Accomplishments

- Thirteen years
- Record attendance
- Organization
- Disparities
- Screening and prevention
- Technology
- Research and Education
- Health Systems

- Financial toxicities
- Church, spiritual, and faith-based initiatives
- Community and breaking silos
- Understanding reimbursement
- