



Convening + Uniting + Transforming

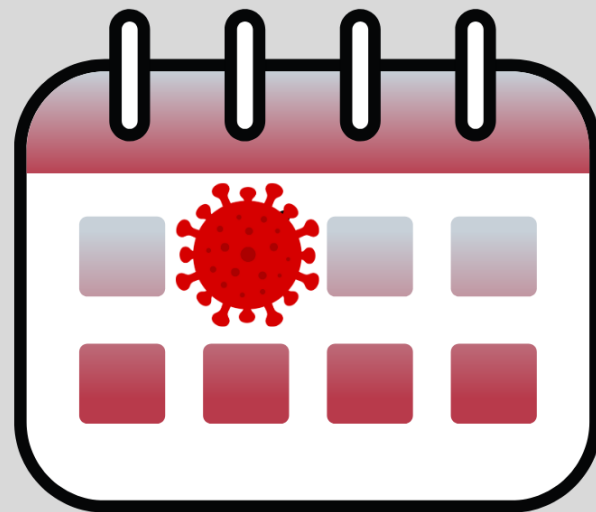
Monthly webinar

March webinar

A DANGEROUS DISRUPTION?

The Consequences of Delayed
Care During COVID-19

Monday, March 22
4:00 to 5:00 p.m. ET





- 01** PCC announcements and introductions
- 02** Moderated discussion among panelists
- 03** Audience Q&A

agenda



Today's speakers

PANELISTS



**DEANA MANASSARAM-
BAPTISTE,**
PhD, MPH

Director of Cancer
Screening Guideline
Development, American
Cancer Society



MARK TALLUTO

Vice President,
Strategy and
Analytics,
BlueCross
BlueShield
Association



MAGDALA CHERY,
MBS, DO

Commonwealth
Fund Fellow in
Minority Health
Policy, Harvard
T.H. Chan School
of Public Health

