance in these early expansion states has resulted in improved breast cancer screening adherence, particularly among low-income individuals, for whom the ACA represented potentially large expanded access.

METHOD AND MATERIALS

Data from the 2008 and 2012 Behavioral Risk Factor Surveillance System was used to compare Self-reported screening mammography adherence by state expansion status and by survey year for all sample and low-income women. Logistic regression models were also used to estimate self-reported screening outcome as a function of state Medicaid expansion status, controlling for age, race, education, and income.

RESULTS

In 2008, screening mammography adherence reached 78.5% among women 40-70 in early expansion states compared to non-expansion states (76.3, $p=0.0002$). In 2012, rates declined in both groups, with screening remaining higher in expansion states (77.0% vs 73.5, $p<0.0001$). In low income women, similar rates of decline were identified between 2008 and 2012 regardless of expansion status. Despite the overall decline in screening rates between 2008 and 2012, when adjusting for age, race, education, and income, low-income women in expansion states were 25% ($p=0.006$) more likely to adhere to screening in 2012 compared to 2008.

CONCLUSION

In states with early Medicaid expansion breast cancer screening adherence has improved in precisely the population who would benefit the most from the ACA. Adoption of expansion by more states can

result in considerable improvement of income disparities in breast cancer screening.

CLINICAL RELEVANCE/APPLICATION

Lack of health insurance results in disparities in breast cancer screening. Affordable Care Act (ACA) intends to reduce the number of uninsured by providing a more extended coverage through Medicaid expansion.

FIGURE (OPTIONAL)

http://abstract.rsna.org/uploads/2015/15008977/15008977_i8kh.jpg

DISCLOSURES

1.) Soudabeh Fazeli Dehkordy (*Presenter*) Nothing to Disclose

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