



Addressing Cancer Care Gaps to Improve Cost and Clinical Outcomes at Every Step:

What Health Plans Need to Know



Introduction

Cancer remains one of our country's biggest healthcare expenses, driven by the rising rate of new diagnoses and the increasing costs of treatments.^{1,2} At the same time, health plan costs continue to climb by 8% to 9% year over year.³ These trends are growing concerns for employers, 80% of whom now rank cancer among their top cost drivers.⁴ As a result, employers are looking to health plans for new strategies to tackle its impact. Today, most of these strategies aim to bring down treatment costs, but that's just one small piece of the massive opportunity to improve both health and financial outcomes in member populations as it relates to cancer.



To truly take control of cancer and its costs, health plans must work to close care gaps for their members –

1. starting before a person becomes sick,
2. spanning the course of diagnosis and treatment,
3. and extending long into recovery.



Only focusing on treatment management after a diagnosis won't yield the results health plans are after.

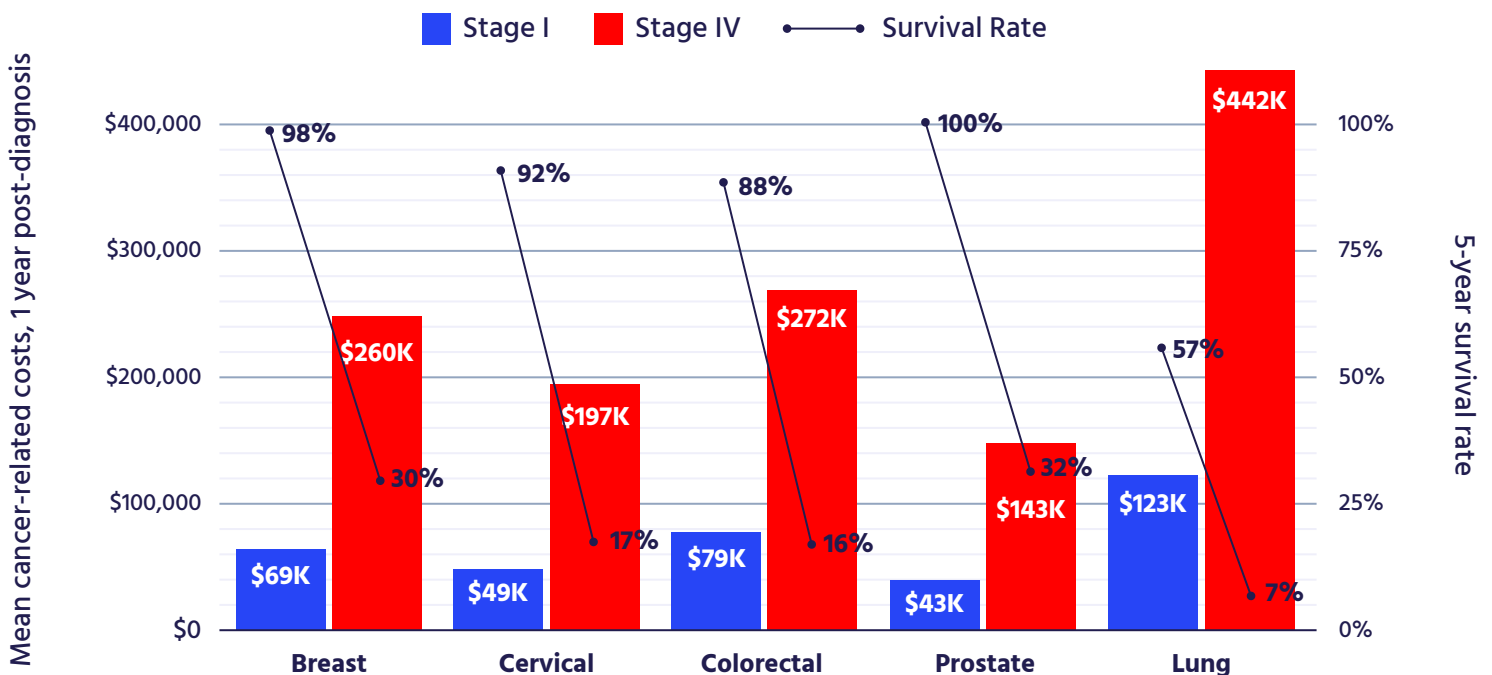
Cancer is more than one event to be managed. It's a journey made up of many touchpoints between patients, clinicians, and caregivers. At each step of this journey, access barriers, disjointed healthcare interactions, and other complications stemming from the complexities of our healthcare system create gaps in care that delay clinical action, which prevents members from getting the timely, high-quality services they need. This leads to worse outcomes for patients and higher costs for health plans and employers.

