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INTERNATIONAL PUBLIC POLICY INSIGHTS

ECONOMICAL ISSUES HINDERING BREAST CANCER SCREENING AND EARLY DETECTION

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Breast cancer is one of the cancers susceptible to screening and early detection through clinical breast examination and mammography. The Department of Statistics of Jordan has estimated it in 2020; there are 1,140,460 women are eligible (40 years and above) for mammography screening where only 13,000 were screened, making it 1.14% of the eligible population. There are limitations to breast screening in Jordan is the cost of mammography. The average cost of the examination for the non-insurance population is \$70, which can burden an average Jordanian family compared to their monthly average wage \$639. Stakeholders could be working on unifying an affordable cost of mammography examination across all private healthcare facilities in parallel.



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Early Detection Saves Lives



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ECONOMICAL ISSUES HINDERING BREAST CANCER SCREENING AND EARLY DETECTION

Abstract

Breast cancer is one of the cancers susceptible to screening and early detection through clinical breast examination and mammography. The Department of Statistics of Jordan estimated it in 2020; there are 1,140,460 women are eligible (40 years and above) for mammography screening where only 13,000 were screened, making it 1.14% of the eligible population. There are limitations to breast screening in Jordan is the cost of mammography. The average cost of the examination for the non-insurance population is \$70, which can burden an average Jordanian family compared to their monthly average wage \$639. Stakeholders could be working on unifying an affordable cost of mammography examination across all private healthcare facilities in parallel.

Abbreviations

BIU	Breast Imaging Units
JBCP	Jordan Breast Cancer Program
JCR	Jordan Cancer Registry
JIF	Jordan Insurance Federation
KHCC	King Hussein Cancer Center
KHCF	King Hussein Cancer Foundation
MMU	Mobile Mammography Unit
MOH	Ministry of Health
RMS	Royal Medical Services
SBCC	Social Behavioral Change Communication

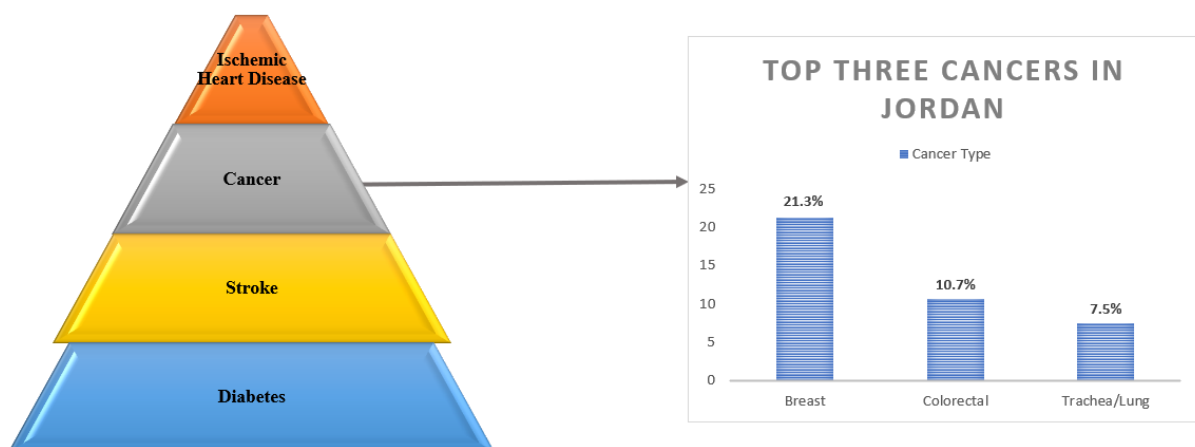


Background

Breast cancer is one of the cancers susceptible to screening and early detection through clinical breast examination and mammography. Delay in screening would increase late-stage diagnosis, resulting in a delay in treatment where studies have shown that a 30-day delay in treatment would decrease the survival rate by 9%. The significant barrier to delay in seeking medical care is the women's low-income status. Survival rates in late-stage discovery is decreased to 22% compared to early stages of 100% survival rate.

