

The Financial Side Effects of Cancer Care



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Barry Meisenberg M.D.

Trending Topic

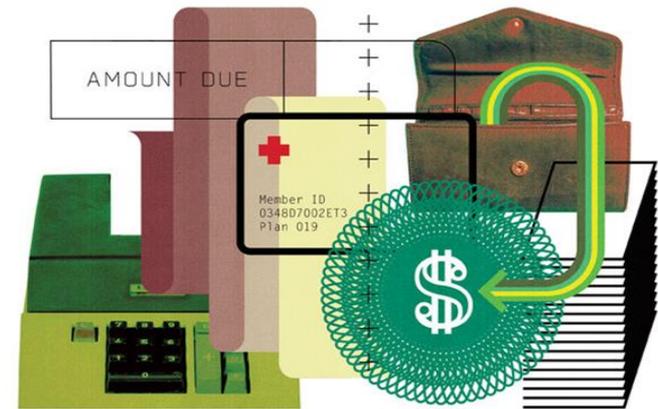
- NY Times, NBC news, Washington Post, CBS 60 Minutes, PBS...



DOCTORS

The Punishing Cost of Cancer Care

By MIKKAEL A. SEKERES, M.D. DECEMBER 11, 2014 10:58 AM 120 Comments



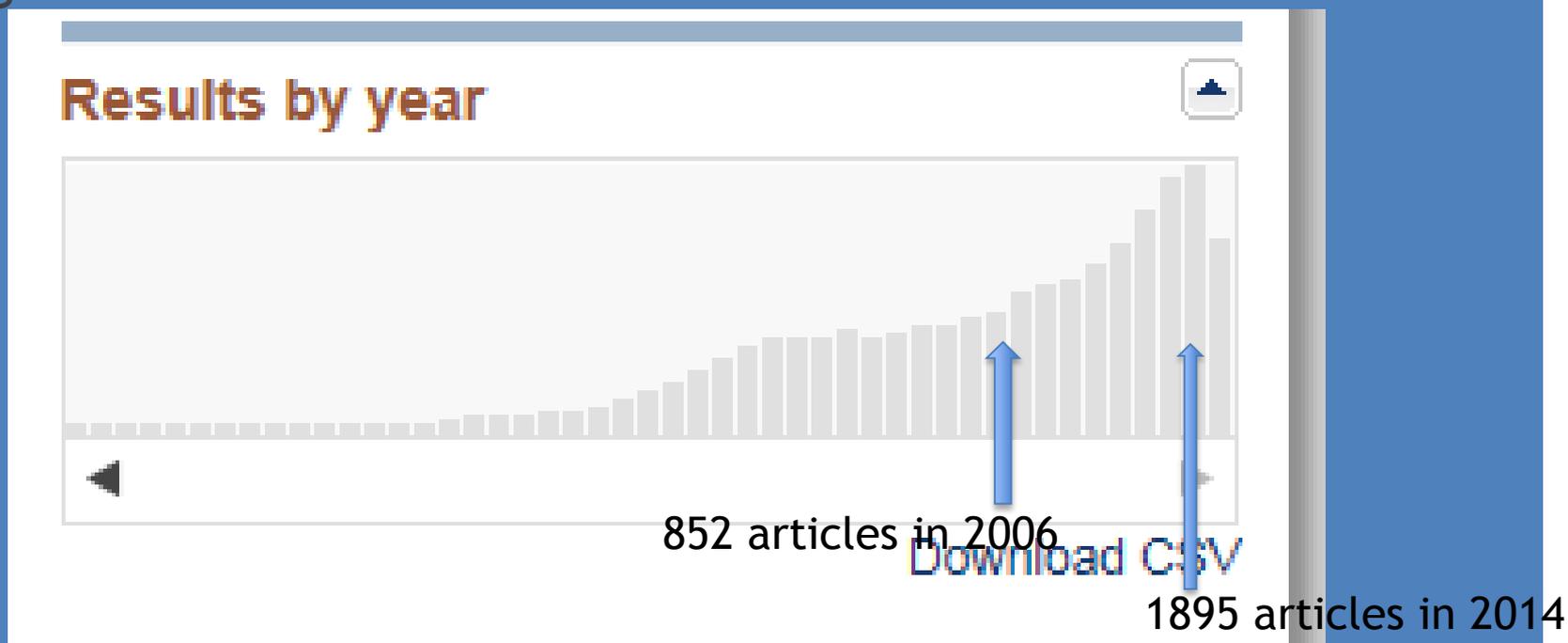
Stuart Bradford

Email

"I think it's time to switch therapies," I told my patient, as he and his wife sat next to each other by the wall of my exam room.

Scholarly interest in financial side effects also increasing.

- PUB Med Citations for “Cancer Costs” double in 6 years.

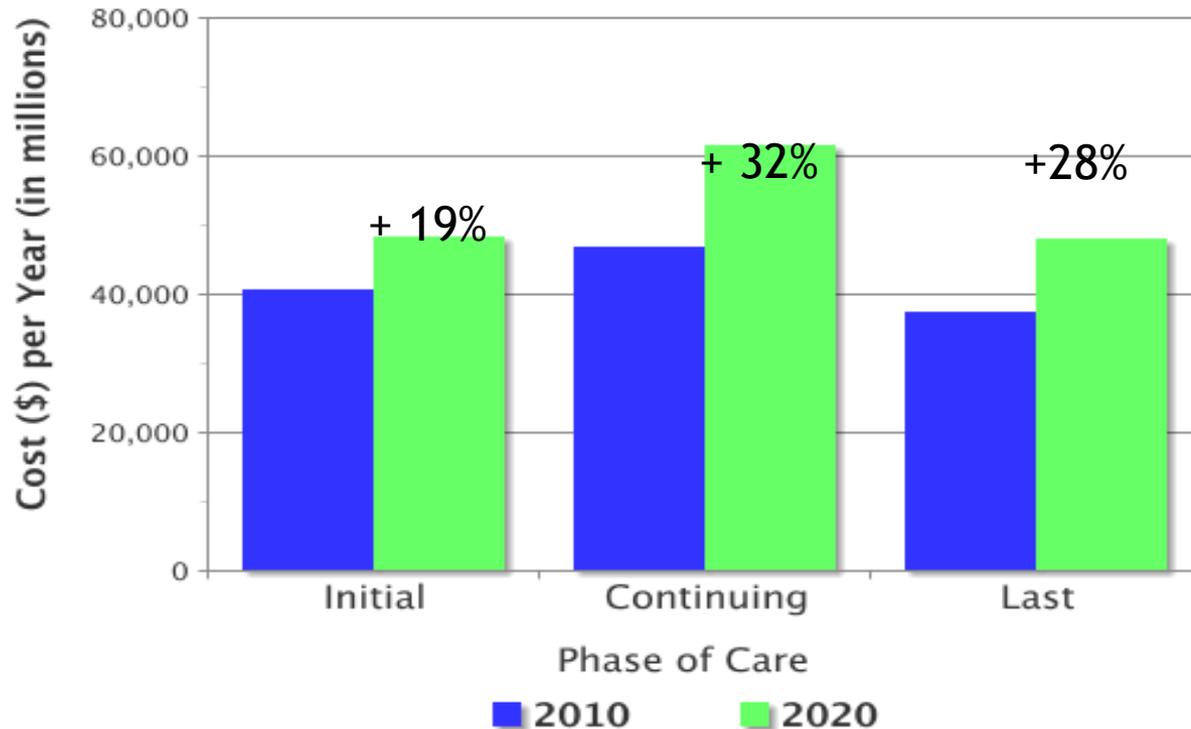


Why this Sudden Interests in Cancer Costs?

- Cancer Costs are high and growing (>10% of total CMS spending)
- Newly approved agents making headlines
- Increasing % borne by patients
 - higher deductibles
 - more “cost sharing”
 - specialty pharmacy assigns more costs to pts.

NCI projections on National Cancer Costs (assumes no rise in costs)

Cost of Cancer Care by Phase of Care, All Sites, All Ages,
Male and Female, in 2010 Dollars

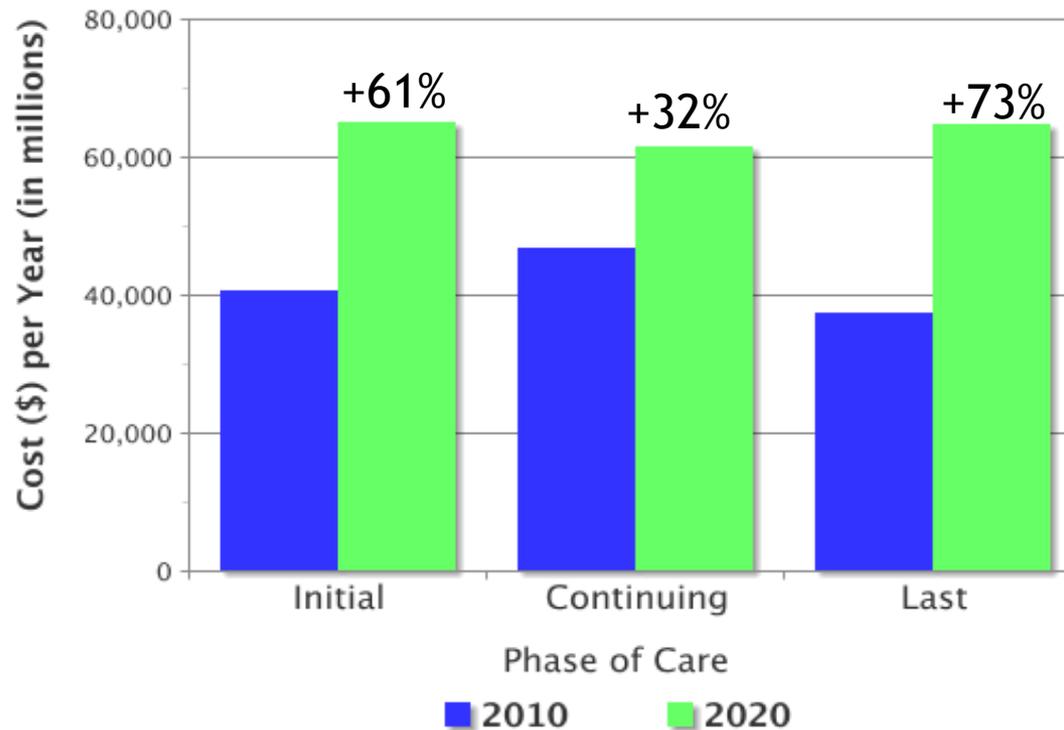


Assumptions:
Incidence - Constant (2003 - 05 average rate)
Survival - Constant (2005 rate)
Cost Increase - 0% per year
Source: <http://costprojections.cancer.gov>

<http://costprojections.cancer.gov/graph.php#>

NCI Prediction on Cancer Costs (assumes 3% increase)

