WEBVTT

NOTE duration: "00:56:23.4000000"

NOTE recognizability:0.850

NOTE language:en-us

NOTE Confidence: 0.900153588333333

00:00:02.880 --> 00:00:04.068 OK. Good morning, everyone.

NOTE Confidence: 0.900153588333333

 $00:00:04.068 \longrightarrow 00:00:06.559$ We're going to go ahead and get started.

NOTE Confidence: 0.900153588333333

 $00:00:06.560 \longrightarrow 00:00:07.676$ Thank you all for being here.

NOTE Confidence: 0.900153588333333

 $00:00:07.680 \longrightarrow 00:00:09.876$ We have a really special treat for you today.

NOTE Confidence: 0.900153588333333

 $00:00:09.880 \longrightarrow 00:00:11.765$ So we are being joined

NOTE Confidence: 0.900153588333333

00:00:11.765 --> 00:00:13.273 by Doctor Kathy Bradley,

NOTE Confidence: 0.900153588333333

 $00:00:13.280 \longrightarrow 00:00:15.513$ who is Professor and Dean of the

NOTE Confidence: 0.900153588333333

 $00{:}00{:}15.513 \dashrightarrow 00{:}00{:}17.497$ Colorado School of Public Health as

NOTE Confidence: 0.900153588333333

 $00:00:17.497 \longrightarrow 00:00:19.730$ well as the Deputy Director of the

NOTE Confidence: 0.900153588333333

 $00:00:19.800 \longrightarrow 00:00:22.120$ University of Colorado Cancer Center,

NOTE Confidence: 0.900153588333333

 $00{:}00{:}22.120 \mathrel{--}{>} 00{:}00{:}24.196$ where she also holds the Paul

NOTE Confidence: 0.900153588333333

00:00:24.196 --> 00:00:26.280 Bunn Chair in Cancer Research.

NOTE Confidence: 0.900153588333333

 $00:00:26.280 \longrightarrow 00:00:28.355$ So Prior to joining the

00:00:28.355 --> 00:00:29.926 University of Colorado Dean,

NOTE Confidence: 0.900153588333333

00:00:29.926 --> 00:00:31.556 Bradley was the founding Chair

NOTE Confidence: 0.900153588333333

 $00:00:31.556 \longrightarrow 00:00:33.297$ of the Department of Healthcare

NOTE Confidence: 0.900153588333333

00:00:33.297 --> 00:00:35.157 Policy and Research for VCU.

NOTE Confidence: 0.900153588333333

 $00:00:35.160 \longrightarrow 00:00:36.990$ She's a health economist and

NOTE Confidence: 0.900153588333333

00:00:36.990 --> 00:00:39.767 received her PhD and MPA from the

NOTE Confidence: 0.900153588333333

00:00:39.767 --> 00:00:41.515 University of North Carolina,

NOTE Confidence: 0.90015358833333300:00:41.520 --> 00:00:42.140 Chapel Hill.

NOTE Confidence: 0.900153588333333

 $00:00:42.140 \longrightarrow 00:00:44.000$ She has served on the National

NOTE Confidence: 0.900153588333333

00:00:44.000 --> 00:00:45.120 Academies of Science,

NOTE Confidence: 0.900153588333333

 $00:00:45.120 \longrightarrow 00:00:47.620$ Engineering and Medicine's National Cancer

NOTE Confidence: 0.900153588333333

 $00:00:47.620 \longrightarrow 00:00:50.595$ Policy Forum and formerly served on

NOTE Confidence: 0.900153588333333

 $00:00:50.595 \longrightarrow 00:00:52.995$ the National Advisory Committee to HRQ.

NOTE Confidence: 0.900153588333333

 $00:00:53.000 \longrightarrow 00:00:55.285$ She currently serves on the

NOTE Confidence: 0.900153588333333

 $00:00:55.285 \longrightarrow 00:00:57.113$ Methodology Committee for Pacori.

NOTE Confidence: 0.900153588333333

 $00:00:57.120 \longrightarrow 00:00:59.034$ Doctor Bradley has received numerous awards

 $00:00:59.034 \longrightarrow 00:01:01.159$ and honors including the Women in Science,

NOTE Confidence: 0.900153588333333

 $00:01:01.160 \longrightarrow 00:01:03.040$ Dentistry and Medicine Professional

NOTE Confidence: 0.900153588333333

00:01:03.040 --> 00:01:04.920 Achievement Award and Leadership,

NOTE Confidence: 0.900153588333333

 $00:01:04.920 \longrightarrow 00:01:07.182$ and she maintains an active resource

NOTE Confidence: 0.900153588333333

 $00:01:07.182 \longrightarrow 00:01:09.208$ portfolio of NIH and Foundation

NOTE Confidence: 0.900153588333333

 $00:01:09.208 \longrightarrow 00:01:11.872$ funded grants where she leads research

NOTE Confidence: 0.900153588333333

00:01:11.872 --> 00:01:14.816 related to cancer disparities and outcomes,

NOTE Confidence: 0.900153588333333

00:01:14.816 --> 00:01:15.632 financial burden,

NOTE Confidence: 0.900153588333333

 $00:01:15.632 \longrightarrow 00:01:17.672$ and labor market outcomes of

NOTE Confidence: 0.900153588333333

00:01:17.672 --> 00:01:18.760 cancer survivors.

NOTE Confidence: 0.900153588333333

 $00:01:18.760 \dashrightarrow 00:01:21.000$ Please join me in welcoming Dean Bradley.

NOTE Confidence: 0.968073910555555

00:01:26.840 --> 00:01:28.700 Good morning, everyone and thank

NOTE Confidence: 0.968073910555555

 $00{:}01{:}28.700 \dashrightarrow 00{:}01{:}30.927$ you for that introduction and thank

NOTE Confidence: 0.968073910555555

 $00{:}01{:}30.927 \dashrightarrow 00{:}01{:}33.076$ you for the opportunity to be here.

NOTE Confidence: 0.968073910555555

 $00:01:33.080 \longrightarrow 00:01:35.066$ I'm so fortunate to have had

00:01:35.066 --> 00:01:37.120 two beautiful days in New Haven.

NOTE Confidence: 0.968073910555555

00:01:37.120 --> 00:01:38.432 It's just been fantastic.

NOTE Confidence: 0.968073910555555

 $00:01:38.432 \longrightarrow 00:01:40.400$ I'm happy to report that I

NOTE Confidence: 0.968073910555555

 $00:01:40.463 \longrightarrow 00:01:42.035$ did get to try the pizza.

NOTE Confidence: 0.789162903636364

 $00:01:44.240 \longrightarrow 00:01:45.630$ Everyone, when I tell them

NOTE Confidence: 0.789162903636364

 $00:01:45.630 \longrightarrow 00:01:47.400$ I was given a talk here,

NOTE Confidence: 0.789162903636364

00:01:47.400 --> 00:01:48.636 they were saying make sure you

NOTE Confidence: 0.789162903636364

 $00:01:48.636 \longrightarrow 00:01:49.959$ get out and try the pizza.

NOTE Confidence: 0.789162903636364

00:01:49.960 --> 00:01:50.785 So yesterday morning,

NOTE Confidence: 0.789162903636364

 $00{:}01{:}50.785 \dashrightarrow 00{:}01{:}52.435$ that's what I had for breakfast.

NOTE Confidence: 0.890891883333333

 $00:01:54.960 \longrightarrow 00:01:58.200$ So and this is not my first time being in

NOTE Confidence: 0.890891883333333

00:01:58.280 --> 00:02:01.600 New Haven and giving grand rounds at Yale.

NOTE Confidence: 0.890891883333333

00:02:01.600 --> 00:02:03.370 The first time I did it

NOTE Confidence: 0.890891883333333

 $00:02:03.370 \longrightarrow 00:02:04.880$ was probably 20 years ago.

NOTE Confidence: 0.890891883333333

 $00:02:04.880 \longrightarrow 00:02:07.491$ I was an assistant professor at Michigan

NOTE Confidence: 0.890891883333333

00:02:07.491 --> 00:02:09.959 State University and Doctor Ruth Mccorkle,

 $00:02:09.960 \longrightarrow 00:02:11.598$ who was a professor in nursing,

NOTE Confidence: 0.890891883333333

 $00{:}02{:}11.600 \dashrightarrow 00{:}02{:}13.676$ invited me out and the room

NOTE Confidence: 0.890891883333333

 $00:02:13.676 \longrightarrow 00:02:14.714$ was entirely different.

NOTE Confidence: 0.890891883333333

00:02:14.720 --> 00:02:16.477 And I was telling Michaela about it,

NOTE Confidence: 0.890891883333333

 $00:02:16.480 \longrightarrow 00:02:19.556$ that it was in the this room that was like a,

NOTE Confidence: 0.890891883333333

 $00:02:19.560 \longrightarrow 00:02:21.653$ a well that looked down where they

NOTE Confidence: 0.890891883333333

 $00:02:21.653 \longrightarrow 00:02:24.068$ used to do the old grand rounds

NOTE Confidence: 0.890891883333333

 $00{:}02{:}24.068 \dashrightarrow 00{:}02{:}25.878$ with the patient down below.

NOTE Confidence: 0.890891883333333

 $00:02:25.880 \longrightarrow 00:02:28.121$ And it had to be probably one of the

NOTE Confidence: 0.890891883333333

 $00:02:28.121 \longrightarrow 00:02:30.558$ most intimidating things I've ever done,

NOTE Confidence: 0.890891883333333

 $00:02:30.560 \longrightarrow 00:02:32.639$ being there as an assistant professor and

NOTE Confidence: 0.890891883333333

 $00:02:32.639 \longrightarrow 00:02:35.080$ then sort of in that particular setting.

NOTE Confidence: 0.890891883333333

 $00{:}02{:}35.080 --> 00{:}02{:}38.839$ But it is fantastic to be back.

NOTE Confidence: 0.890891883333333

 $00:02:38.840 \longrightarrow 00:02:40.605$ I titled my presentation The

NOTE Confidence: 0.890891883333333

 $00:02:40.605 \longrightarrow 00:02:42.370$ Winding Path between Medicaid and

00:02:42.436 --> 00:02:43.918 Cancer Health Disparities.

NOTE Confidence: 0.890891883333333

 $00:02:43.920 \longrightarrow 00:02:46.380$ And that's because nothing with Medicaid

NOTE Confidence: 0.890891883333333

00:02:46.380 --> 00:02:47.930 is straightforward and certainly

NOTE Confidence: 0.890891883333333

 $00:02:47.930 \longrightarrow 00:02:49.755$ nothing with cancer is straightforward.

NOTE Confidence: 0.890891883333333

 $00:02:49.760 \longrightarrow 00:02:53.155$ That too tends to be quite circuitous.

NOTE Confidence: 0.890891883333333

 $00:02:53.160 \longrightarrow 00:02:55.236$ So before launching into the presentation,

NOTE Confidence: 0.890891883333333

 $00:02:55.240 \longrightarrow 00:02:57.460$ I want to sort of go ahead and do the

NOTE Confidence: 0.890891883333333

00:02:57.527 --> 00:02:59.711 spoiler alert and talk about the three

NOTE Confidence: 0.890891883333333

 $00:02:59.711 \dashrightarrow 00:03:02.160$ things that I think are are takeaways.

NOTE Confidence: 0.890891883333333

 $00:03:02.160 \longrightarrow 00:03:04.752$ The 1st is just the complexity of the

NOTE Confidence: 0.890891883333333

 $00{:}03{:}04.752 \dashrightarrow 00{:}03{:}07.600$ problem, and I think as researchers,

NOTE Confidence: 0.890891883333333

 $00:03:07.600 \longrightarrow 00:03:10.008$ we like a good problem, you know.

NOTE Confidence: 0.890891883333333

 $00:03:10.008 \longrightarrow 00:03:13.080$ So this one is a particularly good problem.

NOTE Confidence: 0.890891883333333

 $00:03:13.080 \longrightarrow 00:03:15.635$ That is something with lots of facets.

NOTE Confidence: 0.890891883333333

00:03:15.640 --> 00:03:17.280 And as you think about your own research,

NOTE Confidence: 0.890891883333333

 $00:03:17.280 \longrightarrow 00:03:19.640$ especially if you're doing disparities,

 $00:03:19.640 \longrightarrow 00:03:21.320$ it's hard not to talk about

NOTE Confidence: 0.890891883333333

 $00:03:21.320 \longrightarrow 00:03:22.440$ Medicaid and Medicaid coverage.

NOTE Confidence: 0.890891883333333

00:03:22.440 --> 00:03:25.248 It's probably our best hope for

NOTE Confidence: 0.890891883333333

 $00:03:25.248 \longrightarrow 00:03:27.532$ narrowing disparities that just seem

NOTE Confidence: 0.890891883333333

 $00:03:27.532 \longrightarrow 00:03:30.236$ to be widening no matter what we do.

NOTE Confidence: 0.890891883333333

 $00:03:30.240 \longrightarrow 00:03:33.033$ But it does provide coverage to a

NOTE Confidence: 0.890891883333333

 $00:03:33.033 \longrightarrow 00:03:35.919$ population that so desperately needs it.

NOTE Confidence: 0.890891883333333

 $00:03:35.920 \longrightarrow 00:03:38.495$ And so understanding the program

NOTE Confidence: 0.890891883333333

 $00:03:38.495 \longrightarrow 00:03:40.040$ is pretty critical.

NOTE Confidence: 0.890891883333333

00:03:40.040 --> 00:03:43.202 And in places that haven't expanded

NOTE Confidence: 0.890891883333333

 $00:03:43.202 \longrightarrow 00:03:45.310$ Medicaid or really maligned

NOTE Confidence: 0.890891883333333

00:03:45.400 --> 00:03:48.080 against the Affordable Care Act,

NOTE Confidence: 0.890891883333333

 $00{:}03{:}48.080 \dashrightarrow 00{:}03{:}50.552$ one of the arguments you frequently

NOTE Confidence: 0.890891883333333

00:03:50.552 --> 00:03:52.200 hear is substandard care.

NOTE Confidence: 0.890891883333333

 $00:03:52.200 \longrightarrow 00:03:55.264$ It's just terrible healthcare.

 $00:03:55.264 \longrightarrow 00:03:58.760$ And we whether that's true or not,

NOTE Confidence: 0.890891883333333

 $00{:}03{:}58.760 \dashrightarrow 00{:}04{:}00.668$ it's something that is said frequently

NOTE Confidence: 0.890891883333333

 $00:04:00.668 \longrightarrow 00:04:03.320$ and it's up to us to figure that out.

NOTE Confidence: 0.890891883333333

00:04:03.320 --> 00:04:05.320 And if it is substandard in some places,

NOTE Confidence: 0.890891883333333

 $00:04:05.320 \longrightarrow 00:04:07.210$ where are those places and how do

NOTE Confidence: 0.890891883333333

 $00:04:07.210 \longrightarrow 00:04:08.998$ we improve it in our policies.

NOTE Confidence: 0.890891883333333

 $00:04:09.000 \longrightarrow 00:04:11.219$ So that's the first area is to

NOTE Confidence: 0.890891883333333

 $00:04:11.219 \longrightarrow 00:04:13.080$ really think about this problem.

NOTE Confidence: 0.890891883333333

 $00:04:13.080 \longrightarrow 00:04:15.156$ The second thing is around data.

NOTE Confidence: 0.890891883333333

 $00:04:15.160 \longrightarrow 00:04:18.598$ And we all need data to do our research.

NOTE Confidence: 0.890891883333333

 $00:04:18.600 \longrightarrow 00:04:19.960$ But but you know,

NOTE Confidence: 0.890891883333333

 $00:04:19.960 \longrightarrow 00:04:21.800$ secretly we hate data because

NOTE Confidence: 0.890891883333333

 $00:04:21.800 \longrightarrow 00:04:24.200$ it's so hard to acquire.

NOTE Confidence: 0.890891883333333

 $00{:}04{:}24.200 \dashrightarrow 00{:}04{:}26.120$ And once we finally got it,

NOTE Confidence: 0.890891883333333 00:04:26.120 --> 00:04:26.588 you know, NOTE Confidence: 0.890891883333333

 $00{:}04{:}26.588 \dashrightarrow 00{:}04{:}28.460$ we get it from these agencies that are

 $00:04:28.511 \longrightarrow 00:04:30.555$ holding data that aren't met for research.

NOTE Confidence: 0.890891883333333

 $00:04:30.560 \longrightarrow 00:04:32.636$ We take it and we're clever.

NOTE Confidence: 0.890891883333333

 $00:04:32.640 \longrightarrow 00:04:33.756$ We're going to merge it with

NOTE Confidence: 0.890891883333333

 $00:04:33.756 \longrightarrow 00:04:34.760$ different data sets and stuff.

NOTE Confidence: 0.890891883333333

00:04:34.760 --> 00:04:37.440 But now what do we have in front of us?

NOTE Confidence: 0.890891883333333

 $00:04:37.440 \longrightarrow 00:04:39.500$ And it's understanding that data

NOTE Confidence: 0.890891883333333

 $00:04:39.500 \longrightarrow 00:04:41.840$ and the importance of doing so.

NOTE Confidence: 0.890891883333333

 $00:04:41.840 \longrightarrow 00:04:44.256$ And then the final take away is really

NOTE Confidence: 0.890891883333333

 $00:04:44.256 \longrightarrow 00:04:46.440$ all about the data infrastructure.

NOTE Confidence: 0.890891883333333

 $00:04:46.440 \longrightarrow 00:04:49.254$ And by not having a good infrastructure

NOTE Confidence: 0.890891883333333

 $00:04:49.254 \longrightarrow 00:04:52.235$ because our health system in the United

NOTE Confidence: 0.890891883333333

 $00:04:52.235 \longrightarrow 00:04:54.355$ States is so incredibly fragmented

NOTE Confidence: 0.966189317826087

 $00{:}04{:}54.360 \dashrightarrow 00{:}04{:}56.940$ that we don't have a comprehensive

NOTE Confidence: 0.966189317826087

 $00:04:56.940 \longrightarrow 00:04:59.547$ data infrastructure that we can just

NOTE Confidence: 0.966189317826087

 $00:04:59.547 \longrightarrow 00:05:01.592$ pull down and understand what's

00:05:01.592 --> 00:05:04.000 happening with the quality of care,

NOTE Confidence: 0.966189317826087

 $00{:}05{:}04.000 \dashrightarrow 00{:}05{:}07.360$ especially with those who most need it.

NOTE Confidence: 0.966189317826087

 $00:05:07.360 \longrightarrow 00:05:09.600$ So at the end of the presentation,

NOTE Confidence: 0.966189317826087

 $00:05:09.600 \longrightarrow 00:05:11.200$ I leave time for questions.

NOTE Confidence: 0.966189317826087

 $00:05:11.200 \longrightarrow 00:05:13.594$ So please be thinking about those questions.

NOTE Confidence: 0.966189317826087

 $00:05:13.600 \longrightarrow 00:05:15.320$ I really love that part.

NOTE Confidence: 0.966189317826087

00:05:15.320 --> 00:05:17.560 And being able to have a discussion,

NOTE Confidence: 0.966189317826087

00:05:17.560 --> 00:05:19.800 I think that's the most interesting thing.

NOTE Confidence: 0.966189317826087

 $00{:}05{:}19.800 \dashrightarrow 00{:}05{:}23.204$ So going forward, first I'd like to

NOTE Confidence: 0.966189317826087

 $00:05:23.204 \longrightarrow 00:05:24.559$ just acknowledge the wonderful people

NOTE Confidence: 0.966189317826087

 $00{:}05{:}24.559 \dashrightarrow 00{:}05{:}26.359$ I have the pleasure to work with.

NOTE Confidence: 0.966189317826087

00:05:26.360 --> 00:05:27.470 Marcelo, Rich,

NOTE Confidence: 0.966189317826087

 $00{:}05{:}27.470 \dashrightarrow 00{:}05{:}30.800$ Sarah and Faye All from Colorado.

NOTE Confidence: 0.966189317826087

00:05:30.800 --> 00:05:32.016 Lindsay Sabick,

NOTE Confidence: 0.966189317826087

 $00:05:32.016 \longrightarrow 00:05:34.550$ University of Pittsburgh always love

NOTE Confidence: 0.966189317826087

 $00:05:34.550 \longrightarrow 00:05:37.035$ working with her and then our colleagues

 $00:05:37.035 \longrightarrow 00:05:39.167$ at the cancer registry and civic

NOTE Confidence: 0.966189317826087

 $00:05:39.167 \longrightarrow 00:05:41.719$ who holds the all payer claims data.

NOTE Confidence: 0.966189317826087

 $00:05:41.720 \longrightarrow 00:05:44.939$ Colorado is one of the few states that

NOTE Confidence: 0.966189317826087

 $00:05:44.939 \longrightarrow 00:05:48.250$ have an all payer claims database that's

NOTE Confidence: 0.966189317826087

 $00:05:48.340 \longrightarrow 00:05:51.304$ available for research and they have

NOTE Confidence: 0.966189317826087

 $00:05:51.304 \longrightarrow 00:05:53.512$ been wonderful about working with us,

NOTE Confidence: 0.966189317826087

 $00:05:53.520 \longrightarrow 00:05:54.520$ but they are not cheap.

NOTE Confidence: 0.936364572

 $00:05:57.040 \longrightarrow 00:05:58.920$ The agenda for the talk,

NOTE Confidence: 0.936364572

 $00{:}05{:}58.920 \dashrightarrow 00{:}06{:}00.720$ just an overview of Medicaid

NOTE Confidence: 0.936364572

 $00:06:00.720 \longrightarrow 00:06:03.319$ getting us all on the same page,

NOTE Confidence: 0.936364572

 $00:06:03.320 \longrightarrow 00:06:06.720$ factors that affect cancer outcomes,

NOTE Confidence: 0.936364572

 $00{:}06{:}06{:}06{:}720 \dashrightarrow 00{:}06{:}09{:}320$ specific factors about Medicaid and

NOTE Confidence: 0.936364572

 $00{:}06{:}09.320 \dashrightarrow 00{:}06{:}11.816$ that enrollment that can affect what

NOTE Confidence: 0.936364572

00:06:11.816 --> 00:06:14.000 happens to you once you're diagnosed,

NOTE Confidence: 0.936364572

 $00:06:14.000 \longrightarrow 00:06:17.156$ treated and become a cancer survivor.

00:06:17.160 --> 00:06:19.320 Then the factors that affect research,

NOTE Confidence: 0.936364572

 $00{:}06{:}19.320 \to 00{:}06{:}21.198$ the incomplete data we might have,

NOTE Confidence: 0.936364572

 $00:06:21.200 \longrightarrow 00:06:24.105$ the nuances of our data and the

NOTE Confidence: 0.936364572

 $00:06:24.105 \longrightarrow 00:06:25.640$ importance of understanding it.

NOTE Confidence: 0.936364572

00:06:25.640 --> 00:06:28.040 And then just to get a sense from all of you,

NOTE Confidence: 0.936364572

 $00{:}06{:}28.040 \dashrightarrow 00{:}06{:}30.188$ the disparities between Medicaid

NOTE Confidence: 0.936364572

 $00:06:30.188 \longrightarrow 00:06:32.650$ and other forms of insurance

NOTE Confidence: 0.936364572

 $00:06:32.650 \longrightarrow 00:06:35.200$ are what is going on there?

NOTE Confidence: 0.936364572

 $00:06:35.200 \longrightarrow 00:06:36.960$ Is it inadequate care?

NOTE Confidence: 0.936364572

 $00:06:36.960 \longrightarrow 00:06:39.600$ What do we do about it?

