Avoiding Low-Value Care and Patient Financial Harm in Cervical Cancer Screening

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ABSTRACT

The provision of low-value care remains a significant concern in healthcare. The negative impacts resulting from low-value cervical cancer screenings are extensive at the population level and can lead to harms and substantial out-of-pocket expenses for patients. Inattention to the financial implications of screening poses a serious threat to low-income populations that depend on affordable screening services, and it may exacerbate existing healthcare disparities and inequities. Identifying and implementing strategies that promote high-value care and reduce patient out-of-pocket expenses are important to ensure that all people, regardless of their socioeconomic status, have access to effective and affordable preventive care.

See related article by Rockwell et al., p. 385

The provision of low-value care, which includes services that are deemed medically unnecessary, remains a significant concern in healthcare. Cervical cancer screening is especially susceptible due to its early onset and frequency of use throughout an individual's lifespan. The negative impacts resulting from low-value cervical cancer screenings are extensive at the population level and can lead to harms and substantial out-of-pocket expenses for patients.

In this issue of *Cancer Prevention Research*, Rockwell and colleagues estimate total spending on low-value cervical cancer screening and out-of-pocket costs associated with colposcopy and related services in over a million commercially insured Virginians (1). They estimate that 34% of screenings were deemed low-value due to noncompliance with guidelines set by the U.S. Preventive Services Task Force (USPSTF), a national leader in evidence-based recommendations for prevention. Further, out-of-pocket expenses for colposcopy and related services were estimated at about $144 per person. With these findings, the authors suggest that costs saved by reducing low-value screening will allow for reallocation of resources to cover diagnostic and treatment services, thereby improving patient outcomes. The message is clear: investing more resources into the follow-up of abnormal screening test results is vital in assuring its ultimate effectiveness. The concept of reallocation may seem idealistic to many, but it illustrates that there is room within a system of care to accommodate two linked goals: reducing low-value care and simultaneously increasing high-value care.

Several other strategies can be employed to optimize value in cervical cancer screening. These include incentivizing insurers and healthcare systems to promote educational programs to teach the principles and practice of high-value care and the encouragement of de-implementation strategies designed specifically to reduce low-value care practices. In addition, educating patients about the importance of declining low-value options—and opting for less expensive and equally efficacious strategies and treatments—would serve as a valuable supplement towards achieving this goal. Patients are often unaware of how healthcare services may affect out-of-pocket expenses; price transparency is needed to assure that patients are not faced with surprise bills that can lead to financial toxicity (2). Investments in education for all stakeholders can go a long way in facilitating meaningful culture change (3).

Opportunities to enhance healthcare value exist at all levels. While USPSTF guidelines serve as a benchmark for high-value care, it is worth noting that the panel excludes costs from consideration in its guideline-making process, even though its Congressional mandate includes review of "the scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of clinical preventive services for the purpose of developing recommendations (4)." Avoiding discussion of cost-effectiveness is understandable given how costs remain a sensitive issue within medicine; their consideration may result in the perception that decisions are being driven more by economic concerns than patient outcomes, thereby undermining confidence in USPSTF recommendations.

This "cost-a-phobic" stance, however, has extended to professional societies responsible for devising management guidelines, leading to recommendations that may include newer and more expensive technologies with marginal net benefits (5). Without high-quality comparative effectiveness research, including cost-effectiveness analyses, healthcare systems lack the necessary information to assess whether implementing new innovations will translate into higher-value care compared

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with current technologies (6). The additional costs associated with such recommendations ultimately trickle down to consumers in the form of higher insurance premiums, deductibles, and out-of-pocket costs. At present, who is charged with protecting patients from financial harms related to cervical cancer screening?

Inattention to the financial implications of screening poses a serious threat to low-income populations that depend on affordable screening services, and it may exacerbate existing healthcare disparities and inequities. The mounting out-of-pocket costs associated with diagnostic services and treatments (7) could also contribute to higher cervical cancer incidence and related mortality in low-income individuals, especially among racial and ethnic minority groups (8).

Rockwell and colleagues have demonstrated that value gaps can be measured and have suggested a practical solution. Their work provides a pathway to the importance of monitoring the impact that costs and patient expenses impose on cervical cancer screening, management, and treatment and to evaluate whether these effects contribute to increasing disparities in cancer incidence. The work is especially important given the many millions of people in the United States are without healthcare insurance, including those residing in states that have not yet expanded access to Medicaid. Ongoing investigation should focus on identifying and implementing strategies that promote high-value care and reduce patient out-of-pocket expenses to ensure that all patients, regardless of their socioeconomic status, have access to effective and affordable preventive care. Addressing these challenges will require collaboration across different stakeholders, including healthcare providers, policymakers, insurers, and patients, to ensure that high quality, affordable care is accessible to all. By doing so, we can create a healthcare system that prioritizes value, equity, and patient-centered care.

Authors' Disclosures

No disclosures were reported.

Authors' Contributions

G.F. Sawaya: Conceptualization, supervision, methodology, writing–original draft, writing–review and editing. **V.G. Dorismond:** Conceptualization, supervision, writing–original draft, project administration, writing–review and editing.

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