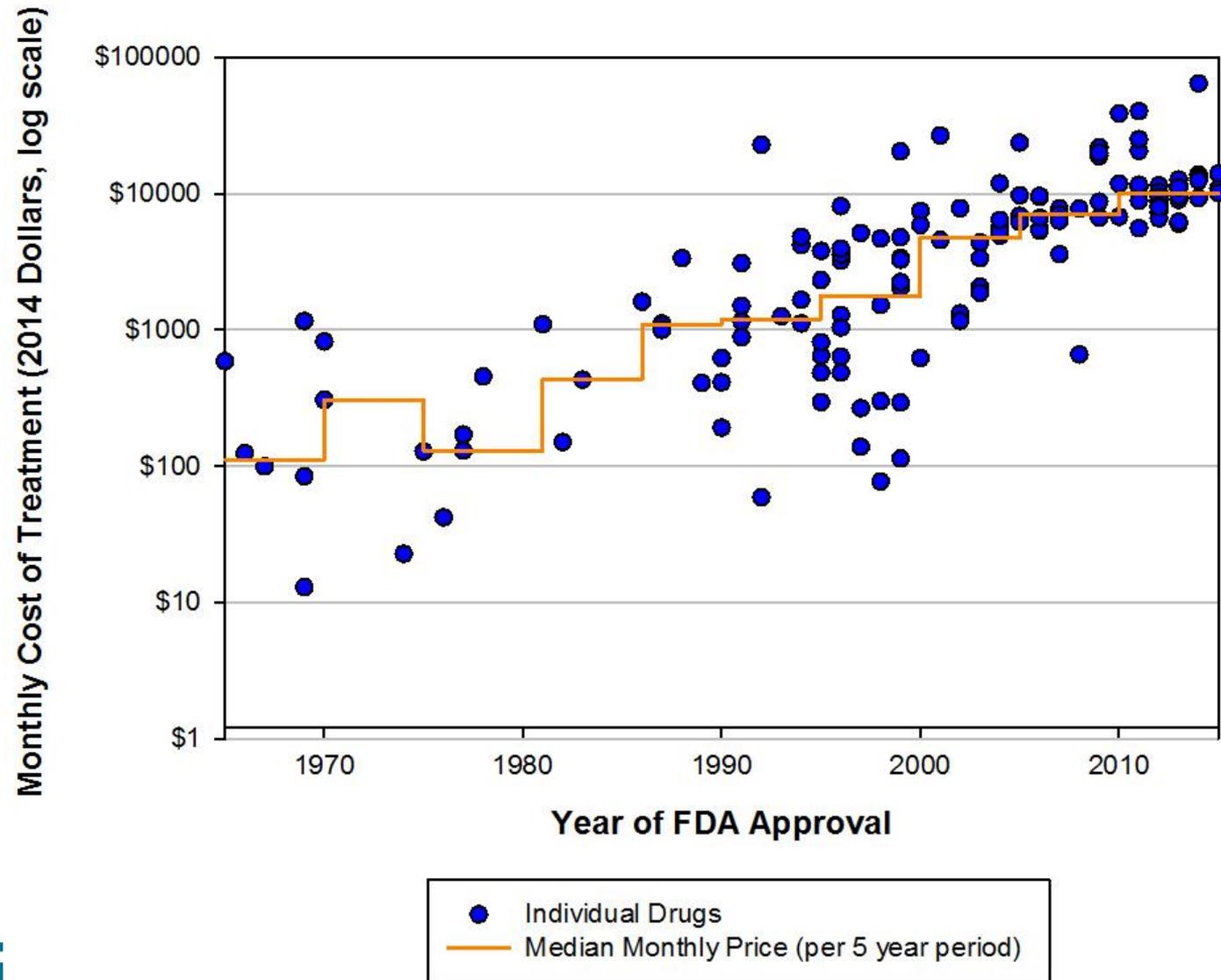
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Monthly and Median Costs of Cancer Drugs at the Time of FDA Approval 1965-2015

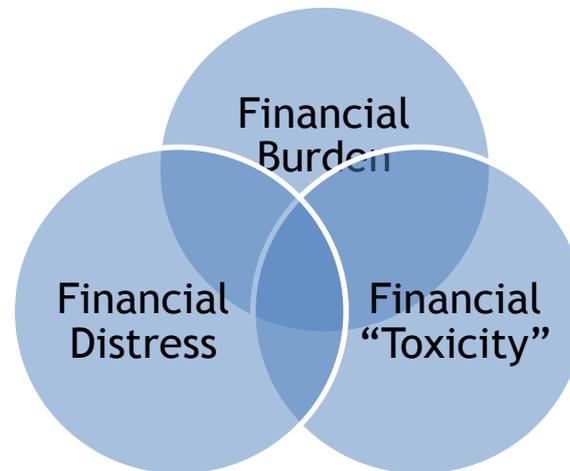


Source: Peter B. Bach, MD, Memorial Sloan-Kettering Cancer Center

“Financial Burden”: The total impact on financial status due to medical and non-medical costs and loss of family income.

“Financial Distress”: Anxiety and Anguish related to financial concerns

“Financial Toxicity”: The financial injury that follows cancer diagnosis and treatment-some of which *MAY* be modifiable



“

A growing body of evidence suggests even insured cancer patients are struggling with medical debt. As a result, we have to consider the potential financial toxicity of treatment as a part of helping patients make cancer treatment decisions.

”

*S. Yousuf Zafar, MD, MHS
Associate Professor of Medicine
Duke Cancer Institute*

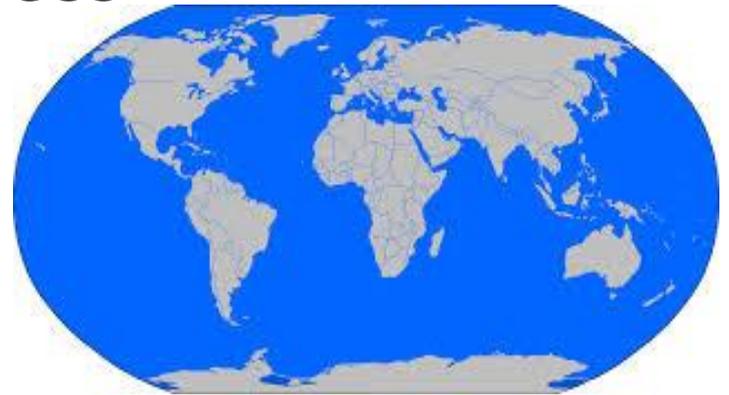
High Financial Stress is *associated* with:

- Medication Non-adherence
- Changed spending habits
- Loss of savings/increased debt
- Declaring bankruptcy
- Poorer QOL
- Inferior Pt. Satisfaction
- Higher rate, and more severe depression in both pts and caregivers



True Facts About Financial Toxicity in Cancer Care

- Common: 40-60% report at least moderate financial distress
- Worldwide phenomenon
- Long lasting (an inevitable consequence of survivorship?)