NOTE Confidence: 0.936364572

 $00:06:39.600 \longrightarrow 00:06:42.225$ And then wrapping up with

NOTE Confidence: 0.936364572

 $00:06:42.225 \longrightarrow 00:06:43.800$ some future directions,

NOTE Confidence: 0.936364572

 $00:06:43.800 \longrightarrow 00:06:45.600$ Nothing really to disclose except

NOTE Confidence: 0.936364572

 $00:06:45.600 \longrightarrow 00:06:48.438$ that this grant was funded by the

NOTE Confidence: 0.936364572

 $00{:}06{:}48.438 \dashrightarrow 00{:}06{:}51.290$ National Cancer Institute and Marcelo

NOTE Confidence: 0.936364572

 $00:06:51.290 \longrightarrow 00:06:55.640$ and I are Co principal investigators.

 $00:06:55.640 \longrightarrow 00:06:57.920$ So why this is such an interesting problem?

NOTE Confidence: 0.936364572

 $00{:}06{:}57.920 \dashrightarrow 00{:}07{:}00.300$ And I have the puzzle pieces there

NOTE Confidence: 0.936364572

00:07:00.300 --> 00:07:01.852 because I'm guessing like me,

NOTE Confidence: 0.936364572

00:07:01.852 --> 00:07:04.360 many of you enjoy a good puzzle, right?

NOTE Confidence: 0.936364572

 $00:07:04.360 \longrightarrow 00:07:06.280$ Figure things out.

NOTE Confidence: 0.936364572

00:07:06.280 --> 00:07:09.636 So what we want to understand is Medicaid,

NOTE Confidence: 0.936364572

 $00:07:09.640 \longrightarrow 00:07:13.114$ is it a safety net savior or this

NOTE Confidence: 0.936364572

 $00:07:13.114 \longrightarrow 00:07:15.199$ malign purveyor of inadequate care?

NOTE Confidence: 0.936364572

00:07:15.200 --> 00:07:16.488 Which one is it?

NOTE Confidence: 0.936364572

00:07:16.488 --> 00:07:20.078 So many years ago when I was here presenting,

NOTE Confidence: 0.936364572

 $00{:}07{:}20.080 \dashrightarrow 00{:}07{:}21.620$ I was actually presenting

NOTE Confidence: 0.936364572

00:07:21.620 --> 00:07:23.160 about Medicaid and cancer,

NOTE Confidence: 0.936364572

 $00{:}07{:}23.160 \dashrightarrow 00{:}07{:}25.169$ sort of the very first research I

NOTE Confidence: 0.936364572

 $00:07:25.169 \longrightarrow 00:07:27.628$ did in this area and was trying

NOTE Confidence: 0.936364572

 $00:07:27.628 \longrightarrow 00:07:29.160$ to really understand things.

00:07:29.160 --> 00:07:30.273 And you know,

NOTE Confidence: 0.936364572

 $00{:}07{:}30.273 \dashrightarrow 00{:}07{:}32.870$ I was young and and stupid

NOTE Confidence: 0.936364572

 $00:07:32.960 \longrightarrow 00:07:35.350$ and many employees and working

NOTE Confidence: 0.936364572

 $00:07:35.350 \longrightarrow 00:07:37.525$ with the state health department

NOTE Confidence: 0.936364572

 $00:07:37.525 \longrightarrow 00:07:39.288$ around getting their Medicaid

NOTE Confidence: 0.936364572

 $00:07:39.288 \longrightarrow 00:07:41.640$ data and merging it with cancer.

NOTE Confidence: 0.936364572

 $00:07:41.640 \longrightarrow 00:07:44.784$ And it was really a complicated process and

NOTE Confidence: 0.936364572

 $00:07:44.784 \longrightarrow 00:07:47.718$ they didn't want to let go of their data.

NOTE Confidence: 0.936364572

 $00:07:47.720 \longrightarrow 00:07:50.580$ And I have found that these individuals

NOTE Confidence: 0.936364572

 $00:07:50.580 \longrightarrow 00:07:54.360$ insured by Medicaid were had worse survival.

NOTE Confidence: 0.936364572

 $00:07:54.360 \longrightarrow 00:07:56.816$ And I said something along the lines of

NOTE Confidence: 0.936364572

00:07:56.816 --> 00:07:59.637 it's a safety net just above the grave,

NOTE Confidence: 0.936364572

 $00:07:59.640 \longrightarrow 00:08:01.782$ which did not make the Medicaid people

NOTE Confidence: 0.936364572

 $00{:}08{:}01.782 \dashrightarrow 00{:}08{:}04.080$ want to give me their data anymore.

NOTE Confidence: 0.936364572

 $00:08:04.080 \longrightarrow 00:08:06.656$ And that wasn't a way to form

NOTE Confidence: 0.936364572

 $00:08:06.656 \longrightarrow 00:08:07.392$ the relationship.

 $00:08:07.400 \longrightarrow 00:08:10.400$ So an important lesson learned at that time,

NOTE Confidence: 0.936364572

 $00:08:10.400 \longrightarrow 00:08:13.456$ but it formed kind of the basis really

NOTE Confidence: 0.936364572

 $00:08:13.456 \longrightarrow 00:08:16.002$ of understanding why is it that people

NOTE Confidence: 0.936364572

00:08:16.002 --> 00:08:18.367 who are insured by Medicaid did so

NOTE Confidence: 0.936364572

00:08:18.367 --> 00:08:20.480 much worse and was it the insurance,

NOTE Confidence: 0.936364572

 $00:08:20.480 \longrightarrow 00:08:22.000$ Was it something about them?

NOTE Confidence: 0.936364572

 $00:08:22.000 \longrightarrow 00:08:22.528$ Was it,

NOTE Confidence: 0.936364572

00:08:22.528 --> 00:08:23.056 you know,

NOTE Confidence: 0.936364572

 $00:08:23.056 \longrightarrow 00:08:24.640$ that they had tons of comorbidities,

NOTE Confidence: 0.936364572

00:08:24.640 --> 00:08:27.426 got in late but kind of led

NOTE Confidence: 0.936364572

 $00:08:27.426 \longrightarrow 00:08:29.400$ to this circuitous journey.

NOTE Confidence: 0.936364572

 $00{:}08{:}29.400 \dashrightarrow 00{:}08{:}31.544$ So the next point of enroll too late

NOTE Confidence: 0.936364572

 $00{:}08{:}31.544 \dashrightarrow 00{:}08{:}33.518$ and lack of continuous coverage.

NOTE Confidence: 0.936364572

00:08:33.520 --> 00:08:35.235 If you come in once you're diagnosed,

NOTE Confidence: 0.936364572

00:08:35.240 --> 00:08:37.285 you probably have later stage

00:08:37.285 --> 00:08:39.330 disease and probably have other

NOTE Confidence: 0.936364572

 $00{:}08{:}39.398 \dashrightarrow 00{:}08{:}41.876$ problems that aren't being cared for.

NOTE Confidence: 0.936364572

 $00:08:41.880 \longrightarrow 00:08:44.316$ So what's the right comparison group?

NOTE Confidence: 0.936364572

 $00:08:44.320 \longrightarrow 00:08:46.084$ Is it people have had insurance

NOTE Confidence: 0.936364572

 $00:08:46.084 \longrightarrow 00:08:48.103$ all along or people have Medicaid

NOTE Confidence: 0.936364572

 $00:08:48.103 \longrightarrow 00:08:49.279$ insurance all along.

NOTE Confidence: 0.936364572

 $00:08:49.280 \longrightarrow 00:08:50.064$ So anyway,

NOTE Confidence: 0.936364572

00:08:50.064 --> 00:08:51.825 thinking about that reimbursement,

NOTE Confidence: 0.936364572

 $00:08:51.825 \longrightarrow 00:08:53.580$ So over time,

NOTE Confidence: 0.936364572

 $00{:}08{:}53.580 \dashrightarrow 00{:}08{:}57.090$ we know Medicaid reimbursed at a

NOTE Confidence: 0.936364572

00:08:57.188 --> 00:09:00.464 much lower rate even for people

NOTE Confidence: 0.936364572

 $00:09:00.464 \longrightarrow 00:09:03.520$ who are diagnosed through the CDCS

NOTE Confidence: 0.936364572

 $00{:}09{:}03.520 \dashrightarrow 00{:}09{:}06.160$ National Cancer or breast and cervical

NOTE Confidence: 0.936364572

 $00{:}09{:}06.160 \dashrightarrow 00{:}09{:}08.381$ cancer early detection program that

NOTE Confidence: 0.936364572

 $00:09:08.381 \longrightarrow 00:09:10.326$ once they're enrolled in Medicaid

NOTE Confidence: 0.936364572

00:09:10.326 --> 00:09:12.400 for treatment of their cancer,

 $00:09:12.400 \longrightarrow 00:09:14.175$ that care is reimbursed in

NOTE Confidence: 0.936364572

00:09:14.175 --> 00:09:15.950 some states at an even

NOTE Confidence: 0.925936984705882

 $00:09:16.030 \longrightarrow 00:09:19.075$ lower rate than a normal Medicaid patient.

NOTE Confidence: 0.925936984705882

 $00:09:19.080 \longrightarrow 00:09:22.056$ So there's all kinds of things that we

NOTE Confidence: 0.925936984705882

 $00:09:22.056 \longrightarrow 00:09:24.920$ do around reimbursement that prohibits

NOTE Confidence: 0.925936984705882

 $00:09:24.920 \longrightarrow 00:09:27.216$ access and then data complexity.

NOTE Confidence: 0.925936984705882

 $00:09:27.216 \longrightarrow 00:09:29.236$ Medicaid data is a mess.

NOTE Confidence: 0.925936984705882

 $00:09:29.240 \dashrightarrow 00:09:31.640$ I mean, it is just a complete mess.

NOTE Confidence: 0.925936984705882

00:09:31.640 --> 00:09:32.984 People come into Medicaid,

NOTE Confidence: 0.925936984705882

 $00:09:32.984 \longrightarrow 00:09:35.000$ they drop off the next month.

NOTE Confidence: 0.925936984705882

 $00:09:35.000 \longrightarrow 00:09:37.198$ We don't know what happens to them.

NOTE Confidence: 0.925936984705882

 $00:09:37.200 \longrightarrow 00:09:39.340$ And it's trying to understand

NOTE Confidence: 0.925936984705882

 $00{:}09{:}39.340 --> 00{:}09{:}41.480$ how they got into Medicaid.

NOTE Confidence: 0.925936984705882

 $00:09:41.480 \longrightarrow 00:09:44.000$ And because Medicaid is the

NOTE Confidence: 0.925936984705882

 $00:09:44.000 \longrightarrow 00:09:46.520$ pair of absolute last resort,

00:09:46.520 --> 00:09:48.824 you may be missing claims if they have

NOTE Confidence: 0.925936984705882

 $00:09:48.824 \longrightarrow 00:09:51.240$ any other type of health insurance. So

NOTE Confidence: 0.956897123181818

 $00:09:54.200 \longrightarrow 00:09:56.350$ Medicaid is the largest insurance

NOTE Confidence: 0.956897123181818

 $00:09:56.350 \longrightarrow 00:09:58.902$ program in the United States and

NOTE Confidence: 0.956897123181818

00:09:58.902 --> 00:10:01.184 for most states it is larger now

NOTE Confidence: 0.956897123181818

 $00:10:01.184 \longrightarrow 00:10:03.160$ than their education program.

NOTE Confidence: 0.956897123181818

 $00:10:03.160 \longrightarrow 00:10:07.082$ So it is just a huge program across

NOTE Confidence: 0.956897123181818

 $00:10:07.082 \longrightarrow 00:10:09.248$ the country and in every state

NOTE Confidence: 0.956897123181818

00:10:09.248 --> 00:10:11.679 it is ministered differently.

NOTE Confidence: 0.956897123181818

00:10:11.680 --> 00:10:17.024 Large provider of people of color protects

NOTE Confidence: 0.956897123181818

00:10:17.024 --> 00:10:20.000 against major financial consequences,

NOTE Confidence: 0.956897123181818

 $00{:}10{:}20.000 \dashrightarrow 00{:}10{:}22.280$ which is what insurance is supposed to do,

NOTE Confidence: 0.956897123181818

 $00:10:22.280 \longrightarrow 00:10:23.876$ is to give you that insurance,

NOTE Confidence: 0.956897123181818

 $00:10:23.880 \longrightarrow 00:10:26.320$ that insurance against losing everything.

NOTE Confidence: 0.956897123181818

 $00:10:26.320 \longrightarrow 00:10:27.960$ And then this huge variability.

NOTE Confidence: 0.956897123181818

 $00:10:27.960 \longrightarrow 00:10:31.362$ And the graph that I show is the proportion

 $00:10:31.362 \longrightarrow 00:10:33.776$ of people by different racial ethnic

NOTE Confidence: 0.956897123181818

 $00:10:33.776 \longrightarrow 00:10:35.960$ groups that are covered by Medicaid

NOTE Confidence: 0.913549963333333

 $00:10:38.720 \longrightarrow 00:10:39.944$ under the ACA.

NOTE Confidence: 0.913549963333333

00:10:39.944 --> 00:10:42.392 We were supposed to expand Medicaid,

NOTE Confidence: 0.913549963333333

 $00:10:42.400 \longrightarrow 00:10:44.848$ but then it was left up to the

NOTE Confidence: 0.913549963333333

00:10:44.848 --> 00:10:47.344 states to do so. At this point,

NOTE Confidence: 0.913549963333333

 $00:10:47.344 \longrightarrow 00:10:50.480$ 10 states have still not expanded Medicaid.

NOTE Confidence: 0.913549963333333

 $00{:}10{:}50.480 \dashrightarrow 00{:}10{:}54.368$ North Carolina is set to begin was set

NOTE Confidence: 0.913549963333333

 $00:10:54.368 \longrightarrow 00:10:57.080$ to begin in the beginning of December

NOTE Confidence: 0.913549963333333

 $00:10:57.080 \longrightarrow 00:11:00.399$ if they are able to launch the program.

NOTE Confidence: 0.913549963333333

00:11:00.400 --> 00:11:03.625 So still some important holdouts

NOTE Confidence: 0.913549963333333

 $00{:}11{:}03.625 \dashrightarrow 00{:}11{:}06.506$ with Medicaid expansion and

NOTE Confidence: 0.913549963333333

00:11:06.506 --> 00:11:09.678 in those particular states,

NOTE Confidence: 0.913549963333333

 $00:11:09.680 \longrightarrow 00:11:11.780$ the threshold for Medicaid to

NOTE Confidence: 0.913549963333333

00:11:11.780 --> 00:11:14.240 qualify for Medicaid is quite low.

 $00:11:14.240 \longrightarrow 00:11:16.570$ So one of the things we used to say in

NOTE Confidence: 0.913549963333333

00:11:16.635 --> 00:11:18.910 Virginia was you really could not cut

NOTE Confidence: 0.913549963333333

 $00:11:18.910 \longrightarrow 00:11:21.238$ grass and still qualify for Medicaid.

NOTE Confidence: 0.913549963333333

 $00:11:21.240 \longrightarrow 00:11:24.240$ The the level was 13% of

NOTE Confidence: 0.913549963333333

 $00:11:24.240 \longrightarrow 00:11:26.000$ the federal poverty line,

NOTE Confidence: 0.913549963333333

00:11:26.000 --> 00:11:28.079 pretty astounding right

NOTE Confidence: 0.892715105

 $00:11:32.520 \longrightarrow 00:11:36.040$ As Medicaid expand, we do know that it

NOTE Confidence: 0.892715105

00:11:36.040 --> 00:11:39.120 provided a lot of good to a lot of people.

NOTE Confidence: 0.892715105

 $00:11:39.120 \longrightarrow 00:11:41.400$ It did increase access to care.

NOTE Confidence: 0.892715105

 $00:11:41.400 \longrightarrow 00:11:44.262$ We observed improvements in some health

NOTE Confidence: 0.892715105

 $00:11:44.262 \longrightarrow 00:11:47.147$ outcomes and it contributed to reductions

NOTE Confidence: 0.892715105

00:11:47.147 --> 00:11:49.841 in racial dispar racial and ethnic

NOTE Confidence: 0.892715105

 $00:11:49.841 \longrightarrow 00:11:52.240$ disparities in healthcare coverage.

NOTE Confidence: 0.892715105

 $00:11:52.240 \longrightarrow 00:11:54.136$ So by and large it seemed to be

NOTE Confidence: 0.892715105

 $00:11:54.136 \longrightarrow 00:11:55.715$ doing some of the things that

NOTE Confidence: 0.892715105

 $00:11:55.715 \longrightarrow 00:11:57.275$ we had hoped that it would.

00:11:57.280 --> 00:12:00.262 We we've start to see improvements both

NOTE Confidence: 0.892715105

 $00{:}12{:}00.262 \dashrightarrow 00{:}12{:}03.560$ in access and in some health outcomes.

NOTE Confidence: 0.892715105

 $00:12:03.560 \longrightarrow 00:12:05.240$ In expansion states,

NOTE Confidence: 0.892715105

00:12:05.240 --> 00:12:07.480 cancer survivors had greater

NOTE Confidence: 0.892715105

 $00{:}12{:}07.480 \dashrightarrow 00{:}12{:}10.360$ access to doctors and non compared

NOTE Confidence: 0.892715105

 $00:12:10.360 \longrightarrow 00:12:11.960$ to non expansion states,

NOTE Confidence: 0.892715105

00:12:11.960 --> 00:12:15.208 women had a lower odds of receiving

NOTE Confidence: 0.892715105

 $00:12:15.208 \longrightarrow 00:12:17.520$ recommended mammograms or Pap smears,

NOTE Confidence: 0.892715105

 $00{:}12{:}17.520 \dashrightarrow 00{:}12{:}20.260$ and expansion was associated with

NOTE Confidence: 0.892715105

 $00{:}12{:}20.260 \dashrightarrow 00{:}12{:}22.452$ earlier detection and appropriate

NOTE Confidence: 0.892715105

00:12:22.452 --> 00:12:24.802 cancer treatment and in reduced

NOTE Confidence: 0.892715105

 $00{:}12{:}24.802 \dashrightarrow 00{:}12{:}27.382$ mortality for those who were able

NOTE Confidence: 0.892715105

 $00{:}12{:}27.458 \dashrightarrow 00{:}12{:}28.958$ to receive Medicaid coverage.

NOTE Confidence: 0.892715105

 $00:12:28.958 \longrightarrow 00:12:31.611$ So this is some of the work

NOTE Confidence: 0.892715105

00:12:31.611 --> 00:12:33.958 that Lindsay Sabek and I and

 $00:12:33.958 \longrightarrow 00:12:35.794$ her colleagues were able to do,

NOTE Confidence: 0.892715105

 $00{:}12{:}35.800 \dashrightarrow 00{:}12{:}38.440$ showing pre and post expansion and

NOTE Confidence: 0.892715105

 $00{:}12{:}38.440 \dashrightarrow 00{:}12{:}40.640$ these differences that it made.

NOTE Confidence: 0.892715105

 $00:12:40.640 \longrightarrow 00:12:44.534$ So it does seem to be better than not

NOTE Confidence: 0.892715105

00:12:44.534 --> 00:12:46.802 having insurance and having to go

NOTE Confidence: 0.892715105

00:12:46.802 --> 00:12:48.979 through the traditional safety net of

NOTE Confidence: 0.892715105

00:12:48.979 --> 00:12:51.640 showing up at a safety net hospital.

NOTE Confidence: 0.892715105

00:12:51.640 --> 00:12:53.712 Despite these improvements though,

NOTE Confidence: 0.892715105

 $00{:}12{:}53.712 \rightarrow 00{:}12{:}56.820$ we know that there's some variability

NOTE Confidence: 0.892715105

 $00:12:56.896 \longrightarrow 00:12:59.140$ that the same benefit was not

NOTE Confidence: 0.892715105

 $00:12:59.140 \longrightarrow 00:13:00.636$ seen across the board.

NOTE Confidence: 0.892715105

 $00:13:00.640 \longrightarrow 00:13:04.392$ So we have here some evidence that

NOTE Confidence: 0.892715105

00:13:04.392 --> 00:13:06.346 newly diagnosed patients there

NOTE Confidence: 0.892715105

 $00{:}13{:}06.346 \dashrightarrow 00{:}13{:}08.076$ was improved 2 years survival.

NOTE Confidence: 0.892715105

 $00:13:08.080 \longrightarrow 00:13:10.960$ But in cancer sites such as

NOTE Confidence: 0.892715105

 $00:13:10.960 \longrightarrow 00:13:11.920$ urologic malignancies,

 $00:13:11.920 \longrightarrow 00:13:15.077$ there was no change in stage at

NOTE Confidence: 0.892715105

00:13:15.080 --> 00:13:17.195 presentation And that the thyroid

NOTE Confidence: 0.892715105

 $00:13:17.195 \longrightarrow 00:13:19.310$ cancer showed that Medicaid patients

NOTE Confidence: 0.892715105

00:13:19.371 --> 00:13:21.653 were still likely to be diagnosed at

NOTE Confidence: 0.892715105

 $00:13:21.653 \longrightarrow 00:13:24.142$ an advanced stage and less likely to

NOTE Confidence: 0.892715105

 $00:13:24.142 \longrightarrow 00:13:26.314$ receive a guideline from coordinate care.

NOTE Confidence: 0.892715105

 $00:13:26.320 \longrightarrow 00:13:28.198$ So the pictures not really complete.

NOTE Confidence: 0.892715105

 $00:13:28.200 \longrightarrow 00:13:30.153$ We have evidence and that's a lot

NOTE Confidence: 0.892715105

 $00:13:30.153 \longrightarrow 00:13:32.200$ of what we do as researchers.

NOTE Confidence: 0.892715105

 $00:13:32.200 \longrightarrow 00:13:34.616$ We we build a body of evidence and

NOTE Confidence: 0.892715105

 $00:13:34.616 \longrightarrow 00:13:36.639$ doesn't always agree with each other.

NOTE Confidence: 0.892715105

 $00:13:36.640 \longrightarrow 00:13:38.848$ It's the body of evidence and we try

NOTE Confidence: 0.892715105

 $00:13:38.848 \longrightarrow 00:13:41.317$ to make the most out of the studies we

NOTE Confidence: 0.892715105

 $00:13:41.317 \longrightarrow 00:13:43.680$ have and to understand the validity,

NOTE Confidence: 0.892715105

 $00:13:43.680 \longrightarrow 00:13:45.684$ the credibility that they do everything

 $00:13:45.684 \longrightarrow 00:13:48.017$ right and how does this body of

NOTE Confidence: 0.892715105

 $00{:}13{:}48.017 \dashrightarrow 00{:}13{:}50.194$ evidence build in One Direction or other.

NOTE Confidence: 0.892715105

00:13:50.200 --> 00:13:52.520 And what we see with cancer and Medicaid,

NOTE Confidence: 0.892715105

 $00:13:52.520 \longrightarrow 00:13:55.880$ it's not initially a clear story,

NOTE Confidence: 0.892715105

 $00{:}13{:}55.880 \dashrightarrow 00{:}13{:}58.106$ but there's a signal and I think

NOTE Confidence: 0.892715105

00:13:58.106 --> 00:14:00.016 it's a reasonably strong signal

NOTE Confidence: 0.892715105

 $00:14:00.016 \longrightarrow 00:14:01.796$ that Medicaid is beneficial.