MODERATOR



**DIANE
RITTENHOUSE,**
MD, MPH

Senior Fellow,
Mathematica

Trends in Preventive Care Utilization during COVID

Key Findings

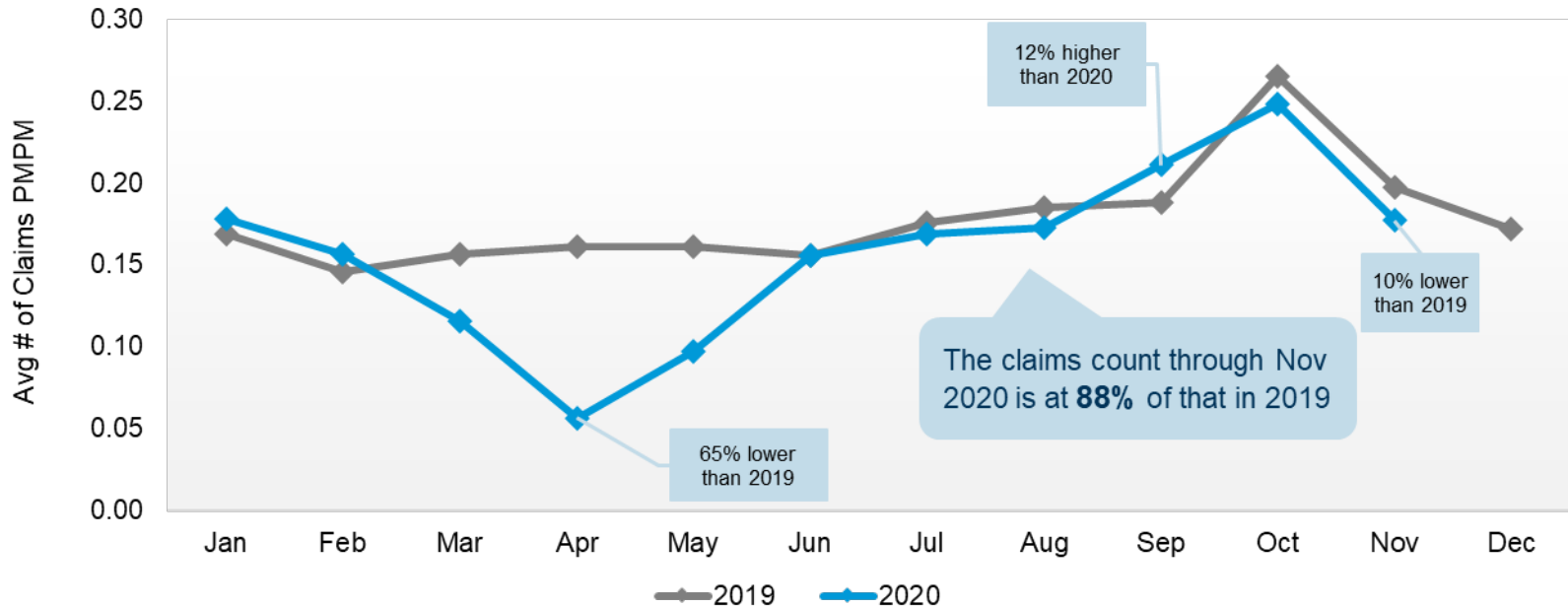
March, 2021



Blue Cross Blue Shield Association is an association of independent Blue Cross and Blue Shield companies.

After a large drop early in the pandemic, preventive care utilization had a strong recovery through October

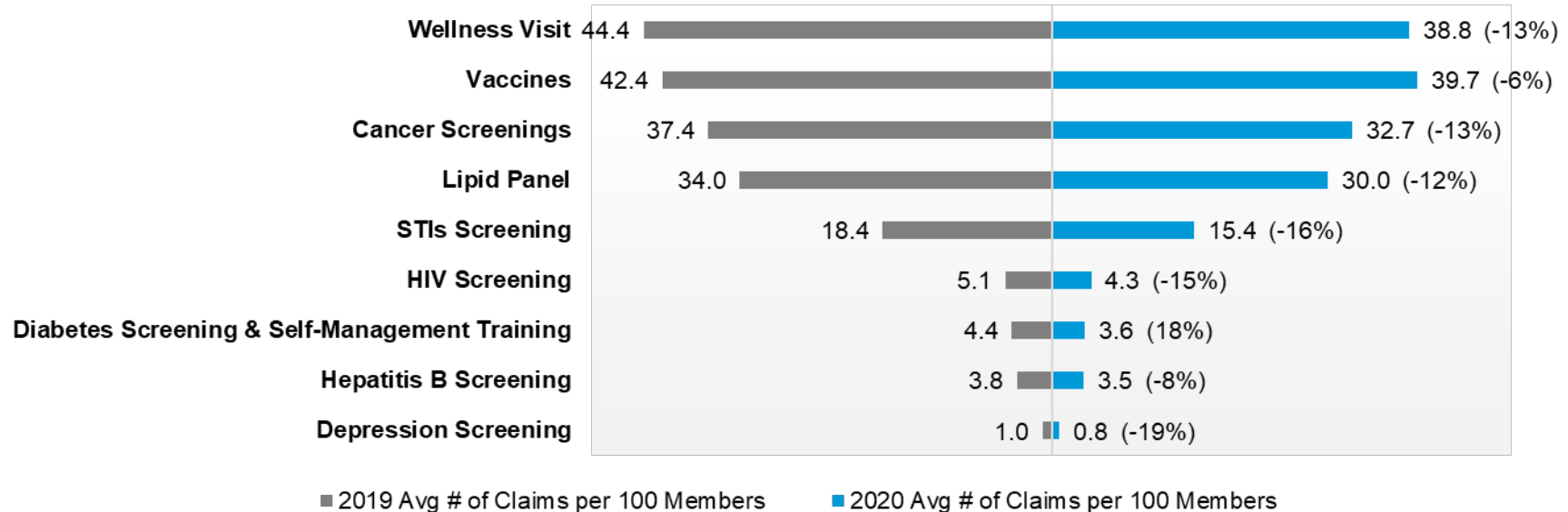
Preventive Care Claim PMPM 2020 vs. 2019



Note: Preventive care procedures are identified based on CMS and AMA recommended preventive service procedure codes

There was a substantial drop in all preventive care services, particularly in cancer screenings and vaccines