If discovered early (stages 0, 1, and 2), the disease's burden in prognosis, morbidity, mortality, and treatment cost is far less than the late stages (3,4 and 5). According to the latest Jordan Cancer Registry, 55% of Jordan's diagnosed cases are classified in the late stages. This will constitute a challenging burden on healthcare systems and patients in Jordan and other neighboring countries (JCR,2016). Cancer is the second leading cause of death in Jordan after cardiovascular diseases. As a result of life expectancy with prolonged exposure to risk factors, this will increase the disease's morbidity and mortality (Abdal-Rizq et al., 2015). In particular, breast cancer is the most common cancer type in the region, with a percentage of around 39% of all cancer cases in females and 20% of all cancer cases among both genders, with a mortality rate of 12.7%(JCR, 2016). It can be said that every other household in Jordan has been affected by breast cancer in some or another.

Figure 1 The Top Diseases Causing Death and Top Cancers



Even though Jordan made remarkable achievements in its health outcomes in the last decade, many challenges are still faced related to healthcare equity and spending

sustainability. The main focus on healthcare spending is on curative care rather than preventive care. 74% of the health expenditure is directed to secondary and tertiary care versus 18% towards primary care (NHA, 2017).

Jordan has been moving towards universal health insurance for all citizens where it has become a strategic goal for all successive Jordanian governments for more than three decades. This includes the inclusion of preventive healthcare (i.e., screening for breast cancer). According to MoH estimates, health insurance coverage in the kingdom has risen gradually over the past years until it reached about 86% of the population in 2013.

Even with that, there is the unfair financial contribution of the citizens (out of pocket) represented by a defective application of health insurance, which implies the application of the social solidarity principle. The lack of a legal framework to protect them and the high cost of these services poses some risks. If they are not available and lack their coverage in the government and private health insurance programs. Through different studies done by the Jordan Breast Cancer Program (JBCP), women reported several barriers to screening, mainly fear of results and not having symptoms. Also, women reported that mammograms have a financial liability, considering the household average monthly income of \$639 (The Jordan Times, 2015).

Policy Issues

The Department of Statistics of Jordan estimated it in 2020; there are 1,140,460 women are eligible (40 years and above) for mammography screening where only 13,000 were screened, making it 1.14% of the eligible population(JBCP,2020). It is estimated that 4 out of 1000 women screened will be diagnosed with breast cancer were if not screened, the diagnosis of the disease will be within the late-stage criteria costing the government, insurances, and patient more on treatment with an estimation of \$42,000 without emergency admissions and hormonal treatment (Herceptin).

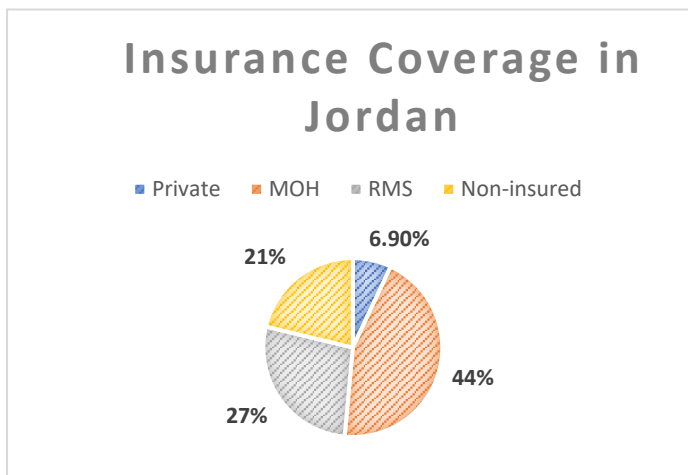
With the screening scenario, treatment costs are lower, and the disease's morbidity is more likely in favor of the patient. An RCT study showed that most women who die from breast cancer had not undergone regular screening mammography, where series of 461



deaths due to breast cancer and found 116 (25%) deaths were among asymptomatic women. Increasing participation rates in routine annual mammographic screening could further decrease breast cancer mortality (Berg, 2012). The limitation to screening in Jordan is the cost of mammography screening. The average cost of the examination for the non-insurance population is \$70, which can burden an average Jordanian family compared to their monthly average wage \$639.

The presence of various insurances in Jordan has risen over the years, but statistics have found that only 78% of the population. Despite that 44% and 27% are insurance by MOH and RMS, accessibility and functionality issues are faced with the breast imaging units (BIUs), resulting in the shortage of health services resorting to the private sector and their pricing (NSH,2015).