NOTE Confidence: 0.905944137142857

 $00:14:04.240 \longrightarrow 00:14:06.928$ So this is where I coming back to

NOTE Confidence: 0.905944137142857

 $00:14:06.928 \longrightarrow 00:14:10.426$ when I gave the talk here long ago,

NOTE Confidence: 0.905944137142857

00:14:10.426 --> 00:14:13.266 I looked at Medicaid merged

NOTE Confidence: 0.905944137142857

 $00{:}14{:}13.266 \to 00{:}14{:}15.196$ with our state cancer registry.

NOTE Confidence: 0.905944137142857

00:14:15.200 --> 00:14:18.960 We also merged in Medicare data as well,

NOTE Confidence: 0.905944137142857

 $00:14:18.960 \longrightarrow 00:14:21.360$ one of the first states to do that

NOTE Confidence: 0.905944137142857

 $00:14:21.360 \longrightarrow 00:14:24.507$ and my long term colleague who is

NOTE Confidence: 0.905944137142857

 $00{:}14{:}24.507 \dashrightarrow 00{:}14{:}27.496$ still around had lots and lots of

NOTE Confidence: 0.905944137142857

 $00{:}14{:}27.496 \dashrightarrow 00{:}14{:}30.400$ experience in working with data sets.

00:14:30.400 --> 00:14:31.993 Very patient person,

NOTE Confidence: 0.905944137142857

 $00:14:31.993 \longrightarrow 00:14:34.117$ good contrast to me,

NOTE Confidence: 0.905944137142857

 $00:14:34.120 \longrightarrow 00:14:36.115$ especially at that time in my life.

NOTE Confidence: 0.905944137142857

 $00:14:36.120 \longrightarrow 00:14:38.563$ And he said the reason we're doing

NOTE Confidence: 0.905944137142857

 $00:14:38.563 \longrightarrow 00:14:40.913$ this is because we don't have a

NOTE Confidence: 0.905944137142857

 $00:14:40.913 \longrightarrow 00:14:43.040$ meat grinder to put our hand in.

NOTE Confidence: 0.905944137142857

 $00:14:43.040 \longrightarrow 00:14:46.840$ And so it was kind of an interesting

NOTE Confidence: 0.905944137142857

 $00{:}14{:}46.840 \dashrightarrow 00{:}14{:}49.048$ way to think about having to go out

NOTE Confidence: 0.905944137142857

 $00{:}14{:}49.048 \dashrightarrow 00{:}14{:}51.596$ and get this data from the state agency

NOTE Confidence: 0.905944137142857

 $00{:}14{:}51.596 \dashrightarrow 00{:}14{:}54.069$ who had never used it for research

NOTE Confidence: 0.905944137142857

 $00:14:54.069 \longrightarrow 00:14:56.307$ purposes and was in a completely

NOTE Confidence: 0.905944137142857

00:14:56.307 --> 00:14:57.990 different part of the state agency

NOTE Confidence: 0.905944137142857

 $00{:}14{:}57.990 \dashrightarrow 00{:}14{:}59.600$ where the cancer registry was held.

NOTE Confidence: 0.905944137142857

 $00:14:59.600 \longrightarrow 00:15:00.640$ And we were just very,

NOTE Confidence: 0.905944137142857

 $00:15:00.640 \longrightarrow 00:15:02.776$ very fortunate that they were all

 $00{:}15{:}02.776 \dashrightarrow 00{:}15{:}04.814$ willing to work together and do

NOTE Confidence: 0.905944137142857

 $00:15:04.814 \longrightarrow 00:15:06.238$ this and create this resource.

NOTE Confidence: 0.905944137142857

 $00:15:06.238 \longrightarrow 00:15:08.782$ And what we found there is that among

NOTE Confidence: 0.905944137142857

 $00:15:08.782 \longrightarrow 00:15:10.878$ people who were insured by Medicaid.

NOTE Confidence: 0.905944137142857

 $00:15:10.880 \longrightarrow 00:15:13.080$ So we have only Medicaid.

NOTE Confidence: 0.905944137142857

 $00{:}15{:}13.080 \dashrightarrow 00{:}15{:}15.708$ The differences between black and white

NOTE Confidence: 0.905944137142857

 $00:15:15.708 \longrightarrow 00:15:17.876$ women and mortality disappeared when

NOTE Confidence: 0.905944137142857

 $00:15:17.876 \longrightarrow 00:15:20.354$ they received the same kind of treatment.

NOTE Confidence: 0.905944137142857

 $00:15:20.360 \longrightarrow 00:15:21.400$ And that at the time,

NOTE Confidence: 0.905944137142857

 $00:15:21.400 \longrightarrow 00:15:22.680$ that's my most cited paper,

NOTE Confidence: 0.905944137142857

00:15:22.680 --> 00:15:23.608 interestingly enough,

NOTE Confidence: 0.905944137142857

00:15:23.608 --> 00:15:27.320 and it was when I first published it.

NOTE Confidence: 0.905944137142857

 $00:15:27.320 \longrightarrow 00:15:30.264$ Most of the papers that cited it was

NOTE Confidence: 0.905944137142857

00:15:30.264 --> 00:15:32.376 pointing out that's not the case,

NOTE Confidence: 0.905944137142857

 $00:15:32.376 \longrightarrow 00:15:34.440$ that there are important racial differences.

NOTE Confidence: 0.905944137142857

 $00:15:34.440 \longrightarrow 00:15:36.680$ And now in recent years the citations are,

 $00:15:36.680 \longrightarrow 00:15:39.008$ you know that is probably the case that

NOTE Confidence: 0.905944137142857

00:15:39.008 --> 00:15:41.438 if you do treat everybody the same,

NOTE Confidence: 0.905944137142857

00:15:41.440 --> 00:15:42.970 you're probably going to get the

NOTE Confidence: 0.905944137142857

 $00:15:42.970 \longrightarrow 00:15:43.480$ same outcome.

NOTE Confidence: 0.905944137142857

 $00:15:43.480 \longrightarrow 00:15:45.760$ The differences aren't that great.

NOTE Confidence: 0.905944137142857

00:15:45.760 --> 00:15:48.440 So it was an interesting study and a

NOTE Confidence: 0.905944137142857

 $00:15:48.440 \longrightarrow 00:15:50.670$ place that where having Medicaid data

NOTE Confidence: 0.905944137142857

 $00:15:50.670 \longrightarrow 00:15:53.895$ and being able to look at people that

NOTE Confidence: 0.905944137142857

 $00:15:53.895 \longrightarrow 00:15:56.673$ are about the same socioeconomic status,

NOTE Confidence: 0.905944137142857

 $00:15:56.680 \longrightarrow 00:15:58.640$ being able to see if there are differences.

NOTE Confidence: 0.9370623

00:16:05.720 --> 00:16:09.822 So sorry, it looks like something has

NOTE Confidence: 0.9370623

 $00:16:09.822 \longrightarrow 00:16:12.237$ got out of order and apologies for that.

NOTE Confidence: 0.9370623

 $00:16:12.240 \longrightarrow 00:16:13.640$ So we're going to start

NOTE Confidence: 0.9370623

 $00:16:13.640 \longrightarrow 00:16:15.040$ with the enroll too late.

NOTE Confidence: 0.9370623

 $00:16:15.040 \longrightarrow 00:16:19.352$ So why is it that despite being able

 $00:16:19.352 \longrightarrow 00:16:23.005$ to show that there are promising,

NOTE Confidence: 0.9370623

 $00{:}16{:}23.005 \dashrightarrow 00{:}16{:}25.905$ there's promising evidence towards

NOTE Confidence: 0.9370623

00:16:25.905 --> 00:16:28.384 Medicaid being a beneficial

NOTE Confidence: 0.9370623

00:16:28.384 --> 00:16:29.920 expansion for individuals?

NOTE Confidence: 0.9370623

 $00:16:29.920 \longrightarrow 00:16:32.454$ Why is it that some of the

NOTE Confidence: 0.9370623

00:16:32.454 --> 00:16:34.200 disparities continue to persist?

NOTE Confidence: 0.9370623

 $00{:}16{:}34.200 \dashrightarrow 00{:}16{:}36.248$ And this is a study that I did

NOTE Confidence: 0.9370623

00:16:36.248 --> 00:16:38.608 with the National Cancer Institute

NOTE Confidence: 0.9370623

00:16:38.608 --> 00:16:40.850 colleagues where we actually

NOTE Confidence: 0.9370623

00:16:40.850 --> 00:16:43.600 took national RCR Medicare group,

NOTE Confidence: 0.9370623

 $00{:}16{:}43.600 \dashrightarrow 00{:}16{:}45.525$ was interested in expanding to

NOTE Confidence: 0.9370623

 $00{:}16{:}45.525 \dashrightarrow 00{:}16{:}48.213$ CR Medicaid and we merged the two

NOTE Confidence: 0.9370623

 $00:16:48.213 \longrightarrow 00:16:50.277$ and started looking at the data.

NOTE Confidence: 0.9370623

 $00:16:50.280 \longrightarrow 00:16:54.158$ And what you find that many people

NOTE Confidence: 0.9370623

 $00{:}16{:}54.160 \dashrightarrow 00{:}16{:}56.266$ don't get into Medicaid until after

NOTE Confidence: 0.9370623

 $00{:}16{:}56.266 \dashrightarrow 00{:}16{:}58.120$ they've been diagnosed with cancer.

00:16:58.120 --> 00:16:59.308 And by many people,

NOTE Confidence: 0.9370623

 $00:16:59.308 \longrightarrow 00:17:01.901$ I mean more than 1/3 or so really

NOTE Confidence: 0.9370623

 $00:17:01.901 \longrightarrow 00:17:04.103$ don't show up into the system

NOTE Confidence: 0.9370623

00:17:04.103 --> 00:17:05.600 until they're diagnosed.

NOTE Confidence: 0.9370623

 $00:17:05.600 \longrightarrow 00:17:07.700$ So they go to an emergency

NOTE Confidence: 0.9370623

 $00:17:07.700 \longrightarrow 00:17:08.400$ department somewhere,

NOTE Confidence: 0.9370623

 $00:17:08.400 \longrightarrow 00:17:10.500$ sometimes for something else,

NOTE Confidence: 0.9370623

 $00{:}17{:}10.500 \dashrightarrow 00{:}17{:}12.600$ sometimes it's for symptoms.

NOTE Confidence: 0.9370623

00:17:12.600 --> 00:17:13.992 Some tests get done,

NOTE Confidence: 0.9370623

00:17:13.992 --> 00:17:16.080 find out there's cancer and there's

NOTE Confidence: 0.9370623

 $00{:}17{:}16.150 \dashrightarrow 00{:}17{:}18.140$ a social worker financial person

NOTE Confidence: 0.9370623

 $00{:}17{:}18.140 \dashrightarrow 00{:}17{:}20.130$ at with associated the hospital

NOTE Confidence: 0.9370623

 $00{:}17{:}20.198 \mathrel{--}{>} 00{:}17{:}22.158$ who really whose job is to make

NOTE Confidence: 0.9370623

00:17:22.158 --> 00:17:23.323 sure they get paid.

NOTE Confidence: 0.9370623

 $00:17:23.323 \longrightarrow 00:17:25.584$ They figure out that the person's eligible

 $00:17:25.584 \longrightarrow 00:17:27.718$ for Medicaid and they get them enrolled.

NOTE Confidence: 0.9370623

 $00{:}17{:}27.720 \dashrightarrow 00{:}17{:}31.280$ Medicaid then becomes a retrospective

NOTE Confidence: 0.9370623

 $00{:}17{:}31.280 \dashrightarrow 00{:}17{:}34.697$ coverage going back and picks up the

NOTE Confidence: 0.9370623

 $00:17:34.697 \longrightarrow 00:17:38.399$ claims that occurred from diagnosis forward.

NOTE Confidence: 0.9370623

 $00:17:38.400 \longrightarrow 00:17:40.675$ When they come in at that point,

NOTE Confidence: 0.9370623

00:17:40.680 --> 00:17:42.520 it's because they're symptomatic

NOTE Confidence: 0.9370623

 $00:17:42.520 \longrightarrow 00:17:44.360$ and they're having problems.

NOTE Confidence: 0.9370623

00:17:44.360 --> 00:17:45.707 So of course,

NOTE Confidence: 0.9370623

00:17:45.707 --> 00:17:48.401 Medicaid doesn't have much of a

NOTE Confidence: 0.9370623

00:17:48.401 --> 00:17:51.156 chance to really provide them the

NOTE Confidence: 0.9370623

 $00{:}17{:}51.156 \dashrightarrow 00{:}17{:}53.052$ kind of care where you're going

NOTE Confidence: 0.9370623

00:17:53.052 --> 00:17:55.673 to see the same mortality outcome

NOTE Confidence: 0.9370623

 $00:17:55.673 \longrightarrow 00:17:58.838$ even if they have screening.

NOTE Confidence: 0.9370623

 $00:17:58.840 \longrightarrow 00:18:01.120$ So the breast and cervical cancer

NOTE Confidence: 0.9370623

 $00:18:01.120 \longrightarrow 00:18:03.253$ program is an interesting one that

NOTE Confidence: 0.9370623

 $00:18:03.253 \longrightarrow 00:18:05.150$ we were able to look at 'cause

 $00:18:05.150 \longrightarrow 00:18:07.717$ we could see how people came into

NOTE Confidence: 0.9370623

 $00:18:07.717 \longrightarrow 00:18:08.833$ the Medicaid program.

NOTE Confidence: 0.9370623

 $00{:}18{:}08.840 \dashrightarrow 00{:}18{:}11.549$ So the CD CS program has been around a

NOTE Confidence: 0.9370623

 $00:18:11.549 \longrightarrow 00:18:14.720$ long time and it provides site specific care.

NOTE Confidence: 0.9370623

 $00:18:14.720 \longrightarrow 00:18:18.560$ So free screening to women who do not

NOTE Confidence: 0.9370623

 $00:18:18.560 \longrightarrow 00:18:21.518$ have insurance coverage or who are

NOTE Confidence: 0.9370623

00:18:21.518 --> 00:18:23.448 underinsured but they don't qualify

NOTE Confidence: 0.9370623

 $00:18:23.448 \longrightarrow 00:18:25.797$ for Medicaid can get free screening.

NOTE Confidence: 0.9370623

 $00:18:25.800 \longrightarrow 00:18:27.914$ So they have a little bit more

NOTE Confidence: 0.9370623

 $00:18:27.920 \longrightarrow 00:18:31.095$ money income resources than your

NOTE Confidence: 0.9370623

 $00{:}18{:}31.095 \dashrightarrow 00{:}18{:}33.635$ typical Medicaid insured person.

NOTE Confidence: 0.9370623

00:18:33.640 --> 00:18:35.849 So if they go through, get the screening,

NOTE Confidence: 0.9370623

00:18:35.849 --> 00:18:38.267 they are then enrolled in Medicaid

NOTE Confidence: 0.9370623

 $00:18:38.267 \longrightarrow 00:18:39.520$ for their care.

NOTE Confidence: 0.9370623

 $00:18:39.520 \longrightarrow 00:18:40.880$ And you might ask, well,

 $00:18:40.880 \longrightarrow 00:18:42.053$ Gee, you know,

NOTE Confidence: 0.9370623

 $00{:}18{:}42.053 \dashrightarrow 00{:}18{:}44.399$ they have a higher income status.

NOTE Confidence: 0.9370623

 $00:18:44.400 \longrightarrow 00:18:45.800$ They don't qualify for Medicaid.

NOTE Confidence: 0.9370623

 $00:18:45.800 \longrightarrow 00:18:48.594$ They might be better off and we'd

NOTE Confidence: 0.9370623

 $00:18:48.594 \longrightarrow 00:18:51.793$ expect them to do better than say,

NOTE Confidence: 0.9370623

 $00:18:51.800 \longrightarrow 00:18:53.768$ the person who's been enrolled in

NOTE Confidence: 0.9370623

00:18:53.768 --> 00:18:54.752 Medicaid all along.

NOTE Confidence: 0.9370623

 $00:18:54.760 \longrightarrow 00:18:57.920$ What we did in this study is we looked at

NOTE Confidence: 0.9370623

 $00{:}18{:}58.003 \dashrightarrow 00{:}19{:}01.396$ women who came in through the CD CS program.

NOTE Confidence: 0.9370623

 $00:19:01.400 \longrightarrow 00:19:03.494$ We looked at women who've been

NOTE Confidence: 0.9370623

 $00{:}19{:}03.494 \dashrightarrow 00{:}19{:}05.691$ insured by Medicaid all along and

NOTE Confidence: 0.9370623

 $00{:}19{:}05.691 \dashrightarrow 00{:}19{:}08.157$ those who came in after diagnosis.

NOTE Confidence: 0.9370623

 $00:19:08.160 \longrightarrow 00:19:12.384$ And we're able to show that the across

NOTE Confidence: 0.9370623

 $00:19:12.384 \longrightarrow 00:19:15.440$ the board that those who enrolled

NOTE Confidence: 0.9370623

00:19:15.440 --> 00:19:18.152 in Medicaid all along did better,

NOTE Confidence: 0.9370623

 $00:19:18.152 \longrightarrow 00:19:19.932$ did better than those that

 $00:19:19.932 \longrightarrow 00:19:21.600$ came in through the CDC.

NOTE Confidence: 0.9370623

 $00:19:21.600 \longrightarrow 00:19:24.300$ Those who came in after

NOTE Confidence: 0.9370623

00:19:24.300 --> 00:19:25.780 diagnosis and Medicaid,

NOTE Confidence: 0.9370623

 $00:19:25.780 \longrightarrow 00:19:28.600$ while not the same as privately

NOTE Confidence: 0.9370623

 $00:19:28.600 \longrightarrow 00:19:30.807$ insured and we showed that

NOTE Confidence: 0.9370623

 $00:19:30.807 \longrightarrow 00:19:34.640$ here that they are still doing

NOTE Confidence: 0.897386908571429

 $00:19:34.640 \longrightarrow 00:19:35.684$ much, much better.

NOTE Confidence: 0.897386908571429

 $00:19:35.684 \longrightarrow 00:19:37.076$ And in cervical cancer,

NOTE Confidence: 0.897386908571429

 $00:19:37.080 \longrightarrow 00:19:39.190$ those who were continuously enrolled

NOTE Confidence: 0.897386908571429

00:19:39.190 --> 00:19:41.755 in Medicaid actually did better than

NOTE Confidence: 0.897386908571429

00:19:41.755 --> 00:19:43.720 women who were privately insured.

NOTE Confidence: 0.897386908571429

 $00:19:43.720 \longrightarrow 00:19:47.220$ So we are seeing a difference that

NOTE Confidence: 0.897386908571429

 $00{:}19{:}47.220 \dashrightarrow 00{:}19{:}49.490$ doesn't the outcomes are not the

NOTE Confidence: 0.897386908571429

 $00:19:49.490 \longrightarrow 00:19:51.816$ same in terms of detection and

NOTE Confidence: 0.897386908571429

00:19:51.816 --> 00:19:53.760 mortality as private insurance.

 $00:19:53.760 \longrightarrow 00:19:54.624$ They're just not.

NOTE Confidence: 0.897386908571429

 $00:19:54.624 \dashrightarrow 00:19:56.880$ I mean, these are individuals with other

NOTE Confidence: 0.897386908571429

 $00:19:56.880 \longrightarrow 00:19:59.240$ kinds of problems and other challenges,

NOTE Confidence: 0.897386908571429

00:19:59.240 --> 00:20:01.880 but if they have continuous coverage,

NOTE Confidence: 0.897386908571429

 $00:20:01.880 \longrightarrow 00:20:03.236$ they do better.

NOTE Confidence: 0.897386908571429

 $00:20:03.236 \longrightarrow 00:20:05.948$ It's the fact that Medicaid is

NOTE Confidence: 0.897386908571429

00:20:05.948 --> 00:20:08.691 picking them up when it's already

NOTE Confidence: 0.897386908571429

00:20:08.691 --> 00:20:11.913 fairly late in their disease process.

NOTE Confidence: 0.897386908571429

 $00:20:11.920 \longrightarrow 00:20:13.608$ And if we think of it as a

NOTE Confidence: 0.897386908571429

00:20:13.608 --> 00:20:14.480 public insurance program,

NOTE Confidence: 0.897386908571429

 $00:20:14.480 \longrightarrow 00:20:17.117$ is that the best way to spend our money?

NOTE Confidence: 0.897386908571429

 $00:20:17.120 \longrightarrow 00:20:19.760$ We're not going to have the best outcomes.

NOTE Confidence: 0.897386908571429

 $00:20:19.760 \longrightarrow 00:20:21.632$ It is expensive care.

NOTE Confidence: 0.897386908571429

00:20:21.632 --> 00:20:23.036 At this point,

NOTE Confidence: 0.897386908571429

 $00:20:23.040 \longrightarrow 00:20:25.434$ isn't it better to have them in

NOTE Confidence: 0.897386908571429

 $00:20:25.434 \longrightarrow 00:20:27.040$ a program continuously covered,

00:20:27.040 --> 00:20:28.194 getting screening,

NOTE Confidence: 0.897386908571429

 $00{:}20{:}28.194 \dashrightarrow 00{:}20{:}32.233$ getting less expensive care and having much,

NOTE Confidence: 0.897386908571429

00:20:32.240 --> 00:20:34.520 much better outcomes over time.

NOTE Confidence: 0.782776304285714

00:20:37.320 --> 00:20:40.876 We also looked at Medicaid and and

NOTE Confidence: 0.782776304285714

 $00:20:40.880 \longrightarrow 00:20:43.235$ found across different cancer sites

NOTE Confidence: 0.782776304285714

 $00:20:43.235 \longrightarrow 00:20:45.590$ in Michigan that people enrolled

NOTE Confidence: 0.782776304285714

00:20:45.663 --> 00:20:47.603 in Medicaid after diagnosis had

NOTE Confidence: 0.782776304285714

00:20:47.603 --> 00:20:49.960 an 8 year lower survival rate.

NOTE Confidence: 0.782776304285714

 $00{:}20{:}49.960 \dashrightarrow 00{:}20{:}53.290$ So big big difference that compared

NOTE Confidence: 0.782776304285714

 $00:20:53.290 \longrightarrow 00:20:55.672$ to Medicaid enrolled continuously

NOTE Confidence: 0.782776304285714

 $00:20:55.672 \longrightarrow 00:20:58.520$ and non Medicaid patients.

NOTE Confidence: 0.782776304285714

 $00{:}20{:}58.520 \dashrightarrow 00{:}21{:}00.212$ There are other studies that have

NOTE Confidence: 0.782776304285714

00:21:00.212 --> 00:21:02.433 been done both in North Carolina and

NOTE Confidence: 0.782776304285714

 $00:21:02.433 \longrightarrow 00:21:04.148$ Missouri that has similar findings

NOTE Confidence: 0.782776304285714

 $00:21:04.148 \longrightarrow 00:21:06.401$ and that they attributed also to

00:21:06.401 --> 00:21:08.963 the timing of enrollment and we're

NOTE Confidence: 0.782776304285714

 $00{:}21{:}08.963 \dashrightarrow 00{:}21{:}11.280$ able to see this survival gap.

NOTE Confidence: 0.9668048425

 $00:21:13.920 \longrightarrow 00:21:15.705$ The next question about the

NOTE Confidence: 0.9668048425

 $00:21:15.705 \longrightarrow 00:21:18.199$ problem is can they see a doctor,

NOTE Confidence: 0.9668048425

 $00:21:18.200 \longrightarrow 00:21:20.420$ Is it these low reimbursement

NOTE Confidence: 0.9668048425

00:21:20.420 --> 00:21:22.640 rates that hinder accessing care,

NOTE Confidence: 0.9668048425

 $00:21:22.640 \longrightarrow 00:21:24.840$ So you give them care and they can't get in.