Behaviors	AAMC n=132	Others
Reduced Discretionary Spending	52%	-----
Liquidated investments	-----	30%
Increased Personal Debt	26%	22% (MEDIAN \$24,000)
Delinquent on Bills	22%	-----
Reduced compliance with medications	6%	27%, 45%
Declared personal bankruptcy	1.5%	5%

Behaviors Associated with Financial Distress

Cost Communication

- ASCO guidelines (2009) recommend discussion of financial aspects of cancer RX
- Surveys indicate pts desire this
- But docs say: aware of pts financial issues “most of the time” (54%) AND “Always or Frequently” have cost discussions (43%)
- Pt surveys say this is rare (<20%)

Why so rare?

Challenges of Cost Discussions

- Doctors don't know what things “cost”
- Doctors don't have expertise in different types of insurance policies
- Ethical concerns about trading off costs for the *potential* for less efficacy
- Uncertainty about how/when/what to discuss with patients

Cost Communication

“This is one of the real difficulties with the U.S. health care system is that the costs of almost any kind of treatment are largely invisible to either the providers of that treatment or the patients who are receiving that treatment.”

— Richard Shilsky, MD, chief medical officer of the American Society of Clinical Oncology on costs of medical treatment.

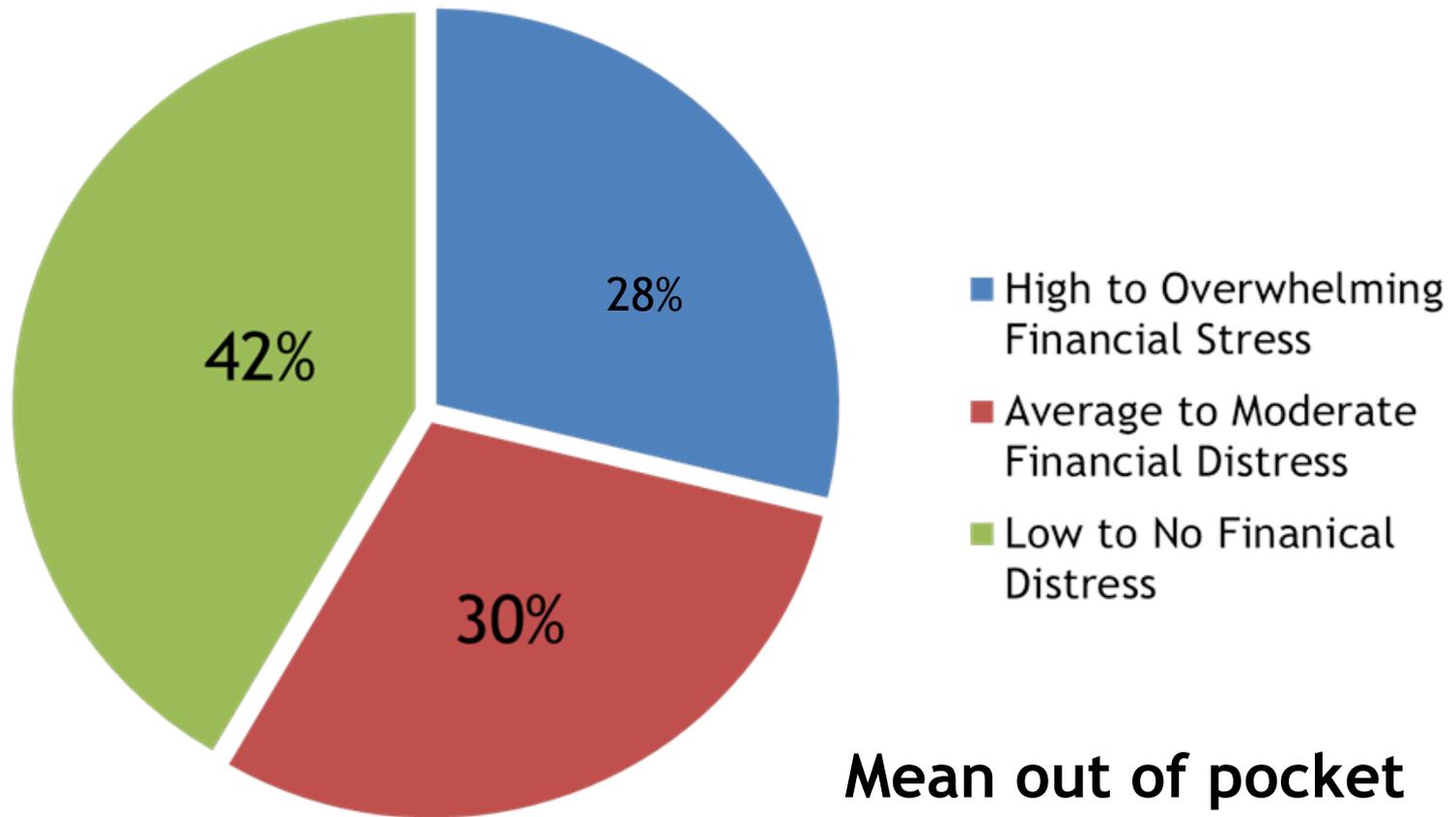


What do patients think about costs and cost discussions?

- Survey at AAMC
 - 132 patients receiving radiation or chemotherapy (94% response rate)
 - All insured, median income \$50-75,000