For example, the average time between an abnormal screening result and a cancer diagnosis is 70 days – a crucial period during which unnecessary medical visits and poor care coordination delay treatment, leaving patients waiting as the cancer potentially progresses to more advanced stages.⁵ Diagnosing cancer even one stage later can increase costs by an average of \$60,000 per person in their first year of treatment and reduce their likelihood of 5-year survival by threefold.^{6,7}

Here, we dive deep into some of the most pressing gaps in cancer care today and what opportunities exist for health plans to bridge them with proactive, guideline-based care. We then explore how health plans can design for impact with a new model for cancer programs that prioritizes comprehensive support and well-timed interventions at every step.

Earlier detection dramatically changes survival rates and reduces costs

Cancer Costs and Health Outcomes: Early vs. Late-Stage Diagnosis^{8,9}



1. BMC Health Serv Research, [Increased healthcare costs by later stage cancer diagnosis](#); adjusted to 2025 costs.

*Average cost increase per cancer stage for colorectal, breast, cervical, lung, and prostate cancer, weighted to account for incidence by cancer type; adjusted to 2025 costs

2. Adapted from Centers for Disease Control and Prevention, [Incidence and Relative Survival by Stage at Diagnosis for Common Cancers](#)

Understanding care gaps across the cancer journey

Before we can begin to mitigate cancer costs and improve outcomes, we must first understand the gaps that hinder access to high-quality, well-timed, cost-effective care at every step of the cancer journey. Addressing these gaps can help reduce costs and improve member outcomes.

Detecting cancer as early as possible is one of the best ways to reduce spend and improve survival – but barriers to screening and prevention services remain.

Screening populations for cancer according to their individual risk levels and eligibility is a powerful way to identify cancer risk as early as possible. Screening according to rigorous, evidence-based guidelines, like those published by the American Cancer Society (ACS), United States Preventive Services Task Force (USPSTF), and National Comprehensive Cancer Network (NCCN) ensures members consistently get the care they need without the risk of overscreening. Compared to more advanced cancer cases and later-stage diagnoses, treatment for early-stage cancers is usually less expensive, and survival rates are higher. For example, treatment for stage I breast cancer costs about \$191,000 less per year than stage IV,¹⁰ and the 5-year survival rate is 69% higher.¹¹

Despite the benefits of early detection, gaps in care prevent people from getting the services they need – which negatively impacts costs and outcomes.



**Awareness
Barriers**



**Logistical
Barriers**



**Social, Cultural,
and Linguistic
Barriers**

Awareness Barriers

Many people may not know they're eligible for cancer screening, or they aren't sure how, when, or where to get screened. Others may know their peers are getting screened, but they're not clear on the benefits of screening for their own health. The challenge doesn't sit with members alone – it can be difficult for providers to process changes to lengthy, complex screening guidelines every few years, then operationalize them across their practice to ensure large member populations are screened according to the latest protocols. The awareness gaps surrounding cancer screening result in lower screening rates, which may contribute to a higher proportion of costly, late-stage cancer diagnoses.

65%

of eligible Americans aren't up to date with cancer screening¹²

Logistical Barriers

Scheduling and attending screening appointments is inconvenient at best. Transportation to and from medical facilities is one of the biggest barriers to access, not to mention the added challenges of arranging childcare or time off work to attend appointments. Even with insurance coverage for screening, these incidental costs and complications can be prohibitive and demotivating.

50%

of working-aged adults struggle to find time for preventive health services¹³

Social, Cultural, and Linguistic Barriers

The social determinants of health create significant care gaps for a wide range of patients. Individuals of lower socioeconomic status – including those with lower levels of education, income, or access to a regular source of medical care such as a primary care provider – are less likely to receive guidelines-driven cancer screening and more likely to be diagnosed at a later stage.¹⁴ Patients of racial and/or ethnic minority groups may be less likely to engage in preventive care due to negative or discriminatory experiences with healthcare providers in the past.¹⁵ Fear and stigma associated with cancer screening – particularly for those considered socially taboo, like prostate cancer – leads some to avoid screening altogether.¹⁶ Communication challenges deepen these disparities. When patients struggle to find providers who speak their native language, it's even more difficult to build patient-provider relationships that encourage cancer screening.

