

## Commentary

# High quality of cancer care in the Department of Veterans Affairs (VA)

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Cancer remains the second most common cause of death in our nation. Improving cancer screening, diagnosis, and clinical care has become a priority as the U.S. population ages and as Congress and insurers attempt to control health care costs.

In a report [1] released by the Institute for Population Health Improvement (IPHI) at the University of California Davis, researchers reported that California cancer patients using VA care experienced several superior outcomes compared to those using other care providers and health insurance.

This is great news for Veterans. The Veterans Health Administration of the Department of Veterans Affairs (VA) has faced a firestorm of criticism about long patient wait times for procedures and appointments. While the VA is working to fix these systemic shortcomings, Veterans and Americans also need to know when the quality of VA care exceeds non-VA care.

The IPHI report synthesizes data for nearly 700,000 cases of breast, colon, rectal, lung, and prostate cancer reported to the California Cancer Registry. It is the first report of its kind to assess cancer outcomes by medical insurance type-Department of Defense (DOD), VA, private insurance, Medicare, Medicaid, and no insurance. Using this registry data, investigators examined the relationship between insur-

ance type and several cancer outcomes, including stage at cancer diagnosis, compliance with medically indicated treatments, survival, and time between diagnosis and treatment. The results were very reassuring for the VA, with top performance in at least one quality measure for the five types of cancer analyzed.

Two clear facts emerge from the report: First, the VA excels in diagnosing cancer early. Second, VA patients are more likely than patients with other types of insurance to receive cancer treatments according to current guidelines supported by the most recent scientific research.

The importance of detecting cancer in its early stages cannot be overstated. With early diagnosis, the likelihood of long-term survival is far greater than with late-stage diagnosis [2]. For lung cancer, the most common cause of cancer-related deaths in America, the VA outperformed other insurance types according to the early diagnosis criterion [2]. Lung cancer was more commonly detected in its earliest stages (0 or 1) in VA patients than in patients with Medicaid or in the uninsured. The VA also had a significantly lower proportion of patients diagnosed with late stage lung cancer.

Similar findings were also reported for colon cancer. Stage at diagnosis for colon cancer was dependent on insurance coverage: 48% of VA patients with colon cancer were diagnosed at an early stage-significantly higher than for in-

dividuals with private insurance, Medicare, or Medicaid.

Early VA detection of cancer reflects access to reliable and effective cancer screening programs. For colon cancer, where screening is universally recommended for adults over age 50, the VA has screening rates higher than the national average [3]. This success in screening has garnered recent recognition from the National Colorectal Cancer Roundtable for colon cancer screening rates that exceed the national average and national goal [4]. Moreover, high screening uptake in the VA has likely shifted the diagnosis of colon cancer to earlier stages, when healthcare providers can offer patients life-saving treatments that are often only effective early in the disease course. Early diagnosis is a head-start in the battle against cancer-an opportunity to control the disease before it becomes uncontrollable.

The second major VA victory revealed in the IPHI report pertains to quality-of-care once a Veteran is diagnosed with cancer. For several cancers, Veterans were more likely than individuals covered by Medicaid or private insurance to receive appropriate treatment and clinical care. Veterans with advanced rectal cancer, for example, were more likely to receive radiation therapy - a standard of care - than individuals with other types of healthcare insurance.

Veterans with breast cancer had the highest compliance with radiotherapy after mastectomy, another crucial quality-of-care indicator in cancer management. Likewise, Veterans had higher compliance with chemotherapy guidelines for late-stage colon cancer compared to patients with private insurance, Medicare, or Medicaid.

Long wait times did not appear to impact clinical outcomes. Despite the longest wait times between diagnosis and definitive treatment for most cancers, VA patients experienced overall disease prognosis and treatment outcomes comparable or superior to those with other insurance types.

The implications of the IPHI report are compelling. The VA outperformed several insurance models, providing high-quality care that, despite long wait times, exceeds the level-of-care Veterans would receive if enrolled in Me-

dicare or, in some cases, private insurance plans. While the nation has recognized the need for important reforms for some aspects of the VA's healthcare delivery system, it is essential to acknowledge the VA's excellence in caring for those who have "borne the battle".

### Disclosure of conflict of interest

None.

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### References

- [1] Parikh-Patel A, Morris CR, Martinsen R, Kizer KW. Disparities in stage at diagnosis, survival, and quality of cancer care in California by source of health insurance. Sacramento, CA: California Cancer Reporting and Epidemiologic Surveillance Program, Institute for Population Health Improvement, University of California Davis; 2015.
- [2] American Cancer Society. Cancer facts & figures 2017. Atlanta: American Cancer Society; 2017.
- [3] Bibbins-Domingo K, Grossman DC, Curry SJ, Davidson KW, Epling JW Jr, Garcia FA, Gillman MW, Harper DM, Kemper AR, Krist AH, Kurth AE, Landefeld CS, Mangione CM, Owens DK, Phillips WR, Phipps MG, Pignone MP and Siu AL. Screening for colorectal cancer: US preventive services task force recommendation statement. *JAMA* 2016; 315: 2564-2575.
- [4] VA office of public and intergovernmental affairs. VA lauded by national colorectal cancer roundtable for screening rates [Internet]. Available from: <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=2835#sthash.vfj4aLHy.dpuf>.