Rates of Financial Distress

n=132 surveys



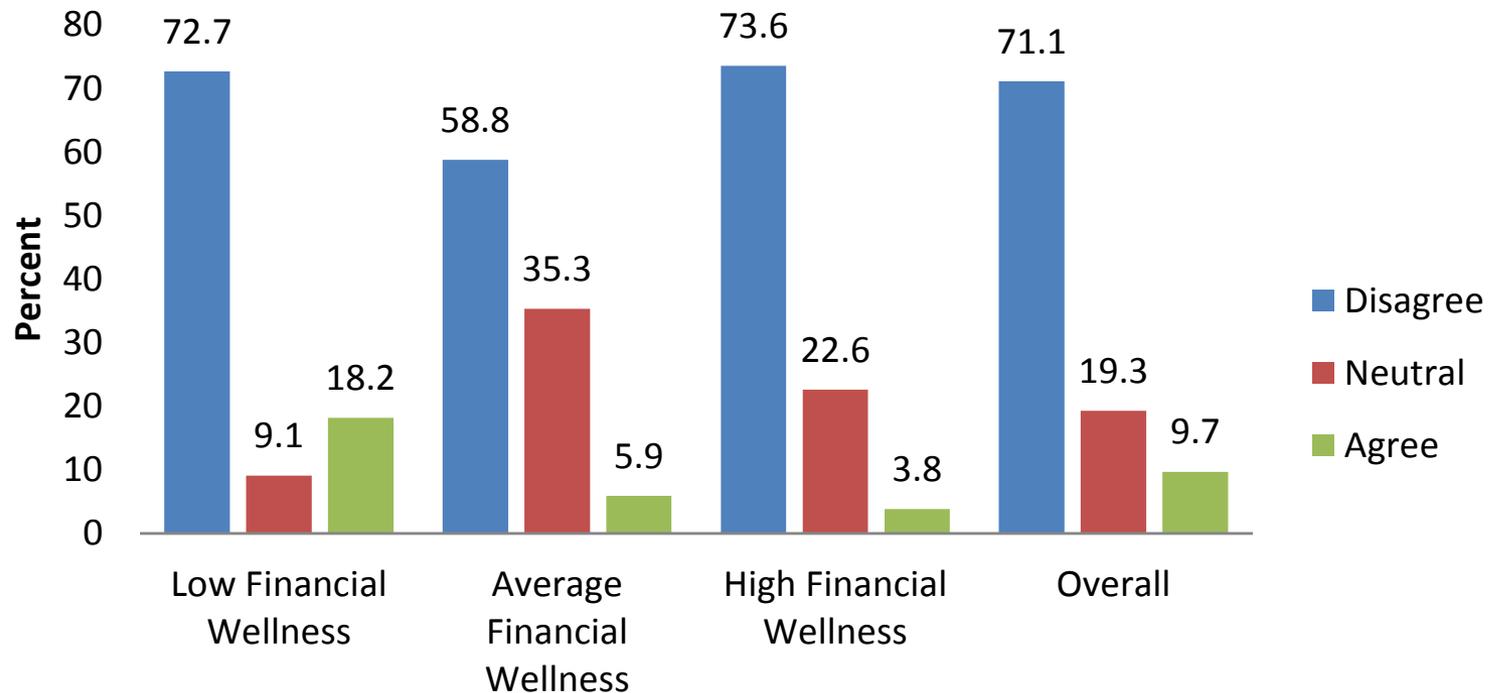
Mean out of pocket costs \$938/month

Discussing Cancer Costs

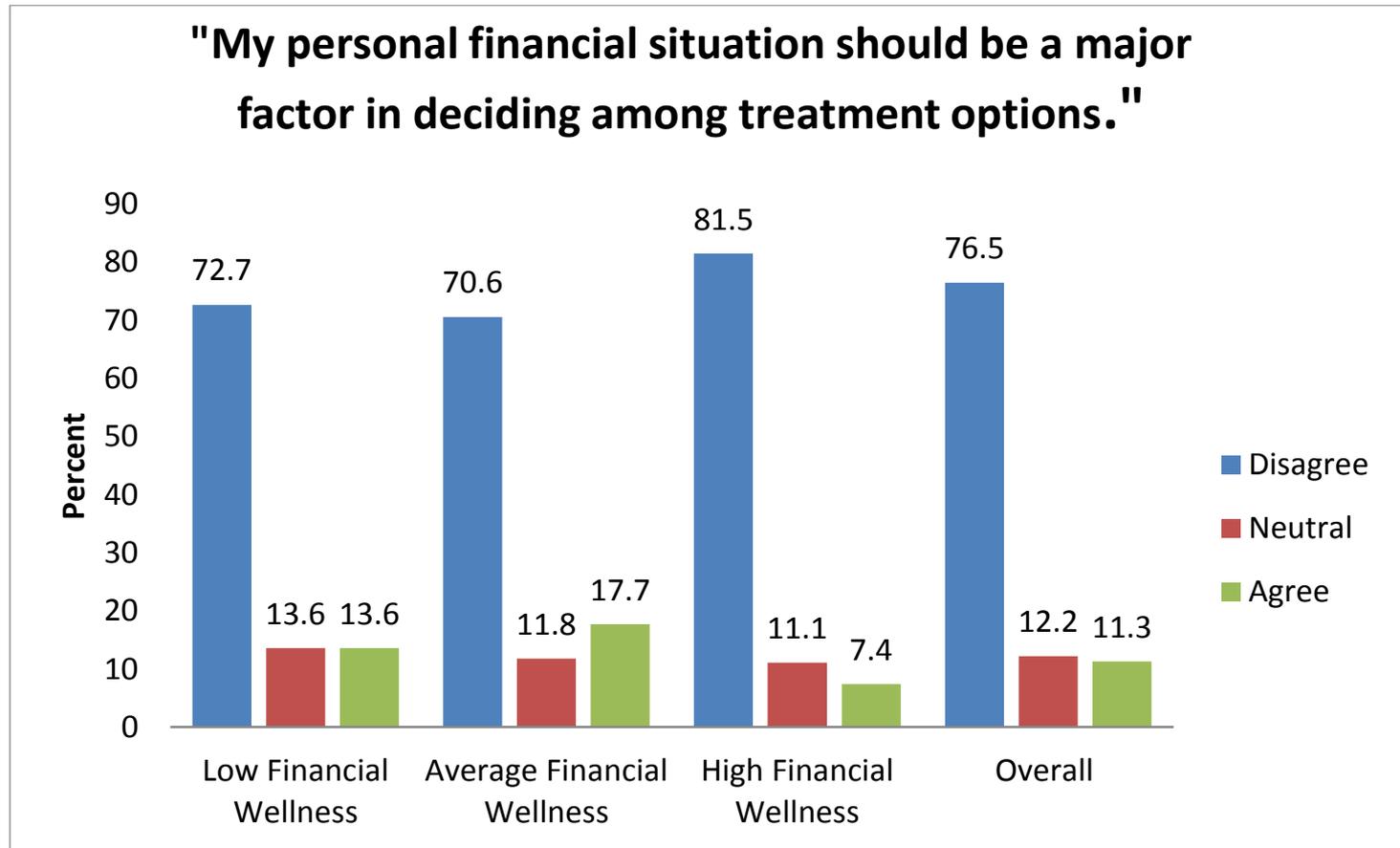
- Only 30% felt well informed prior to therapy
- 88% seldom or rarely spoke about the cost of cancer care with their oncologists.
- Even among pts with high financial distress, 75% do not discuss costs.
- Why Not?
 - 44% do not think it is the oncologists job
 - Worry that regimens would be altered based upon cost or doctor would think less of them.