24%

fewer eligible adults with family incomes at or below the federal poverty line received colorectal cancer screening than those with family incomes twice the poverty threshold¹⁷

Cancer programs that focus on treatment alone miss the opportunity to intervene as early as possible to avoid costly late-stage cancer diagnoses.

Though many health plans have tools like the Healthcare Effectiveness Data and Information Set (HEDIS) in place to improve screening rates in their populations, it's been challenging for them to navigate changing guidelines across multiple cancer types and update coverage recommendations according to the latest protocols.



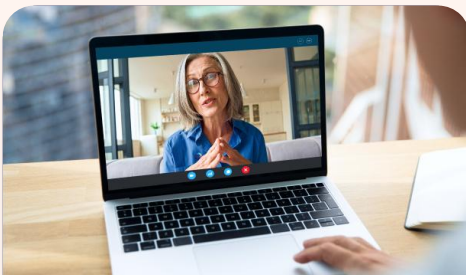
Health plans can help more members get up-to-date with screening guidelines by implementing cancer programs that scale the ability to:

- Stratify individuals according to their individual risk factors, pinpointing high-risk members with the highest likelihood of developing cancer,
- Help individuals better understand personal risk factors and how they influence eligibility and coverage for cancer screening through increased awareness and risk-based education,
- Educate members on how and where to get screened and support them in accessing the services, and
- Address social inequities related to cancer-risk awareness and prevention through community outreach and culturally tailored resources designed to engage underserved populations.

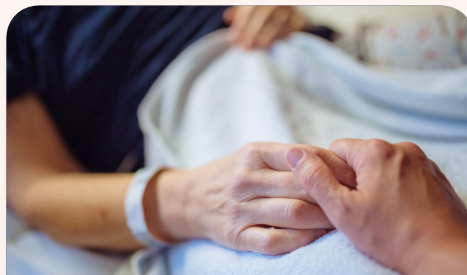


Opportunities for earlier interventions and subsequent cost savings extend through post-screening follow-ups, treatment, and well into remission.

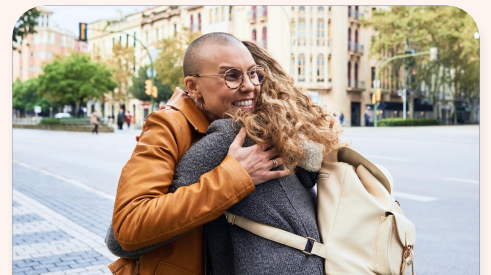
Time is of the essence in cancer management. It's important that members receive the right interventions at the right time to reduce the risk of cancer progression or recurrence – along with the proper support to guide them through the complexities of cancer care. Today, a lack of coordination and communication between the various teams and individuals involved often creates gaps that delay interventions and negatively impact health and financial outcomes before, during, and after active treatment.



Post-
Screening



During
Treatment



Through
Survivorship

Post-Screening

A member gets an abnormal result from their fecal immunochemical test (FIT) test for colorectal cancer. What now? The majority of avoidable care gaps for members exist between screening, diagnosis, and treatment initiation. Given the many providers, care settings, and tests required to confirm a diagnosis, next steps for members aren't always clear. Without guidance on how to navigate post-screening care, many patients won't follow up on their own to make additional appointments. A lack of well-coordinated follow-up care can also result in duplicative tests or delayed diagnoses, both of which can drive up costs and negatively impact health outcomes. Across cancer types, longer timelines between screening, follow-up testing, diagnosis, and treatment correspond to a greater likelihood of costly, later-stage diagnoses.¹⁸

70 days

is the average wait time to start treatment with a doctor after an abnormal result¹⁹

During Treatment

Not only is the treatment stage of the cancer journey extremely physically and mentally draining, it's also a time characterized by lots of medical appointments with a range of different providers. Members may struggle to understand their benefits structures and identify in-network or preferred providers. Many health plans have invested in oncology care management services to support their members post-diagnosis, but those services and outreach are often triggered by claims data, which lags by about six months.²⁰ This means patients may have already begun treatment by the time they hear from their health plan. Many members also experience complications of treatment, with side effects that – when not managed proactively – lead to preventable emergency department (ED) visits that cost \$5,500 each, on average.²¹

52%

of ED visits for cancer patients could be avoided with better-managed care²²

Through Survivorship

The cancer journey doesn't end when a patient is declared cancer-free. Despite their high risk of cancer recurrence, the need for ongoing tests and chronic care management for certain cancers, the high prevalence of depression among cancer survivors, and high levels of medical debt incurred during treatment, their support systems often disappear once they enter remission. Without the support they had during active treatment, survivors may experience gaps in care. A history of cancer also impacts their risk profile, meaning they require updated, personalized screening guidelines for the future of their cancer journey. Not doing so risks late detection of recurrences or secondary cancers, as well as poor management of other chronic conditions – all of which are attributed to increased costs.

