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
Today's speakers

<table>
<thead>
<tr>
<th>PANELISTS</th>
<th>MODERATOR</th>
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<tbody>
<tr>
<td>DEANA MANASSARAM-BAPTISTE, PhD, MPH</td>
<td>DIANE RITTENHOUSE, MD, MPH</td>
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<tr>
<td>Director of Cancer Screening Guideline Development, American Cancer Society</td>
<td>Senior Fellow, Mathematica</td>
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<td>MARK TALLUTO</td>
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<td>Vice President, Strategy and Analytics, BlueCross BlueShield Association</td>
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<td>MAGDALA CHERY, MBS, DO</td>
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<tr>
<td>Commonwealth Fund Fellow in Minority Health Policy, Harvard T.H. Chan School of Public Health</td>
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Trends in Preventive Care Utilization during COVID

Key Findings
March, 2021
After a large drop early in the pandemic, preventive care utilization had a strong recovery through October.

Preventive Care Claim PMPM 2020 vs. 2019

The claims count through Nov 2020 is at 88% of that in 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

<table>
<thead>
<tr>
<th>Procedure</th>
<th>2019 Avg # of Claims per 100 Members</th>
<th>2020 Avg # of Claims per 100 Members</th>
<th>Change (%)</th>
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<tbody>
<tr>
<td>Wellness Visit</td>
<td>44.4</td>
<td>38.8</td>
<td>-13%</td>
</tr>
<tr>
<td>Vaccines</td>
<td>42.4</td>
<td>39.7</td>
<td>-6%</td>
</tr>
<tr>
<td>Cancer Screenings</td>
<td>37.4</td>
<td>32.7</td>
<td>-13%</td>
</tr>
<tr>
<td>Lipid Panel</td>
<td>34.0</td>
<td>30.0</td>
<td>-12%</td>
</tr>
<tr>
<td>STIs Screening</td>
<td>18.4</td>
<td>15.4</td>
<td>-16%</td>
</tr>
<tr>
<td>HIV Screening</td>
<td>5.1</td>
<td>4.3</td>
<td>-15%</td>
</tr>
<tr>
<td>Diabetes Screening &amp; Self-Management Training</td>
<td>4.4</td>
<td>3.6</td>
<td>18%</td>
</tr>
<tr>
<td>Hepatitis B Screening</td>
<td>3.8</td>
<td>3.5</td>
<td>-8%</td>
</tr>
<tr>
<td>Depression Screening</td>
<td>1.0</td>
<td>0.8</td>
<td>-19%</td>
</tr>
</tbody>
</table>

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

- Breast Cancer Screening: 2019 Avg # of Claims per 100 Members: 26.3, 2020 Avg # of Claims per 100 Members: 23.7 (-10%)
- Cervical Cancer Screening: 2019 Avg # of Claims per 100 Members: 5.2, 2020 Avg # of Claims per 100 Members: 4.2 (-18%)
- Colorectal Cancer Screening: 2019 Avg # of Claims per 100 Members: 4.6, 2020 Avg # of Claims per 100 Members: 3.5 (-23%)
- Prostate Cancer Screening: 2019 Avg # of Claims per 100 Members: 1.0, 2020 Avg # of Claims per 100 Members: 0.9 (-7%)
- Lung Cancer Screening: 2019 Avg # of Claims per 100 Members: 0.3, 2020 Avg # of Claims per 100 Members: 0.2 (-8%)
- BRCA Gene Test: 2019 Avg # of Claims per 100 Members: 0.2, 2020 Avg # of Claims per 100 Members: 0.1 (-29%)

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 doses 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
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**

<table>
<thead>
<tr>
<th>Tumor</th>
<th># annually</th>
<th>% fewer due to COVID</th>
<th># fewer tests over 3 months</th>
<th>Rate of positive cancer diagnosis per test</th>
<th>Delayed cancer diagnosis due to COVID</th>
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<tbody>
<tr>
<td>Breast</td>
<td>42 Mn</td>
<td>-69%</td>
<td>7.2 Mn mammograms</td>
<td>1:200</td>
<td>36,000 patients</td>
</tr>
<tr>
<td>Cervical</td>
<td>79 Mn</td>
<td>-67%</td>
<td>13.2 Mn pap tests</td>
<td>1:5,274</td>
<td>2,500 patients</td>
</tr>
<tr>
<td>Colorectal</td>
<td>9.5 Mn</td>
<td>-72%</td>
<td>1.7 Mn colonoscopies</td>
<td>1:191</td>
<td>18,800 patients</td>
</tr>
<tr>
<td>Lung</td>
<td>700K</td>
<td>-30%</td>
<td>~52K CT scans</td>
<td>1:112</td>
<td>450 patients</td>
</tr>
<tr>
<td>Prostate</td>
<td>4.3 Mn</td>
<td>-48%</td>
<td>~520K PSA tests</td>
<td>1:23</td>
<td>22,600 patients</td>
</tr>
</tbody>
</table>

Over 22 million screening tests and over 80,000 positive cancer diagnosis potentially delayed

Source: IQVIA Institute, Apr 2020

Changes in Newly Identified Cancers

Model Estimates of Excess Breast and Colorectal Cancer Deaths

~5,500 excess breast cancer deaths by 2030
~4500 excess CRC cancer deaths by 2030

https://science.sciencemag.org/content/368/6497/1290
2021 Messaging Guidebook

Effectively Messaging Cancer Screening During the COVID-19 Pandemic

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 various causes of the cancer and improves treatment options, quality of care, and longevity. ACS screening guidelines and recommendations have existed for decades in part due to progress in cancer screening technologies, awareness, research, and the general public's interest in improved cancer screening services.

Yet, for too many individuals, cancer screening recommendations are not followed, and this situation has been exacerbated by the substantial decline in cancer screening resulting from the COVID-19 pandemic. At the onset of the pandemic, a sharp decline in screening was observed, including cancer screening, which reduced patient satisfaction and reduced the risk of the spread of COVID-19 in healthcare settings. Early detection rates and care for those with cancer that were screenings delayed may have increased the risk of complications and survival across groups of people who have experienced social or economic obstacles to screening and care.

In response to these challenges, ACS developed this resource to summarize the current state and to provide guidance on how public health agencies, healthcare 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 efforts, are likely to increase as a result of the COVID-19 pandemic. Efforts to promote screening and overcome barriers for populations with lower screening prevalence must be at the forefront of our efforts.

3. Engaging patients in the resumption of cancer screening will require effective and trustworthy messaging.

4. Implementation of processes and policy changes are urgently needed to sustain access to primary care and return screening to prepandemic levels.

Resources:

Panel Discussion