Figure 1 Insurance Coverage in Jordan



The private insurance present in Jordan focuses on curative and diagnostic health rather than preventive measures; thus, it would only cover diagnostic mammography after physician's referral, which can be tedious for the patient. This would leave the patient handling the burden of the out of pockets costs whether she is insured or not.



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The Underlying Factors

Governance

The High Health Council developed a National Strategy for Health Sector in Jordan years of 2015-2019, which has tackled several key health components. They have stressed focusing on primary and preventive health care programs such as screening programs. Even with that plan in line, there is still a lack of implementation from the key players in the field. Even though there are guidelines present on breast cancer screening and early detection , there are currently no policies in place that encourage eligible women to undergo breast cancer screening(JBCP,2019).

Finance

Reflecting the Jordanian's society on healthcare expenses, the majority of the eligible population for mammography have raised their concerns on the cost of the screening examination where results of a JBCP study have showed that women's willingness to pay for mammography, 45% of women agreed to pay 35\$ for the exam (set as a benchmark); the price conversion between the various pricing points is highest when the pricing goes lower indicating that the prices of mammography should be unified to be affordable to the community. Meanwhile, the women who were insured by the private insurances are required to pay an out-of-pocket cost that also seemed inequitable.

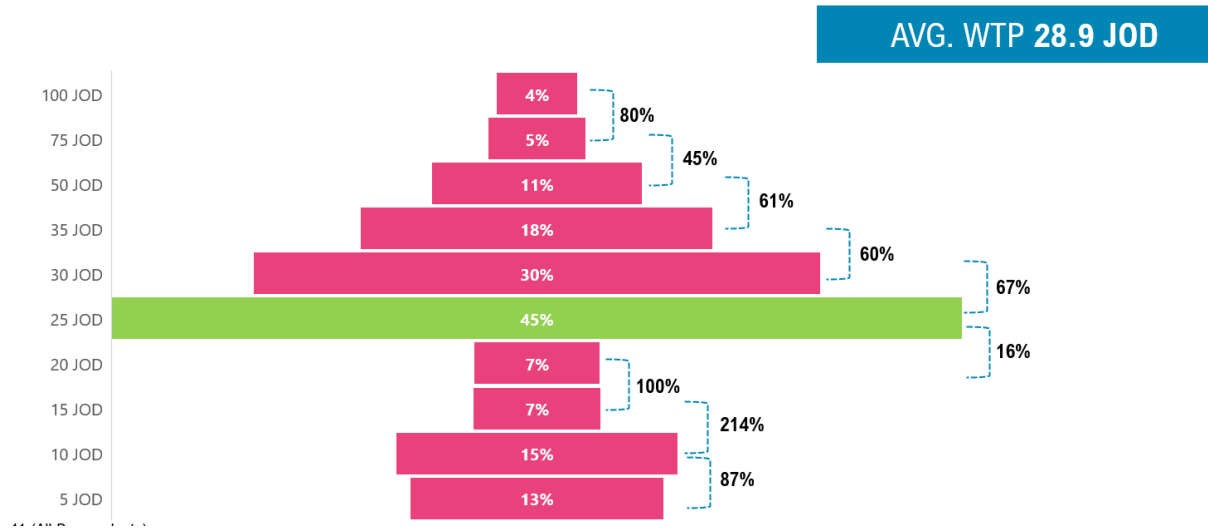
A reformation was evident in the MoH health facilities, where the cost of mammography was unified for \$7.75 USD for the Jordanian citizens. However, there still lays the private sector with the costs. Overseen by the Private Hospital Association and the Jordan Medical Association, the private hospitals' average cost for mammography is \$70, as mentioned previously. In 2012 the volume of spending on secondary health care services (hospitals) amounted to 703.7 million dinars (74.2%) of the public sector spending. For this reason, reform measures are needed in the health system to contribute and help make policies for the containment of health costs in hospitals.

Another outcome that the High Health Council planned to tackle is the health, financial and social protection for all citizens based on fairgrounds indicating a need to review and



amend legislation package related to the health insurance industry and implement mandatory health insurance. In our case, both reforms will enable eligible women better access to screening mammography screening at a unified and affordable price.

