

Cancer Survivors in High Deductible Health Plans More Likely to Have Delayed Care



A new study from American Cancer Society investigators finds cancer survivors in high deductible health plans were more likely to report delaying or foregoing care. The study appears in the [Journal of Oncology Practice](#). Below is a short recap of the study by lead author **Zhiyuan "Jason" Zheng, PhD**, principal scientist, health services research at the American Cancer Society.

Question Asked:

How do high-deductible health plan (HDHP) enrollment and health savings account (HSA) status affect cancer survivorship, access to care, and health care utilization?

Summary Answer:

HDHP enrollment without an HSA is associated with worse access to care in privately insured cancer survivors and individuals without a cancer history. HSA enrollment coupled with an HDHP may mitigate this effect. Associations did not vary by cancer history. Emergency department (ED) visits didn't vary significantly by insurance type in cancer survivors.

What We Did:

The 2010 to 2017 National Health Interview Survey was used to identify a nationally representative sample of privately insured adults ages 18 to 64 years (cancer survivors, $n = 4,321$; individuals without a cancer history, $n = 95,316$). The sample was categorized into six groups: three groups of cancer survivors enrolled in low-deductible health plans (LDHPs), HDHPs with HSA, and HDHPs without HSA; and three groups of adults without a cancer history enrolled in LDHPs, HDHPs with HSA, and HDHPs without HSA. Separate multivariable logistic regressions were conducted to assess the association between HDHP enrollment with or without HSA status and delayed/forgone care because of cost and ED visits.

What We Found:

There were no differential impacts of HDHP enrollment and HSA status on access to care and ED visits by cancer history. However, we found that, even when covered by private insurance, cancer survivors enrolled in an HDHP with or without an HSA (8.9% and 13.9%, respectively; both $P < .05$) were more likely to experience delayed/forgone care compared with cancer survivors enrolled in LDHPs (7.9%). Moreover, only one third of HDHP enrollees, regardless of cancer history, had an HSA, which was associated with less delayed/forgone care. For ED visits, cancer survivors reported similar percentages (approximately 20%) of visits regardless of HDHP enrollment and HSA status.

Bias, Confounding Factors:

Our findings that HSA enrollment appears to mitigate problems with access to care among those with HDHPs could be confounded by greater financial capability among those who are eligible for and enroll in an HSA (eg, financial literacy, knowledge of financial options, and assets) than those who are eligible but without an HSA. We did not have information about the reasons for enrollment in an HDHP (eg, because of lower premiums or employers' limited plan choices).

Real-Life Implications

Health plan benefit managers, payers, and policy makers should identify reasons for low HSA participation rates, provide more education about the benefits of different health plan options to help patients understand the implications of health plans and HSAs, and develop tools to forecast

medical expenses and facilitate HSA enrollment.

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