

# Common insurance plans leave care at America's top cancer hospitals out of reach

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Cancer patients in the United States may be unable to access care at the nation's top hospitals due to narrow insurance plan coverage - leaving patients to choose between lower premiums or access to higher-quality cancer care. A new study from the Perelman School of Medicine at the University of Pennsylvania shows common, so-called "narrow network" insurance plans - lower-premium plans with reduced access to certain providers - are more likely to exclude doctors associated with National Cancer Institute (NCI)-Designated Cancer Centers. Researchers published their findings today in the *Journal of Clinical Oncology* and call for greater access for patients and more transparency from insurers.

"Because cancer care and monitoring is costly, there are strong incentives for insurers to be selective when it comes to oncologists, excluding those who are most likely to attract the most complex and expensive cases," said the study's lead author Laura Yasaitis, PhD, a postdoctoral researcher at Penn's Leonard Davis Institute of Health Economics.

"Consumers may benefit financially from the fact that these narrow networks generally have lower premiums, but they may face reduced access to the higher-quality providers in their market," added Daniel Polsky, PhD, the executive director of the Leonard Davis Institute of Health Economics and the study's co-senior author.

The study authors examined cancer provider networks offered on the 2014 individual health insurance exchanges and then determined which

oncologists were affiliated with NCI-Designated Cancer Centers or National Comprehensive Cancer Network (NCCN) Cancer Centers. These [cancer](#) hospitals are recognized for their scientific and research leadership, quality and safety initiatives, and access to expert physicians and clinical trials. NCCN Member Institutions are particularly recognized for higher-quality care, and treatment at NCI-Designated Cancer Centers is associated with lower mortality than other hospitals, particularly among more severely ill patients and those with more advanced disease. Narrower networks were less likely to include physicians associated with NCI-Designated and NCCN Member Institutions.

"To see such a robust result was surprising," Yasaitis said. "The finding that narrower networks were more likely to exclude NCI and NCCN oncologists was consistent no matter how we looked at it. This is not just a few networks. It's a clear trend."

Researchers said the results point to two major problems: Transparency and access.

"Patients should be able to easily figure out whether the physicians they might need will be covered under a given plan," said the study's co-senior author Justin E. Bekelman, MD, an associate professor of Radiation Oncology and Medical Ethics and Health Policy, and a senior fellow in the Leonard Davis Institute for Health Economics. The authors suggest that insurers report doctor's affiliations with NCI and NCCN Cancer Centers so that consumers can make more informed choices.

The authors also suggest that insurers offer mechanisms that would allow patients to seek care out of [network](#) without incurring penalties in exceptional circumstances. "If patients have narrow network plans and absolutely need the kind of complex [cancer care](#) that they can only receive from one of these providers, there should be a standard

exception process to allow [patients](#) to access the care they need," Bekelman said.

**More information:** Laura Yasaitis et al, Relation Between Narrow Networks and Providers of Cancer Care, *Journal of Clinical Oncology* (2017). [DOI: 10.1200/JCO.2017.73.2040](https://doi.org/10.1200/JCO.2017.73.2040)

Provided by Perelman School of Medicine at the University of Pennsylvania

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