Conversation 5: How Do We Move Forward with Cancer Prevention and Early Detection in the Changing World of Coverage for Health Care?

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**Practical Actions**

- Work with federally qualified health centers to increase cancer screenings.
- Use creative strategies to raise funds for cancer prevention and early detection, e.g. tobacco taxes and license plate funding.
- Offer mobile radiology units with low-cost screening in rural areas (using physician champions).
- Tap into hospital community benefit requirements; encourage meaningful investments (e.g. donated screening services) rather than simple outreach (e.g. brochures).
- Work with residency clinics.
- Create a funding mechanism for providing patient navigation and education.
- Institute quality patient navigation programs.
- Develop quality standards for screening, medical services and insurance products.
- Develop standard operating procedures for primary care providers.
- Capturing survivor and early detection and prevention stories to share with patients.
- Advocate for increased price transparency (in clinical settings and from insurers).

**Briefly describe the current climate around cancer prevention and early detection coverage in your workplace or community.**

- Lack of support/resources.
- Focus on certain cancers while other cancers are overlooked (i.e. lung).
- Climate slow to change.
  - KY Smoking bans.
- Medicaid is not used in rural areas and for preventive services.
- Educating providers about what Medicaid covers.
- Balancing act of allocation.
- Access to coverage, but unable to cover financial costs.
- Health Literacy (insurance literacy)
- Zero sum game.
- Quality of care.
- Culture of fatalism.
• Standardization is needed (insurance, language and standardized screening guidelines).

What are the current challenges of cancer prevention and early detection programs or practices in your community or practice at this time of uncertainty about health care coverage?
• Access to coverage but not using Medicaid or other insurance.
• Educating people on benefits available to them.
• Not knowing the out of pocket costs.
  o Coding system (coverage not interpreted correctly)
• Covered but cannot afford services.
• Fear of not being able to afford costs.
• Inadequate or grandfathered plans.
• Patient education takes time with refugee populations.
• Access to providers for Medicaid due to paperwork and/or financial barriers.
• Value of services (prevention not valued).
• Service for a new demographic of older individuals.
• Lack of federal and state funding.

Parking Lot for other topics
• Focus on lung cancer disparities.