Figure 3 Willingness to Pay for Mammography Price Conversion Points



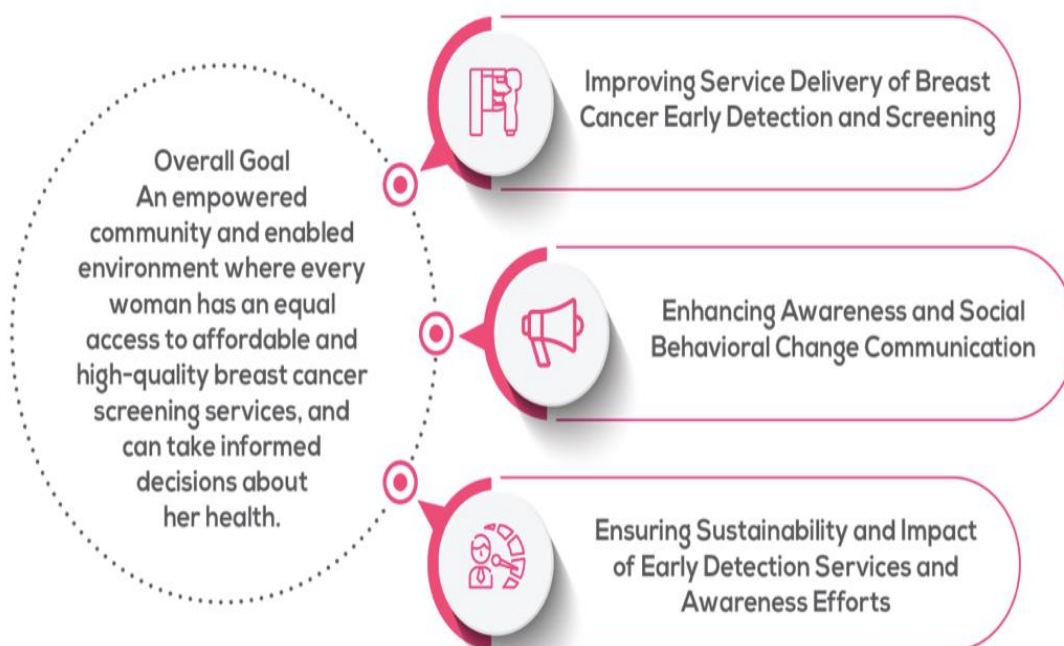
Delivery

Several shortages affect the low number of mammogram screening examinations, such as the accessibility and availability of service, costs of the service, and quality of the present services provided. Jordan’s health system is diverse through different sectors: International and Charities, Public, Private, and Military sectors. There are a total of 80 breast imaging units providing screening mammography where 34% are private sector. Jordan Breast Cancer Program has also provided additional two mobile mammography units to support under-served and underprivileged areas in Jordan.

JBCP is a national program established in 2007 under the leadership of King Hussein Cancer Center and Foundation that is aimed to contribute to achieve a community where every woman has equal access to affordable and high-quality screening services and is empowered to make informed decisions about her health that is disintegrated to down-staging of breast cancer from its late stages (III and IV) to the early stages (0, I, and II), wherein the disease is more curable, survival rates are higher, and treatment costs are lower.

Figure 4 Main Goal for Improving Service Delivery of Breast Cancer

One of its objectives is to improve service delivery of breast cancer screening and early detection through improving accessibility and use of high-quality screening services,



enhancing breast cancer early detection and screening healthcare providers' capacities, providing mobile mammography screening services to women in underserved areas, and improving quality of service delivery. (JBCP,2020).