NOTE Confidence: 0.9668048425

 $00:21:24.840 \longrightarrow 00:21:26.896$ And this was a study by

NOTE Confidence: 0.9668048425

00:21:26.896 --> 00:21:28.240 one of your colleagues,

NOTE Confidence: 0.9668048425

 $00:21:28.240 \longrightarrow 00:21:31.486$ Victoria Marks here that did a

NOTE Confidence: 0.9668048425

00:21:31.486 --> 00:21:34.145 fascinating study of calling and

NOTE Confidence: 0.9668048425

00:21:34.145 --> 00:21:36.462 trying to get paid an appointment

NOTE Confidence: 0.9668048425

00:21:36.462 --> 00:21:38.919 and and found that they could not

NOTE Confidence: 0.9668048425

 $00{:}21{:}38.919 \dashrightarrow 00{:}21{:}41.782$ get in that many people just simply

NOTE Confidence: 0.9668048425

00:21:41.782 --> 00:21:44.545 didn't accept Medicaid or in some

NOTE Confidence: 0.9668048425

00:21:44.545 --> 00:21:47.120 safety net institutions what they

00:21:47.120 --> 00:21:49.397 do and they they did this at VCU,

NOTE Confidence: 0.9668048425

 $00{:}21{:}49.400 \to 00{:}21{:}52.039$ which was a large safety net institution.

NOTE Confidence: 0.9668048425

 $00:21:52.040 \longrightarrow 00:21:54.735$ They booked four people who had Medicaid

NOTE Confidence: 0.9668048425

 $00:21:54.735 \longrightarrow 00:21:57.028$ insurance for the same slot that

NOTE Confidence: 0.9668048425

 $00:21:57.028 \longrightarrow 00:21:59.836$ would come in because they anticipated

NOTE Confidence: 0.9668048425

 $00:21:59.836 \longrightarrow 00:22:02.359$ no shows difficulty getting there,

NOTE Confidence: 0.9668048425

 $00:22:02.360 \longrightarrow 00:22:05.960$ not coming in And so incredible wait times.

NOTE Confidence: 0.9668048425

 $00{:}22{:}05.960 \to 00{:}22{:}09.509$ So really fascinating problem that if you

NOTE Confidence: 0.9668048425

 $00{:}22{:}09.509 \dashrightarrow 00{:}22{:}13.160$ don't at least get reimbursement up to

NOTE Confidence: 0.9668048425

 $00{:}22{:}13.160 \dashrightarrow 00{:}22{:}16.952$ the point of Medicare may be difficult

NOTE Confidence: 0.9668048425

 $00{:}22{:}16.952 \dashrightarrow 00{:}22{:}19.296$ getting in managed care programs.

NOTE Confidence: 0.9668048425

 $00{:}22{:}19.296 \dashrightarrow 00{:}22{:}22.040$ A lot of states have Medicaid managed

NOTE Confidence: 0.9668048425

 $00{:}22{:}22.107 \dashrightarrow 00{:}22{:}24.183$ care as their approach to Medicaid

NOTE Confidence: 0.9668048425

 $00:22:24.183 \longrightarrow 00:22:26.740$ delivery to try to offset some of that

NOTE Confidence: 0.9668048425

 $00:22:26.740 \longrightarrow 00:22:29.280$ to bring in a more managed program.

 $00:22:32.400 \longrightarrow 00:22:34.794$ Savick and colleagues dug a little

NOTE Confidence: 0.876093383076923

 $00:22:34.794 \longrightarrow 00:22:37.519$ bit deeper in this and found that

NOTE Confidence: 0.876093383076923

 $00:22:37.520 \longrightarrow 00:22:39.968$ a mostly positive impact on breast

NOTE Confidence: 0.876093383076923

 $00:22:39.968 \longrightarrow 00:22:42.062$ and cervical cancer screening with

NOTE Confidence: 0.876093383076923

 $00:22:42.062 \longrightarrow 00:22:44.007$ increased physician payments and under

NOTE Confidence: 0.876093383076923

 $00{:}22{:}44.007 \dashrightarrow 00{:}22{:}46.720$ a fee for service managed care plan

NOTE Confidence: 0.876093383076923

 $00:22:46.720 \longrightarrow 00:22:49.120$ reimbursement had less of an impact.

NOTE Confidence: 0.876093383076923

 $00:22:49.120 \longrightarrow 00:22:51.220$ Says that those kind of delivery

NOTE Confidence: 0.876093383076923

00:22:51.220 --> 00:22:53.356 plans had already was doing some

NOTE Confidence: 0.876093383076923

 $00:22:53.356 \longrightarrow 00:22:55.680$ things to manage and get people in.

NOTE Confidence: 0.876093383076923

 $00{:}22{:}55.680 \dashrightarrow 00{:}22{:}57.850$ They had agreed to take on Medicaid

NOTE Confidence: 0.876093383076923

 $00:22:57.850 \longrightarrow 00:22:59.932$ patients to begin with and so

NOTE Confidence: 0.876093383076923

 $00{:}22{:}59.932 \dashrightarrow 00{:}23{:}02.188$ the reimbursement did not matter

NOTE Confidence: 0.876093383076923

 $00:23:02.188 \longrightarrow 00:23:05.476$ as much as you would expect.

NOTE Confidence: 0.876093383076923

 $00:23:05.480 \longrightarrow 00:23:08.396$ So I'll take a little breather at this point.

NOTE Confidence: 0.876093383076923

00:23:08.400 --> 00:23:10.958 And are there disparities,

 $00:23:10.958 \longrightarrow 00:23:13.100$ what do you think it are there

NOTE Confidence: 0.876093383076923

 $00{:}23{:}13.162 \dashrightarrow 00{:}23{:}15.172$ disparities in the way that people

NOTE Confidence: 0.876093383076923

 $00{:}23{:}15.172 \dashrightarrow 00{:}23{:}16.953$ are treated on Medicaid insurance

NOTE Confidence: 0.876093383076923

00:23:16.953 --> 00:23:20.136 compared to other forms of insurance?

NOTE Confidence: 0.876093383076923

 $00:23:20.136 \longrightarrow 00:23:24.276$ So disparities there not there,

NOTE Confidence: 0.876093383076923

 $00:23:24.280 \longrightarrow 00:23:25.400$ seen a lot of nods.

NOTE Confidence: 0.876093383076923

 $00:23:25.400 \longrightarrow 00:23:26.908$ Yep, there's still disparities.

NOTE Confidence: 0.876093383076923

00:23:26.908 --> 00:23:29.170 Do you think it's mostly because

NOTE Confidence: 0.876093383076923

 $00:23:29.230 \longrightarrow 00:23:30.880$ of the timing of enrollment,

NOTE Confidence: 0.838714925

 $00:23:34.920 \longrightarrow 00:23:39.557$ OK reimbursement, there are lots

NOTE Confidence: 0.838714925

 $00:23:39.557 \longrightarrow 00:23:41.711$ of nods on the reimbursement or

NOTE Confidence: 0.838714925

 $00:23:41.711 \longrightarrow 00:23:44.506$ is it just they do provide a poor

NOTE Confidence: 0.838714925

 $00{:}23{:}44.506 \dashrightarrow 00{:}23{:}46.860$ quality of care and this is a

NOTE Confidence: 0.838714925

 $00:23:46.860 \longrightarrow 00:23:48.200$ difficult to treat population.

NOTE Confidence: 0.838714925

00:23:48.200 --> 00:23:50.260 Is it something endogenous?

 $00:23:50.260 \longrightarrow 00:23:52.561$ In other words there yeah,

NOTE Confidence: 0.838714925

 $00:23:52.561 \longrightarrow 00:23:54.489$ not a, not a lot of people buying

NOTE Confidence: 0.838714925

 $00:23:54.489 \longrightarrow 00:23:55.879$ that particular argument.

NOTE Confidence: 0.838714925

 $00:23:55.880 \longrightarrow 00:23:56.600$ Lot of times

NOTE Confidence: 0.909359223333333

 $00:23:58.800 \longrightarrow 00:23:59.422$ providers, clinicians,

NOTE Confidence: 0.909359223333333

00:23:59.422 --> 00:24:01.599 they don't know what kind of insurance

NOTE Confidence: 0.909359223333333

00:24:01.599 --> 00:24:03.423 their patient has when they get in front

NOTE Confidence: 0.909359223333333

 $00:24:03.423 \longrightarrow 00:24:05.405$ of them by the time they're there and

NOTE Confidence: 0.909359223333333

00:24:05.405 --> 00:24:07.400 the same kind of treatment is provided,

NOTE Confidence: 0.909359223333333

 $00:24:07.400 \longrightarrow 00:24:11.153$ it's getting in the door is the problem

NOTE Confidence: 0.909359223333333

 $00{:}24{:}11.153 \dashrightarrow 00{:}24{:}14.320$ and it's once they are there,

NOTE Confidence: 0.909359223333333

 $00:24:14.320 \longrightarrow 00:24:16.162$ I don't think that those who

NOTE Confidence: 0.909359223333333

00:24:16.162 --> 00:24:18.026 actually treat them and lay hands

NOTE Confidence: 0.909359223333333

 $00:24:18.026 \longrightarrow 00:24:20.014$ on them really at that point know

NOTE Confidence: 0.909359223333333

 $00:24:20.014 \longrightarrow 00:24:21.840$ what kind of health insurance.

NOTE Confidence: 0.909359223333333

 $00:24:21.840 \longrightarrow 00:24:24.479$ They may know at some point the

00:24:24.479 --> 00:24:26.644 treatment trajectory as they go forward

NOTE Confidence: 0.909359223333333

 $00:24:26.644 \longrightarrow 00:24:28.399$ around reimbursement rates and things.

NOTE Confidence: 0.909359223333333

 $00:24:28.400 \longrightarrow 00:24:32.920$ But initially that cares that no. OK.

NOTE Confidence: 0.941170548888889

00:24:36.680 --> 00:24:39.266 So let's understand the data that

NOTE Confidence: 0.941170548888889

 $00:24:39.266 \longrightarrow 00:24:42.112$ we're working with the research so far.

NOTE Confidence: 0.941170548888889

 $00:24:42.112 \longrightarrow 00:24:43.276$ To just recap,

NOTE Confidence: 0.94117054888889

00:24:43.280 --> 00:24:45.278 Medicaid is an important safety net,

NOTE Confidence: 0.941170548888889

 $00:24:45.280 \longrightarrow 00:24:47.520$ but it does appear to have some holes.

NOTE Confidence: 0.941170548888889

 $00{:}24{:}47.520 \dashrightarrow 00{:}24{:}49.495$ There's a problem with enrollment

NOTE Confidence: 0.941170548888889

 $00:24:49.495 \longrightarrow 00:24:50.680$ and continuous care.

NOTE Confidence: 0.941170548888889

00:24:50.680 --> 00:24:52.380 People who qualify for Medicaid

NOTE Confidence: 0.941170548888889

 $00{:}24{:}52.380 \dashrightarrow 00{:}24{:}54.080$ aren't enrolled in the program.

NOTE Confidence: 0.941170548888889

00:24:54.080 --> 00:24:56.380 They just don't realize they

NOTE Confidence: 0.941170548888889

 $00:24:56.380 \longrightarrow 00:24:58.394$ are certainly in Colorado.

NOTE Confidence: 0.941170548888889

 $00:24:58.394 \longrightarrow 00:25:02.020$ We see a lot of people coming

00:25:02.122 --> 00:25:04.130 in who qualify for Medicaid,

NOTE Confidence: 0.941170548888889

 $00:25:04.130 \longrightarrow 00:25:06.950$ but they're worried about their citizenship

NOTE Confidence: 0.941170548888889

 $00:25:06.950 \longrightarrow 00:25:09.320$ status and Colorado has a don't ask

NOTE Confidence: 0.941170548888889

 $00:25:09.320 \longrightarrow 00:25:11.994$ policy and we just bring them in.

NOTE Confidence: 0.941170548888889

 $00:25:12.000 \longrightarrow 00:25:13.680$ It tends to be more general,

NOTE Confidence: 0.941170548888889

00:25:13.680 --> 00:25:15.690 but they don't want to approach

NOTE Confidence: 0.941170548888889

00:25:15.690 --> 00:25:17.560 the health system because of that.

NOTE Confidence: 0.941170548888889

 $00{:}25{:}17.560 \dashrightarrow 00{:}25{:}19.580$ Various other reasons that we

NOTE Confidence: 0.941170548888889

 $00{:}25{:}19.580 \dashrightarrow 00{:}25{:}22.040$ see that people are shying away,

NOTE Confidence: 0.941170548888889

 $00:25:22.040 \longrightarrow 00:25:23.996$ but they qualify none the less.

NOTE Confidence: 0.94117054888889

 $00:25:24.000 \longrightarrow 00:25:26.400$ So we have a problem there

NOTE Confidence: 0.941170548888889

 $00:25:26.400 \longrightarrow 00:25:27.600$ with continuous coverage,

NOTE Confidence: 0.941170548888889

00:25:27.600 --> 00:25:30.316 and then we need to understand once

NOTE Confidence: 0.941170548888889

 $00{:}25{:}30.316 \to 00{:}25{:}33.119$ again and what is really happening.

NOTE Confidence: 0.94117054888889

 $00:25:33.120 \longrightarrow 00:25:35.598$ And our team then began to wonder,

NOTE Confidence: 0.941170548888889

 $00:25:35.600 \longrightarrow 00:25:35.906$ well,

 $00:25:35.906 \longrightarrow 00:25:38.048$ what if the data are not telling

NOTE Confidence: 0.941170548888889

 $00:25:38.048 \longrightarrow 00:25:39.080$ the complete story?

NOTE Confidence: 0.941170548888889

 $00:25:39.080 \longrightarrow 00:25:40.870$ What if there's something inherently

NOTE Confidence: 0.941170548888889

 $00:25:40.870 \longrightarrow 00:25:43.055$ wrong with being able to look

NOTE Confidence: 0.941170548888889

 $00:25:43.055 \longrightarrow 00:25:44.720$ because most of the research,

NOTE Confidence: 0.941170548888889

00:25:44.720 --> 00:25:46.076 because as my colleague said about

NOTE Confidence: 0.941170548888889

00:25:46.076 --> 00:25:47.588 having a meat get grinder to put

NOTE Confidence: 0.941170548888889

 $00{:}25{:}47.588 \dashrightarrow 00{:}25{:}49.160$ our hands in to get all this data.

NOTE Confidence: 0.941170548888889

00:25:49.160 --> 00:25:50.975 It's complicated and it's costly

NOTE Confidence: 0.941170548888889

 $00{:}25{:}50.975 \longrightarrow 00{:}25{:}53.761$ and it takes years of forming those

NOTE Confidence: 0.941170548888889

 $00:25:53.761 \longrightarrow 00:25:55.561$ relationships and being incredibly

NOTE Confidence: 0.941170548888889

 $00:25:55.561 \longrightarrow 00:25:59.118$ patient to get all of those pieces in place.

NOTE Confidence: 0.94117054888888900:25:59.120 --> 00:26:00.050 As a result,

NOTE Confidence: 0.941170548888889

00:26:00.050 --> 00:26:01.600 many people use cancer registry.

NOTE Confidence: 0.941170548888889

 $00:26:01.600 \longrightarrow 00:26:02.880$ They use the CR data,

00:26:02.880 --> 00:26:06.240 which they can be able to pull easy or NCDB,

NOTE Confidence: 0.941170548888889

 $00:26:06.240 \longrightarrow 00:26:08.484$ other kinds of cancer registry data

NOTE Confidence: 0.941170548888889

 $00:26:08.484 \longrightarrow 00:26:11.118$ that they can get their hands on.

NOTE Confidence: 0.941170548888889

00:26:11.120 --> 00:26:13.200 And the question we began to ask well,

NOTE Confidence: 0.941170548888889

 $00:26:13.200 \longrightarrow 00:26:16.476$ what if those data are not right?

NOTE Confidence: 0.941170548888889

00:26:16.480 --> 00:26:16.800 So

NOTE Confidence: 0.910391788421053

 $00:26:19.240 \longrightarrow 00:26:21.158$ turning to this part of the study

NOTE Confidence: 0.910391788421053

00:26:21.158 --> 00:26:23.556 is from a paper that just recently

NOTE Confidence: 0.910391788421053

 $00:26:23.556 \longrightarrow 00:26:25.933$ got published in JAMA Health Forum.

NOTE Confidence: 0.910391788421053

 $00:26:25.933 \longrightarrow 00:26:28.398$ And there we started to,

NOTE Confidence: 0.910391788421053

 $00:26:28.400 \longrightarrow 00:26:31.116$ we took the all pair claims data,

NOTE Confidence: 0.910391788421053

00:26:31.120 --> 00:26:33.794 merged it with our state cancer registry.

NOTE Confidence: 0.910391788421053

 $00{:}26{:}33.800 \dashrightarrow 00{:}26{:}36.288$ And for the first time I was able

NOTE Confidence: 0.910391788421053

 $00:26:36.288 \longrightarrow 00:26:38.002$ to actually compare to private

NOTE Confidence: 0.910391788421053

 $00:26:38.002 \longrightarrow 00:26:40.375$ insurance and to be able to do

NOTE Confidence: 0.910391788421053

 $00:26:40.447 \longrightarrow 00:26:42.820$ lots of controls in the data to

 $00:26:42.820 \longrightarrow 00:26:44.494$ get an equivalent control group.

NOTE Confidence: 0.910391788421053

00:26:44.494 --> 00:26:46.129 So it's pretty exciting to

NOTE Confidence: 0.910391788421053

 $00:26:46.129 \longrightarrow 00:26:47.680$ be able to do this.

NOTE Confidence: 0.910391788421053

 $00:26:47.680 \longrightarrow 00:26:49.726$ We started off with the question

NOTE Confidence: 0.910391788421053

 $00:26:49.726 \longrightarrow 00:26:51.583$ of are there treatment disparities

NOTE Confidence: 0.910391788421053

 $00:26:51.583 \longrightarrow 00:26:53.723$ and radiation and hormonal therapy

NOTE Confidence: 0.910391788421053

00:26:53.723 --> 00:26:55.984 among women covered by Medicaid

NOTE Confidence: 0.910391788421053

 $00{:}26{:}55.984 \dashrightarrow 00{:}26{:}57.920$ compared to private insurance.

NOTE Confidence: 0.910391788421053

 $00{:}26{:}57.920 \dashrightarrow 00{:}27{:}00.600$ And we compared what was in a cancer

NOTE Confidence: 0.910391788421053

 $00:27:00.600 \longrightarrow 00:27:02.440$ registry versus insurance claims.

NOTE Confidence: 0.910391788421053

 $00:27:02.440 \longrightarrow 00:27:04.384$ And to be able to do this and this

NOTE Confidence: 0.910391788421053

 $00:27:04.384 \longrightarrow 00:27:05.997$ step of our research project,

NOTE Confidence: 0.910391788421053

 $00{:}27{:}06.000 \dashrightarrow 00{:}27{:}07.760$ this wasn't what we intended to start to,

NOTE Confidence: 0.910391788421053

 $00:27:07.760 \longrightarrow 00:27:08.992$ was really our validation.

NOTE Confidence: 0.910391788421053

 $00:27:08.992 \longrightarrow 00:27:11.418$ We were trying to figure out where the

 $00:27:11.418 \longrightarrow 00:27:15.516$ data good and where might some holes be.

NOTE Confidence: 0.910391788421053

 $00{:}27{:}15.520 \dashrightarrow 00{:}27{:}17.600$ And this is the step we all do in our data.

NOTE Confidence: 0.910391788421053

00:27:17.600 --> 00:27:18.700 And we think, OK,

NOTE Confidence: 0.910391788421053

 $00:27:18.700 \longrightarrow 00:27:19.800$ we're done with that.

NOTE Confidence: 0.910391788421053

00:27:19.800 --> 00:27:21.360 Nobody's going to be interesting,

NOTE Confidence: 0.910391788421053

 $00:27:21.360 \longrightarrow 00:27:25.518$ but that ended up being the story,

NOTE Confidence: 0.910391788421053

 $00:27:25.520 \longrightarrow 00:27:26.723$ our research question,

NOTE Confidence: 0.910391788421053

 $00:27:26.723 \longrightarrow 00:27:29.530$ we knew that there the literature was

NOTE Confidence: 0.910391788421053

 $00:27:29.604 \longrightarrow 00:27:32.271$ filled with papers that women insured by

NOTE Confidence: 0.910391788421053

00:27:32.271 --> 00:27:34.960 Medicaid did not get radiation therapy.

NOTE Confidence: 0.910391788421053

 $00:27:34.960 \longrightarrow 00:27:37.132$ They were not put on hormonal

NOTE Confidence: 0.910391788421053

 $00:27:37.132 \longrightarrow 00:27:39.036$ therapy relative to women of

NOTE Confidence: 0.910391788421053

 $00{:}27{:}39.036 \dashrightarrow 00{:}27{:}40.956$ other forms of health insurance.

NOTE Confidence: 0.910391788421053

 $00{:}27{:}40.960 \dashrightarrow 00{:}27{:}42.717$ So we started there and we thought,

NOTE Confidence: 0.910391788421053

 $00:27:42.720 \longrightarrow 00:27:43.107$ OK,

NOTE Confidence: 0.910391788421053

00:27:43.107 --> 00:27:45.429 we're going to compare to private

 $00:27:45.429 \longrightarrow 00:27:47.299$ insurance because this is a

NOTE Confidence: 0.910391788421053

 $00:27:47.299 \longrightarrow 00:27:48.909$ group that were picked women

NOTE Confidence: 0.910391788421053

 $00:27:48.909 \longrightarrow 00:27:50.720$ who were younger than age 65.

NOTE Confidence: 0.910391788421053

 $00:27:50.720 \longrightarrow 00:27:52.904$ Then we were going to go through and

NOTE Confidence: 0.910391788421053

 $00:27:52.904 \longrightarrow 00:27:54.840$ just do this toughest comparison

NOTE Confidence: 0.910391788421053

 $00:27:54.840 \longrightarrow 00:27:57.045$ private insurance where they should

NOTE Confidence: 0.910391788421053

 $00:27:57.045 \longrightarrow 00:27:59.320$ be getting the best care compared

NOTE Confidence: 0.910391788421053

 $00{:}27{:}59.320 \dashrightarrow 00{:}28{:}02.440$ to to a public insurance program.

NOTE Confidence: 0.910391788421053

 $00{:}28{:}02.440 \dashrightarrow 00{:}28{:}04.560$ And there's some nuances about Colorado's

NOTE Confidence: 0.910391788421053

 $00:28:04.560 \longrightarrow 00:28:06.000$ Medicaid that I'll get back to,

NOTE Confidence: 0.910391788421053

 $00:28:06.000 \longrightarrow 00:28:09.268$ but this was the setup for our

NOTE Confidence: 0.910391788421053

00:28:09.268 --> 00:28:11.225 study and here are some of the

NOTE Confidence: 0.910391788421053

 $00{:}28{:}11.225 \dashrightarrow 00{:}28{:}12.660$ other studies that showed under

NOTE Confidence: 0.910391788421053

 $00{:}28{:}12.660 \dashrightarrow 00{:}28{:}14.502$ use of adjuvant radiation therapy

NOTE Confidence: 0.910391788421053

 $00:28:14.502 \longrightarrow 00:28:16.512$ and post breast conserving surgery

 $00{:}28{:}16.512 \dashrightarrow 00{:}28{:}18.572$ in North Carolina and in Georgia

NOTE Confidence: 0.910391788421053

 $00:28:18.572 \longrightarrow 00:28:20.920$ we see the same sort of thing.

