# bhi
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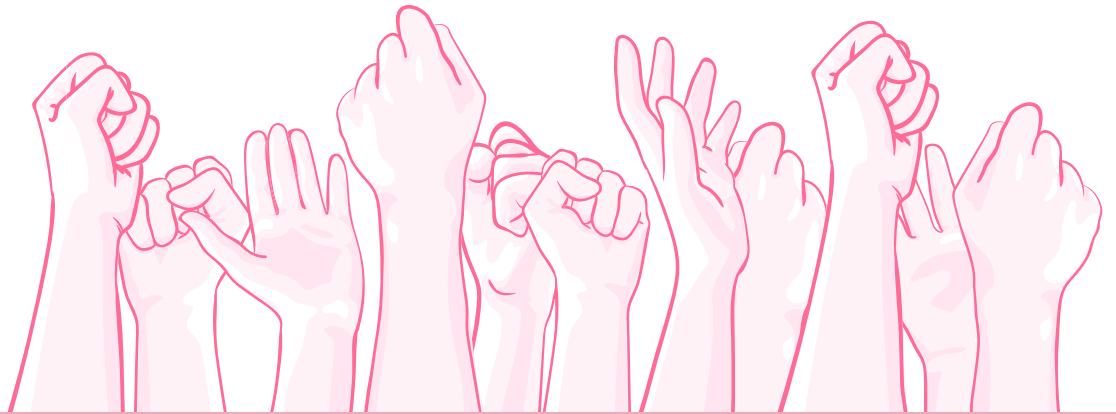
BLUE HEALTH INTELLIGENCE DATA REPORT ON

# BREAST CANCER

OCTOBER 2020

## Breast Cancer Rate per 1,000 Females by Age in 2019



| Age | Rate |
|-----|------|
| 40 - 44 | 8.2 |
| 45 - 49 | 14.7 |
| 50 - 54 | 21.5 |
| 55 - 59 | 26.4 |
| 60 - 64 | 33.1 |
| Total | 21.3 |
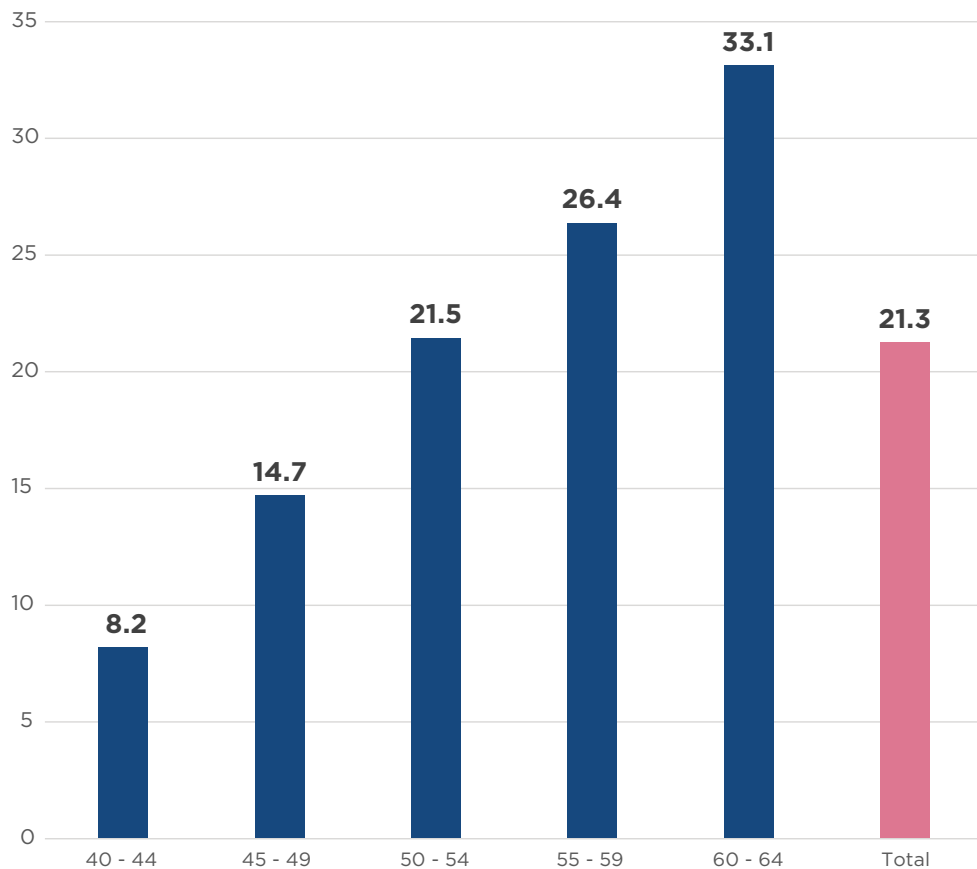
## BREAST CANCER RATES

