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Women with Breast Cancer
Delay Care when Faced with High Deductibles

May 2018, New York Times

High-deductible plans have become commonplace, a deterrent used by companies to lower health care costs by discouraging unnecessary tests or treatments. Evidence for that link has mounted since the Great Recession 10 years ago, when deductibles began to soar: People increasingly deferred medical care, putting off elective surgeries and doctors’ visits. National health care spending slowed as a result.

But a recent study of women with insurance plans that carried deductibles of at least $1,000 underscores the danger to consumers required to shoulder a greater share of those costs.

Women who had just learned they had breast cancer were more likely to delay getting care if their deductibles were high, the study showed. A review of several years of medical claims exposed a pattern: Women confronting such immediate expenses put off getting diagnostic imaging and biopsies, postponing treatment. And they delayed beginning chemotherapy by an average of seven months, said Dr. J. Frank Wharam, a Harvard researcher and one of the authors of the study, published earlier this year in the Journal of Clinical Oncology.

While the study did not look at how the women fared after treatment, cancer doctors warn that even short gaps between diagnosis and treatment can affect the outcome. Survival rates are higher for patients with some cancers if they are treated early.

High-deductible plans pose a problem, say researchers, because patients do not always distinguish between the care they should get and what they can do without.

The study of breast cancer patients is among the first to look at the behavior of people suddenly facing a life-threatening disease, where the recommended treatment tends to be straightforward and not overly subjective, Dr. Wharam said.

Read more at The New York Times website.

The 2017 Journal of Proceedings is now available on the MCC website. This journal covers the content that was shared during the 2017 Michigan Cancer Consortium’s Annual Meeting on November 8, 2017, and includes:

- Keynote, concurrent and closing sessions including presentation summaries and links to power point slides
- Peer-reviewed abstracts
- Award presentations

We hope the journal will help inspire those who could not attend the meeting and also will sustain further action toward achieving the Consortium’s goals.

Request:

- We urge you to read and enjoy the journal of proceedings and also share it widely with your colleagues and other stakeholders in cancer control.
- Then, mark November 7, 2018 on your calendar and make plans to join us in Lansing for our annual meeting and 20th anniversary celebration

Patient Navigator Survey Available Now!

The Michigan Department of Health and Human Services (MDHHS), as part of a grant from the Centers for Disease Control and Prevention (CDC), is working to understand the needs of Patient and Nurse Navigators in Michigan. CDC is interested in the development of patient navigation programs and the training of navigators.

Patient navigation provides individualized assistance to cancer patients to address barriers to timely health care. Navigators are called by various different names in health systems including patient navigators, nurse navigators, and care managers.

MDHHS is asking individuals who are in a patient navigation role to complete a survey on patient navigation. The survey will seek to better understand: 1) the types of cancers navigators work with 2) the training needs of navigators 3) if navigators are interested in organizing a Michigan chapter of a national organization for support purposes.

Nurse Navigators, patient navigators and those in a navigation role can complete the survey using the following link: https://www.surveymonkey.com/r/CancerNavNeedsAssessment.

If you have any questions about this survey or are interested in the results please contact Debbie Webster at websterd1@michigan.gov.
Financial Navigation for People Undergoing Cancer Treatment Report

The impact of cancer goes far beyond its physical effects. Many cancer patients endure significant financial and personal hardships because of the high costs associated with cancer treatment. High cost-sharing requirements, especially for those who are uninsured or underinsured, as well as reduced income during and after treatment, can lead many to experience financial distress or toxicity.

In November 2016, at the MCC Annual Meeting, a break out session addressed the topics of financial toxicity and financial navigation. The discussion piqued the interest of health system representatives who asked for more information about the need for financial navigation programs and how to develop and implement such programs. As a result, the MCC Survivorship Workgroup formed a Financial Navigation Subcommittee to address these questions.

A white paper describing the purpose and benefits of comprehensive financial navigation programs was the outcome of this work. This paper offers information on cancer prevalence and treatment costs, the effects of financial toxicity, current approaches to financial counseling, and comprehensive financial navigation as a promising practice that can provide benefits to patients and health systems. It also provides examples of successful financial navigation programs in cancer centers, hospitals, and health systems in and outside of Michigan to give those interested in implementing such programs a sense of the potential benefits for patients and health systems alike.

In March, the report was approved by the MCC Board of Directors - Financial Navigation for People Undergoing Cancer Treatment Report.

Please contact Debbie Webster at websterd1@michigan.gov for additional information on this product or other resources to address financial toxicity.

American Cancer Society Cancer Action Network Update
Andrew Schepers, May 2018

American Cancer Society Cancer Action Network (ACS CAN) is:

- Monitoring legislation regarding Medicaid recipients work requirements.
- Continuing its work on oral parity legislation.
- Working to increase funding for tobacco prevention efforts as well as improve access to the statewide Quitline.

If you have any questions on the work ACS CAN is doing, please contact Andrew Schepers at Andrew.schepers@cancer.org.
2018 MCC Meetings

**Board Meetings (12pm - 3pm):**
Wednesday, June 27
Wednesday, September 26

**Annual Meeting (Lansing):**
Wednesday, November 7

*For more information: 877-588-6224*

**MCC Website**
Be sure to visit the [MCC website](#) to find provider and patient resources

**Health Equity Corner**

**MCC Health Equity Speakers Bureau**

The MCC is seeking content experts in the areas of health equity and social determinants of health to add to the MCC Health Equity Speakers Bureau. Speakers do not need to be a cancer expert; this bureau is a resource for individuals and organizations. It serves as a directory of content experts accessible to MCC members for consideration in planning education session/conferences.

If you, or if you know anyone who would be a great fit on this bureau, please complete this [consent form](#) and return it to Beth Trierweiler trierweilerb@michigan.gov

**Communication Shoutouts!**

Have you used a resource from the Tool of the Month, like data or social media posts? Have you shared an MCC online resource with a colleague or in your newsletter? Let us know!

Beginning in August, we will put organizations who use MCC resources in our new Communication Shoutout Corner on both the website and in the MCC Update!

Contact Maria George at georgem3@michigan.gov for more information or to share your communication efforts.