3x

higher total cost of care for cancer survivors²³

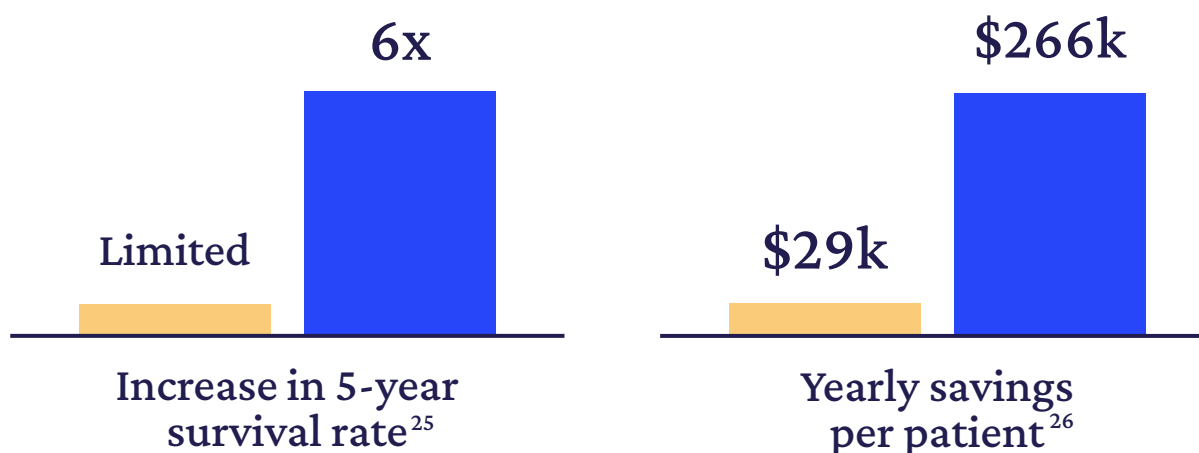
Health plans can bridge care gaps for their members with cancer programs that prioritize comprehensive, continuous, and expert-led support.

Navigating the healthcare system's complexities while managing the physical and mental burdens of cancer can feel challenging for even the savviest member. For those impacted by other challenges related to or exacerbated by the social determinants of health – such as the effects of poverty or other socioeconomic factors – the task can feel impossible. This only perpetuates high-cost and too-late care.

Traditional care navigation offerings may provide some coordination support, but they often happen too late, solely focusing on post-diagnosis care. They're not typically infused with the expertise needed to inform crucial clinical decisions about the latest treatment guidelines.

Comprehensive cancer offerings that offer members 24/7 support and expertise are the best way to ensure patients receive the right interventions at the right time, at every step of the cancer journey. Getting ahead of cancer risks early will help improve outcomes and reduce per-patient costs by \$197,000 per year from diagnosis through survivorship.²⁴

Treatment management alone versus well-managed care across early detection, diagnosis, treatment, and survivorship



A new model for cancer programs: Bridging gaps while improving outcomes



What can health plans do to address care gaps for their members and improve cancer outcomes?

Passive care navigation services and episodic programs that focus on treatment alone won't cut it. We also know that capacity constraints are suffocating healthcare systems, so any solutions must relieve burden for providers, not add more work. It's time that we rethink cancer care delivery.



Here's what rethinking cancer care looks like.

The core design principles health plans need for better outcomes.

1.

Improve access to cancer services:

Cancer programs and services won't close care gaps if they're not used. It's crucial that health plans deploy programs designed for entire populations, taking into account the many social, cultural, linguistic, educational, and technological needs their members may have. This means offering support in a range of languages, or sending screening kits to members' homes rather than requiring them to visit a medical facility. With greater accessibility comes greater usage, which results in better outcomes.

2.

Democratize specialist-level care:

Not every member lives close to a cancer facility. Cancer programs that provide **virtual, on-demand, 24/7 access to teams of clinical experts** can bridge these access gaps, ensuring members receive the care they need at any time, no matter where they live. These cancer experts meet recommended quality standards and are equipped with knowledge of the latest clinical guidelines and qualified to make decisions, ensuring members get the right interventions at the right time to avoid increased costs.