In observance of National Breast Cancer Awareness Month, Blue Health Intelligence® (BHI®) examined breast cancer rates in women between 40 and 64 years of age.

This limited study looked at costs and trends using national commercial claims data from 2016 through 2019.

BHI's research showed that in 2019, approximately 21 out of every 1,000 females ages 40 to 64 (2.1%) were diagnosed with or being treated for breast cancer.

Women between 60 and 64 years of age had the highest disease rate per 1,000, with approximately 3.3% fighting a breast cancer diagnosis.
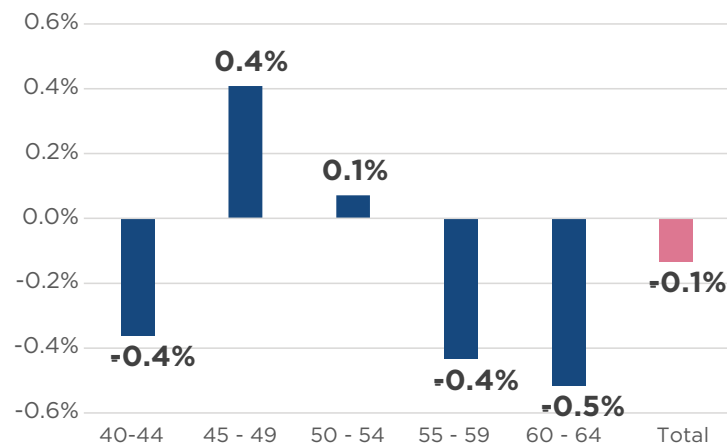
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Breast Cancer Trends in Rate per 1,000 Females by Age, 2016 – 2019
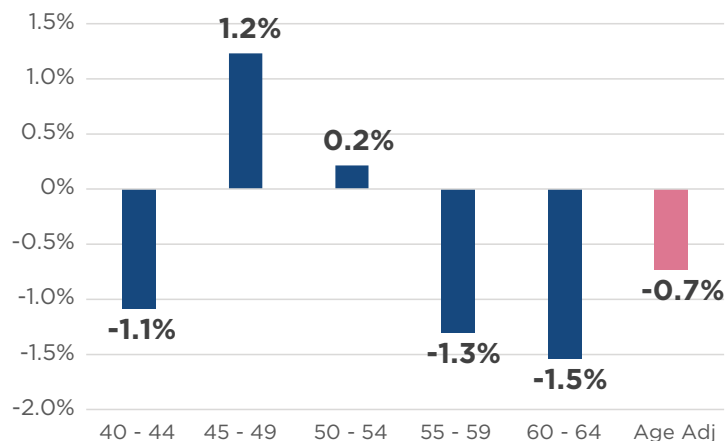


Average Annual Increase in Breast Cancer Rate per 1,000 Females by Age, 2016 – 2019



### DATA TRENDS 2016 – 2019

While data for the years 2016 through 2019 revealed a downward trend in almost every age group, breast cancer rates per 1,000 women between ages 45 and 54 increased slightly.

The average annual rate of breast cancer over the four years studied showed an overall decrease of .1%.

