

Delays for melanoma surgeries linked to insurance type

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A retrospective review of several thousand melanoma cases in North Carolina found that Medicaid patients were more likely to experience surgical treatment delays than patients with private insurance, according to a study by University of North Carolina Lineberger Comprehensive Cancer Center researchers.

"The primary treatment for most melanoma is surgical excision, which can be curative," said the study's lead author Ade Adamson, MD, MPP, a clinical instructor in the UNC School of Medicine Department of Dermatology. "These delays in care are concerning, particularly if they disproportionately affect those who are might be the most vulnerable, such as Medicaid patients."

For the study, researchers looked at the timespan between diagnosis and surgery for 7,629 patients with melanoma from across North Carolina with private health insurance, Medicaid or Medicare. They used the Cancer Information & Population Health Resource, a big data population-based cancer research tool at UNC Lineberger, to review data of patients diagnosed between 2004 and 2011.

The researchers report in *JAMA Dermatology* that surgical treatment delays - defined as surgery that occurred more than six weeks after diagnosis - were common across the board. However, Medicaid patients were 36 percent more likely than private insurance patients to experience delays. Non-white patients also were more likely to have delayed surgeries.

Privately insured patients, on the other hand, were the least likely to experience a delay. Patients either diagnosed by a dermatologist or surgically treated by a dermatologist also had a lower risk of surgical delays.

"We have identified insurance type as a factor associated with timeliness of care delivered to patients with melanoma," said Nancy E. Thomas, MD, PhD, UNC Lineberger member, the Irene & Alan Briggaman Distinguished Professor and chair in the UNC School of Medicine Department of Dermatology.

Adamson said researchers want to know if these delays are impacting rates of death from melanoma, as well as why they are occurring. He said Medicaid patients often do not have great access to dermatologists, and that may be a factor in the delay. In addition, there is a complex network of independent and potentially unconnected providers who can participate in melanoma diagnosis or treatment that could also contribute.

Adamson said while the study has generated important insights, it also has raised a number of questions, including what is causing the delays. More research is needed, but he speculates limited access to dermatologists and care from physicians who are not part of a network - which may delay referrals - could be contributing factors.

"Once we figure this out we can think about ways to construct an intervention to make sure patients with this potentially deadly cancer get the timely, appropriate care they deserve," he said.

Provided by UNC Lineberger Comprehensive Cancer Center

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