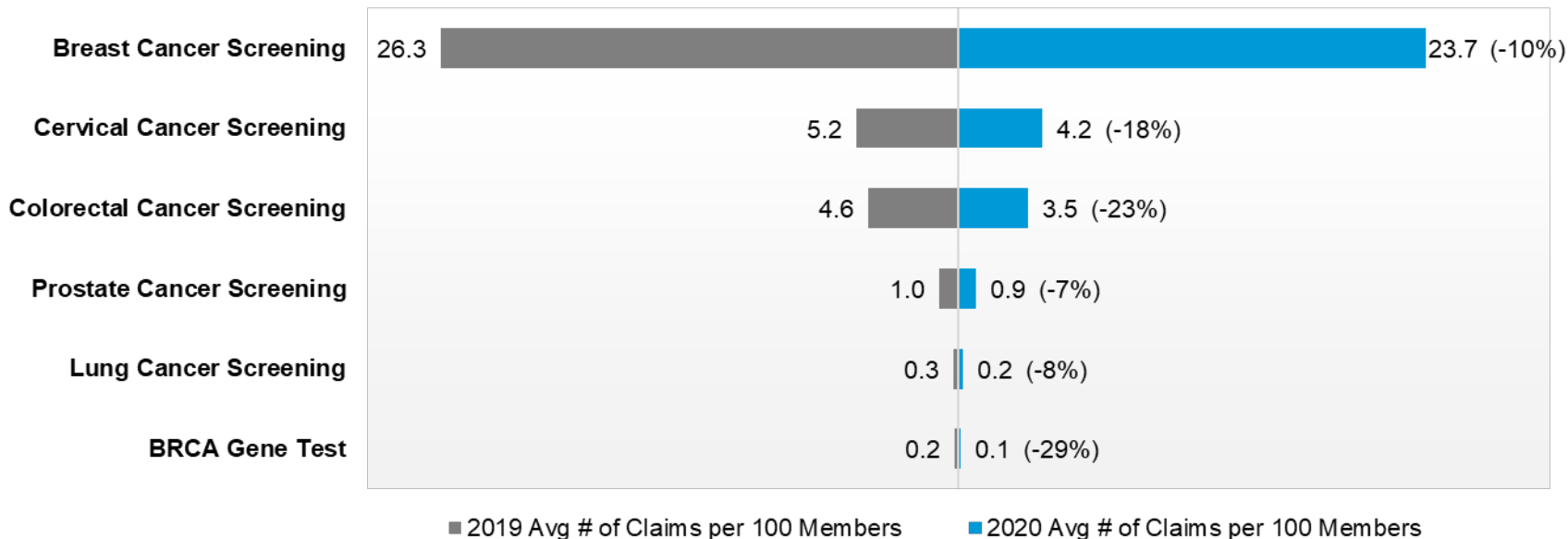
Change in Preventive Care Utilization (# of claims per 100) through November - 2020 vs. 2019



Note: Preventive care procedures are identified based on CMS and AMA recommended preventive service procedure codes

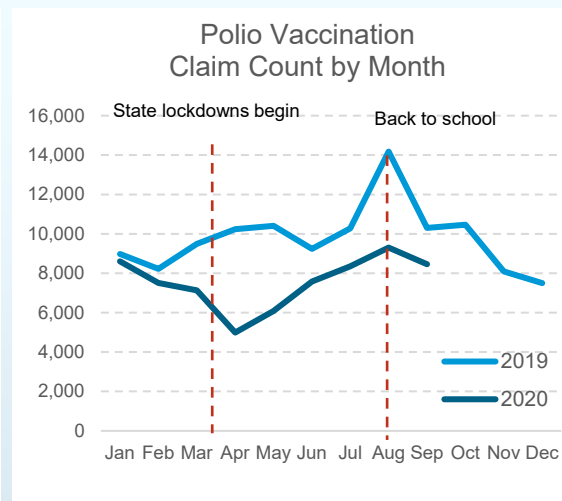
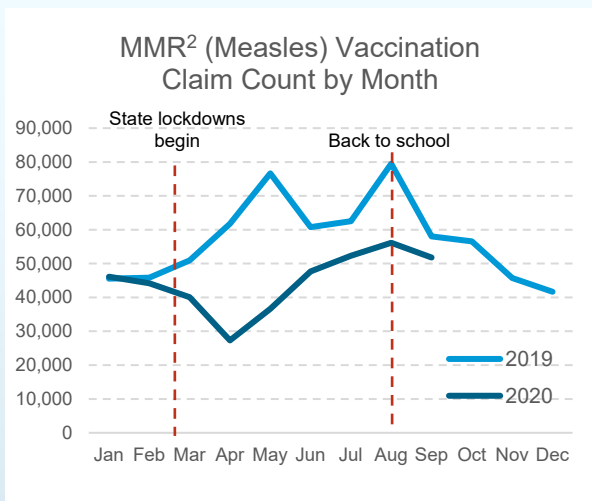
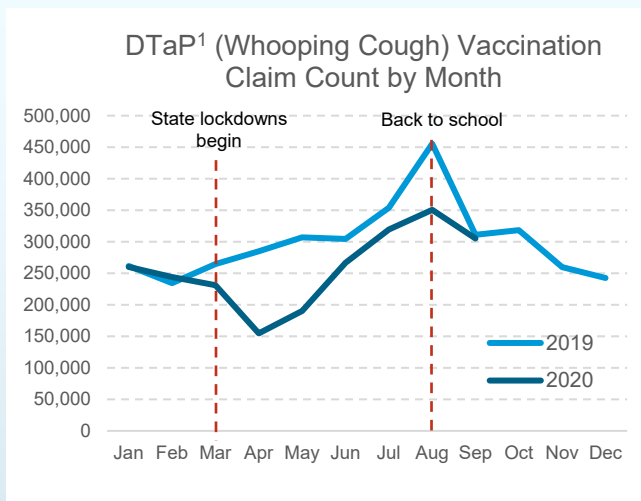
Breast Cancer Screenings showed largest overall drop, while Cervical and Colorectal saw larger relative YoY declines