NOTE Confidence: 0.910391788421053

 $00:28:20.920 \longrightarrow 00:28:23.080$ A Missouri study showed a delay

NOTE Confidence: 0.910391788421053

 $00:28:23.080 \longrightarrow 00:28:24.857$ in treatment and increased risk

NOTE Confidence: 0.910391788421053

 $00:28:24.857 \longrightarrow 00:28:26.483$ of death and related it all

NOTE Confidence: 0.910391788421053

00:28:26.483 --> 00:28:27.960 to differences in treatment.

NOTE Confidence: 0.802546347

 $00:28:30.400 \longrightarrow 00:28:32.580$ We link the cancer registry

NOTE Confidence: 0.802546347

 $00:28:32.580 \longrightarrow 00:28:34.760$ with all payer claims data.

NOTE Confidence: 0.802546347

 $00{:}28{:}34.760 \dashrightarrow 00{:}28{:}36.680$ Did not take long to do the linkage.

NOTE Confidence: 0.802546347

 $00:28:36.680 \longrightarrow 00:28:38.180$ It took about a year and

NOTE Confidence: 0.802546347

 $00:28:38.180 \longrightarrow 00:28:41.400$ a half to get the data,

NOTE Confidence: 0.802546347

 $00:28:41.400 \longrightarrow 00:28:43.864$ getting everybody to agree,

NOTE Confidence: 0.802546347

 $00:28:43.864 \longrightarrow 00:28:45.960$ yes, you can have the data.

NOTE Confidence: 0.802546347

 $00{:}28{:}45.960 \dashrightarrow 00{:}28{:}48.399$ And just as we were about to get it,

NOTE Confidence: 0.802546347

00:28:48.400 --> 00:28:52.144 the privacy officer at the state decided,

NOTE Confidence: 0.802546347

00:28:52.144 --> 00:28:53.296 you know what,

00:28:53.296 --> 00:28:56.905 we're only going to give you year of death,

NOTE Confidence: 0.802546347

 $00:28:56.905 \longrightarrow 00:28:59.080$ not and year of diagnosis,

NOTE Confidence: 0.802546347

 $00:28:59.080 \longrightarrow 00:29:00.720$ not month and year.

NOTE Confidence: 0.802546347

00:29:00.720 --> 00:29:03.640 And we're saying how exactly are we

NOTE Confidence: 0.802546347

 $00{:}29{:}03.640 \dashrightarrow 00{:}29{:}05.908$ going to do survival analysis if

NOTE Confidence: 0.802546347

 $00:29:05.908 \longrightarrow 00:29:09.239$ we only have the year and ended up

NOTE Confidence: 0.802546347

 $00:29:09.239 \longrightarrow 00:29:12.043$ in another big discussion of trying

NOTE Confidence: 0.802546347

00:29:12.043 --> 00:29:14.248 to convince the privacy officer

NOTE Confidence: 0.802546347

 $00:29:14.248 \longrightarrow 00:29:17.012$ that we could indeed have the both

NOTE Confidence: 0.802546347

 $00:29:17.012 \longrightarrow 00:29:19.734$ the month and the year and that

NOTE Confidence: 0.802546347

00:29:19.734 --> 00:29:21.834 delayed our project by another,

NOTE Confidence: 0.802546347

 $00:29:21.840 \longrightarrow 00:29:23.919$ I don't know eight months or so.

NOTE Confidence: 0.802546347

 $00{:}29{:}23.920 \dashrightarrow 00{:}29{:}26.792$ And we had to get every body at every

NOTE Confidence: 0.802546347

00:29:26.792 --> 00:29:28.855 level involved and eventually they

NOTE Confidence: 0.802546347

 $00:29:28.855 \longrightarrow 00:29:31.393$ ended up changing the regulation for

00:29:31.393 --> 00:29:34.140 the state because we had one privacy

NOTE Confidence: 0.802546347

 $00{:}29{:}34.140 \dashrightarrow 00{:}29{:}35.660$ officer after every body agreed

NOTE Confidence: 0.802546347

00:29:35.660 --> 00:29:37.680 after we'd received the funding,

NOTE Confidence: 0.802546347

 $00:29:37.680 \longrightarrow 00:29:40.226$ the letter of support everything decide no.

NOTE Confidence: 0.802546347

 $00:29:40.226 \longrightarrow 00:29:42.994$ So I'm going to be really cautious today.

NOTE Confidence: 0.802546347

 $00:29:43.000 \longrightarrow 00:29:45.936$ So all of these things just to make

NOTE Confidence: 0.802546347

 $00:29:45.936 \longrightarrow 00:29:48.379$ it happen and with secondary data

NOTE Confidence: 0.802546347

 $00:29:48.379 \longrightarrow 00:29:51.400$ you think it's going to be easier

NOTE Confidence: 0.802546347

 $00{:}29{:}51.400 \dashrightarrow 00{:}29{:}53.278$ but it can be quite difficult.

NOTE Confidence: 0.802546347

 $00:29:53.280 \longrightarrow 00:29:55.478$ We this is our five year linkage.

NOTE Confidence: 0.802546347

00:29:55.480 --> 00:29:57.232 We've actually updated it now and

NOTE Confidence: 0.802546347

 $00:29:57.232 \longrightarrow 00:29:59.680$ we have it through 2021 incredibly

NOTE Confidence: 0.802546347

00:29:59.680 --> 00:30:02.880 high quality and with Medicaid

NOTE Confidence: 0.802546347

 $00:30:02.880 \longrightarrow 00:30:04.812$ this was 93% overall,

NOTE Confidence: 0.802546347

 $00:30:04.812 \longrightarrow 00:30:06.680$ but Medicaid it was 98%.

NOTE Confidence: 0.802546347

 $00:30:06.680 \longrightarrow 00:30:10.338$ They were our best data and then we

 $00:30:10.338 \longrightarrow 00:30:12.460$ found that the APCD was reliable

NOTE Confidence: 0.802546347

 $00{:}30{:}12.460 \dashrightarrow 00{:}30{:}14.560$ with treatment and insurance status.

NOTE Confidence: 0.802546347

 $00:30:14.560 \longrightarrow 00:30:16.415$ When we went through and really tried

NOTE Confidence: 0.802546347

00:30:16.415 --> 00:30:18.876 to look at the quality of the APCD data,

NOTE Confidence: 0.802546347

 $00:30:18.880 \longrightarrow 00:30:21.880$ we were new to this.

NOTE Confidence: 0.802546347

 $00:30:21.880 \longrightarrow 00:30:25.120$ If we had used the cancer registry alone,

NOTE Confidence: 0.802546347

 $00:30:25.120 \longrightarrow 00:30:27.528$ we know that there are going to be

NOTE Confidence: 0.802546347

 $00:30:27.528 \longrightarrow 00:30:29.974$ problems and all of you know as well

NOTE Confidence: 0.802546347

 $00:30:29.974 \longrightarrow 00:30:32.121$ that they collect data of individuals

NOTE Confidence: 0.802546347

 $00:30:32.121 \longrightarrow 00:30:33.917$ diagnosed with cancer including

NOTE Confidence: 0.802546347

 $00{:}30{:}33.917 \dashrightarrow 00{:}30{:}36.290$ patient and tumor level diagnosis

NOTE Confidence: 0.802546347

 $00:30:36.290 \longrightarrow 00:30:40.280$ at date at both date and stage.

NOTE Confidence: 0.802546347

 $00{:}30{:}40.280 \dashrightarrow 00{:}30{:}41.800$ The outpatient treatment includes

NOTE Confidence: 0.802546347

 $00:30:41.800 \longrightarrow 00:30:44.080$ oral agents we know are under

NOTE Confidence: 0.802546347

 $00:30:44.147 \longrightarrow 00:30:45.959$ reported in cancer registries.

 $00:30:45.960 \longrightarrow 00:30:48.480$ It's just tough to get that data.

NOTE Confidence: 0.802546347

 $00{:}30{:}48.480 \dashrightarrow 00{:}30{:}50.990$ Registries record the first course

NOTE Confidence: 0.802546347

 $00:30:50.990 \longrightarrow 00:30:52.998$ of cancer directed treatment,

NOTE Confidence: 0.802546347

 $00:30:53.000 \longrightarrow 00:30:55.365$ and Medicaid and rural residence

NOTE Confidence: 0.802546347

 $00:30:55.365 \longrightarrow 00:30:58.680$ treatment data appear to be incomplete.

NOTE Confidence: 0.802546347

00:30:58.680 --> 00:30:59.745 And it's funny.

NOTE Confidence: 0.802546347

00:30:59.745 --> 00:31:01.520 Our beautiful state of Colorado,

NOTE Confidence: 0.802546347

 $00:31:01.520 \longrightarrow 00:31:03.732$ most of the populations kind of in

NOTE Confidence: 0.802546347

 $00:31:03.732 \longrightarrow 00:31:06.040$ Denver through what's called the Front Range,

NOTE Confidence: 0.802546347

 $00:31:06.040 \longrightarrow 00:31:08.120$ Denver up through Fort Collins.

NOTE Confidence: 0.802546347

 $00:31:08.120 \longrightarrow 00:31:09.842$ And then there's the Rocky Mountains

NOTE Confidence: 0.802546347

 $00:31:09.842 \longrightarrow 00:31:11.600$ and the rest of the state,

NOTE Confidence: 0.802546347

 $00:31:11.600 \longrightarrow 00:31:13.296$ which is pretty far-flung.

NOTE Confidence: 0.802546347

 $00:31:13.296 \longrightarrow 00:31:16.426$ And so the state is mostly rural

NOTE Confidence: 0.802546347

 $00:31:16.426 \longrightarrow 00:31:17.438$ and frontier.

NOTE Confidence: 0.802546347

00:31:17.440 --> 00:31:18.838 And when we think about Colorado,

 $00:31:18.840 \longrightarrow 00:31:20.120$ we think Aspen and Vail.

NOTE Confidence: 0.802546347

 $00:31:20.120 \longrightarrow 00:31:21.524$ And by the way,

NOTE Confidence: 0.802546347

00:31:21.524 --> 00:31:23.279 they're rural counties as well,

NOTE Confidence: 0.802546347

 $00{:}31{:}23.280 \dashrightarrow 00{:}31{:}24.860$ really different outcomes than

NOTE Confidence: 0.802546347

00:31:24.860 --> 00:31:26.440 your typical rural county,

NOTE Confidence: 0.802546347

 $00:31:26.440 \longrightarrow 00:31:28.460$ as you might imagine.

NOTE Confidence: 0.802546347

 $00:31:28.460 \longrightarrow 00:31:30.480$ And those particular places.

NOTE Confidence: 0.802546347

 $00:31:30.480 \longrightarrow 00:31:32.132$ And then the rest of the state

NOTE Confidence: 0.802546347

00:31:32.132 --> 00:31:33.798 being very rural except for Denver,

NOTE Confidence: 0.802546347

 $00:31:33.800 \longrightarrow 00:31:35.695$ and we're the only comprehensive

NOTE Confidence: 0.802546347

 $00{:}31{:}35.695 \dashrightarrow 00{:}31{:}38.006$ Cancer Center and getting to us

NOTE Confidence: 0.802546347

00:31:38.006 --> 00:31:39.398 can be quite complicated.

NOTE Confidence: 0.802546347

 $00:31:39.400 \longrightarrow 00:31:41.010$ And you have to sort of think

NOTE Confidence: 0.802546347

 $00:31:41.010 \longrightarrow 00:31:42.439$ through all of those things.

NOTE Confidence: 0.956500385714286

 $00:31:42.440 \longrightarrow 00:31:46.115$ When you use our particular cancer registry,

 $00:31:46.120 \longrightarrow 00:31:48.496$ we know insurance data are incomplete

NOTE Confidence: 0.956500385714286

 $00:31:48.496 \longrightarrow 00:31:51.293$ and in fact it's overwritten in

NOTE Confidence: 0.956500385714286

 $00:31:51.293 \longrightarrow 00:31:52.958$ the hospitals that record it.

NOTE Confidence: 0.956500385714286

00:31:52.960 --> 00:31:56.128 So you get the insurance at the time of

NOTE Confidence: 0.956500385714286

00:31:56.128 --> 00:31:58.565 when it's reported, which can change.

NOTE Confidence: 0.956500385714286

00:31:58.565 --> 00:32:00.040 You can come in uninsured,

NOTE Confidence: 0.956500385714286

00:32:00.040 --> 00:32:02.630 get Medicaid, pick it up or privately

NOTE Confidence: 0.956500385714286

 $00:32:02.630 \longrightarrow 00:32:04.839$ insured and lose your insurance.

NOTE Confidence: 0.956500385714286

 $00:32:04.840 \longrightarrow 00:32:05.992$ And we know that it's more

NOTE Confidence: 0.956500385714286

 $00:32:05.992 \longrightarrow 00:32:06.760$ than two years old,

NOTE Confidence: 0.956500385714286

 $00:32:06.760 \longrightarrow 00:32:08.600$ whereas APC data is getting

NOTE Confidence: 0.956500385714286

 $00:32:08.600 \longrightarrow 00:32:10.640$ pretty real time claims data in

NOTE Confidence: 0.868853958571428

 $00:32:13.120 \longrightarrow 00:32:15.120$ it's able to overcome some

NOTE Confidence: 0.868853958571428

 $00:32:15.120 \longrightarrow 00:32:16.720$ of these limitations because

NOTE Confidence: 0.868853958571428

00:32:16.720 --> 00:32:18.757 you get all medical claims,

NOTE Confidence: 0.868853958571428

 $00:32:18.760 \longrightarrow 00:32:20.880$ pharmacy claims, dental claims,

 $00{:}32{:}20.880 \to 00{:}32{:}22.470$ eligibility and provider

NOTE Confidence: 0.868853958571428

 $00:32:22.470 \longrightarrow 00:32:25.198$ files and you can link them.

NOTE Confidence: 0.868853958571428

00:32:25.200 --> 00:32:27.720 You get you get a unique identifier.

NOTE Confidence: 0.868853958571428

 $00:32:27.720 \longrightarrow 00:32:30.856$ So I know when someone moves from

NOTE Confidence: 0.868853958571428

 $00:32:30.856 \longrightarrow 00:32:33.148$ private to Medicaid or the other

NOTE Confidence: 0.868853958571428

 $00:32:33.148 \longrightarrow 00:32:35.360$ way around and you'll be able to

NOTE Confidence: 0.868853958571428

 $00:32:35.438 \longrightarrow 00:32:38.020$ tell all payer claims data is

NOTE Confidence: 0.868853958571428

 $00:32:38.020 \dashrightarrow 00:32:40.200$ really some claims of some payers.

NOTE Confidence: 0.868853958571428

 $00:32:40.200 \longrightarrow 00:32:42.248$ To be completely honest,

NOTE Confidence: 0.868853958571428

 $00:32:42.248 \longrightarrow 00:32:45.320$ not all payers are in there.

NOTE Confidence: 0.868853958571428

00:32:45.320 --> 00:32:48.128 Payers covered under ARISA are not

NOTE Confidence: 0.868853958571428

 $00:32:48.128 \dashrightarrow 00:32:50.742$ required to submit claims and that's

NOTE Confidence: 0.868853958571428

 $00{:}32{:}50.742 \dashrightarrow 00{:}32{:}53.339$ about 30% of payers oddly enough in

NOTE Confidence: 0.868853958571428

 $00:32:53.339 \longrightarrow 00:32:55.879$ Colorado most of them voluntarily do so.

NOTE Confidence: 0.868853958571428

 $00:32:55.880 \longrightarrow 00:32:58.305$ So we having somewhat neat

 $00:32:58.305 \longrightarrow 00:32:59.760$ near complete data,

NOTE Confidence: 0.868853958571428

 $00{:}32{:}59.760 \dashrightarrow 00{:}33{:}03.070$ we can look at a cross and in our state

NOTE Confidence: 0.868853958571428

 $00:33:03.157 \longrightarrow 00:33:05.957$ it includes 36 commercial payers.

NOTE Confidence: 0.868853958571428

00:33:05.960 --> 00:33:08.066 Our main managed care payer happens

NOTE Confidence: 0.868853958571428

 $00:33:08.066 \longrightarrow 00:33:10.319$ be Kaiser and Medicaid and Medicare.

NOTE Confidence: 0.854940624285714

 $00:33:12.400 \longrightarrow 00:33:15.722$ Our cohort or women ages 21 to 63,

NOTE Confidence: 0.854940624285714

 $00:33:15.722 \longrightarrow 00:33:18.620$ we wanted to get them before they aged into

NOTE Confidence: 0.854940624285714

00:33:18.691 --> 00:33:22.194 Medicare and to see this cleanest Co group,

NOTE Confidence: 0.854940624285714

 $00:33:22.194 \longrightarrow 00:33:24.798$ the cleanest sample we could find,

NOTE Confidence: 0.854940624285714

 $00:33:24.800 \longrightarrow 00:33:27.032$ the CR summary stage of local

NOTE Confidence: 0.854940624285714

 $00{:}33{:}27.032 \dashrightarrow 00{:}33{:}28.520$ or regional breast cancer,

NOTE Confidence: 0.854940624285714

00:33:28.520 --> 00:33:30.490 enrolled in Medicaid or private

NOTE Confidence: 0.854940624285714

00:33:30.490 --> 00:33:33.240 insurance at the time of diagnosis,

NOTE Confidence: 0.854940624285714

 $00:33:33.240 \longrightarrow 00:33:35.164$ had continual coverage within

NOTE Confidence: 0.854940624285714

 $00:33:35.164 \longrightarrow 00:33:37.569$ three months of diagnosis and

NOTE Confidence: 0.854940624285714

 $00:33:37.569 \longrightarrow 00:33:39.717$ continuously enrolled in nine months.

 $00{:}33{:}39.720 \dashrightarrow 00{:}33{:}42.360$ So I intentionally wanted to get those who've

NOTE Confidence: 0.854940624285714

 $00:33:42.360 \longrightarrow 00:33:45.396$ been in Medicaid sometime prior to diagnosis.

NOTE Confidence: 0.854940624285714

 $00:33:45.400 \longrightarrow 00:33:46.648$ We already know there's a problem

NOTE Confidence: 0.854940624285714

 $00:33:46.648 \longrightarrow 00:33:47.839$ with those who come in late.

NOTE Confidence: 0.854940624285714

 $00:33:47.840 \longrightarrow 00:33:49.605$ Let's look at the continuous

NOTE Confidence: 0.854940624285714

00:33:49.605 --> 00:33:51.370 coverage people now and compare

NOTE Confidence: 0.854940624285714

 $00:33:51.430 \longrightarrow 00:33:52.960$ them to our gold standard,

NOTE Confidence: 0.854940624285714

 $00:33:52.960 \longrightarrow 00:33:54.700$ hopefully of privately insured

NOTE Confidence: 0.854940624285714

 $00:33:54.700 \longrightarrow 00:33:56.875$ individuals and see what happens.

NOTE Confidence: 0.854940624285714

 $00{:}33{:}56.880 \dashrightarrow 00{:}33{:}59.785$ So able to control for this and

NOTE Confidence: 0.854940624285714

 $00{:}33{:}59.785 \dashrightarrow 00{:}34{:}02.412$ then for those who were supposed

NOTE Confidence: 0.854940624285714

 $00:34:02.412 \longrightarrow 00:34:04.436$ to receive radiation therapy,

NOTE Confidence: 0.854940624285714

 $00{:}34{:}04.440 \dashrightarrow 00{:}34{:}06.780$ they had breast conserving surgery

NOTE Confidence: 0.854940624285714

 $00{:}34{:}06.780 \dashrightarrow 00{:}34{:}09.517$ and for hormonal therapy it was

NOTE Confidence: 0.854940624285714

00:34:09.517 --> 00:34:12.109 women who had surgery and also

 $00:34:12.109 \longrightarrow 00:34:14.824$ had estrogen receptor positive or

NOTE Confidence: 0.854940624285714

 $00:34:14.824 \longrightarrow 00:34:17.200$ progesterone receptor positive cancer.

NOTE Confidence: 0.786905970769231

 $00:34:20.800 \longrightarrow 00:34:23.008$ Our methods, what is descriptive statistics

NOTE Confidence: 0.786905970769231

 $00:34:23.008 \longrightarrow 00:34:25.519$ the standard of what you would expect.

NOTE Confidence: 0.786905970769231

 $00:34:25.520 \longrightarrow 00:34:28.360$ We used a follow up time of nine

NOTE Confidence: 0.786905970769231

 $00:34:28.360 \longrightarrow 00:34:30.595$ months following the month of last

NOTE Confidence: 0.786905970769231

 $00:34:30.595 \longrightarrow 00:34:32.940$ surgery as our observation period.

NOTE Confidence: 0.786905970769231

 $00:34:32.940 \longrightarrow 00:34:34.920$ In this data set,

NOTE Confidence: 0.786905970769231

 $00:34:34.920 \longrightarrow 00:34:37.422$ 93% of all surgeries regardless of

NOTE Confidence: 0.786905970769231

 $00:34:37.422 \longrightarrow 00:34:39.090$ insurance occurred within three

NOTE Confidence: 0.786905970769231

 $00{:}34{:}39.162 \dashrightarrow 00{:}34{:}41.094$ months of diagnosis and that gave

NOTE Confidence: 0.786905970769231

 $00:34:41.094 \longrightarrow 00:34:43.466$ us a total follow up time of 12

NOTE Confidence: 0.786905970769231

 $00{:}34{:}43.466 \dashrightarrow 00{:}34{:}45.640$ months to look at whether or not

NOTE Confidence: 0.786905970769231

 $00:34:45.640 \longrightarrow 00:34:46.920$ they received these therapies,

NOTE Confidence: 0.786905970769231

 $00:34:46.920 \longrightarrow 00:34:51.040$ estimated logistic regression and reported

NOTE Confidence: 0.786905970769231

 $00:34:51.040 \longrightarrow 00:34:54.240$ marginals for ease of interpretation.

 $00:34:54.240 \longrightarrow 00:34:56.382$ And then we compared what we saw

NOTE Confidence: 0.786905970769231

 $00:34:56.382 \longrightarrow 00:34:58.440$ if we used registry alone,

NOTE Confidence: 0.786905970769231

 $00:34:58.440 \longrightarrow 00:35:00.888$ if we used APCD or if we use them

NOTE Confidence: 0.786905970769231

 $00:35:00.888 \longrightarrow 00:35:03.205$ both what kinds of treatments they

NOTE Confidence: 0.786905970769231

 $00:35:03.205 \longrightarrow 00:35:05.160$ got and did a sensitivity analysis

NOTE Confidence: 0.786905970769231

 $00:35:05.160 \longrightarrow 00:35:07.359$ because one of the arguments is that

NOTE Confidence: 0.786905970769231

 $00:35:07.359 \longrightarrow 00:35:09.105$ those insured by Medicaid takes longer

NOTE Confidence: 0.786905970769231

 $00:35:09.105 \longrightarrow 00:35:10.958$ for them to get their surgeries,

NOTE Confidence: 0.786905970769231

 $00{:}35{:}10.960 \dashrightarrow 00{:}35{:}12.916$ they can't get in complicated lives,

NOTE Confidence: 0.786905970769231

 $00:35:12.920 \longrightarrow 00:35:13.826$ all those things.