## Age at First Diagnosis of Breast Cancer in Females Ages 40 to 64, 2016 – 2019
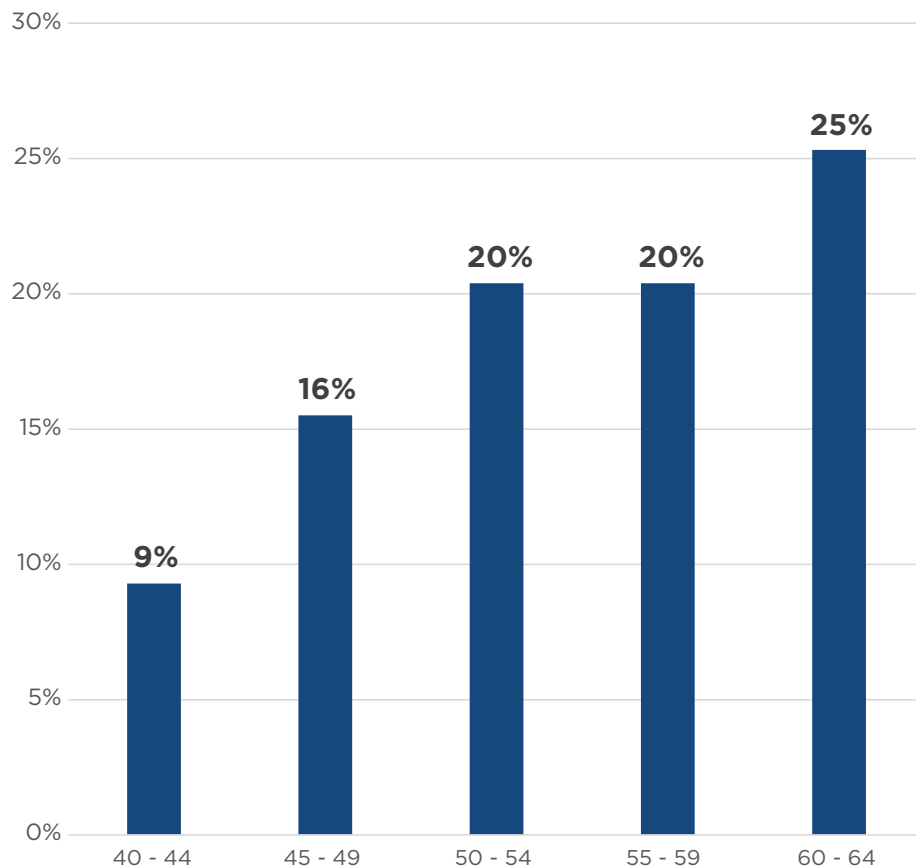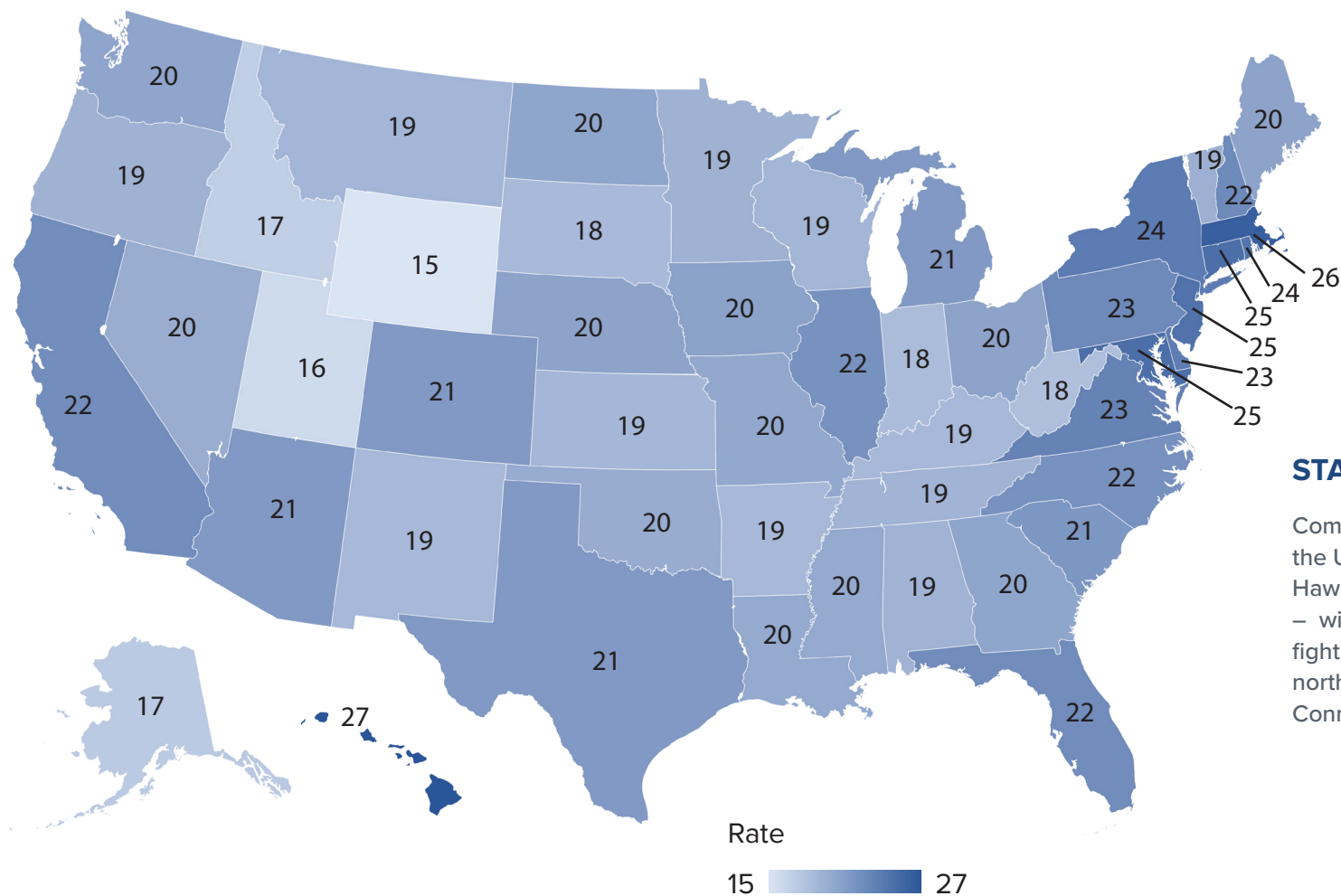