3.

Accelerate clinical interventions:

Early interventions are key to better outcomes – and lower costs. Programs that **incorporate health risk assessments** – comprehensive reviews of their inherited and lifestyle risks that may make them more susceptible to cancer – enable providers to intervene proactively according to patients' individual profiles. For example, evaluating a patient's smoking status, family history, and other factors can inform their lung cancer screening needs and enable early detection. Lung cancers caught at stage I versus stage IV result in **\$319,000 in treatment cost savings²⁷ and 88% increases in survival rates.²⁸** Combining these insights with diagnostic guidelines can ensure patients receive all necessary pre-appointment workups before they meet with an oncologist. These assessments ensure members are on the most effective path to a diagnosis, and that no time is wasted when diving into a carefully designed, individualized care plan.

4.

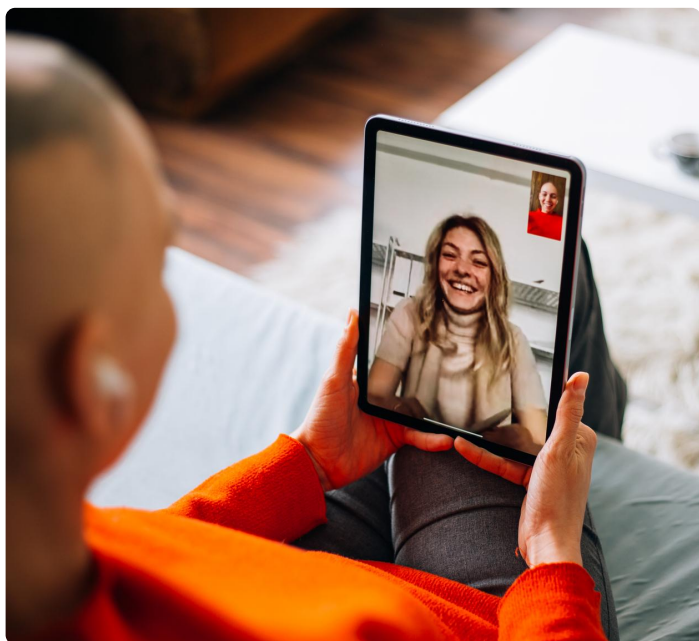
Ensure both cost-effectiveness and quality:

Cancer programs must ensure all members receive affordable care without sacrificing quality or adherence to clinical guidelines. By **helping members navigate toward their health plan's network of preferred providers and care facilities** – which are selected for cost-effectiveness and quality – these programs can ensure quality and consistency across member populations, which will drive better outcomes and lower costs.

Cancer programs built for real impact must achieve these aims at every step of the cancer journey.



Color Health's Virtual Cancer Clinic is transforming the way members access cancer care.



Built in collaboration with the American Cancer Society, Color offers a first-of-its-kind Virtual Cancer Clinic, powered by a 50-state licensed team of cancer-focused clinical experts, including oncologists, genetic counselors, dietitians, and nurses.

This comprehensive care model delivers proactive, evidence-based interventions — spanning early detection, treatment management, and survivorship — ensuring seamless, guideline-based cancer care wherever patients seek support.

We actively engage members, assess their cancer risk, and ensure they stay current with recommended screenings. If a member is diagnosed with cancer, we help them start treatment faster with complete diagnostic workups through Color's copilot, developed with OpenAI.

And with Color, members get access to a dedicated, cancer-expert team, assembled according to their individual care needs. Such teams include individuals such as clinical oncologists, oncology nurse navigators, registered dietitians, high-risk clinical experts, cancer survivorship-specialized clinicians, and care advocates.



It's time for a new model of cancer care.

By enabling timely, risk-based interventions at every step of the cancer journey, Color enables earlier detection, better treatment outcomes, successful transitions back to health, and a lower cost of care for every member.

To learn more, visit:

color.com/health-plans

Reach out today to speak with our experts about taking control of cancer in your population:

learnmore@color.com



Resources

1. <https://www.aacr.org/patients-caregivers/progress-against-cancer/the-rising-cost-of-cancer-care/>
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26. Average treatment costs for recurrent cases adapted from Mcgarvey BMC Health Serv. Res. 2022 using average of stage II-IV first year costs ([link](#)) – adjusted to 2025 costs using historical inflation and [8% projected 2025 inflation](#).
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