

New Study Shows Medicaid Expansion Associated with Increased Palliative Care Use for Cancer Patients diagnosed with Advanced Disease

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New data reported by researchers at the [American Cancer Society](#) (ACS) shows Medicaid expansion was associated with increases in the use of palliative [care among individuals with newly diagnosed stage IV cancer, although overall usage of palliative care was low](#). In addition, the increase post-Medicaid expansion varied by cancer type. The findings will be presented at the annual [American Society of Clinical Oncology \(ASCO\) Quality Care Symposium](#) in Chicago, September 30 - October 1.

In the study, presented by lead author [Dr. Xuesong Han](#), scientific director, health services research at the American Cancer Society, researchers identified individuals aged 18-64 years with newly diagnosed stage IV solid cancers pre- and post- ACA Medicaid expansion from the National Cancer Database. They used difference-in-differences analyses to estimate the association between Medicaid expansion and changes in receipt of palliative care as part of first-line therapy, adjusting for age group, sex, race/ethnicity, area-level poverty, metropolitan status, comorbidity, facility type, palliative care specialist availability, diagnosis year and state of residence. Stratified analyses were conducted by cancer type.

A total of 685,781 individuals diagnosed with stage IV cancers were included in the study from Medicaid expansion and non-expansion states. The percentage of eligible patients who received palliative care as part of first-line therapy increased from 17% pre-ACA to 18.9% post-ACA in Medicaid expansion states and from 15.7% to 16.7% in non-expansion states, resulting in a net increase of 1.4 percentage points in expansion states after adjusting for sociodemographic and clinical factors. The increase in receipt of palliative care in expansion states compared to non-expansion states was greater for patients with advanced pancreatic, colorectal, female breast, lung, and oral cavity and pharynx cancers, and non-Hodgkin lymphoma.

Researchers note increasing Medicaid coverage facilitates access to guideline-based palliative care.

Other ACS study authors participating in this research include: Sylvia Kewei Shi, Dr. Leticia Nogueira, Dr. Arif Kamal, Dr. Ahmedin Jemal, and Dr. Robin Yabroff.
