Disparity Trends in Breast Cancer Screening

Department of Health | **Office of Health Services Quality and Analytics** | Bureau of Quality Measurement and Evaluation

Jessica Hecker, MS; Brooke Costello, MPH; Claire Fan, PhD, MS; Paloma Luisi, MPH

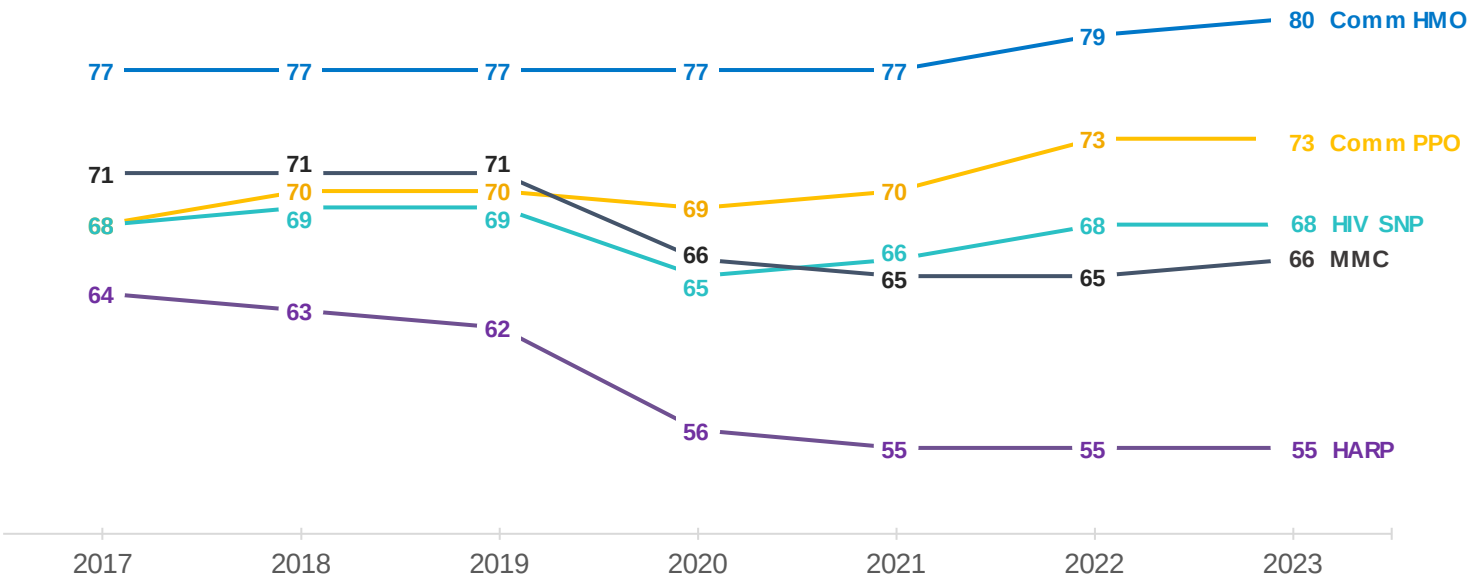
Disparity Trends in Breast Cancer Screening Rates Among New York Medicaid Members Before, During, and After the COVID-19 Pandemic

Breast cancer is the second leading cause of cancer death among females in New York State.[1] Early detection and timely treatment of breast cancer improve the chances of survival. A mammogram is an effective tool to screen for breast cancer in women without any symptoms of the disease.[2] Until the 2024 update, the United States Preventive Services Task Force (USPSTF) recommended women of average risk, who are between 50 and 74 years old, have a mammogram completed every two years.[3] During the COVID-19 pandemic, non-emergent healthcare services experienced unprecedented disruptions. As COVID-19 vaccines became available in 2021, access to preventive healthcare services began to recover. In this newsletter, we analyzed breast cancer screening rates among members of different managed care payers in New York State 2017 to 2023 (Figure 1).

Key Findings:

- Breast cancer screening rates declined sharply at the onset of COVID-19 across Medicaid plans, failing to rebound after COVID-19
- The disruption in breast cancer screening due to COVID-19 disproportionately affected Medicaid members who are White or Black
- Underutilization of breast cancer screening among upstate New York Medicaid members was compounded by COVID-19, especially among members in Central New York.

Figure 1 - Breast cancer screening rate by managed care payer, 2017-2023



Managed care includes commercial health plan products including health maintenance organizations (COMM HMO) and preferred provider organizations (COMM PPO) in addition to Medicaid. Medicaid Manage Care (MMC) is a government-sponsored insurance program for people with limited resources and income. HIV Special Needs Plan (HIV SNP) is a plan for individuals who are Medicaid-eligible and living with HIV/AIDS, are homeless or are transgender living in New York City. Health and Recovery Program (HARP) is a type of Medicaid plan for adults with significant behavioral health needs (e.g., serious mental illness or substance use disorder).