Patients do not think society's costs should influence treatment decisions

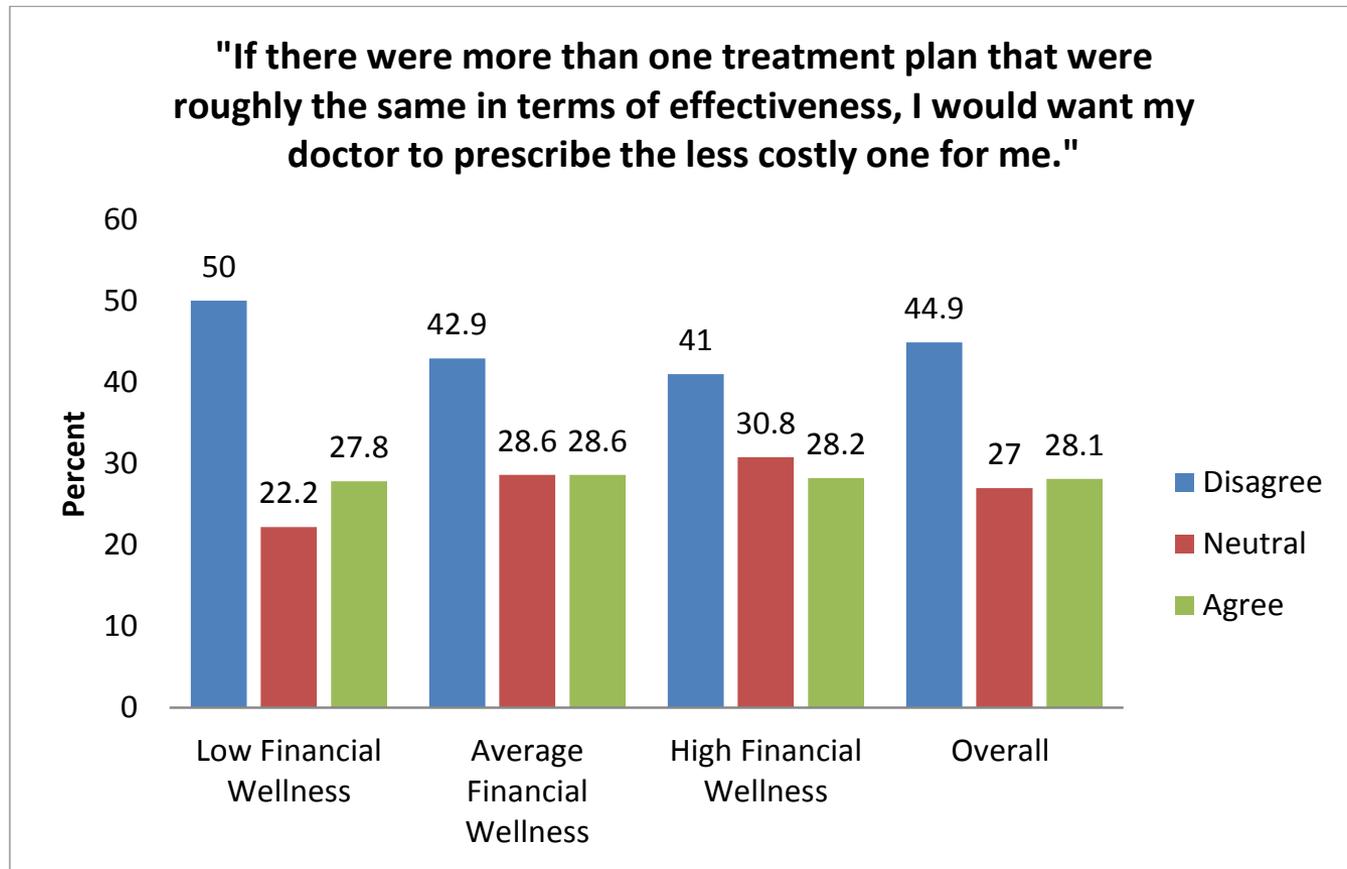
"Overall costs to society should be a major factor in deciding among treatment options."



Patient's (even low financial wellness patients) do not think their own costs should influence treatment decisions



Even when it is assumed that lower cost regimens are equally effective, a minority of pts want the lower cost regimen prescribed