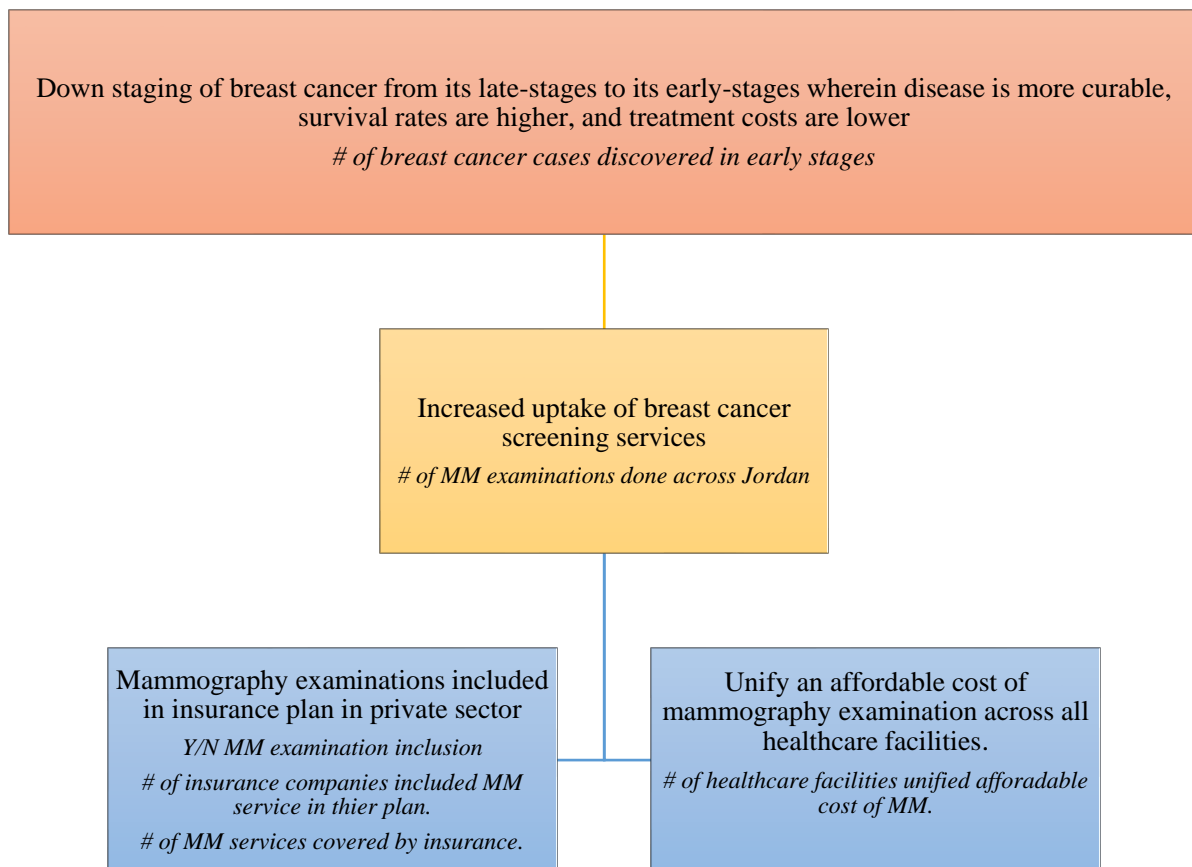
Theory of Change

The policy's overall goal is to implement intervention/s that will decrease breast cancer from its late stages to its early stages where the disease is more curable, survival rates are higher, and treatment costs are lower.