COVID-19 Deepened Gaps in Screening: Medicaid Struggles, Commercial Plans Rebound

- Roughly 90 percent of Medicaid-eligible women are MMC, while the remaining 10 percent receive coverage through HARP and SNP.
- In 2020, breast cancer screening rates dropped sharply across all Medicaid plans due to COVID-19 disruptions.
- MMC and HARP plans continued to decline in 2021, with no significant recovery in 2022.
- In contrast, commercial plan rates rebounded quickly, reaching a 6-year high in 2023.
- This widened the disparity between commercial and Medicaid plans.

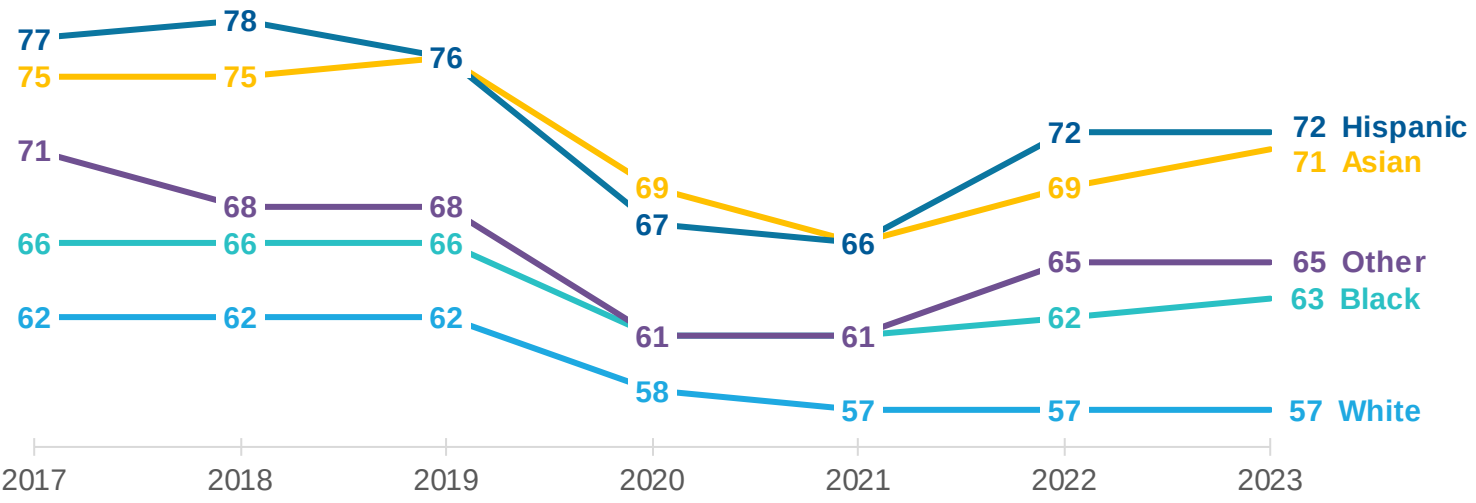
Medicaid Population:

The next sections focus on Medicaid members, including those enrolled in MMC, HARP, and SNP. Their rates were lower than those of individuals in commercial plans. Detailed breakdowns by race, ethnicity, and region are shown below.

COVID-19 Compounded Screening in Medicaid: Rates in White or Black Women Remain Low

- From 2017 to 2021, breast cancer screening rates decreased for women of all races in Medicaid. The biggest decreases occurred in 2020.
- While rates started to improve for all other races in 2022, rates for Black and White women showed little to no improvement. There was little to no change in 2023.
- Women of White or Black races in Medicaid Managed Care were least likely to receive the recommended breast cancer screening.

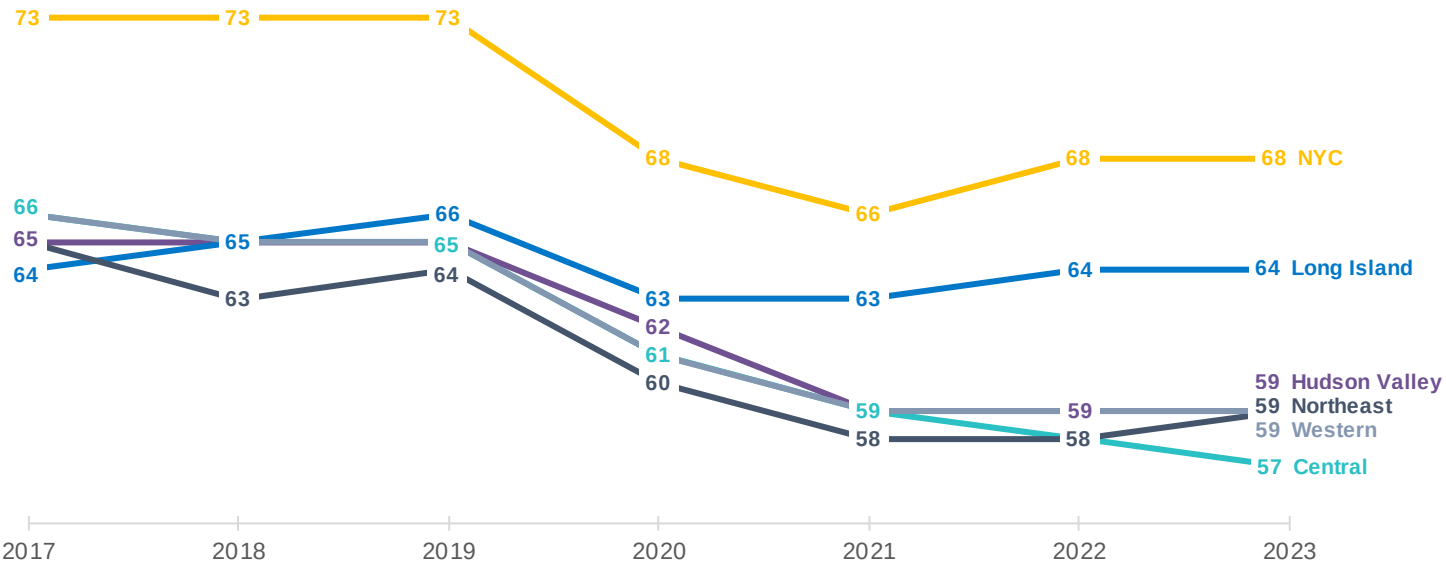
Figure 2 - Breast cancer screening by race and ethnicity among Medicaid (MMC, HARP, SNP) members, 2017-2023