C

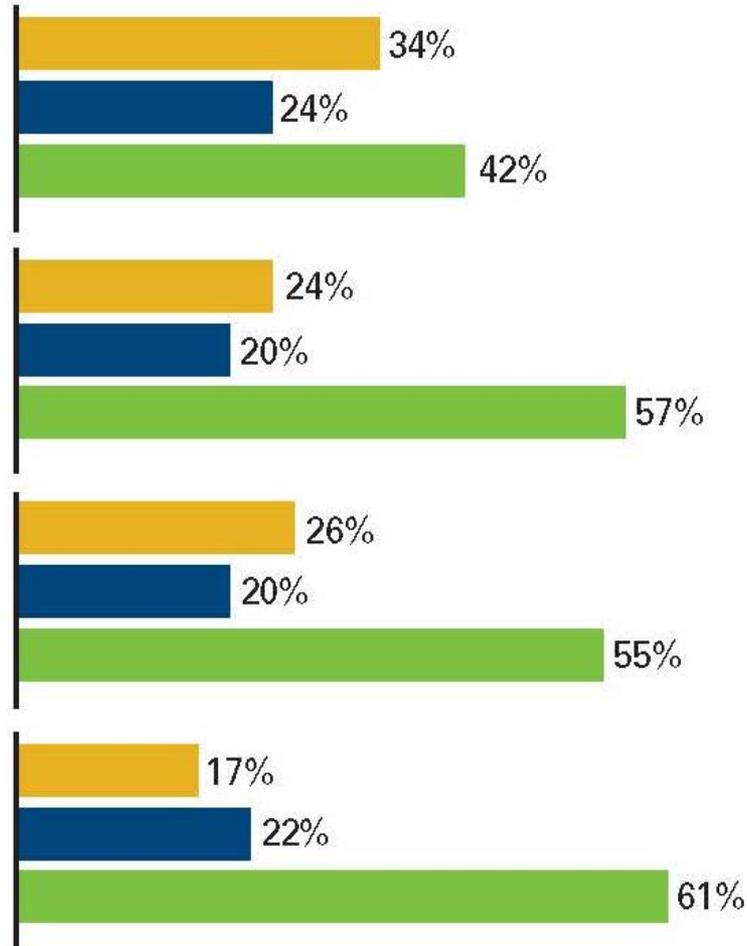
My doctor should consider my out-of-pocket costs as he or she makes a medical decision.

I consider my out-of-pocket costs when I make a decision about my cancer treatment.

My doctor should consider the country's health care costs as he or she makes medical decisions.

I consider the country's health care costs when I make a decision about my cancer treatment.

■ Neither agree nor disagree
■ Disagree/strongly disagree



Bulloch et al. Patient attitudes toward Communication about the cost of cancer care. J Oncol Prac 2012 8(4):e50-58)

■ Strongly agree/agree
■ Neither agree nor disagree
■ Disagree/strongly disagree

Cost Discussions?

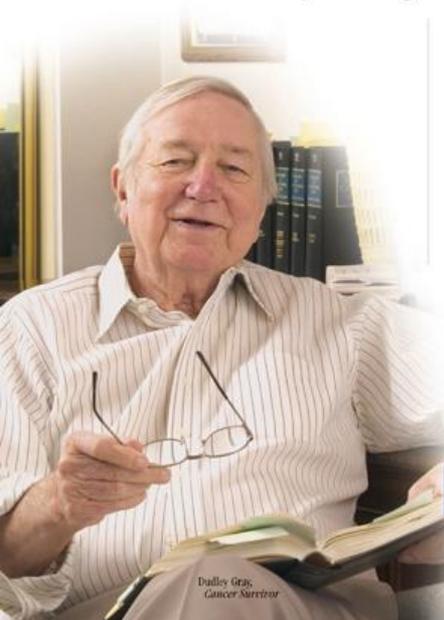
- Regular dialogue between oncologists and pt is rare
- Both parties avoid it
- Pts don't necessarily desire discussion with their oncologists
- Pts may not be willing partners in cost reduction discussions as advocated by ASCO
 - In other words, patients may not be “cost-sensitive”
- Why not?

Why aren't patients cost-sensitive?

- Pts may believe that there is a single best therapy for their condition (only sometimes true).
- ‘Anticipated regret’
- Bias toward newer or more costly drugs
 - Bias reinforced by pharma and cancer center marketing