NOTE Confidence: 0.786905970769231

 $00:35:13.826 \longrightarrow 00:35:15.638$ So we increased our follow up

NOTE Confidence: 0.786905970769231

 $00:35:15.638 \longrightarrow 00:35:16.760$ time to make sure,

NOTE Confidence: 0.786905970769231

 $00{:}35{:}16.760 \dashrightarrow 00{:}35{:}19.850$ but we still saw no statistically

NOTE Confidence: 0.786905970769231

 $00:35:19.850 \longrightarrow 00:35:20.880$ significant differences.

NOTE Confidence: 0.786905970769231

 $00:35:20.880 \longrightarrow 00:35:23.652$ And then we looked at poverty quartile

 $00:35:23.652 \longrightarrow 00:35:26.075$ and variables for clinician of whether

NOTE Confidence: 0.786905970769231

 $00{:}35{:}26.075 \dashrightarrow 00{:}35{:}28.791$ the clinician was in a rural area,

NOTE Confidence: 0.786905970769231

 $00:35:28.800 \longrightarrow 00:35:30.104$ whether they practice there.

NOTE Confidence: 0.786905970769231

 $00:35:30.104 \longrightarrow 00:35:32.060$ And that ended up being really

NOTE Confidence: 0.786905970769231

 $00:35:32.117 \longrightarrow 00:35:33.717$ an important variable because

NOTE Confidence: 0.786905970769231

 $00:35:33.720 \longrightarrow 00:35:35.118$ if you're in Aspen or Vail,

NOTE Confidence: 0.786905970769231

 $00:35:35.120 \longrightarrow 00:35:36.982$ chances are you're going to figure out

NOTE Confidence: 0.786905970769231

 $00:35:36.982 \longrightarrow 00:35:39.676$ how to get to Denver and get your healthcare.

NOTE Confidence: 0.786905970769231

 $00:35:39.680 \longrightarrow 00:35:42.053$ But if the clinician treating you is

NOTE Confidence: 0.786905970769231

 $00:35:42.053 \longrightarrow 00:35:44.592$ in a rural area means that you are,

NOTE Confidence: 0.786905970769231

 $00{:}35{:}44.592 \dashrightarrow 00{:}35{:}47.198$ you are a person who can't get to Denver

NOTE Confidence: 0.786905970769231

 $00:35:47.200 \longrightarrow 00:35:49.680$ and is your care going to be different.

NOTE Confidence: 0.786905970769231

 $00:35:49.680 \longrightarrow 00:35:51.948$ So that ended up being a really

NOTE Confidence: 0.786905970769231

 $00{:}35{:}51.948 \dashrightarrow 00{:}35{:}54.317$ interesting part of our analysis as well.

NOTE Confidence: 0.909126082222222

00:35:56.760 --> 00:35:58.944 So descriptively just starting to look

NOTE Confidence: 0.909126082222222

 $00:35:58.944 \longrightarrow 00:36:01.080$ at our data, we see that there are,

 $00:36:01.080 \longrightarrow 00:36:04.398$ there are big differences now and

NOTE Confidence: 0.909126082222222

 $00{:}36{:}04.398 \dashrightarrow 00{:}36{:}06.610$ the reporting between Medicaid

NOTE Confidence: 0.909126082222222

 $00:36:06.699 \longrightarrow 00:36:09.119$ and private to the registry,

NOTE Confidence: 0.909126082222222

 $00:36:09.120 \longrightarrow 00:36:10.772$ the registry actually doesn't

NOTE Confidence: 0.909126082222222

 $00:36:10.772 \longrightarrow 00:36:13.250$ pick up nearly the amount of

NOTE Confidence: 0.909126082222222

 $00:36:13.321 \longrightarrow 00:36:15.596$ data that you see with the APCD.

NOTE Confidence: 0.909126082222222

 $00:36:15.600 \longrightarrow 00:36:19.051$ The APCD is adding a big chunk

NOTE Confidence: 0.909126082222222

 $00:36:19.051 \longrightarrow 00:36:22.024$ of claims that the registry never

NOTE Confidence: 0.909126082222222

 $00:36:22.024 \longrightarrow 00:36:25.000$ sees on treatment that's coming in.

NOTE Confidence: 0.909126082222222

 $00:36:25.000 \longrightarrow 00:36:27.838$ So people who are Medicaid providers

NOTE Confidence: 0.909126082222222

00:36:27.840 --> 00:36:30.514 aren't reporting as much of the registry.

NOTE Confidence: 0.909126082222222

 $00{:}36{:}30.520 \dashrightarrow 00{:}36{:}32.596$ They're either in places that don't

NOTE Confidence: 0.909126082222222

 $00{:}36{:}32.596 \dashrightarrow 00{:}36{:}34.917$ have systems in place or that they

NOTE Confidence: 0.909126082222222

 $00:36:34.917 \longrightarrow 00:36:36.663$ don't have the resources to be

NOTE Confidence: 0.909126082222222

 $00:36:36.663 \longrightarrow 00:36:38.598$ able to get it to the registry.

 $00:36:38.600 \longrightarrow 00:36:41.526$ But there's not the kind of support

NOTE Confidence: 0.909126082222222

00:36:41.526 --> 00:36:44.896 that you get in the Denver and our

NOTE Confidence: 0.909126082222222

00:36:44.896 --> 00:36:47.136 University Hospital to the registry

NOTE Confidence: 0.909126082222222

 $00:36:47.136 \longrightarrow 00:36:49.982$ so huge under reporting that that

NOTE Confidence: 0.909126082222222

 $00:36:49.982 \longrightarrow 00:36:52.480$ we initially see that could lead

NOTE Confidence: 0.909126082222222

 $00:36:52.480 \longrightarrow 00:36:56.080$ you to a very different conclusion.

NOTE Confidence: 0.909126082222222

 $00:36:56.080 \longrightarrow 00:36:57.400$ And in fact it did.

NOTE Confidence: 0.909126082222222

 $00:36:57.400 \longrightarrow 00:37:00.277$ If we used our cancer registry alone,

NOTE Confidence: 0.909126082222222

 $00{:}37{:}00.280 \dashrightarrow 00{:}37{:}02.940$ we saw that women insured by Medicaid

NOTE Confidence: 0.909126082222222

 $00:37:02.940 \longrightarrow 00:37:05.034$ were four percentage points less

NOTE Confidence: 0.909126082222222

 $00{:}37{:}05.034 \dashrightarrow 00{:}37{:}07.234$ likely to receive radiation therapy

NOTE Confidence: 0.909126082222222

 $00:37:07.240 \longrightarrow 00:37:09.432$ than privately insured women.

NOTE Confidence: 0.909126082222222

 $00:37:09.432 \longrightarrow 00:37:12.720$ When we add APCD data in,

NOTE Confidence: 0.909126082222222

 $00:37:12.720 \longrightarrow 00:37:14.120$ there are no differences.

NOTE Confidence: 0.93835172

 $00:37:16.280 \longrightarrow 00:37:18.458$ So an important part of just

NOTE Confidence: 0.93835172

 $00:37:18.458 \dashrightarrow 00:37:21.080$ trying to take the problem apart.

00:37:21.080 --> 00:37:22.942 And now I've got this group of

NOTE Confidence: 0.93835172

 $00{:}37{:}22.942 \dashrightarrow 00{:}37{:}25.039$ people who are continuously insured.

NOTE Confidence: 0.93835172

 $00:37:25.040 \longrightarrow 00:37:28.043$ I've got a state with some geographical

NOTE Confidence: 0.93835172

 $00:37:28.043 \longrightarrow 00:37:30.159$ challenges to say the least,

NOTE Confidence: 0.93835172

 $00{:}37{:}30.160 \dashrightarrow 00{:}37{:}32.720$ and I'm not seeing differences

NOTE Confidence: 0.93835172

 $00:37:32.720 \longrightarrow 00:37:35.280$ when I'm using claims data.

NOTE Confidence: 0.93835172

00:37:35.280 --> 00:37:37.758 Hormonal therapy would do the same thing,

NOTE Confidence: 0.93835172

00:37:37.760 --> 00:37:40.760 10 percentage point difference in Medicaid.

NOTE Confidence: 0.93835172

 $00:37:40.760 \longrightarrow 00:37:43.000$ Insured women less likely

NOTE Confidence: 0.93835172

 $00:37:43.000 \longrightarrow 00:37:45.240$ to receive hormonal therapy.

NOTE Confidence: 0.93835172

 $00{:}37{:}45.240 \dashrightarrow 00{:}37{:}47.769$ But when we bring in our claims data and

NOTE Confidence: 0.93835172

 $00:37:47.769 \longrightarrow 00:37:50.358$ can look at the actual pharmacy claims,

NOTE Confidence: 0.93835172

 $00{:}37{:}50.360 \dashrightarrow 00{:}37{:}52.478$ there's no difference.

NOTE Confidence: 0.93835172

 $00:37:52.478 \longrightarrow 00:37:55.634$ They're still getting the their

NOTE Confidence: 0.93835172

00:37:55.634 --> 00:37:58.219 same treatment as our privately

00:37:58.219 --> 00:38:00.879 insured cohort once they get in.

NOTE Confidence: 0.93835172

 $00{:}38{:}00.880 \dashrightarrow 00{:}38{:}02.672$ So now this gives us a different

NOTE Confidence: 0.93835172

 $00:38:02.672 \longrightarrow 00:38:04.868$ look and a different view about these

NOTE Confidence: 0.93835172

 $00:38:04.868 \longrightarrow 00:38:07.556$ disparities of and when we can get this

NOTE Confidence: 0.93835172

 $00:38:07.556 \longrightarrow 00:38:09.600$ data and have a true control group.

NOTE Confidence: 0.93835172

 $00{:}38{:}09.600 \dashrightarrow 00{:}38{:}12.169$ And these comparisons even after beating up

NOTE Confidence: 0.93835172

 $00:38:12.169 \longrightarrow 00:38:14.992$ on the data with our sensitivity analysis,

NOTE Confidence: 0.93835172

 $00:38:14.992 \longrightarrow 00:38:19.440$ we still find the same kind of results.

NOTE Confidence: 0.93835172

 $00{:}38{:}19.440 \dashrightarrow 00{:}38{:}20.358$ At the end of the day,

NOTE Confidence: 0.93835172

 $00:38:20.360 \longrightarrow 00:38:24.024$ we end up seeing that despite the fact

NOTE Confidence: 0.93835172

 $00:38:24.024 \longrightarrow 00:38:26.712$ that there are differences at disease,

NOTE Confidence: 0.93835172

 $00:38:26.720 \longrightarrow 00:38:29.317$ at the stage of disease at diagnosis,

NOTE Confidence: 0.93835172

 $00:38:29.320 \longrightarrow 00:38:31.740$ we really are seeing under

NOTE Confidence: 0.93835172

 $00{:}38{:}31.740 {\:{\circ}{\circ}{\circ}}>00{:}38{:}34.160$ reportment or reporting of treatment.

NOTE Confidence: 0.93835172

00:38:34.160 --> 00:38:35.784 And we tried to figure out whether

NOTE Confidence: 0.93835172

 $00:38:35.784 \longrightarrow 00:38:37.159$ that was just the provider,

 $00:38:37.160 \longrightarrow 00:38:39.624$ whether it was the location they were in

NOTE Confidence: 0.93835172

 $00{:}38{:}39.624 \dashrightarrow 00{:}38{:}42.279$ and in a far-flung part of the state.

NOTE Confidence: 0.93835172

 $00:38:42.280 \longrightarrow 00:38:45.129$ But there is under reporting and some

NOTE Confidence: 0.93835172

 $00:38:45.129 \longrightarrow 00:38:47.816$ of the when we cared and compared

NOTE Confidence: 0.93835172

 $00:38:47.816 \longrightarrow 00:38:49.320$ to the cancer registry,

NOTE Confidence: 0.93835172

 $00:38:49.320 \longrightarrow 00:38:51.560$ APCD has some under reporting as well,

NOTE Confidence: 0.93835172

 $00:38:51.560 \longrightarrow 00:38:54.539$ but it was so much less and they were

NOTE Confidence: 0.93835172

 $00{:}38{:}54.539 \dashrightarrow 00{:}38{:}57.559$ able to pick up these Medicaid claims.

NOTE Confidence: 0.93835172

 $00{:}38{:}57.560 \dashrightarrow 00{:}38{:}59.975$ So disparities were only observed

NOTE Confidence: 0.93835172

 $00:38:59.975 \longrightarrow 00:39:02.920$ when using the cancer registry alone.

NOTE Confidence: 0.93835172

 $00:39:02.920 \dashrightarrow 00:39:05.005$ This has serious implications for

NOTE Confidence: 0.93835172

 $00:39:05.005 \longrightarrow 00:39:07.548$ if you rely on, if you go out.

NOTE Confidence: 0.93835172

 $00{:}39{:}07.548 --> 00{:}39{:}08.633$ And SEAR is no different.

NOTE Confidence: 0.93835172

 $00:39:08.640 \longrightarrow 00:39:10.719$ When we did the SEAR Medicaid linkage,

NOTE Confidence: 0.93835172

 $00:39:10.720 \longrightarrow 00:39:13.945$ we the agreement between whatever SEAR

 $00:39:13.945 \longrightarrow 00:39:17.120$ had as the insurance was entirely different.

NOTE Confidence: 0.93835172

00:39:17.120 --> 00:39:18.716 And as some of you may know,

NOTE Confidence: 0.93835172

 $00{:}39{:}18.720 \dashrightarrow 00{:}39{:}21.168$ SEAR no longer reports insurance data

NOTE Confidence: 0.93835172

 $00:39:21.168 \longrightarrow 00:39:23.600$ because it's so terribly unreliable.

NOTE Confidence: 0.93835172

 $00:39:23.600 \longrightarrow 00:39:26.237$ But if those are the kind of data that

NOTE Confidence: 0.93835172

 $00:39:26.237 \longrightarrow 00:39:28.760$ you're using to do disparities research,

NOTE Confidence: 0.93835172

 $00:39:28.760 \longrightarrow 00:39:30.875$ there's there's both incorrect data

NOTE Confidence: 0.93835172

 $00:39:30.875 \longrightarrow 00:39:32.990$ about what the actual insurance

NOTE Confidence: 0.93835172

 $00{:}39{:}33.060 \dashrightarrow 00{:}39{:}35.104$ carrier is and the data they have

NOTE Confidence: 0.93835172

 $00:39:35.104 \longrightarrow 00:39:36.660$ are greatly under reported.

NOTE Confidence: 0.93835172

 $00{:}39{:}36.660 \dashrightarrow 00{:}39{:}40.360$ If it's like what we observed in Colorado,

NOTE Confidence: 0.928597327857143

 $00:39:42.800 \longrightarrow 00:39:43.568$ there are limitations.

NOTE Confidence: 0.928597327857143

00:39:43.568 --> 00:39:45.104 Colorado is 1 state and as

NOTE Confidence: 0.928597327857143

 $00:39:45.104 \longrightarrow 00:39:46.518$ I said at the beginning,

NOTE Confidence: 0.928597327857143

 $00:39:46.520 \longrightarrow 00:39:49.478$ there are 50 different Medicaid programs.

NOTE Confidence: 0.928597327857143

 $00:39:49.480 \longrightarrow 00:39:50.860$ There is something unique

 $00:39:50.860 \longrightarrow 00:39:52.240$ about our Medicaid program.

NOTE Confidence: 0.928597327857143

 $00:39:52.240 \longrightarrow 00:39:53.717$ We are a fee for service state,

NOTE Confidence: 0.928597327857143

 $00:39:53.720 \longrightarrow 00:39:55.144$ not a managed care,

NOTE Confidence: 0.928597327857143

 $00:39:55.144 \longrightarrow 00:39:57.280$ which is unusual across the state.

NOTE Confidence: 0.928597327857143

 $00:39:57.280 \longrightarrow 00:39:59.576$ That made us though feel even more

NOTE Confidence: 0.928597327857143

 $00:39:59.576 \longrightarrow 00:40:01.279$ comfortable with our claims data

NOTE Confidence: 0.928597327857143

 $00:40:01.280 \longrightarrow 00:40:03.996$ because it is mostly fee for service.

NOTE Confidence: 0.928597327857143

 $00{:}40{:}04.000 \dashrightarrow 00{:}40{:}05.720$ The sample and omitted women

NOTE Confidence: 0.928597327857143

00:40:05.720 --> 00:40:07.440 who did not receive surgery,

NOTE Confidence: 0.928597327857143

 $00{:}40{:}07.440 --> 00{:}40{:}09.312$ although 93% of the women in

NOTE Confidence: 0.928597327857143

 $00{:}40{:}09.312 \dashrightarrow 00{:}40{:}10.560$ our sample received surgery,

NOTE Confidence: 0.928597327857143

 $00:40:10.560 \longrightarrow 00:40:12.480$ so there probably wasn't

NOTE Confidence: 0.928597327857143

 $00:40:12.480 \longrightarrow 00:40:14.400$ a disparity there either.

NOTE Confidence: 0.928597327857143

 $00:40:14.400 \longrightarrow 00:40:17.196$ We didn't look at treatment completion.

NOTE Confidence: 0.928597327857143

00:40:17.200 --> 00:40:19.222 And didn't measure the amount of

 $00:40:19.222 \longrightarrow 00:40:21.360$ treatment that would be a next step.

NOTE Confidence: 0.928597327857143

 $00{:}40{:}21.360 \to 00{:}40{:}23.117$ And then as I also mentioned ERISA,

NOTE Confidence: 0.928597327857143

00:40:23.120 --> 00:40:24.880 cover plans are not required,

NOTE Confidence: 0.928597327857143

 $00:40:24.880 \longrightarrow 00:40:27.694$ but about half of them do voluntarily

NOTE Confidence: 0.928597327857143

 $00:40:27.694 \longrightarrow 00:40:30.200$ in Colorado for whatever reason.

NOTE Confidence: 0.928597327857143

 $00:40:30.200 \longrightarrow 00:40:32.036$ So here's where we ended up.

NOTE Confidence: 0.928597327857143

 $00:40:32.040 \longrightarrow 00:40:34.600$ Medicaid does a better job than we think.

NOTE Confidence: 0.928597327857143

 $00:40:34.600 \longrightarrow 00:40:37.155$ The disparities are not quite as great.

NOTE Confidence: 0.928597327857143

 $00{:}40{:}37.160 \dashrightarrow 00{:}40{:}39.584$ The evidence does suggest the need

NOTE Confidence: 0.928597327857143

 $00:40:39.584 \longrightarrow 00:40:41.772$ for continuous coverage and I think

NOTE Confidence: 0.928597327857143

 $00{:}40{:}41.772 \dashrightarrow 00{:}40{:}43.716$ this last point is pretty important,

NOTE Confidence: 0.928597327857143

 $00{:}40{:}43.720 \to 00{:}40{:}46.276$ need to support the data infrastructure.

NOTE Confidence: 0.928597327857143

 $00{:}40{:}46.280 --> 00{:}40{:}47.880$ We are providing the data

NOTE Confidence: 0.928597327857143

 $00:40:47.880 \longrightarrow 00:40:49.160$ that policy makers use.

NOTE Confidence: 0.928597327857143

 $00:40:49.160 \longrightarrow 00:40:51.869$ And in some States and I've heard

NOTE Confidence: 0.928597327857143

 $00:40:51.869 \longrightarrow 00:40:53.799$ this state stated in Texas,

 $00:40:53.800 \longrightarrow 00:40:54.940$ the reason they haven't

NOTE Confidence: 0.928597327857143

 $00:40:54.940 \longrightarrow 00:40:56.080$ expanded Medicaid as well.

NOTE Confidence: 0.928597327857143

 $00:40:56.080 \longrightarrow 00:40:57.248$ It's just crappy coverage.

NOTE Confidence: 0.928597327857143

 $00:40:57.248 \longrightarrow 00:40:59.000$ We want to do something else,

NOTE Confidence: 0.928597327857143

 $00:40:59.000 \longrightarrow 00:41:01.177$ but they don't really have a good

NOTE Confidence: 0.928597327857143

 $00:41:01.177 \longrightarrow 00:41:02.543$ alternative or any alternative

NOTE Confidence: 0.928597327857143

00:41:02.543 --> 00:41:04.769 to Medicaid and the data don't

NOTE Confidence: 0.928597327857143

 $00{:}41{:}04.769 \dashrightarrow 00{:}41{:}06.600$ really support that conclusion.

NOTE Confidence: 0.928597327857143

00:41:06.600 --> 00:41:09.885 It's we don't provide the

NOTE Confidence: 0.928597327857143

00:41:09.885 --> 00:41:11.199 continuous coverage.

NOTE Confidence: 0.928597327857143

 $00{:}41{:}11.200 \dashrightarrow 00{:}41{:}13.090$ So next steps really is replicate

NOTE Confidence: 0.928597327857143

 $00{:}41{:}13.090 \dashrightarrow 00{:}41{:}15.336$ somebody else to do the similar kind

NOTE Confidence: 0.928597327857143

 $00:41:15.336 \longrightarrow 00:41:17.499$ of things somewhere else and for us

NOTE Confidence: 0.928597327857143

 $00:41:17.559 \longrightarrow 00:41:19.519$ to look at other sites of cancer.

NOTE Confidence: 0.928597327857143

 $00:41:19.520 \longrightarrow 00:41:21.476$ If we continue to do this.

 $00:41:21.480 \longrightarrow 00:41:24.488$ None the less we have built a body

NOTE Confidence: 0.928597327857143

 $00{:}41{:}24.488 \to 00{:}41{:}26.672$ of evidence that I think supports

NOTE Confidence: 0.928597327857143

00:41:26.672 --> 00:41:28.820 the policy form of both Medicaid

NOTE Confidence: 0.928597327857143

 $00:41:28.890 \longrightarrow 00:41:31.116$ expansion and in fact to have

NOTE Confidence: 0.928597327857143

 $00:41:31.116 \longrightarrow 00:41:33.076$ continuous coverage and to increase

NOTE Confidence: 0.928597327857143

 $00{:}41{:}33.076 \dashrightarrow 00{:}41{:}35.096$ our data infrastructure so that

NOTE Confidence: 0.928597327857143

 $00:41:35.096 \longrightarrow 00:41:37.380$ we provide the right evidence

NOTE Confidence: 0.928597327857143

 $00:41:37.380 \longrightarrow 00:41:40.680$ for policy makers to use.

NOTE Confidence: 0.928597327857143

 $00{:}41{:}40.680 \dashrightarrow 00{:}41{:}41.310$ Thank you all.

NOTE Confidence: 0.928597327857143

00:41:41.310 --> 00:41:42.360 Thank you for your time,

NOTE Confidence: 0.928597327857143 00:41:42.360 --> 00:41:42.960 attention

NOTE Confidence: 0.941600479

00:41:47.200 --> 00:41:50.040 and I think we're at the stage of let's talk,

NOTE Confidence: 0.897988486666667

 $00:42:01.740 \longrightarrow 00:42:04.332$ thank you so much for this really

NOTE Confidence: 0.897988486666667

 $00{:}42{:}04.332 \dashrightarrow 00{:}42{:}06.060$ important talk, especially the,

NOTE Confidence: 0.89798848666667

 $00:42:06.060 \longrightarrow 00:42:08.172$ the conclusion that being covered by

NOTE Confidence: 0.897988486666667

 $00{:}42{:}08.172 \dashrightarrow 00{:}42{:}10.063$ Medicaid is associated with similar

 $00:42:10.063 \longrightarrow 00:42:11.739$ outcomes as private insurance.