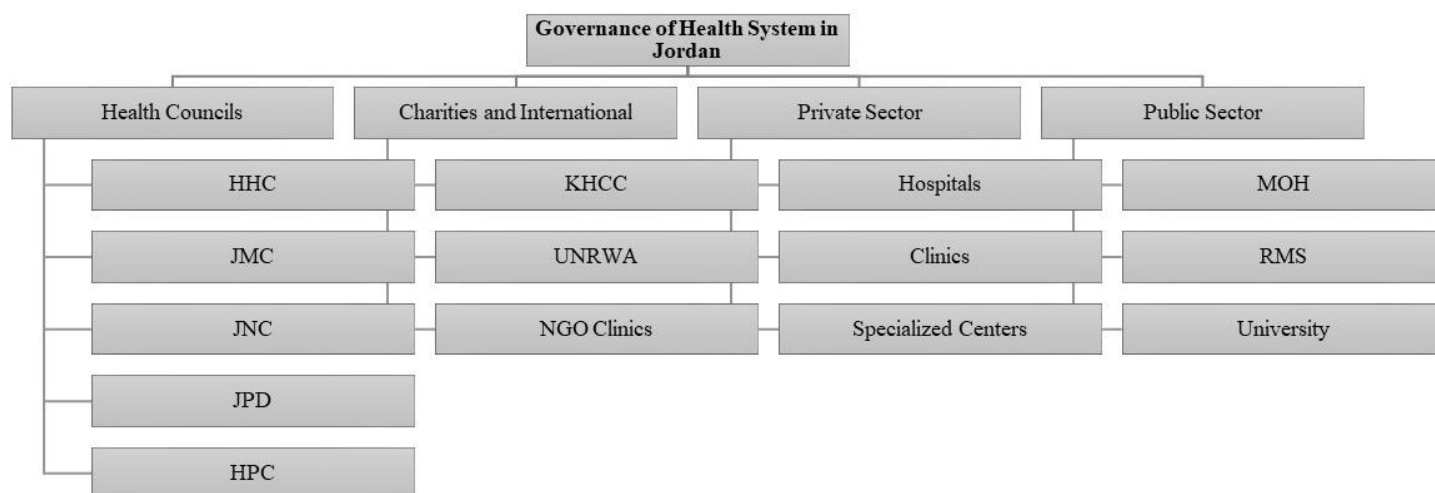
Focusing on other than the activities executed by JBCP on service delivery, quality of service, and increasing demand of service will highlight the cost of mammography on the eligible community through two outputs.

Figure 5 Theory of Change adopted and tailored from JBCP Theory of Change



Stakeholder Analysis

The general breast health service delivery in Jordan is classified as the following:



Two outputs are considered at this stage with two different stakeholders and two communities where one is the insured and the others are non-insured.

Include Screening Mammography in Health Insurances

The first would be the inclusion of a mammography service as a screening procedure within the insurance scheme with minimum annual fees for the eligible women (above the age of 40 years old). It is necessary to clarify that Jordan's private insurances cover diagnostic/symptomatic mammogram examinations, meaning that a referral from a physician or symptoms is present. Our goal is to include mammogram examinations as a screening procedure where the patient is asymptomatic as a preventive health measure within the insurance plans and reduces the patient's out-of-pocket costs. In Japan, it was shown that reducing the out of pockets expenses improved screening mammography attendance and reduced inequalities in attendance (Tabuchi et al., 2013).

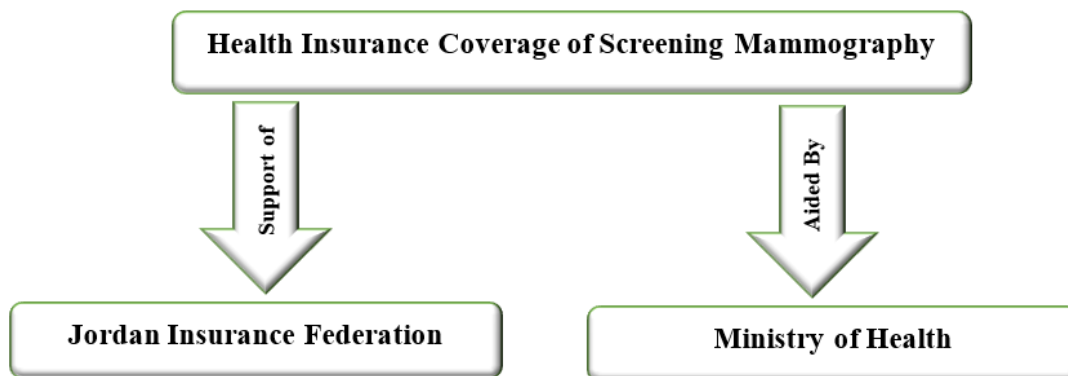
Similarly, in the United States of America, Federal Health Reforms requires private insurance plans to cover various preventive health measures, including screening mammography. Evidence has shown that the mammography coverage mandate has

significantly increased mammography rates between 4.5 and 25%. The reform has also implemented the prohibition of deductibles for mammography that also impacted increasing utilization rates of mammography as a screening examination. In addition to that, the mandate also had a long-term impact on breast cancer staging diagnosis where there was an increase in early-stage in-situ pre-cancers detection rather than late stages (Bitler & Carpenter,2016).