Building expectations

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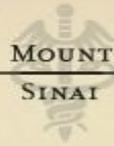
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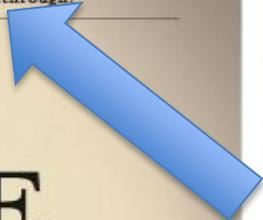
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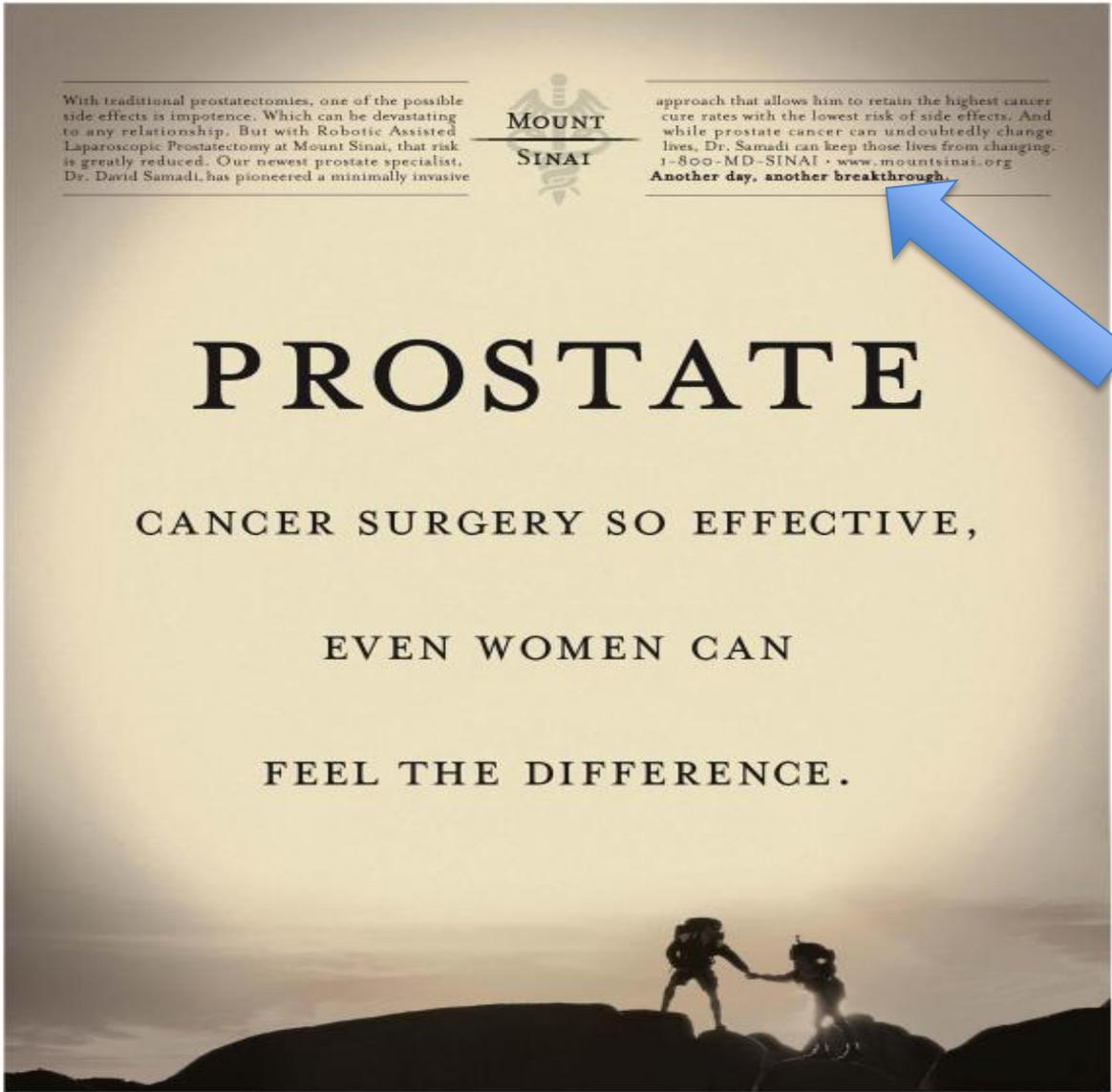
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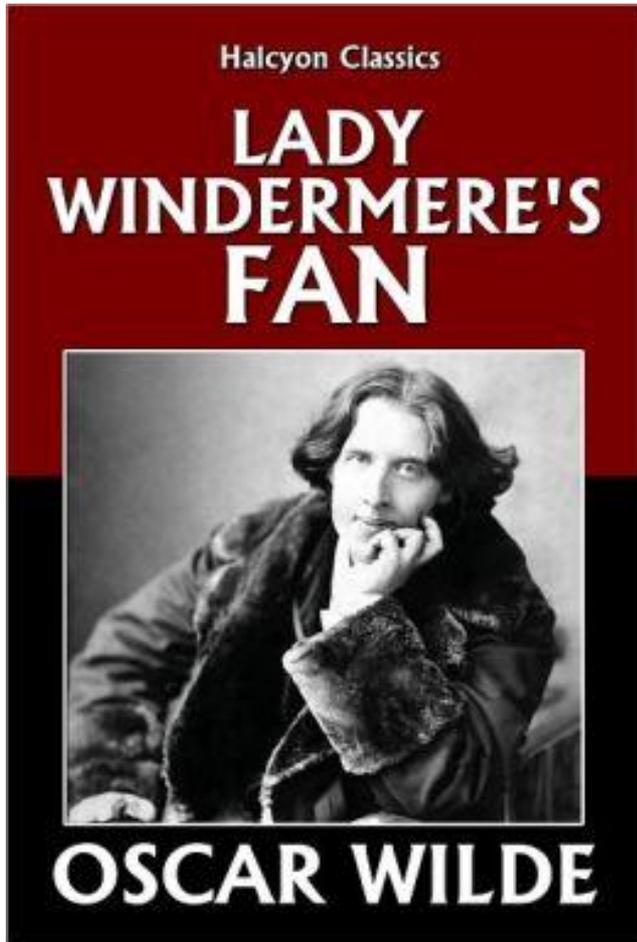
The tag line-



Action Steps at DeCesaris Cancer Institute

- Developed new financial burden communication procedures to identify, ameliorate and prevent financial toxicity.
- Increased emphasis on ‘high value’ prescribing embraced by oncologists
- Raising awareness

Focus on “Costs” is Cynical



“What is a Cynic?

“A man, who knows the price of everything but the value of Nothing”

Oscar Wilde, Lady Windermere's Fan 1893

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American Society of Clinical Oncology Statement: A Conceptual Framework to Assess the Value of Cancer Treatment Options

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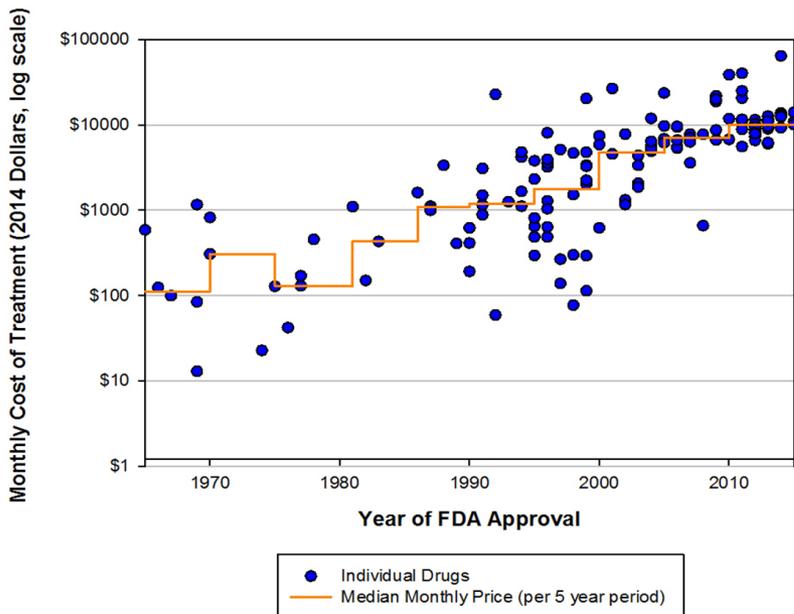
VALUE

Towards Value in Cancer Care

- ASCO Value Framework
- NCCN value advisories
- But, what will patients think?
 - *What* do patients want/need to know?
 - *Who* participates in the Shared Decision Making with them?
 - *When* should the discourse begin?

Trouble Ahead

Monthly and Median Costs of Cancer Drugs at the Time of FDA Approval
1965-2015



Source: Peter B. Bach, MD, Memorial Sloan-Kettering Cancer Center

"Overall costs to society should be a major factor in deciding among treatment options."