NOTE Confidence: 0.897988486666667

00:42:11.740 --> 00:42:14.352 And I'd like to hear you discuss

NOTE Confidence: 0.897988486666667

 $00:42:14.352 \longrightarrow 00:42:16.881$ a little bit more how to inform

NOTE Confidence: 0.897988486666667

 $00:42:16.881 \longrightarrow 00:42:18.589$ policy changes with Medicaid

NOTE Confidence: 0.897988486666667

00:42:18.589 --> 00:42:21.078 expansion in some of those states.

NOTE Confidence: 0.897988486666667

00:42:21.080 --> 00:42:23.940 Like is this data enough or if you show

NOTE Confidence: 0.897988486666667

 $00:42:23.940 \longrightarrow 00:42:25.920$ that has to occur in other states as well,

NOTE Confidence: 0.897988486666667

 $00:42:25.920 \longrightarrow 00:42:28.800$ how can we get the states that don't

NOTE Confidence: 0.897988486666667

00:42:28.800 --> 00:42:31.350 have Medicaid expansion to expand?

NOTE Confidence: 0.897988486666667

 $00:42:31.350 \longrightarrow 00:42:35.235$ Yeah. I mean it's it's interesting I

NOTE Confidence: 0.897988486666667

 $00:42:35.240 \longrightarrow 00:42:38.144$ how there can be an argument at this

NOTE Confidence: 0.897988486666667

 $00:42:38.144 \longrightarrow 00:42:40.550$ point against expansion and not being

NOTE Confidence: 0.897988486666667

 $00{:}42{:}40.550 \dashrightarrow 00{:}42{:}43.409$ having some care and being able to

NOTE Confidence: 0.897988486666667

 $00:42:43.409 \longrightarrow 00:42:46.104$ get into the system is so critically

NOTE Confidence: 0.897988486666667

 $00:42:46.104 \longrightarrow 00:42:48.200$ important and to be able to show this.

00:42:48.200 --> 00:42:50.726 And our Lieutenant governor and both

NOTE Confidence: 0.897988486666667

 $00{:}42{:}50.726 \dashrightarrow 00{:}42{:}52.908$ our Governor and Lieutenant Governor

NOTE Confidence: 0.897988486666667

 $00:42:52.908 \longrightarrow 00:42:55.048$ are very much about healthcare

NOTE Confidence: 0.897988486666667

 $00:42:55.048 \longrightarrow 00:42:56.760$ and making it affordable.

NOTE Confidence: 0.897988486666667

00:42:56.760 --> 00:42:58.665 And the Lieutenant Governor has

NOTE Confidence: 0.897988486666667

00:42:58.665 --> 00:43:00.570 the awkwardly named office of

NOTE Confidence: 0.897988486666667

 $00:43:00.635 \longrightarrow 00:43:02.760$ saving people money in healthcare.

NOTE Confidence: 0.897988486666667 00:43:02.760 --> 00:43:03.112 Literally.

NOTE Confidence: 0.897988486666667

00:43:03.112 --> 00:43:04.168 And I quote,

NOTE Confidence: 0.897988486666667

00:43:04.168 --> 00:43:06.608 I mean it's just like really anyway.

NOTE Confidence: 0.897988486666667

 $00{:}43{:}06.608 \dashrightarrow 00{:}43{:}09.552$ But she has this office and and really

NOTE Confidence: 0.897988486666667

 $00:43:09.552 \longrightarrow 00:43:12.520$ pays attention to this kind of evidence.

NOTE Confidence: 0.89798848666667

 $00:43:12.520 \longrightarrow 00:43:15.096$ And she herself is a four time cancer

NOTE Confidence: 0.897988486666667

 $00:43:15.096 \longrightarrow 00:43:17.290$ survivor that she says all the time

NOTE Confidence: 0.897988486666667

00:43:17.290 --> 00:43:19.280 And she visits our Cancer Center,

NOTE Confidence: 0.897988486666667

00:43:19.280 --> 00:43:21.398 she is on our Advisory Board,

 $00:43:21.400 \longrightarrow 00:43:23.843$ comes in and she is always talking

NOTE Confidence: 0.897988486666667

 $00{:}43{:}23.843 \dashrightarrow 00{:}43{:}25.513$ about the affordability of health care

NOTE Confidence: 0.897988486666667

00:43:25.513 --> 00:43:27.729 and access and for us to be able

NOTE Confidence: 0.897988486666667

 $00:43:27.794 \longrightarrow 00:43:28.878$ to show this data,

NOTE Confidence: 0.897988486666667

 $00:43:28.880 \longrightarrow 00:43:30.765$ she was completely on board

NOTE Confidence: 0.897988486666667

 $00:43:30.765 \longrightarrow 00:43:32.273$ and resonating with it.

NOTE Confidence: 0.897988486666667

00:43:32.280 --> 00:43:34.440 And they support the APCD,

NOTE Confidence: 0.897988486666667

 $00{:}43{:}34.440 \dashrightarrow 00{:}43{:}37.005$ the civic they organization that

NOTE Confidence: 0.897988486666667

 $00{:}43{:}37.005 \to 00{:}43{:}40.679$ manages it and wants it to be used.

NOTE Confidence: 0.897988486666667

 $00:43:40.680 \longrightarrow 00:43:42.282$ If you're in a state where

NOTE Confidence: 0.897988486666667

00:43:42.282 --> 00:43:44.040 that's just not your philosophy,

NOTE Confidence: 0.897988486666667

00:43:44.040 --> 00:43:46.077 you know where you don't believe data,

NOTE Confidence: 0.897988486666667

 $00:43:46.080 \longrightarrow 00:43:48.480$ where you don't trust the data,

NOTE Confidence: 0.897988486666667

 $00:43:48.480 \longrightarrow 00:43:50.580$ where you're looking for ways

NOTE Confidence: 0.897988486666667

 $00:43:50.580 \longrightarrow 00:43:53.560$ to reduce the public safety net,

 $00:43:53.560 \longrightarrow 00:43:55.115$ it sometimes feel like there's

NOTE Confidence: 0.897988486666667

 $00:43:55.115 \longrightarrow 00:43:56.359$ just not enough evidence.

NOTE Confidence: 0.897988486666667

 $00:43:56.360 \longrightarrow 00:43:58.285$ But I think we have to keep

NOTE Confidence: 0.897988486666667

00:43:58.285 --> 00:43:59.928 trying and that's our job,

NOTE Confidence: 0.897988486666667

 $00:43:59.928 \longrightarrow 00:44:03.400$ to be able to keep putting this out in front.

NOTE Confidence: 0.897988486666667

00:44:03.400 --> 00:44:05.640 When we started this part of the project,

NOTE Confidence: 0.897988486666667

 $00:44:05.640 \longrightarrow 00:44:07.585$ it really was that tedious

NOTE Confidence: 0.897988486666667

 $00:44:07.585 \longrightarrow 00:44:09.800$ validation component that we all do.

NOTE Confidence: 0.897988486666667

00:44:09.800 --> 00:44:12.279 And then it became the story like,

NOTE Confidence: 0.897988486666667

00:44:12.279 --> 00:44:13.476 wait a minute,

NOTE Confidence: 0.897988486666667

 $00:44:13.476 \longrightarrow 00:44:15.471$ we're not seeing any differences

NOTE Confidence: 0.897988486666667

 $00:44:15.471 \longrightarrow 00:44:17.685$ we expected to, but we're not.

NOTE Confidence: 0.89798848666667

 $00{:}44{:}17.685 \dashrightarrow 00{:}44{:}20.167$ And then even when I mentioned this to

NOTE Confidence: 0.897988486666667

 $00:44:20.167 \longrightarrow 00:44:22.291$ true believers at the National Cancer

NOTE Confidence: 0.897988486666667

00:44:22.291 --> 00:44:24.479 Institute that runs the SEER registry,

NOTE Confidence: 0.897988486666667 00:44:24.480 --> 00:44:25.440 they said,

 $00:44:25.440 \longrightarrow 00:44:25.920$ well,

NOTE Confidence: 0.897988486666667

 $00:44:25.920 \longrightarrow 00:44:29.280$ are you just getting the claims later

NOTE Confidence: 0.897988486666667

00:44:29.280 --> 00:44:31.944 or do they eventually show up in the

NOTE Confidence: 0.897988486666667

 $00:44:31.944 \longrightarrow 00:44:34.279$ Medicaid or in the cancer registry?

NOTE Confidence: 0.897988486666667

 $00:44:34.280 \longrightarrow 00:44:36.520$ No, they never showed up.

NOTE Confidence: 0.897988486666667

 $00:44:36.520 \longrightarrow 00:44:38.950$ Even when we expanded our linkage

NOTE Confidence: 0.897988486666667 00:44:38.950 --> 00:44:40.092 out to 2021,

NOTE Confidence: 0.897988486666667

 $00{:}44{:}40.092 \dashrightarrow 00{:}44{:}42.084$ the people we saw being diagnosed

NOTE Confidence: 0.897988486666667

 $00:44:42.084 \longrightarrow 00:44:44.317$ in the earlier part of our cohort,

NOTE Confidence: 0.897988486666667

 $00:44:44.320 \longrightarrow 00:44:47.520$ their claims never made it to the registry.

NOTE Confidence: 0.897988486666667

 $00:44:47.520 \longrightarrow 00:44:49.280$ It just doesn't come in.

NOTE Confidence: 0.897988486666667

 $00:44:49.280 \longrightarrow 00:44:52.880$ And providers who are doing care

NOTE Confidence: 0.897988486666667

 $00{:}44{:}52.880 \dashrightarrow 00{:}44{:}55.280$ for large Medicaid populations,

NOTE Confidence: 0.897988486666667

 $00:44:55.280 \longrightarrow 00:44:57.536$ We don't have the data infrastructure

NOTE Confidence: 0.897988486666667

 $00:44:57.536 \longrightarrow 00:44:59.040$ that's being reported up.

00:44:59.040 --> 00:45:01.912 And when I showed this to our cancer

NOTE Confidence: 0.897988486666667

 $00{:}45{:}01.912 \dashrightarrow 00{:}45{:}03.976$ registrar in the state, he said,

NOTE Confidence: 0.897988486666667

 $00:45:03.976 \longrightarrow 00:45:05.316$ yeah, that sounds about right.

NOTE Confidence: 0.897988486666667

 $00:45:05.320 \longrightarrow 00:45:06.280$ We're, you know,

NOTE Confidence: 0.897988486666667

 $00:45:06.280 \longrightarrow 00:45:08.520$ wasn't actually a surprising finding to him.

NOTE Confidence: 0.932404974444445

 $00:45:08.520 \longrightarrow 00:45:10.596$ He says, yeah, we're trying to

NOTE Confidence: 0.932404974444445

 $00:45:10.596 \longrightarrow 00:45:12.468$ provide more support to these other

NOTE Confidence: 0.932404974444445

 $00:45:12.468 \longrightarrow 00:45:14.400$ providers that we know that need it.

NOTE Confidence: 0.932404974444445

 $00:45:14.400 \longrightarrow 00:45:16.836$ So the infrastructure is pretty important.

NOTE Confidence: 0.830218165714286

00:45:19.280 --> 00:45:22.318 I have a question as a clinician,

NOTE Confidence: 0.830218165714286

 $00{:}45{:}22.320 \dashrightarrow 00{:}45{:}23.400$ slightly different perspective.

NOTE Confidence: 0.830218165714286

00:45:23.400 --> 00:45:26.285 When we, when our patients get Medicaid

NOTE Confidence: 0.830218165714286

 $00{:}45{:}26.285 \dashrightarrow 00{:}45{:}29.664$ or free care where we call it here

NOTE Confidence: 0.830218165714286

 $00:45:29.664 \longrightarrow 00:45:31.846$ we're our team is just ecstatic because

NOTE Confidence: 0.830218165714286

 $00:45:31.846 \longrightarrow 00:45:33.960$ now we can actually get reimbursed.

NOTE Confidence: 0.830218165714286

 $00:45:33.960 \longrightarrow 00:45:35.395$ We can do the care as we

 $00:45:35.395 \longrightarrow 00:45:37.940$ would normally have it.

NOTE Confidence: 0.830218165714286

 $00:45:37.940 \longrightarrow 00:45:41.216$ So I think that that delay

NOTE Confidence: 0.830218165714286

00:45:41.216 --> 00:45:42.880 to enrollment certainly resonates,

NOTE Confidence: 0.830218165714286

00:45:42.880 --> 00:45:44.736 but I think that once they get into

NOTE Confidence: 0.830218165714286

 $00:45:44.736 \longrightarrow 00:45:46.528$ our system and then we can start to

NOTE Confidence: 0.830218165714286

 $00:45:46.528 \longrightarrow 00:45:48.249$ hook them up with primary care and

NOTE Confidence: 0.830218165714286

 $00:45:48.249 \longrightarrow 00:45:50.160$ all the things that they haven't had.

NOTE Confidence: 0.830218165714286

 $00:45:50.160 \longrightarrow 00:45:52.460$ So that that's my perspective

NOTE Confidence: 0.830218165714286

 $00:45:52.460 \longrightarrow 00:45:54.980$ in terms of that piece of it is

NOTE Confidence: 0.830218165714286

 $00:45:54.980 \longrightarrow 00:45:56.680$ that once we get that coverage,

NOTE Confidence: 0.830218165714286

00:45:56.680 --> 00:46:00.464 we're trying to provide the the exact same

NOTE Confidence: 0.830218165714286

 $00{:}46{:}00.464 \dashrightarrow 00{:}46{:}03.960$ care as we do it as our other patients.

NOTE Confidence: 0.830218165714286

 $00{:}46{:}03.960 \dashrightarrow 00{:}46{:}05.856$ Yeah, I agree with you completely

NOTE Confidence: 0.830218165714286

 $00:46:05.856 \longrightarrow 00:46:08.568$ and I think that is the case in

NOTE Confidence: 0.830218165714286

 $00:46:08.568 \longrightarrow 00:46:09.981$ institutions like ours, right.

00:46:09.981 --> 00:46:12.267 You know, if you're a private

NOTE Confidence: 0.830218165714286

00:46:12.267 --> 00:46:14.520 provider out in the community,

NOTE Confidence: 0.830218165714286

00:46:14.520 --> 00:46:16.080 especially way out in the community,

NOTE Confidence: 0.830218165714286

00:46:16.080 --> 00:46:18.720 you might be more sensitive to how many

NOTE Confidence: 0.830218165714286

 $00:46:18.720 \longrightarrow 00:46:20.719$ Medicaid patients you put on your panel.

NOTE Confidence: 0.830218165714286

00:46:20.720 --> 00:46:22.508 But I think what you described

NOTE Confidence: 0.830218165714286

 $00:46:22.508 \longrightarrow 00:46:24.080$ is very much the case.

NOTE Confidence: 0.830218165714286

00:46:24.080 --> 00:46:24.752 And you know,

NOTE Confidence: 0.830218165714286

 $00{:}46{:}24.752 \dashrightarrow 00{:}46{:}26.639$ the key is being able to get them

NOTE Confidence: 0.830218165714286

 $00:46:26.639 \longrightarrow 00:46:28.466$ here and get them into these kind

NOTE Confidence: 0.830218165714286

 $00{:}46{:}28.466 {\:{\mbox{--}}}{>}\ 00{:}46{:}29.928$ of centers where they're going

NOTE Confidence: 0.830218165714286

 $00:46:29.928 \longrightarrow 00:46:31.393$ to get really good care.

NOTE Confidence: 0.830218165714286

 $00:46:31.400 \longrightarrow 00:46:33.810$ And they're and we've actually

NOTE Confidence: 0.830218165714286

 $00:46:33.810 \longrightarrow 00:46:37.093$ done studies to show that if you

NOTE Confidence: 0.830218165714286

00:46:37.093 --> 00:46:39.445 get to an NCI designated center

NOTE Confidence: 0.830218165714286

 $00{:}46{:}39.445 \dashrightarrow 00{:}46{:}43.040$ or even a COC designated center,

 $00:46:43.040 \longrightarrow 00:46:45.280$ you're going to get the same care.

NOTE Confidence: 0.823068691428572

00:46:47.680 --> 00:46:51.064 Yes. So I first was going to follow up

NOTE Confidence: 0.823068691428572

00:46:51.064 --> 00:46:53.797 Melinda's comment about policy changes.

NOTE Confidence: 0.823068691428572

00:46:53.800 --> 00:46:56.382 So I mean I I think what we're all

NOTE Confidence: 0.823068691428572

00:46:56.382 --> 00:46:58.746 probably saying and this kind of

NOTE Confidence: 0.823068691428572

 $00:46:58.746 \longrightarrow 00:47:00.961$ agrees with our clinician perspective

NOTE Confidence: 0.823068691428572

00:47:00.961 --> 00:47:03.960 is is once the patient has Medicaid,

NOTE Confidence: 0.823068691428572

 $00:47:03.960 \longrightarrow 00:47:06.035$ their treatment is similar at

NOTE Confidence: 0.823068691428572

 $00:47:06.035 \longrightarrow 00:47:08.600$ least at a place like this.

NOTE Confidence: 0.823068691428572

 $00:47:08.600 \longrightarrow 00:47:11.669$ So what kind of policy changes do can be

NOTE Confidence: 0.823068691428572

00:47:11.669 --> 00:47:14.465 done to deal with that very compelling

NOTE Confidence: 0.823068691428572

00:47:14.465 --> 00:47:17.543 data you have that the people who

NOTE Confidence: 0.823068691428572

 $00{:}47{:}17.543 \dashrightarrow 00{:}47{:}19.913$ the pre-existing enrollees do well,

NOTE Confidence: 0.823068691428572

 $00:47:19.920 \longrightarrow 00:47:22.454$ the people who get diagnosed at time

NOTE Confidence: 0.823068691428572

 $00:47:22.454 \longrightarrow 00:47:24.613$ who get insurance at Medicaid at

00:47:24.613 --> 00:47:26.958 the time of diagnosis do less Well.

NOTE Confidence: 0.823068691428572

00:47:26.960 --> 00:47:31.799 What can you do to to to fix that?

NOTE Confidence: 0.823068691428572

 $00:47:31.800 \longrightarrow 00:47:34.496$ You know is it are are states trying

NOTE Confidence: 0.823068691428572

 $00:47:34.496 \longrightarrow 00:47:36.991$ not to are not enrolling people as

NOTE Confidence: 0.823068691428572

 $00:47:36.991 \longrightarrow 00:47:39.373$ as proactively as they can because

NOTE Confidence: 0.823068691428572

 $00:47:39.373 \longrightarrow 00:47:41.375$ obviously that increased short term

NOTE Confidence: 0.823068691428572

 $00:47:41.375 \longrightarrow 00:47:43.656$ costs or is it is this something

NOTE Confidence: 0.823068691428572

 $00:47:43.656 \longrightarrow 00:47:45.686$ that we haven't figured out how

NOTE Confidence: 0.823068691428572

 $00:47:45.686 \longrightarrow 00:47:47.078$ to enroll those patients?

NOTE Confidence: 0.823068691428572

 $00:47:47.080 \longrightarrow 00:47:48.688$ Yeah, it varies a lot by

NOTE Confidence: 0.823068691428572

 $00{:}47{:}48.688 \dashrightarrow 00{:}47{:}49.760$ state like everything else.

NOTE Confidence: 0.823068691428572

 $00:47:49.760 \longrightarrow 00:47:51.056$ So take Massachusetts,

NOTE Confidence: 0.823068691428572

 $00:47:51.056 \longrightarrow 00:47:54.080$ it has a very low uninsured baseline

NOTE Confidence: 0.823068691428572

00:47:54.163 --> 00:47:56.368 on insurance rate and in pre ACA

NOTE Confidence: 0.823068691428572

 $00:47:56.368 \longrightarrow 00:47:58.943$ they had a very low baseline on

NOTE Confidence: 0.823068691428572

 $00{:}47{:}58.943 \dashrightarrow 00{:}48{:}01.760$ insurance rate and they were one of

 $00:48:01.760 \longrightarrow 00:48:04.640$ the first states to expand their

NOTE Confidence: 0.823068691428572

 $00:48:04.640 \longrightarrow 00:48:07.156$ Medicaid and offer a way to have

NOTE Confidence: 0.823068691428572

00:48:07.156 --> 00:48:08.770 insurance if you don't qualify for

NOTE Confidence: 0.823068691428572

 $00:48:08.833 \longrightarrow 00:48:10.793$ Medicaid to be able to get into it.

NOTE Confidence: 0.823068691428572

 $00:48:10.800 \longrightarrow 00:48:13.356$ And ACA was modeled after it.

NOTE Confidence: 0.823068691428572

 $00:48:13.360 \longrightarrow 00:48:14.998$ So they tended to do a really good job,

NOTE Confidence: 0.823068691428572

 $00:48:15.000 \longrightarrow 00:48:16.650$ but they had a low baseline

NOTE Confidence: 0.823068691428572

00:48:16.650 --> 00:48:17.475 on insurance rates,

NOTE Confidence: 0.823068691428572

 $00{:}48{:}17.480 \longrightarrow 00{:}48{:}19.680$ so it didn't cost them as much to begin with.

NOTE Confidence: 0.823068691428572

 $00{:}48{:}19.680 \dashrightarrow 00{:}48{:}22.432$ If you're in Alabama where it's a state

NOTE Confidence: 0.823068691428572

 $00:48:22.432 \longrightarrow 00:48:25.341$ you don't have a lot of resources and

NOTE Confidence: 0.823068691428572

00:48:25.341 --> 00:48:27.759 much of your population is uninsured,

NOTE Confidence: 0.823068691428572

 $00{:}48{:}27.760 \dashrightarrow 00{:}48{:}29.720$ there's not as aggressive approach

NOTE Confidence: 0.823068691428572

 $00:48:29.720 \longrightarrow 00:48:32.520$ to go out and get insurance.

NOTE Confidence: 0.823068691428572

 $00:48:32.520 \longrightarrow 00:48:34.095$ And Alabama is one of the states

00:48:34.095 --> 00:48:35.720 that have an expanded Medicaid,

NOTE Confidence: 0.823068691428572

 $00:48:35.720 \longrightarrow 00:48:36.908$ not unsurprising.

NOTE Confidence: 0.823068691428572

 $00:48:36.908 \longrightarrow 00:48:40.225$ So it's it's more than I,

NOTE Confidence: 0.823068691428572

00:48:40.225 --> 00:48:42.640 I it goes beyond the political philosophy,

NOTE Confidence: 0.823068691428572

 $00:48:42.640 \longrightarrow 00:48:44.705$ but what's the burden on the state

NOTE Confidence: 0.823068691428572

00:48:44.705 --> 00:48:47.501 budget then to go out If you have a

NOTE Confidence: 0.823068691428572

 $00:48:47.501 \longrightarrow 00:48:49.142$ large uninsured population and you're

NOTE Confidence: 0.823068691428572

00:48:49.142 --> 00:48:51.206 not a particularly wealthy state to

NOTE Confidence: 0.823068691428572

00:48:51.206 --> 00:48:54.800 begin with and this is a state-run program,

NOTE Confidence: 0.823068691428572

 $00:48:54.800 \longrightarrow 00:48:56.900$ those states are not as willing to

NOTE Confidence: 0.823068691428572

 $00:48:56.900 \longrightarrow 00:48:59.399$ go out and be aggressive about it.

