Breast Treatment Task Force

Outside the Lines:
Income, Age and Direct Services Challenges

By: Nora Resk, Christina Klonis and Emeline Blohm

"Someone who earns $30,000 per year should not be considered 'too rich' to get any help."
- Patricia, BTTF patient

And someone who is 48 years old should not have difficulty obtaining a breast screening either, but most screening programs only target women ages 50 and older!

Since 2007, Breast Treatment Task Force (BTTF) has focused its services on underserved populations: individuals living at 200% to 400% of the Federal Poverty Level (earning between $25k and $49k per year) and patients under age 50. BTTF has facilitated access to otherwise unaffordable procedures to over 5,500 patients at 30 medical facilities. This represents over 10,000 services, in the form of consultations, imagings, diagnostics, and surgeries, delivered to low-income New Yorkers who earn too much to be eligible for Medicaid, but cannot afford private health insurance.

In 2018, BTTF received a Jaffe award, which recognizes organizations that have made exceptional contributions to their communities. In addition, BTTF received an outstanding program evaluation report from New York Academy of Medicine, and the American Society of Cancer Oncology selected BTTF's research poster to be presented at its Annual Meeting (top 3% of submissions). With these significant recognitions, there was anticipation that BTTF would be able to obtain additional funding for the 2019-2020 fiscal year, but this turned out not to be the case.

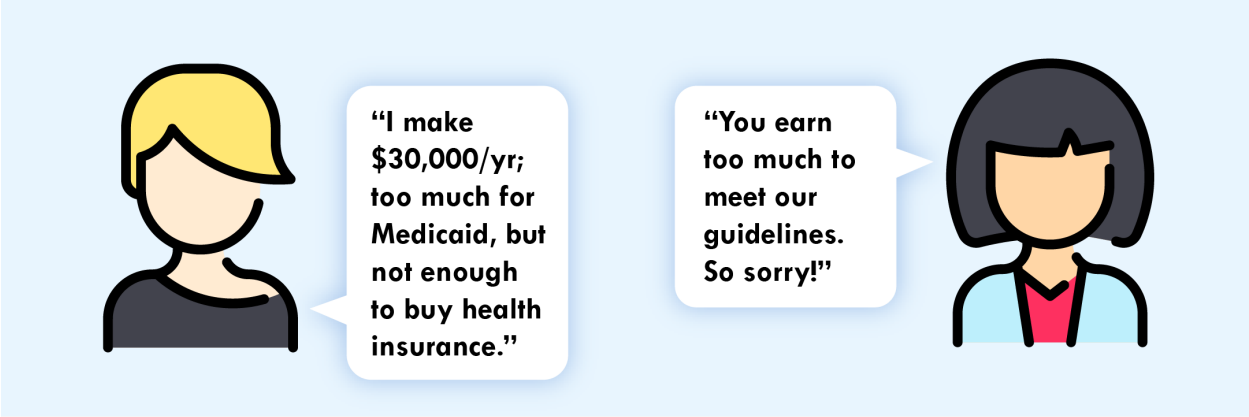
BTTF was created to promote three main objectives:

1) Assist the working uninsured population above Medicaid eligibility in New York
2) Offer preventative screening and diagnostic procedures (MRIs, biopsies, ultrasounds) to women under 50
3) Put a focus on direct services, as most breast cancer funds go to research

Here are more details regarding the key gaps we have addressed over the past decade:

CHALLENGE 1: INCOME

Most charitable medical funds are designated for those earning less than $25,000 per year.



MEDICAID

For individuals in New York earning less than 200% of the FPL, $80 billion per year in Medicaid funds are available for assistance. Yet, with all of these funds, individuals living between 200 and 400% of the poverty level (25k-49k per year) still receive little to no support.

Medicaid funds that are allocated towards those earning below 200% FPL are essential and life-saving, but don't address the needs of the population just above. Those who earn between 25k and 49K should not be left to struggle to pay for basic life-saving diagnostic procedures because they make "too much". Covering all who cannot realistically pay for necessary services should be the priority.

It is very common for private organizations to only focus on Medicaid-eligible individuals. For example, at the end of 2020, Cityblock Health raised another $160 million to expand their care for Medicaid-eligible communities (limited to patients 200% FPL) nationwide. The Robin Hood Foundation, which partners with nonprofits to support a variety of more general programs and services to New Yorkers, continues to focus on supporting individuals eligible for Medicaid as well. This leaves individuals just above still in need of support.

BTTF has aided those who do not qualify for this assistance. There is no doubt individuals just above Medicaid eligibility need assistance, but serving this unique group poses challenges when trying to fit in with the large charity landscape that is almost completely focused on the very lowest income beneficiaries.

CHALLENGE 2: AGE

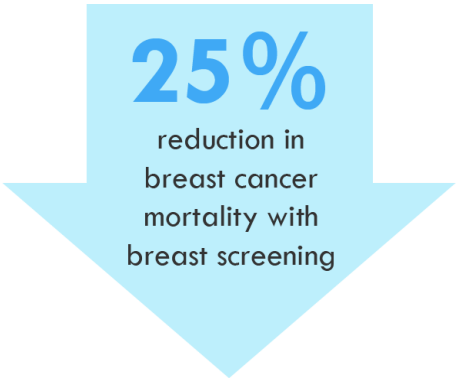
Most screening programs only focus on ages 50 and older.

