

Association of insurance coverage with diagnosis of malignant melanoma before and after the Affordable Care Act: a national database study



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SYNOPSIS

- The ACA was intended, in part, to reduce the uninsured population
- The ACA was fully implemented in 2014 with optional state Medicaid expansion and health insurance marketplaces
- Prior studies show that insurance status affects cancer care, including prevention, diagnosis, stage at diagnosis, and management¹
- The impact of the ACA on insurance trends of patients diagnosed with malignant melanoma is unknown

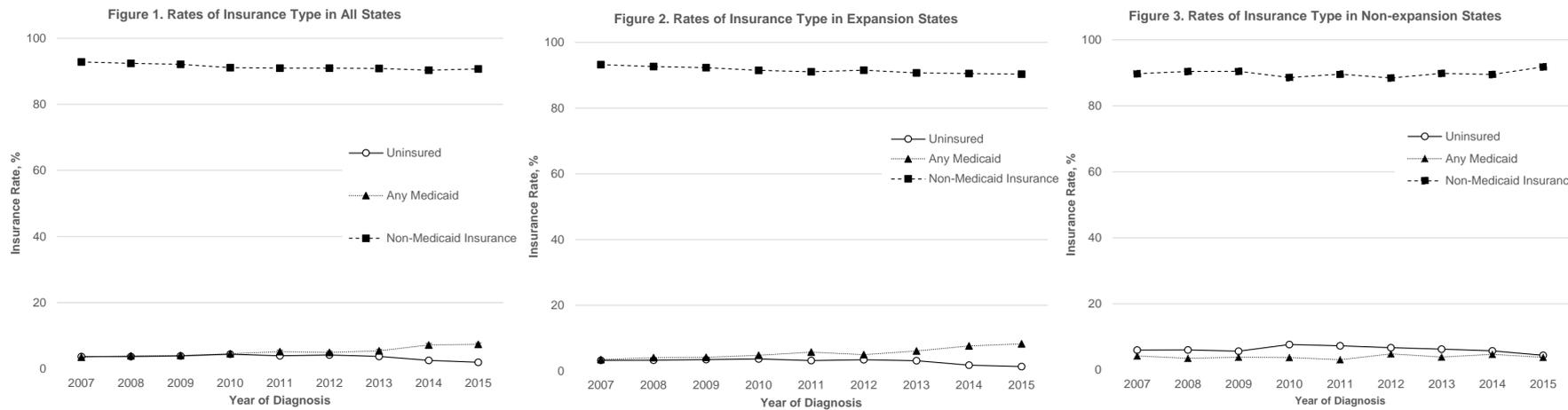
OBJECTIVE

- To examine the impact of the ACA on insurance type (uninsured, Medicaid, non-Medicaid) and trends among patients diagnosed with malignant melanoma
- To assess survival outcomes in patients diagnosed with malignant melanoma by insurance type

METHODS

- The Surveillance, Epidemiology, and End Results (SEER) cancer registry was analyzed for malignant melanoma between 2007 and 2015.
- Standardized mean difference (2007-2013 vs 2014-2015) was used to compare insurance trends with sub-analysis for Medicaid expansion/non-expansion states
- Survival was assessed via adjusted cox regression models.

RESULTS

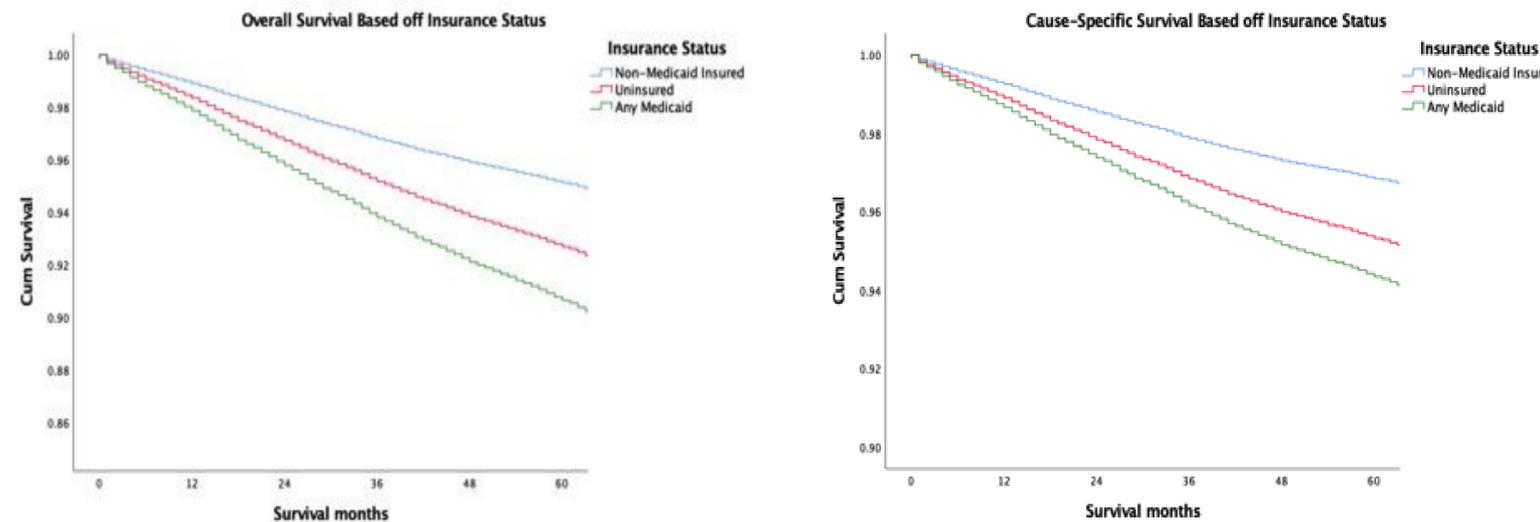


Figures 1, 2, 3: (1) national insurance trends in patients diagnosed with malignant melanoma; (2) sub-analysis of insurance trends in states which expanded Medicaid; (3) sub-analysis of insurance trends in non-expansion states

- Nationally, the ACA decreased percentage of uninsured patients (-1.12% to -2.26%, $P < 0.05$) and increased percentage of Medicaid enrollees (+1.53% to +4.02%, $P < .005$) diagnosed with malignant melanoma
- Expansion states showed decreased percentage of uninsured patients (-1.43% to -2.24%, $P < 0.05$) and increased percentage of Medicaid enrollees (+1.66% to +4.84%, $P < 0.05$)
- Non-expansion states showed no change in percentages of uninsured patients and Medicaid enrollees
- All-cause and cause-specific mortality were decreased in uninsured and Medicaid patients diagnosed with melanoma compared to non-Medicaid insured patients (reference group).

CONCLUSION

- The ACA decreased the rate of patients diagnosed with malignant melanoma with uninsured status, but this was only significant in Medicaid expansion states
- However, Medicaid patients have worse all-cause and cause-specific mortality compared to non-Medicaid counterparts
- We must address socioeconomic factors likely contributing these disparities through policy to ensure insurance coverage translates to quality care and survivorship



Figures 4, 5: (4) overall (all-cause) survival by insurance type and (2) cause-specific (melanoma-specific) survival by insurance type

REFERENCES

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