tion, not less, on prevention and screening. “You’re given a prepaid amount per month in advance to keep a population healthy,” said Andrew B. Leeka, chief operating officer at City of Hope National Medical Center in Duarte, Calif. “There’s a total shift in paradigm from what used to be... It was really a post-disease mind set,” he said. “Under a capitated arrangement, however, the objective of the game is to prevent them from ever getting cancer.”

Because a managed care organization usually monitors the health of its enrollees, it can assign those found at risk for particular cancers to appropriate screening — mammography, for instance — or to a relevant prevention activity, such as a smoking-cessation program. Much effort in the managed care sector today aims at improving these health maintenance systems.

### Raising Screening Rates

Minneapolis-based United Health Care discovered in a pilot project that sending a computer-generated reminder letter once a year to women aged 50 to 74 raised its mammography screening rate from 36% in 1993 to 67% this year, a United official said. The reminder system is now being extended to all United plans.

US Healthcare, a Pennsylvania-based HMO, doubled its screening rate for colon cancer, using an intervention involving an educational booklet, telephone counseling to explain the booklet, and a screening reminder call. A study showed this method of controlling colon cancer cost less than treating colon cancer detected by the patient presenting with symptoms or through sporadic general exams, said Ronald Myers, Ph.D., D.S.W., head of behavioral epidemiology at Jefferson Cancer Center in Philadelphia. “Treating early stage disease is less expensive than treating late-stage disease in the context of this HMO.”

Similar results also show up in broader studies. One, using data from the 1992 National Health Interview Survey, found that among women aged 50 and older, those enrolled in HMOs were more likely to receive screening (Pap test, mammography, clinical breast exam) than those enrolled in fee-for-service plans. A 1994 study of Medicare enrollees indicated that those in HMOs were diagnosed at earlier stages for breast, cervical, and colon cancer and melanoma than were those in fee-for-service plans.

Pressure is mounting on managed care organizations not only to show higher screening and early detection rates but also to demonstrate real benefit to patients. In 1993, Kaiser Permanente of Northern California published...

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### Stat Bite: Average Years of Life Lost From Cancer

The “average years of life lost” after diagnosis of any given cancer quantifies the destructive power of that cancer by showing the extent to which life is cut short by death from the disease. The figures are influenced by the age when a cancer most frequently occurs — childhood cancers and testicular cancers occur earlier in life (on average) and thus have a greater life “cost” than cancers that occur later in life, such as lung cancer and prostate cancer.

#### Average years of life lost, by site/type, all races, both sexes

- **Childhood**
- **Testis**
- **Melanoma**
- **Breast**
- **Ovary**
- **Non-Hodgkin’s lymphoma**
- **All cancers**
- **Lung and bronchus**
- **Colon and rectum**
- **Prostate**

Estimates produced using 1990 life tables from the National Center for Health Statistics.