### DIAGNOSIS AGE

A closer look at the age of females when they received their first diagnosis of breast cancer supports CDC findings, confirming that the majority of breast cancers are found in women over the age of 50.[1]

[1] https://www.cdc.gov/cancer/breast/basic_info/risk_factors.htm

Breast Cancer Rate per 1,000 Females Ages 40 to 64 by State in 2019*



## STATE COMPARISONS

Comparing breast cancer rates across the United States, BHI found that Hawaii had the highest rate in 2019 — with 27 out of every 1,000 women fighting the disease, followed by the northeastern states of Maryland, Maine, Connecticut, and New Jersey.

Rate

15 ▬ 27

* Adjusted to national population age distribution

Breast Cancer Rate Trends per 1,000 Females Ages 40 to 64 by State, 2016 −2019*
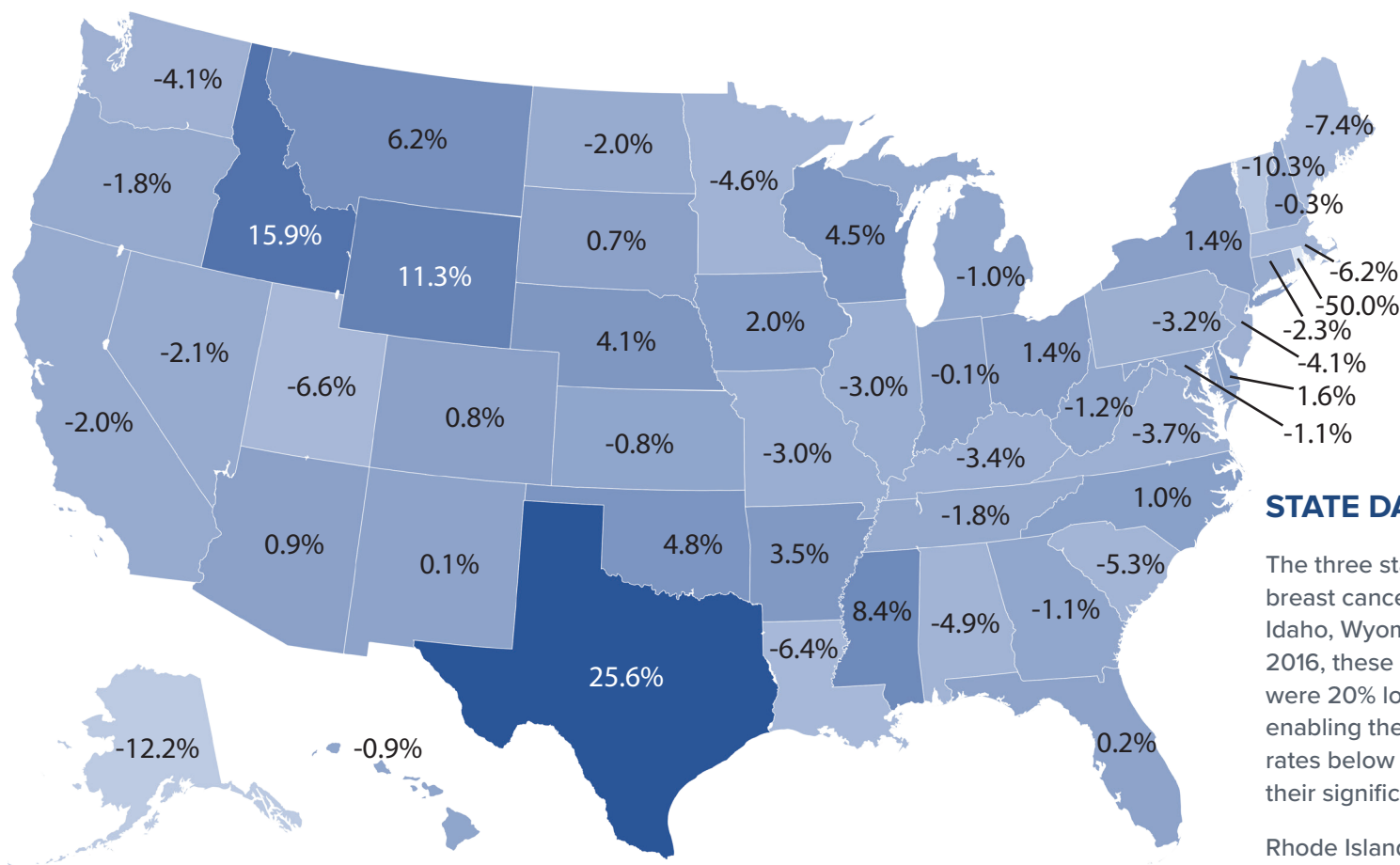


## STATE DATA TRENDS

The three states with the greatest increase in breast cancer rates from 2016 to 2019 were Idaho, Wyoming, and Texas. However, in 2016, these states had prevalence rates that were 20% lower than the 2016 norm of 21.4, enabling them to keep their breast cancer rates below the 2019 norm of 21.3, despite their significant rate increases.
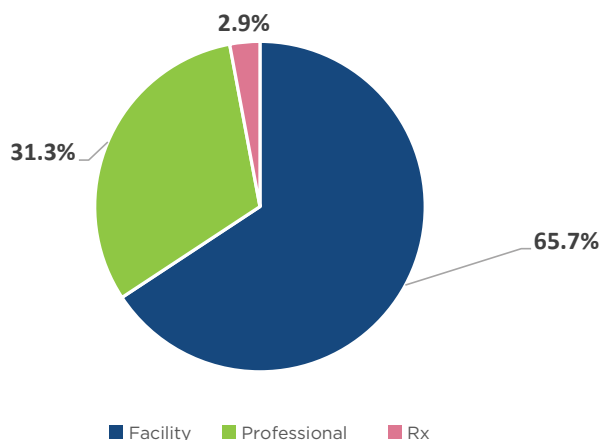
Rhode Island halved its rate over the four-year study, dropping from 49 to 24 out of every 1,000 females fighting the disease.