Change in Cancer Screening Utilization (# of claims per 100) through November - 2020 vs. 2019



Note: Preventive care procedures are identified based on CMS and AMA recommended preventive service procedure codes

Vaccination rates against Whooping Cough, Measles, and Polio have decreased by 26%, 26% and 16% respectively

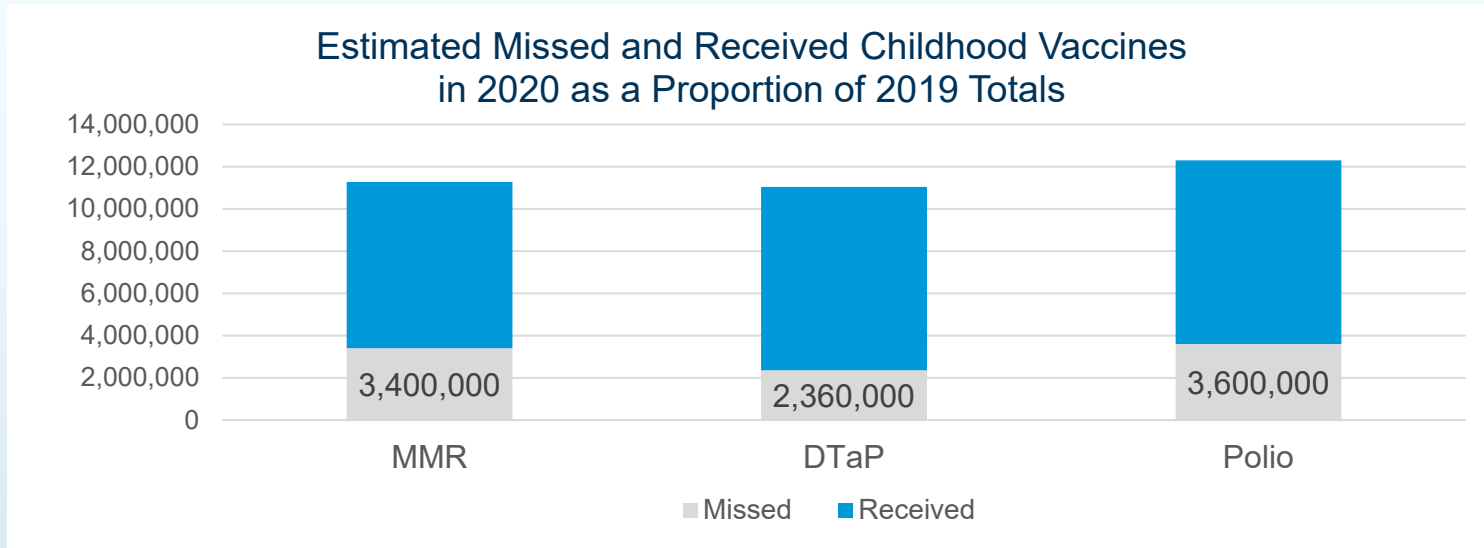


Note: The beginning of COVID (March through May) and the back to school vaccine push (August) are where many vaccines have been missed in 2020

