Testimony for Senate Committee on HHS
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Dear Chairwoman Kolkhorst and distinguished members, thank you for the opportunity to speak with you today about cancer care during the COVID-19 pandemic in Texas. My name is Dr. Debra Patt and I am a practicing oncologist in Austin, Texas. I am speaking on behalf of Texas Oncology where I serve as an Executive Vice President, the Texas Society of Clinical Oncology, where I serve as President and the Texas Medical Association, where I serve as the Chair of the Council on Legislation.

The COVID-19 pandemic is a deadly health crisis that poses an immediate threat to the health of Texans and we appreciate the state's commitment to mitigate the damage caused from this crisis. The Texas Cancer Registry estimates that in 2020 we will have more than 127,000 new cancer diagnosis in the state. I anticipate that at least half of these patients will experience delays in diagnosis and care as a result of the pandemic.

If COVID-19 were like an earthquake, the aftershocks may be even more severe—in the economy, in employment, and certainly in cancer care.

In a study that colleagues and I published earlier this week in the Journal of Clinical Oncology-Clinical Cancer Informatics, we evaluated more than 6.2 million Medicare beneficiaries (more than 5% of the Medicare population) and we observed alarming trends in delays in diagnosis and treatment of cancer patients. In the time period between March and July of 2020 (when compared to 2019) cancer screenings for breast, colon, lung, and prostate cancer were substantially reduced. In April, the worst of the months observed, breast cancer screening dropped 85%, colon cancer screening 75%, lung cancer screening 74% and prostate cancer screening 56%. Similar decreases were seen in biopsies to diagnose cancer, surgeries to remove cancer, and some therapies to treat and cure cancer. While there is month to month variability, new cancer diagnoses during the time period were down 30-70% and have showed no recovery that would capture the diagnoses missed in the early months of the pandemic.

We can expect that the natural consequence of 30-70% of cancers growing undiagnosed and untreated will translate into increased cancer morbidity and mortality for years to come. In June, Dr. Ned Sharpless, the National Cancer Institute director, stated that at that time the delays in diagnosis would translate to an increase in >10,000 cancer deaths in the United States due to breast and colon cancers alone. Other models in the United Kingdom estimate much higher mortality increases due to delays and detours in cancer diagnosis.

The reasons for the COVID-19 impact on cancer are multifactorial, but I would like to touch on a few. In the Medicare beneficiary survey, we know that fear of leaving home, going to seek care, access to care, and clinician availability during the pandemic have all impacted American seniors receiving non-Covid-related care. In Texas, lack of access to care is a tremendous

problem because over 25% of Texans aged 19-65 are uninsured, a barrier to care that has worsened during the pandemic with job loss and loss of health insurance.
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Patients who don't have health insurance frequently forego cancer screening. We know from a study we conducted from the Texas Cancer Registry, that uninsured patients are 6 times more likely to present with advanced cancer in comparison to commercially insured patients. They also have dramatically reduced survival rates. Addressing the vast gap in the uninsured in our state would help to reduce barriers to appropriate screening and lead to higher quality cancer care. I have diagnosed several patients during the pandemic who lost their jobs during the pandemic, and their health insurance, and then were diagnosed with cancer. I know these stories are reflective of patients in your constituencies as well.

The organizations I represent understand closing the gap in health care coverage alone will be inadequate to improve access to care, because current physician and provider payment rates within the Medicaid program are too low to maintain network adequacy across the state. With no permanent increases in physician payments in almost 20 years and the Medicaid to Medicare Fee index falling to 0.58 for primary care, maintaining a strong Medicaid network rural and underserved communities is not possible.

Texas is ripe with innovative solutions to help solve these problems. We need to pass policy now to remove barriers that prevent your constituents and our patients from receiving cancer screening and cancer care.

What I am sure of, if we watch the earthquake and do not create shelter for our most vulnerable Texans, the aftershock will have far greater negative impact by increasing cancer morbidity and mortality for years to come. In my opinion limiting barriers to care, heightening awareness to stop medical distancing, and working with communities to find solutions remain critical aspects to improving cancer care for Texans.

References:

Impact of COVID-19 on Cancer Care: How the Pandemic Is Delaying Cancer Diagnosis and Treatment for American Seniors
Debra Patt, Lucio Gordan, Michael Diaz, Ted Okon, Lance Grady, Merrill Harmison, Nathan Markward, Milena Sullivan, Jing Peng, and Anan Zhou
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https://ascopubs.org/doi/full/10.1200/CCI.20.00134.