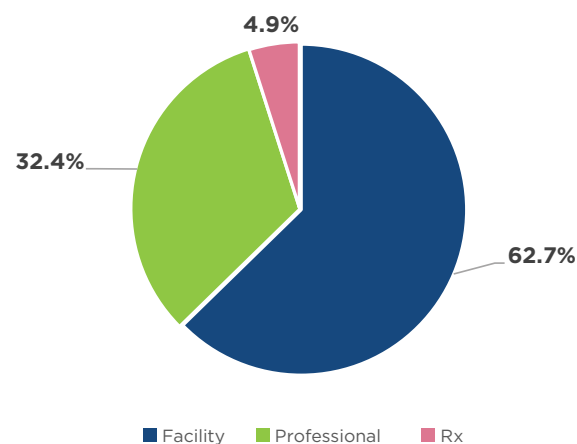* Adjusted by each state's specific population distribution

## Percent of Total Costs Breast Cancer Diagnoses, 2019

2.9%

31.3%

65.7%

■ Facility   ■ Professional   ■ Rx

## Percent of Total Costs All Diagnoses, 2019

4.9%

32.4%
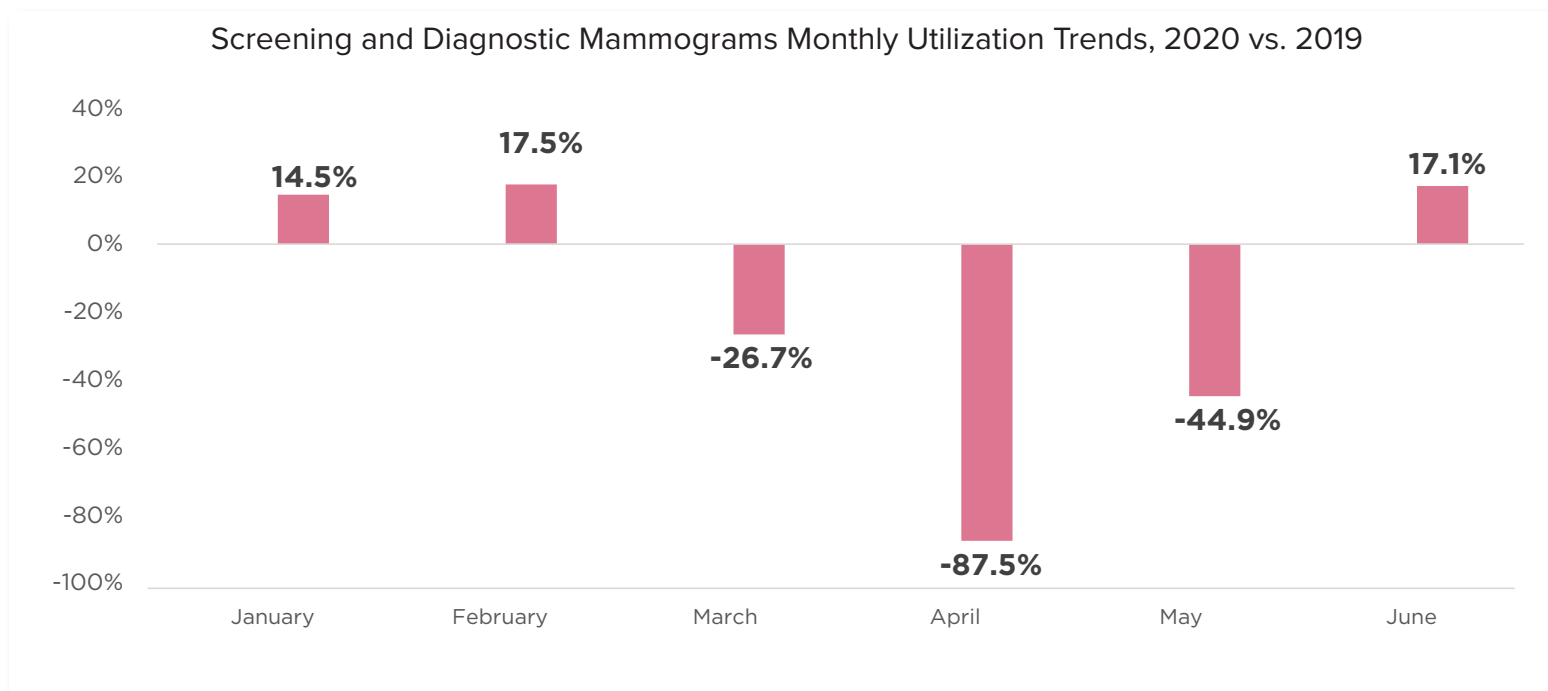
62.7%

■ Facility   ■ Professional   ■ Rx

## FIRST-YEAR TOTAL MEDICAL COSTS

Looking at first-year total medical costs for breast cancer treatment in 2019, roughly two-thirds of these costs were for facility-related procedures such as chemotherapy, radiation therapy, and inpatient hospitalizations. A little over 31% of total breast cancer treatment costs were for professional services, such as CT scans and MRI procedures, and only 2.9% of total breast cancer treatment costs were related to pharmaceuticals (Rx).

Medical cost distribution for first-year breast cancer treatment breaks out similarly to what is seen in the treatment of other medical conditions in women, though pharmaceutical costs play a slightly higher role. Regardless of primary disease or condition, the median allowed total medical costs for women with commercial health insurance was $49,420 in 2019. In that same year, 27% of women incurred total medical and drug costs of more than $100,000.

Screening and Diagnostic Mammograms Monthly Utilization Trends, 2020 vs. 2019

January: 14.5%
February: 17.5%
March: -26.7%
April: -87.5%
May: -44.9%
June: 17.1%

## THE IMPACT OF COVID-19 ON BREAST CANCER DETECTION

According to the CDC, while breast cancer screening cannot prevent women from getting breast cancer, regular screening and/or mammograms can lead to earlier detection, resulting in more successful treatment.[2]