¹ DTaP vaccination protects against Diphtheria, Tetanus, and acellular Pertussis (Whooping Cough)

² MMR vaccination protects against Measles, Mumps, and Rubella

An estimated 9 million MMR/DTaP/Polio vaccination doses¹ could be missed nationwide by children in 2020



¹ Missed vaccines are not equal to number of children who missed vaccines. An individual child could have missed more than one of these vaccines

* DTaP vaccination protects against Diphtheria, Tetanus, and acellular Pertussis (Whooping Cough)

* MMR vaccination protects against Measles, Mumps, and Rubella

2019 Vaccination Rate Source: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6942a1.htm>

Key Findings of Childhood Vaccinations

- Child vaccinations have dropped by as much as 26% for MMR, DTaP, and Polio Vaccines
- If the current downward trend in vaccinations is not made up, an estimated 9 million doses of the MMR, DTaP, and Polio vaccines could be missed in the US by the end of 2020
- Decreased vaccination rates put communities at higher risk of Measles and Whooping Cough outbreaks and could threaten current community protections against Polio



MISSING VACCINATIONS DURING COVID-19 PUTS OUR CHILDREN & COMMUNITIES AT RISK

BlueCross BlueShield

Many Americans have delayed or stopped receiving routine and preventive care during the COVID-19 crisis. Unfortunately, this has meant significant drops in critical childhood vaccinations—a development that could affect community protections against various diseases. To prevent further risk to our children and our communities, it's vital that children receive the recommended vaccinations on time or catch-up on vaccinations missed as a result of the pandemic.

DECREASES IN VACCINATIONS

- UP TO **26%** DROP FOR MMR, DTaP, & POLIO VACCINES BETWEEN JAN-SEPT 2020
- AN ESTIMATED **9M** DOSES OF THESE VACCINES COULD BE MISSED BY THE END OF 2020
- INCREASES RISK OF MEASLES & WHOOPING COUGH OUTBREAKS
- LOWERS COMMUNITY PROTECTING AGAINST THESE DISEASES

REDUCED COMMUNITY PROTECTION FOR OUR CHILDREN AND COMMUNITIES AGAINST MEASLES, WHOOPING COUGH AND POLIO

2019 AND 2020 ESTIMATED VACCINATION RATES FOR CHILDREN AGES 0-18 AND HERO IMMUNITY THRESHOLDS

Vaccine	2019 Rate	2020 Rate	Hero Immunity Threshold
MMR	91.0%	88.7%	92%
DTaP	81.0%	78.2%	82%
POLIO	92.0%	88.0%	90%

WHY IT MATTERS

Lowest vaccination rates create steady protection for children and communities against diseases that are easily avoided by vaccines. Vaccination rates for measles and whooping cough have already meaningfully decreased during the pandemic, and this is the broader and greater of an indication about the resiliency of a community. In total, measles has the potential to spread in the resurgence of a community. In total, if school closures are not made up, some 100 million children are at risk of being vulnerable to other childhood diseases like measles and whooping cough. In addition, COVID-19 has many could emerge.

DOSES OF VACCINE ADMINISTERED IN 2019 AND 2020

Vaccine	2019 Rate	2020 Rate
DTaP	26%	26%
MMR	26%	26%
POLIO	16%	16%

40% OF PARENTS SAY THEIR CHILDREN MISSED VACCINATIONS DUE TO COVID-19

BlueCross BlueShield

WE ENCOURAGE PARENTS TO TAKE THEIR CHILDREN IN FOR ROUTINE VISITS AND TO TAKE MEASURES TO CATCH UP ON ANY MISSED VACCINATIONS. PEDIATRICIANS CAN BE TAKEN UP ON ANY MISSED child care from COVID-19 while he/she is visiting the doctor. Wear masks, healthcare providers across America are taking the necessary steps to ensure the safety of patients who visit their offices.