COVID-19 Magnified Regional Disparity in Screening: Long Island Rebounds, Upstate Lingers

- Breast cancer screening rates among Medicaid beneficiaries decreased in 2020 across all regions in New York State and continued to worsen in 2021.
- While rates had little to no improvement in 2022 and 2023 for most regions, rates for the Central region have continued to decline.
- New York City and Long Island consistently have the highest rates. Central and Northeast regions have consistently had the lowest rates since 2018.

Figure 3 - Breast cancer screening rates by region among Medicaid members, 2017-2023



Discussion

Individuals with lower social-economic status were disproportionately impacted by COVID-19.[4] The declines in breast cancer screening rates within Medicaid plans were more substantial than individuals with private insurance. In the Medicaid population, overall, the breast cancer screening rates fell in 2020 and did not rebound after the pandemic subsided in 2022 and 2023. In New York State, breast cancer most often occurs in White women (145.1 per 100,000 women from 2018 to 2022), and while Black women have the highest breast cancer mortality rate (23 per 100,000 women from 2019 to 2023),[5] White and Black women enrolled in New York State Medicaid were least likely to receive breast cancer screenings. Geographic disparities persisted throughout the years, women residing in upstate New York consistently had lower mammogram rates when compared to those living in New York City and Long Island. Geographic disparities may arise from limited access to healthcare in rural areas. The high proportion of White women in the Northeast, Western, and Central regions, characterized by large rural areas, suggests that the observed racial disparity may be attributed to rural-urban differences rather than race alone. To achieve the Healthy People 2030 goal of an 80.3% screening rate, evidence-based interventions can be implemented at the individual member level, provider level, plan level, as well as community level, to increase breast cancer screening rates among underserved and overall Medicaid population.[6,7]

Methods

Data Source

The Quality Assurance Reporting Requirements (QARR) data was the source for the statewide breast cancer screening rates in health plans. As part of the annual submissions of the QARR data, Patient-Level Detail files for Medicaid Managed Care were submitted by managed care organizations and were used to calculate the rates in Medicaid plans. These

data files include a set of demographic characteristics of members (e.g., region, gender) and the type of managed care plan. New York State Medicaid claims data was utilized to determine race information. In 2023, the breast cancer screening measure was transitioned to an electronic measure in New York state. Rates prior to 2020 are obtained through the administrative method of collecting claims from billing, while rates from 2020 have additional data from electronic sources like electronic health records. The transition to electronic from administrative does include additional findings for rates but should not substantially change the results to the extent that that cannot be trended.

Data Analysis

Healthcare Effectiveness Data and Information Set (HEDIS®) is an extensively used set of performance measures across many health conditions that are used by health systems to improve the quality of care. HEDIS® technical specifications were utilized to determine the percentage of female members aged 50-74 years old who received a breast cancer screening in the past 2 years, dual Medicare-Medicaid enrollees were excluded.[8] Statewide rates of breast cancer screening were calculated and stratified by member demographic characteristics to examine disparities among subpopulations within Medicaid Managed Care.

Next Steps

Evidence-based interventions to increase breast cancer screening, personalized treatments, and community-based cancer control efforts can be utilized to increase breast cancer screening rates among the Medicaid population. In April 2024, USPSTF released a recommendation statement, with one major revision to extend the biennial breast cancer screening recommendation to women aged 40 to 49 years old. Because of this change, health plans should reach out to members aged 40 to 49 years old, in addition to reminding members aged 50 to 74 years old past due or without evidence of screening. The client (patient) reminder system is an evidence-based intervention to promote screening rates.[9] At the provider level, health plans can evaluate their physicians' performance on screening and share the results with physicians.[10] This may encourage providers to make cancer screening recommendations. At the community level, by working with community partners, health plans may help members overcome transportation, language, or other barriers to complete a screening.[11]

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