To understand the impact the pandemic has had on preventive care, BHI looked at monthly national combined screening and diagnostic mammogram trends for the first half of 2020. In January and February, the utilization rate of screening and diagnostic mammograms increased compared to the same months in 2019. However, as shelter-in-place orders took effect, rates decreased dramatically in March, April, and May compared to 2019. Rates for June 2020 increased by 17.1% compared to June 2019.

[2] https://www.cdc.gov/cancer/breast/basic_info/screening.htm

# At BHI, there are no black boxes: our clients understand exactly how we use data to uncover insights and recommend actions.

Leveraging the power of claims data from more than 200 million Americans, Blue Health Intelligence® (BHI®) delivers insights that empower healthcare organizations to improve patient care, reduce costs, and optimize performance. With the largest, most up-to-date, and uniform data set in all of healthcare, BHI provides a highly accurate representation of the health profile of commercially insured Americans.

At BHI, our mission is to help stakeholders make the right strategic decisions based on the best data and the most actionable analytics. To fulfill our mission, BHI offers software-as-a-service products, fully transparent methodologies, experienced consultants, and big data.

In 2020, BHI began receiving Medicare fee-for-service claims data from all 50 states and the District of Columbia due to our recent certification as a Qualified Entity by CMS. Through this partnership, BHI is able to combine medical and pharmacy claims information for people over the age of 65 and for those who have a long-term disability with our existing commercial information.

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