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ENSURING ACCESS TO PREVENTIVE CARE, THE HEALTH OF AMERICA™

[/the-health-of-america](https://www.bluecross-blueshield.com/the-health-of-america)



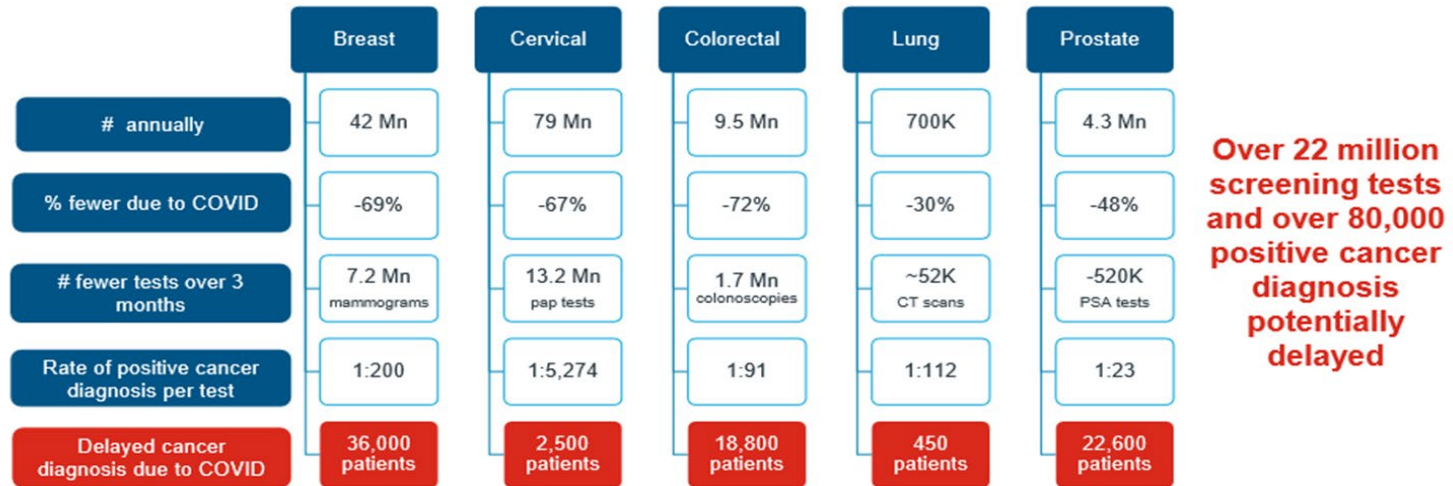
Delays in Cancer Screening and Diagnoses



ESTIMATES OF DELAYED/MISSED CANCER DIAGNOSES

Over 22 million screening tests for five common tumors may be disrupted, risking delayed or missed diagnoses for 80,000 patients

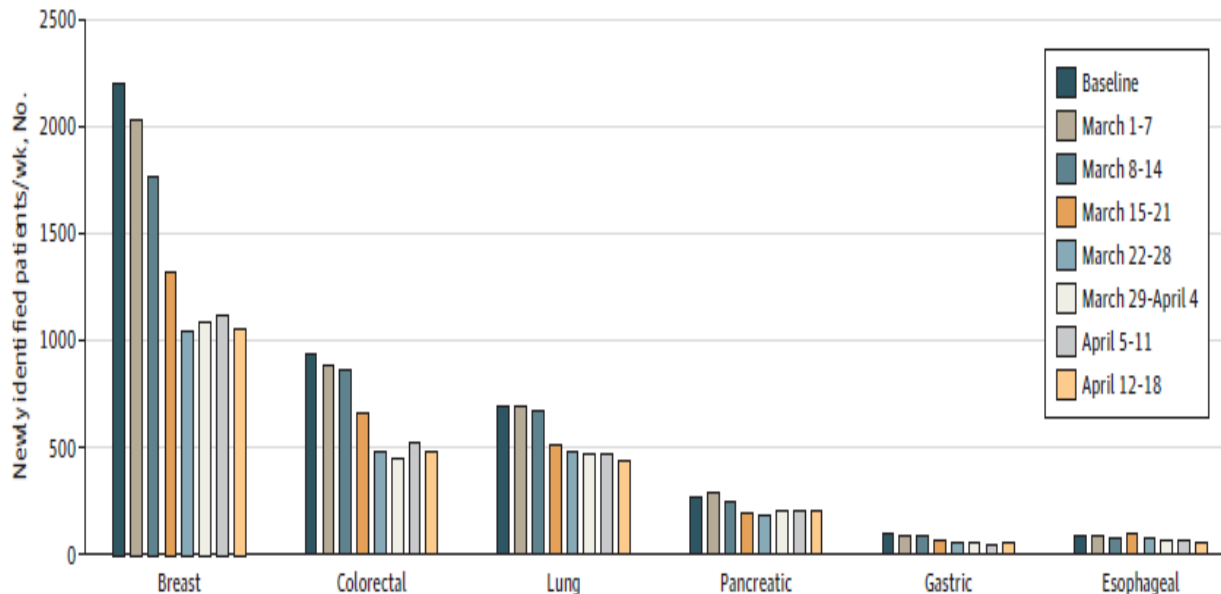
Exhibit 15: Modeled Impact of Reduced Screening Tests Three Months Ending June 5, 2020



