

Breast Cancer Surgical Reimbursements Decline Significantly from 2003-2023

Potential to Impact Quality-of-Care

COLUMBIA, MD, USA, April 11, 2024 /EINPresswire.com/ -- With potential implications for quality-of-care and access to services, Medicare reimbursement for most common breast cancer surgeries declined



The American Society of Breast Surgeons is the leading medical society focusing exclusively on the surgical treatment of breast disease.

significantly from 2003 to 2023 when adjusted for inflation, according to a new study presented this week at the <u>American Society of Breast Surgeons</u> Annual Meeting in Orlando. The study, the first of its kind, examined reimbursements based on the Medicare Physician Fee Schedule Look-Up Tool from 2003 to 2023 for 10 procedures, including breast biopsies, lumpectomies,

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Terry Gao, MD, study author and resident at Temple University Hospital mastectomies and lymph node surgeries. Authors note that Medicare pricing standards also are a major determinant of the reimbursements of most private insurance providers.

Stressing that reimbursements cover total procedure costs, lead study author Terry Gao, MD, a resident at Temple University Hospital, explains that this includes not only the surgical fees but also overall facility staffing, operations and hard goods. "Inadequate funding strains healthcare resources, potentially affecting quality-of-care and possibly the financial viability of some hospitals, particularly safety net facilities serving the financially disadvantaged," added

Gao, who conducted the study with researchers at Temple and Fox Chase Cancer Center.

Dr. Gao believes that physicians must lead the conversation about declining reimbursements because they experience the patient care impact firsthand. "This study," she says, "is the first to put a number on the trend in declining breast cancer payments, which is an extremely significant loss. It is the initial step in understanding the full implications of this decline and working towards a solution to ensure quality patient care."

The study examined a range of breast cancer-related surgeries for the 20-year period. Data

collection for sentinel lymph node biopsy injection began in 2011 when the Centers for Medicare Services (CMS) introduced its procedure code.

Researchers calculated the mean change during the entire 20-year period for the 10 procedures examined as +22.31%. However, during this time, the consumer price index rose 69%, suggesting a significant rise in inflation exceeding the mean increase in reimbursements for breast procedures.

In another analysis, after converting all 2003 reimbursements to 2023 dollars, the median reimbursement rate declined by 24.28%. Researchers also computed the compound annual growth rate (CAGR), a consistent percentage representing the average annual change during a specified time period, for these reimbursements in 2023 dollars as -1.54 per year.

While most procedures saw individual declines during this time period, after conversion into 2023 dollars, lumpectomy and simple mastectomy rose by 0.37% and 3.58% respectively. Their adjusted CAGRs also rose by 0.02% and 0.18% respectively. However, Dr. Gao explains that the slightly positive increases do not represent meaningful gains. "The rate of inflation has been escalating over time," she says. "Our study found that these reimbursements are increasing at a much slower pace and likely will become negative numbers in several years."

Providing a more tangible perspective on reimbursements, researchers also examined in real dollars the decline in rates for certain frequently performed breast surgeries during the past 10 years. They grew 2013 compensation at the rate of inflation during that time period and subtracted from this the estimated 2023 reimbursements based on actual rates. "With an incidence of 297,790 breast cancer patients as estimated by the American Cancer Society, we found that payments would be \$111,488,311.65 less than if rates had kept pace with inflation from 2013 to 2023."

"The decline in breast cancer surgery reimbursements is immense," comments Dr. Gao. "This has serious consequences that policymakers, surgeons and hospital administrators can't ignore. Unless addressed, we risk seeing a decline in crucial resources. This includes fewer hospital staff, a shortage of skilled surgeons, reduced funding for necessary equipment and limited opportunities for caregiver training. Ultimately, this may lead to a drop in the availability and quality-of-care for breast cancer patients. Hopefully, more studies like this will generate awareness and incentivize the healthcare system to work towards meaningful change."

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