The average cost of breast cancer treatment in Jordan is \$42,000, not taking into account any emergency admissions or hormonal treatment (Herceptin), while one mammography examination costs an average of \$70. The financial burden on the insurance company increased with the prognosis of breast cancer. To verify, a cost-benefit analysis needs to be done in Jordan's context.

In Jordan's context, several entities are involved and play an integral role in executing this policy option. The Jordan Insurance Federation influences private health insurance in Jordan. Their support will permit the reduction of out-of-pocket costs of mammography as a screening procedure for the patients.

Figure 6 Stakeholders Involvement for Health Insurance Coverage of Screening Mammography



Reduce and Unify Cost of Screening Mammography Across Private Sector

There are 4.5 million Jordanians are insured and 2.1 million are not according to 2015 statistics. JBCP has taken the initiative to support the non-insured under-privileged women above the age of 40 to provide free mammography service through its two mobile

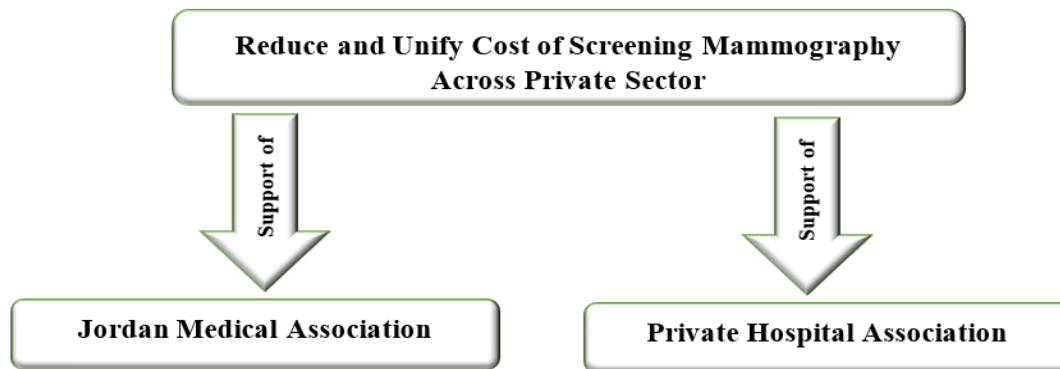
mammography units (MMU). Despite the presence of the MMUs, there is a lot of limitation to reaching the targeted population due to the functionality of the mammography machine and the challenges faced in the breast imaging units in the public sector. For this reason, it is vital to consider working on unifying an affordable cost of mammography examination across all private healthcare facilities. Even though the non-insured can undergo screening in MOH facilities, there is always accessibility and service availability. Thus, mammography prices in private facilities should be re-assessed and unified, making it more affordable to the public.

A systematic review was conducted on interventions done to increase the uptake of mammography, where results have shown that interventions with multiple strategies (one to one, phone calls, patient reminder, etc.) were more effective than those with single strategies. The multiple strategies accompanied by cost reduction to free mammography accompanied by letter plus phone increased mammography uptake by an additional 6% in Australia context (Gardner et al., 2013).

Similarly, in Jordan, as mentioned previously, JBCCP has extensive outreach activities that target the community and raise awareness through the concept of Social Behavioral Change Communication (SBCC) applied in its one-to-one and one-to-group activities. With the implementation of low-cost mammography accompanied with the existing interventions, there will be an increase in mammography demand and utilization. With the aid and support of multiple entities such as the Private Hospital Association and the Jordan Medical Association, we will decide on unifying an affordable price for mammography screening that will increase the service's uptake.



Figure 7 Stakeholders Support to Reduce and Unify Cost of Screening Mammography Across Private Sector



Policy Options, Recommendations & Conclusion

The options discoursed to address the low uptake of screening mammography in Jordan due to the financial liability it poses on the eligible women (40 years and above) will initiate the pathway to directing cancer management from curative health to preventive health as well as a step closer to providing equitable health to women. Reducing the out-of-pocket costs on the patient would increase demand of preventive health services such as screening mammography thus inevitably reducing the costs of treatment (Rezayatmand, 2012).