Source: IQVIA Institute, Apr 2020

Changes in Newly Identified Cancers

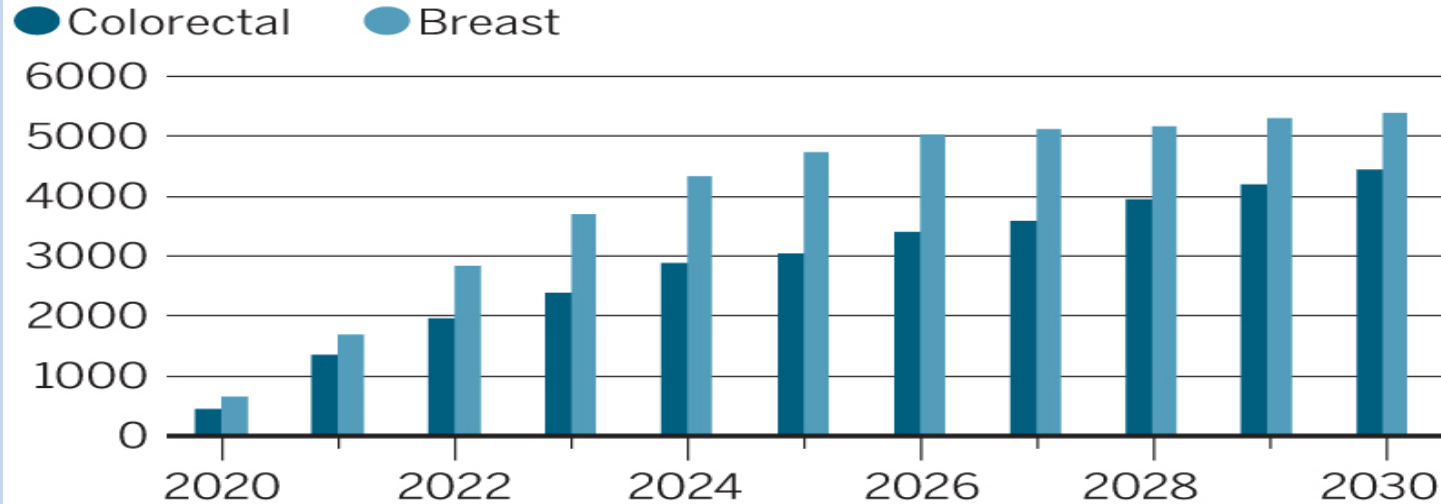
Figure. Newly Identified Cancers, Baseline Mean and Weekly During the Coronavirus Disease 2019 Pandemic



Source: Kaufman HW, Chen Z, Niles J, Fesko Y. Changes in the Number of US Patients With Newly Identified Cancer Before and During the Coronavirus Disease 2019 (COVID-19) Pandemic. *JAMA Netw Open.* 2020;3(8):e2017267. doi:10.1001/jamanetworkopen.2020.17267

Model Estimates of Excess Breast and Colorectal Cancer Deaths

Modeled cumulative excess deaths from colorectal and breast cancers, 2020 to 2030*