It is estimated 1 out of 8 women will be diagnosed with breast cancer in her lifetime. 37% or more of these breast cancer cases occur in women under the age of 50. For such a large incidence of cancer, women in this group still barely qualify for any support for screenings or treatments by the New York State Cancer Services Program (NYSCSP). Less than 20% of NYS Cancer Service Program funds are designated towards women under 50.

This disparity in funding is particularly alarming when one takes into account the technicalities involved in testing younger women. Women under age 50 typically have higher breast tissue densities, which makes detecting abnormalities much more difficult, than in women over 50, in post-menopausal tissue.

Mammograms are the standard breast diagnostic tool recommended for all women. However, in order to fully determine whether abnormalities are present in dense breast tissues, more expensive tools, like MRIs, ultrasounds, biopsies, and genetic tests, are often required. The criteria to be considered at "high risk" for breast cancer can be narrow and discriminatory, especially for patients under age 50. As a result, women who independently seek out additional tests themselves, sometimes find that they have actionable mutations.

Additional screenings like these are not widely recommended by every cancer institution for this age group. Consequently, the tests are rarely covered by insurance and quickly become unaffordable for women in this demographic. Many women forgo screenings to avoid out-of-pocket costs. By the time more extensive screenings are covered, a more aggressive form of cancer may have already developed.



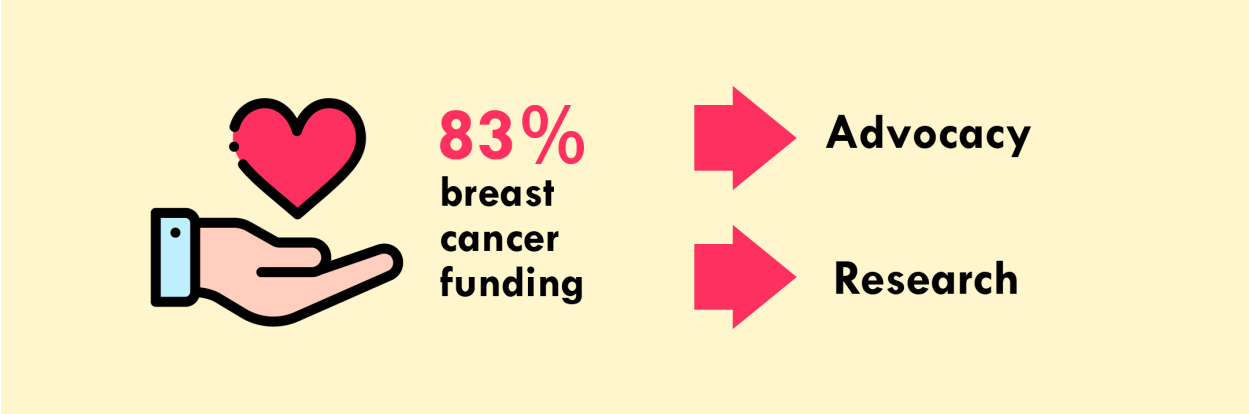
A 2020 study conducted by Queen Mary University of London, found that annual breast screenings for women between the ages of 40 and 49, reduced breast cancer mortality by 25%.

Clearly, the development of invasive, late-stage breast cancers can be prevented with comprehensive check-ups for younger women. Proper early detection has and will continue to save lives.

During BTTF's 14 years in service, 95% of patients have been under the age of 50. 1 out of every 50 patients was diagnosed with breast cancer. BTTF has played an essential role in the community because of its comprehensive focus on women in the higher symptomatic and risk groups for developing abnormalities under the age of 50. The BTTF team has worked to fill this gap in coverage since insurance restrictions and qualifications have been too narrow.

CHALLENGE 3: DIRECT SERVICES

Most breast cancer charitable funding goes to research and advocacy, not direct services.



In 2018, 83% of nonprofit breast cancer funds went to research and advocacy, leaving only 17% for direct services. Over the past few years, nonprofit funding for direct services in cancer has decreased, making it increasingly difficult for organizations to directly serve their populations, especially for “low-to-mid income” patients who fall into the Medicaid Coverage Gap. More resources need to be allocated to where they are needed most.

When the American Cancer Society and Avon retreated from funding direct services in 2018, it was a significant loss not only to BTTF, but to many key partners, such as Korean Community Services, Charles B. Wang, Community Healthcare Network, and more.

While it is important to look to the future and support contributions to clinical research that could one day lead to a cure for breast cancer, it is also important to not forget the millions of underserved women who need support and services today, support that only large, nonprofit organizations can provide.

BTTF has provided high-quality detection, treatment, and education to uninsured, working New Yorkers. While large cancer organizations have substantial funding and extensive networks, more and more patients have been referred to BTTF. Higher numbers of referrals to programs like BTTF signal the need for increased funding and expansion of direct services programs.

As BTTF leaves the field, the network will remain and we hope for continued improvements to healthcare services for patients earning 200% to 400% FPL and under the age of 50 in the future.