There will be many phases to be implemented to reach that level, presenting their own challenges, particularly from the stakeholders. The engagement of the stakeholders is vital in every stage even it may be at different levels. In both policy options, MOH, Jordan Insurance Federation, and the Jordan Medical Association are involved throughout the process since the three parties facilitate the implementation of the options. One of the vital tools to implement is the cost-benefit analysis between late-stage and early-stage treatment of breast cancer to showcase the difference of expenditure on insurance companies and the government and the difference of morbidity of the disease between the two stages. This would be a strong tool to persuade the stakeholders of the long term effectiveness of the options suggested above

where the average cost per patient in the USA in 12 months after diagnosis increased the most (58%) between disease stage I/II (\$82,121) and stage III (\$129,387), and was primarily driven by differences in chemotherapy costs (Blumen,2015).

The effectiveness of the options is discussed through various activities such as one-to-one meetings, and focus groups will be executed to gain their support and involvement. Monitoring and acknowledging the Private Hospital Association and Private Insurance companies is essential to have them on board and support the policy options discussed above. Time is also a factor to observe the impact of the policy interventions, which will be visible with five years on the number of mammography examinations done and the number of early-stages of breast cancer discovered.

Monitoring and Evaluation Matrix

	Indicator	Means of verification	Base line	Goal
Output 1: Mammography examinations included in insurance plan in private sector	<ul style="list-style-type: none"> ▪ Y/N MM examination inclusion ▪ # of insurance companies included MM service in their plan. ▪ # of MM services covered by insurance. 	<ul style="list-style-type: none"> ▪ Official Letters ▪ Mammography registry insurance sheets 	0	<ul style="list-style-type: none"> ▪ Yes, of MM inclusion ▪ 10 insurance companies ▪ 25,000 mammography screening covered by insurance
Output 2: Unify an affordable cost of mammography	<ul style="list-style-type: none"> ▪ # of healthcare facilities unified affordable cost of MM 	<ul style="list-style-type: none"> ▪ Official Letters and Correspondence 	0	<ul style="list-style-type: none"> ▪ 35 healthcare facilities unified their MM cost



examination across all healthcare facilities.				
Outcome: Increased uptake of breast cancer screening services	<ul style="list-style-type: none"> # of MM examinations done across Jordan 	<ul style="list-style-type: none"> Mammography Registry 	13,000	<ul style="list-style-type: none"> 35,000 MM examinations done across Jordan
Goal: Down staging of breast cancer from its late-stages to its early-stages wherein disease is more curable, survival rates are higher, and treatment costs are lower.	<ul style="list-style-type: none"> % of breast cancer cases discovered in early stages 	<ul style="list-style-type: none"> National Cancer Registry 	55%	<ul style="list-style-type: none"> 40% of breast cancer cases discovered in the early stages

Proposed: Using the following plan of action:

IF Mammography examinations are included in the insurance plan in the private sector.

AND An affordable cost of mammography examination across all healthcare facilities are unified.

THEN Uptake of breast cancer screening services is increased.

Key Indicators:

- % of breast cancer cases discovered in early stages
- # of MM examinations done across Jordan
- Y/N MM examination inclusion
- # of insurance companies included MM service in the plan.
- # of MM services covered by insurance.
- # of healthcare facilities unified affordable cost of MM

One of the main barriers to breast cancer screening is the cost of the screening examination where tackling that barrier would increase the uptake of mammography. The

average costs of the screening examination 70\$ which is considered considerably high compared to the average Jordanian family income of \$639. A JBCP study showed that the women's willingness to pay for mammography, 45% of women agreed to pay 35\$ for the exam (benchmark); the price conversion between the various pricing points is highest when the pricing goes lower. Two outputs are considered at this stage with two different stakeholders and two community where one are the insured and others are non-insured. The first would be the inclusion of mammography service as a screening procedure within the insurance scheme with minimum annual fees for the eligible women (above the age of 40 years old). This would require conducting one-to-one meetings with the United Insurance Agency and executing an insurance cost burden analysis between early-stage versus late-stage breast cancer treatment.

Stakeholders could be working on unifying an affordable cost of mammography examination across all private healthcare facilities in parallel. 4.5 million Jordanians are insured, and 2.1 million are not, according to 2015 statistics. Even though the non-insured can undergo screening in MOH facilities, there is always the issue of availability. For this reason, prices of mammography in private hospitals should be re-assed and unified, making it more affordable to the public.

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