~5,500 excess breast cancer deaths by 2030

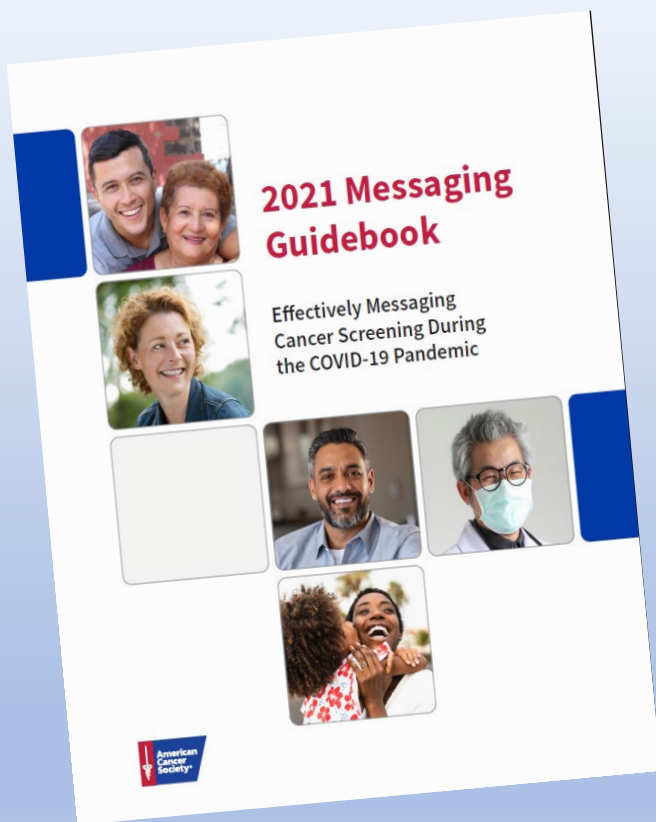
~4500 excess CRC cancer deaths by 2030

Source: Sharpless NE. COVID-19 and cancer. *Science*. 2020;368(6497):1290. doi:10.1126/science.abd3377

<https://science.sciencemag.org/content/368/6497/1290>



ACS Response to Resuming and Promoting Cancer Screening



SAFELY RESUMING AND PROMOTING CANCER SCREENING DURING THE COVID-19 PANDEMIC



Cancer prevention and early detection are central to the American Cancer Society's (ACS) mission to save lives, celebrate lives, and lead the fight for a world without cancer. Early detection of cancer through screening reduces mortality from cancers of the colon and rectum, breast, uterine cervix, and lung (see [ACS screening guidelines](#)). Cancer mortality has declined in recent decades in part due to progress in cancer screening technologies, awareness, research, and the general population's improved uptake in screening services.

Yet, far too many individuals for whom screening is recommended remain unscreened, and this situation has been aggravated by the substantial decline in cancer screening resulting from the COVID-19 pandemic. At the onset of the pandemic, elective medical procedures, including cancer screening, were largely put on hold to prioritize urgent needs and reduce the risk of the spread of COVID-19 in health care settings. Early projections indicate that these extensive screening delays will lead not only to missed and advanced stage cancer diagnoses, but also to a rise in cancer-related deaths. Adding concern, the pandemic-related disruptions will likely exacerbate existing disparities in cancer screening and survival across groups of people who have systemically experienced social or economic obstacles to screening and care.

In response to these challenges, ACS developed this report to summarize the current state and to provide guidance on how public health agencies, health care providers, and screening advocates across the nation can promote and deliver cancer screening appropriately, safely, and equitably during the COVID-19 pandemic.

A UNITED MESSAGE IN OUR RESPONSE TO THE DISRUPTIONS IN CANCER SCREENING

1. Despite the challenges we face during the pandemic, cancer screening remains a public health priority, and we must provide the public with safe opportunities to prevent cancer or detect it early to improve patient outcomes.
2. Screening disparities are already evident and, without deliberate focus, are likely to increase as a result of the COVID-19 pandemic. Efforts to promote screening and overcome barriers for populations with low screening prevalence must be at the forefront of our focus.
3. Engaging patients in the resumption of cancer screening will require effective and trustworthy messaging.
4. Implementation of process and policy changes are urgently needed to sustain access to primary care and return screening to pre-pandemic rates.



Screening refers to testing individuals who have no signs or symptoms of disease. It is critical to ensure that patients with signs or symptoms associated with cancer undergo diagnostic evaluation as soon as possible, yet many people with symptoms – such as breast lumps, abnormal vaginal bleeding, blood in bowel movements, unexplained weight loss, fatigue, or anemia – continue to avoid medical care due to fears of infection with the SARS-CoV-2 virus.

It is important to reassure the public that aggressive infection control measures are being taken in health care facilities throughout the country to ensure that diagnostic procedures can be provided safely for patients with symptoms, and that these evaluations need not and should not be delayed.

Resources:

- <https://www.acs4ccc.org/cancer-screening-and-care-during-the-covid-19-pandemic/>
- <https://www.acs4ccc.org/effectively-messaging-cancer-screening-during-the-covid-19-pandemic/>





Panel Discussion



Q&A