NOTE Confidence: 0.823068691428572

00:48:59.400 --> 00:49:03.118 So Virginia just expanded not long ago and I,

NOTE Confidence: 0.823068691428572

 $00:49:03.118 \longrightarrow 00:49:05.032$ they are really worried about the

NOTE Confidence: 0.823068691428572

 $00:49:05.032 \longrightarrow 00:49:07.320$ out of the woodwork phenomenon that

NOTE Confidence: 0.823068691428572

 $00:49:07.320 \longrightarrow 00:49:10.116$ if you offer Medicaid now all these

NOTE Confidence: 0.823068691428572

 $00:49:10.116 \longrightarrow 00:49:12.636$ people who now know about the program

 $00:49:12.636 \longrightarrow 00:49:15.340$ are going to seek it and really

NOTE Confidence: 0.823068691428572

 $00:49:15.340 \longrightarrow 00:49:18.040$ increase it beyond what they thought.

NOTE Confidence: 0.823068691428572

 $00:49:18.040 \longrightarrow 00:49:20.133$ I don't know that states have really

NOTE Confidence: 0.823068691428572

 $00:49:20.133 \longrightarrow 00:49:22.159$ seen a huge bump in that way.

NOTE Confidence: 0.823068691428572

 $00:49:22.160 \longrightarrow 00:49:22.992$ Just depends,

NOTE Confidence: 0.823068691428572

 $00:49:22.992 \longrightarrow 00:49:26.920$ A lot of it is going to be to and

NOTE Confidence: 0.823068691428572

00:49:26.920 --> 00:49:28.880 politically this is so hard to do,

NOTE Confidence: 0.823068691428572

 $00:49:28.880 \longrightarrow 00:49:31.580$ but it's the nationalize these programs

NOTE Confidence: 0.823068691428572

 $00:49:31.580 \longrightarrow 00:49:34.120$ and standardize them across the board.

NOTE Confidence: 0.355375013333333

00:49:36.880 --> 00:49:39.718 Carrie, oh, sorry.

NOTE Confidence: 0.355375013333333

 $00{:}49{:}39.720 \dashrightarrow 00{:}49{:}42.918$ Thank you so much for your.

NOTE Confidence: 0.355375013333333

00:49:42.920 --> 00:49:45.840 Thank you so much for your for your visit,

NOTE Confidence: 0.355375013333333

 $00{:}49{:}45.840 \dashrightarrow 00{:}49{:}49.112$ talking for your body of work be assuring

NOTE Confidence: 0.355375013333333

 $00:49:49.112 \longrightarrow 00:49:51.640$ with regards to the the value of data

NOTE Confidence: 0.355375013333333

 $00:49:51.705 \longrightarrow 00:49:53.839$ and the importance of Medicaid question.

00:49:53.839 --> 00:49:55.431 I just wanted to ask you to take

NOTE Confidence: 0.355375013333333

00:49:55.431 --> 00:49:57.119 a step back as someone who's been

NOTE Confidence: 0.355375013333333

 $00:49:57.119 \longrightarrow 00:49:58.537$ working in this field typically

NOTE Confidence: 0.355375013333333

 $00:49:58.537 \longrightarrow 00:50:01.279$ Medicaid for quite a while now.

NOTE Confidence: 0.355375013333333

00:50:01.280 --> 00:50:03.560 It's just a troubling trend nationwide,

NOTE Confidence: 0.355375013333333

00:50:03.560 --> 00:50:07.280 50\% of all Medicaid beneficiary nationwide

NOTE Confidence: 0.355375013333333

 $00:50:07.280 \longrightarrow 00:50:12.240$ are now covered by a privately insured plan.

NOTE Confidence: 0.355375013333333

00:50:12.240 --> 00:50:14.440 One of there's five companies,

NOTE Confidence: 0.355375013333333

00:50:14.440 --> 00:50:19.610 five 14100 companies or now basically

NOTE Confidence: 0.355375013333333

00:50:19.610 --> 00:50:23.176 managing their 50% of our many benefits.

NOTE Confidence: 0.355375013333333

 $00:50:23.176 \longrightarrow 00:50:25.485$ Yeah. Their revenues of those five

NOTE Confidence: 0.355375013333333

00:50:25.485 --> 00:50:28.239 companies range from 30 billion in Molinas,

NOTE Confidence: 0.355375013333333

 $00{:}50{:}28.240 \dashrightarrow 00{:}50{:}32.456$ over 300 billion for United Health care.

NOTE Confidence: 0.355375013333333

 $00{:}50{:}32.456 \dashrightarrow 00{:}50{:}34.892$ So just wanted to ask your thoughts

NOTE Confidence: 0.355375013333333

 $00:50:34.892 \longrightarrow 00:50:36.489$ about privatization of Medicaid

NOTE Confidence: 0.355375013333333

 $00:50:36.489 \longrightarrow 00:50:39.440$ and what what's driving it?

00:50:39.440 --> 00:50:41.672 Yeah, I mean, so this comes back to

NOTE Confidence: 0.355375013333333

00:50:41.672 --> 00:50:43.718 that last slide around Replicate,

NOTE Confidence: 0.355375013333333

00:50:43.720 --> 00:50:46.555 right, and try to get those differences

NOTE Confidence: 0.355375013333333

 $00:50:46.555 \longrightarrow 00:50:49.087$ to see what privatization has

NOTE Confidence: 0.355375013333333

 $00:50:49.087 \longrightarrow 00:50:51.344$ actually done in these,

NOTE Confidence: 0.355375013333333

 $00:50:51.344 \longrightarrow 00:50:52.880$ in these companies.

NOTE Confidence: 0.355375013333333

 $00:50:52.880 \longrightarrow 00:50:56.146$ And that's a great question to be

NOTE Confidence: 0.355375013333333

 $00:50:56.146 \longrightarrow 00:50:57.318$ able to do it.

NOTE Confidence: 0.355375013333333

 $00{:}50{:}57.320 \to 00{:}51{:}00.920$ And you know we can start if you get a,

NOTE Confidence: 0.355375013333333

 $00{:}51{:}00.920 \dashrightarrow 00{:}51{:}03.286$ you know we're still one state if

NOTE Confidence: 0.355375013333333

 $00:51:03.286 \longrightarrow 00:51:06.222$ we were able to get APC DS and

NOTE Confidence: 0.355375013333333

 $00:51:06.222 \longrightarrow 00:51:07.838$ registries across several States

NOTE Confidence: 0.355375013333333

 $00{:}51{:}07.838 \dashrightarrow 00{:}51{:}10.911$ and be able to make exactly those

NOTE Confidence: 0.355375013333333

 $00:51:10.911 \longrightarrow 00:51:13.122$ comparisons because we can identify

NOTE Confidence: 0.355375013333333

 $00:51:13.122 \longrightarrow 00:51:16.020$ what insurance company it is and find

 $00:51:16.020 \longrightarrow 00:51:18.360$ all of that information out around.

NOTE Confidence: 0.355375013333333

00:51:18.360 --> 00:51:20.872 I can look at whether they have a

NOTE Confidence: 0.355375013333333

 $00{:}51{:}20.872 \longrightarrow 00{:}51{:}22.796$ high deductible plan or not and be

NOTE Confidence: 0.355375013333333

 $00:51:22.796 \longrightarrow 00:51:24.602$ able to make these kind of comparisons

NOTE Confidence: 0.355375013333333

 $00:51:24.602 \longrightarrow 00:51:26.577$ and to be able to look at what's

NOTE Confidence: 0.355375013333333

00:51:26.577 --> 00:51:28.399 happening in the Medicaid population.

NOTE Confidence: 0.355375013333333

00:51:28.400 --> 00:51:30.720 Great question and I'm sorry,

NOTE Confidence: 0.355375013333333

00:51:30.720 --> 00:51:32.400 I didn't see that you haven't.

NOTE Confidence: 0.355375013333333 00:51:32.400 --> 00:51:33.014 No, fine. NOTE Confidence: 0.355375013333333

00:51:33.014 --> 00:51:36.120 Thank you so much for all for all of this.

NOTE Confidence: 0.355375013333333

 $00{:}51{:}36.120 \dashrightarrow 00{:}51{:}39.132$ My question comes sort of to

NOTE Confidence: 0.355375013333333

 $00:51:39.132 \longrightarrow 00:51:42.000$ as we've seen some really,

NOTE Confidence: 0.355375013333333

00:51:42.000 --> 00:51:44.372 really impactful advances in,

NOTE Confidence: 0.355375013333333

00:51:44.372 --> 00:51:47.032 you know, cancer surgery,

NOTE Confidence: 0.355375013333333

00:51:47.032 --> 00:51:49.240 immunotherapy, targeted therapy.

NOTE Confidence: 0.355375013333333

 $00:51:49.240 \longrightarrow 00:51:52.630$ What are sort of the methodologic

 $00:51:52.630 \longrightarrow 00:51:55.560$ challenges to taking the same approach

NOTE Confidence: 0.355375013333333

 $00:51:55.560 \longrightarrow 00:51:57.810$ to something that maybe actually

NOTE Confidence: 0.355375013333333

 $00:51:57.810 \longrightarrow 00:52:00.399$ has a bigger impact on outcomes,

NOTE Confidence: 0.355375013333333

 $00:52:00.400 \longrightarrow 00:52:02.640$ but that is not as simple as did

NOTE Confidence: 0.355375013333333

 $00:52:02.640 \longrightarrow 00:52:04.878$ you get referred for radiation,

NOTE Confidence: 0.355375013333333

 $00:52:04.880 \longrightarrow 00:52:07.764$ but are these things going to be

NOTE Confidence: 0.355375013333333

 $00:52:07.764 \longrightarrow 00:52:10.715$ able to be approached from large

NOTE Confidence: 0.355375013333333

 $00:52:10.715 \dashrightarrow 00:52:14.474$ databases or are you going to need

NOTE Confidence: 0.355375013333333

 $00{:}52{:}14.480 \dashrightarrow 00{:}52{:}16.489$ you know more granular work in in

NOTE Confidence: 0.355375013333333

 $00{:}52{:}16.489 \dashrightarrow 00{:}52{:}18.151$ single counties or something to

NOTE Confidence: 0.355375013333333

00:52:18.151 --> 00:52:20.090 address Great question I think and

NOTE Confidence: 0.355375013333333

 $00{:}52{:}20.090 \dashrightarrow 00{:}52{:}22.125$ the reason we looked at hormonal

NOTE Confidence: 0.355375013333333

 $00{:}52{:}22.125 \dashrightarrow 00{:}52{:}24.105$ therapy is because it's oral

NOTE Confidence: 0.355375013333333

 $00:52:24.105 \longrightarrow 00:52:26.197$ outpatient therapy and we actually

NOTE Confidence: 0.355375013333333

 $00:52:26.197 \longrightarrow 00:52:28.397$ was looking at immunotherapy too.

 $00:52:28.400 \longrightarrow 00:52:30.320$ But the sites of it,

NOTE Confidence: 0.355375013333333 00:52:30.320 --> 00:52:31.062 you know, NOTE Confidence: 0.355375013333333

 $00:52:31.062 \longrightarrow 00:52:33.562$ we're not a huge state in terms

NOTE Confidence: 0.355375013333333

00:52:33.562 --> 00:52:34.204 of population.

NOTE Confidence: 0.355375013333333

 $00:52:34.204 \longrightarrow 00:52:37.292$ And so when you get out into our rural

NOTE Confidence: 0.355375013333333

00:52:37.292 --> 00:52:39.476 areas and gets really teeny tiny.

NOTE Confidence: 0.355375013333333

 $00:52:39.480 \longrightarrow 00:52:40.610$ But immunotherapies,

NOTE Confidence: 0.355375013333333

00:52:40.610 --> 00:52:43.435 therapies in these oral treatments

NOTE Confidence: 0.355375013333333

00:52:43.440 --> 00:52:45.970 are really under reported to

NOTE Confidence: 0.355375013333333

 $00:52:45.970 \longrightarrow 00:52:47.290$ registries for obvious reasons.

NOTE Confidence: 0.355375013333333

 $00:52:47.290 \longrightarrow 00:52:49.541$ And you're going to need to get these

NOTE Confidence: 0.355375013333333

 $00:52:49.541 \longrightarrow 00:52:51.676$ claims datas from other kinds of sources.

NOTE Confidence: 0.35537501333333300:52:51.680 --> 00:52:52.332 So it's. NOTE Confidence: 0.3553750133333333

 $00:52:52.332 \longrightarrow 00:52:52.984$ You're right.

NOTE Confidence: 0.355375013333333

 $00:52:52.984 \longrightarrow 00:52:55.379$ As we make these in advances and

NOTE Confidence: 0.355375013333333

00:52:55.379 --> 00:52:57.605 they're doing more and more in

00:52:57.605 --> 00:52:59.228 the outpatient setting. Yeah.

NOTE Confidence: 0.355375013333333

 $00{:}52{:}59.228 \to 00{:}53{:}02.276$ The data challenges get much greater.

NOTE Confidence: 0.701433638923077

 $00:53:02.280 \longrightarrow 00:53:04.134$ Yeah. And Tim. Oh, looks like

NOTE Confidence: 0.701433638923077

 $00:53:04.134 \longrightarrow 00:53:06.358$ we have one on Zoom as well.

NOTE Confidence: 0.701433638923077

 $00:53:06.360 \longrightarrow 00:53:08.480$ How do you do it?

NOTE Confidence: 0.701433638923077

 $00:53:08.480 \longrightarrow 00:53:09.040$ I don't even know.

NOTE Confidence: 0.701433638923077

 $00:53:09.040 \longrightarrow 00:53:11.400$ Where's the where's the mouse?

NOTE Confidence: 0.70143363892307700:53:11.400 --> 00:53:12.000 There it is.

NOTE Confidence: 0.699103258235294

 $00:53:18.560 \longrightarrow 00:53:20.312$ That's the only reason why a

NOTE Confidence: 0.699103258235294

 $00:53:20.312 \longrightarrow 00:53:21.946$ patient with the same socioeconomic

NOTE Confidence: 0.699103258235294

00:53:21.946 --> 00:53:24.394 status would say they will qualify.

NOTE Confidence: 0.699103258235294

 $00:53:24.400 \longrightarrow 00:53:27.158$ Yes, that with a known cancer diagnosis.

NOTE Confidence: 0.699103258235294

00:53:27.160 --> 00:53:29.680 The only reason. The question is,

NOTE Confidence: 0.699103258235294

 $00{:}53{:}29.680 \dashrightarrow 00{:}53{:}32.004$ isn't the key issue that in some

NOTE Confidence: 0.699103258235294

00:53:32.004 --> 00:53:33.812 states they known cancer diagnosis

00:53:33.812 --> 00:53:36.416 is the only reason why the patient

NOTE Confidence: 0.699103258235294

 $00{:}53{:}36.416 \to 00{:}53{:}38.527$ with the same socioeconomic status

NOTE Confidence: 0.699103258235294

 $00:53:38.527 \longrightarrow 00:53:41.035$ was able to qualify for Medicaid?

NOTE Confidence: 0.699103258235294

 $00:53:41.040 \longrightarrow 00:53:43.614$ So, and I don't know for sure if I'm

NOTE Confidence: 0.699103258235294

00:53:43.614 --> 00:53:45.360 interpreting your question correctly,

NOTE Confidence: 0.699103258235294

 $00:53:45.360 \longrightarrow 00:53:46.760$ but first and foremost,

NOTE Confidence: 0.699103258235294

 $00:53:46.760 \longrightarrow 00:53:48.510$ cancer is not a qualifying

NOTE Confidence: 0.699103258235294

00:53:48.510 --> 00:53:49.679 condition for Medicaid.

NOTE Confidence: 0.699103258235294

 $00:53:49.680 \longrightarrow 00:53:50.895$ Unless you're diagnosed

NOTE Confidence: 0.699103258235294

 $00:53:50.895 \longrightarrow 00:53:52.515$ through the CDC program,

NOTE Confidence: 0.699103258235294

 $00:53:52.520 \longrightarrow 00:53:54.158$ cancer does not get you on Medicaid.

NOTE Confidence: 0.699103258235294

 $00:53:54.160 \longrightarrow 00:53:56.435$ You still have to spend down if

NOTE Confidence: 0.699103258235294

 $00:53:56.435 \longrightarrow 00:53:58.231$ you're above the income requirements

NOTE Confidence: 0.699103258235294

 $00:53:58.231 \longrightarrow 00:54:01.215$ to be able to get into the Medicaid

NOTE Confidence: 0.699103258235294

 $00:54:01.285 \longrightarrow 00:54:03.320$ program or to have qualified all

NOTE Confidence: 0.699103258235294

 $00{:}54{:}03.320 \dashrightarrow 00{:}54{:}05.120$ along just simply not knowing it.

 $00:54:05.120 \longrightarrow 00:54:06.204$ But for many people,

NOTE Confidence: 0.699103258235294

 $00:54:06.204 \longrightarrow 00:54:08.124$ there is a spend down period that

NOTE Confidence: 0.699103258235294

 $00:54:08.124 \longrightarrow 00:54:09.748$ they have to go through and get

NOTE Confidence: 0.699103258235294

 $00:54:09.748 \longrightarrow 00:54:11.717$ on to the program and then they

NOTE Confidence: 0.699103258235294

00:54:11.717 --> 00:54:14.088 get the coverage that they need.

NOTE Confidence: 0.699103258235294

 $00:54:14.088 \longrightarrow 00:54:19.147$ So the the SES, it's the same.

NOTE Confidence: 0.699103258235294

00:54:19.147 --> 00:54:22.920 If you meet that threshold within a state,

NOTE Confidence: 0.699103258235294

 $00:54:22.920 \longrightarrow 00:54:24.525$ you could be similar socioeconomic

NOTE Confidence: 0.699103258235294

 $00{:}54{:}24.525 \dashrightarrow 00{:}54{:}26.928$ status but still have to spend down some

NOTE Confidence: 0.699103258235294

 $00:54:26.928 \longrightarrow 00:54:29.518$ assets to be able to bring in to the program.

NOTE Confidence: 0.699103258235294

 $00:54:29.520 \longrightarrow 00:54:31.088$ And I'm not sure if I answered

NOTE Confidence: 0.699103258235294

 $00:54:31.088 \longrightarrow 00:54:31.760$ that question exactly,

NOTE Confidence: 0.699103258235294

 $00:54:31.760 \longrightarrow 00:54:33.839$ but I hope so or if not,

NOTE Confidence: 0.699103258235294

 $00:54:33.840 \longrightarrow 00:54:36.400$ there's a follow up.

NOTE Confidence: 0.699103258235294

 $00:54:36.400 \longrightarrow 00:54:37.724$ Tim, great talk.

00:54:37.724 --> 00:54:39.434 It's more of a philosophical,

NOTE Confidence: 0.699103258235294

00:54:39.440 --> 00:54:40.272 political question.

NOTE Confidence: 0.699103258235294

 $00:54:40.272 \longrightarrow 00:54:42.201$ But with Medicare, you mentioned the,

NOTE Confidence: 0.699103258235294

 $00:54:42.201 \longrightarrow 00:54:43.109$ the importance of maybe

NOTE Confidence: 0.699103258235294

00:54:43.109 --> 00:54:44.120 having a nationalized program.

NOTE Confidence: 0.699103258235294

00:54:44.120 --> 00:54:45.680 Medicare, we had a nationalized,

NOTE Confidence: 0.699103258235294

 $00:54:45.680 \longrightarrow 00:54:46.560$ but Medicaid we don't.

NOTE Confidence: 0.699103258235294

 $00:54:46.560 \longrightarrow 00:54:47.880$ Do you think there's any fundamental

NOTE Confidence: 0.699103258235294

 $00{:}54{:}47.917 \dashrightarrow 00{:}54{:}48.997$ differences between the programs

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 $00:54:48.997 \longrightarrow 00:54:50.077$ that have prevented that?

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 $00{:}54{:}50.080 --> 00{:}54{:}50.860$ Or, you know,

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 $00:54:50.860 \longrightarrow 00:54:52.680$ is there a path forward to getting

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 $00:54:52.742 \longrightarrow 00:54:54.477$ a national approach to Medicaid?

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 $00:54:54.480 \longrightarrow 00:54:56.680$ Yeah, I don't know. Yeah.

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00:54:56.680 --> 00:54:59.248 With it's if you think of all the

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 $00:54:59.248 \longrightarrow 00:55:01.879$ challenges to the ACA that's already been,

 $00:55:01.880 \longrightarrow 00:55:04.056$ I was a moderator for a panel with

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 $00{:}55{:}04.056 \dashrightarrow 00{:}55{:}05.675$ a National Cancer Policy Forum

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00:55:05.675 --> 00:55:07.703 where we brought together for the

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 $00:55:07.703 \longrightarrow 00:55:09.797$ 10 year anniversary of the ACA.

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00:55:09.800 --> 00:55:12.040 And we were talking to Donna Shalala,

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 $00:55:12.040 \longrightarrow 00:55:14.128$ the people who really were at

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 $00:55:14.128 \longrightarrow 00:55:16.381$ the table when they crafted the

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00:55:16.381 --> 00:55:18.356 ACA and brought it forward.

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 $00{:}55{:}18.360 \dashrightarrow 00{:}55{:}20.360$ And I the question I asked them was,

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 $00:55:20.360 \longrightarrow 00:55:22.640$ was there something you do differently?

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00:55:22.640 --> 00:55:23.664 And the answer was,

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 $00{:}55{:}23.664 --> 00{:}55{:}23.920 \ \mathrm{Yep},$

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 $00{:}55{:}23.920 \to 00{:}55{:}27.015$ we would not have compromised that

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00:55:27.015 --> 00:55:29.920 when we ended up because we we

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 $00:55:29.920 \longrightarrow 00:55:32.639$ compromised on so many places in the

 $00:55:32.639 \longrightarrow 00:55:35.720$ bill in hopes for bipartisan support.

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 $00:55:35.720 \longrightarrow 00:55:36.952$ And when it passed,

NOTE Confidence: 0.699103258235294

00:55:36.952 --> 00:55:38.800 it went right down party lines,

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 $00:55:38.800 \longrightarrow 00:55:41.720$ not a single bipartisan vote.

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 $00:55:41.720 \longrightarrow 00:55:43.424$ So their answer was the reason

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 $00:55:43.424 \longrightarrow 00:55:45.495$ the ACA isn't what we wanted it

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00:55:45.495 --> 00:55:47.235 to be is because we compromised.

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 $00:55:47.240 \longrightarrow 00:55:48.720$ If we did it again,

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 $00:55:48.720 \longrightarrow 00:55:50.547$ we would not have done that because

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00:55:50.547 --> 00:55:52.358 they were never going to play ball.

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 $00:55:52.360 \longrightarrow 00:55:55.879$ So you're going to have to have a different,

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 $00{:}55{:}55.880 \dashrightarrow 00{:}55{:}58.640$ you know, so it's it's a heavy lift.

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 $00{:}55{:}58.640 \dashrightarrow 00{:}56{:}01.349$ And I think the evidence that we

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 $00:56:01.349 \longrightarrow 00:56:04.107$ provide and the care that we put

NOTE Confidence: 0.699103258235294

00:56:04.107 --> 00:56:06.381 in our research is so critical

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 $00:56:06.462 \longrightarrow 00:56:09.200$ and that we keep just pushing that

 $00:56:09.200 \longrightarrow 00:56:11.200$ we have really valid findings.

NOTE Confidence: 0.699103258235294

 $00{:}56{:}11.200 \dashrightarrow 00{:}56{:}13.076$ We're being more creative with our data.

NOTE Confidence: 0.956324035

 $00{:}56{:}13.080 \dashrightarrow 00{:}56{:}16.055$ We're finding this and putting it out

NOTE Confidence: 0.956324035

 $00{:}56{:}16.055 \dashrightarrow 00{:}56{:}21.076$ there in hopes that there's an audience.

NOTE Confidence: 0.956324035

 $00:56:21.080 \longrightarrow 00:56:23.400$ Well, thank you so much. I'd like to take.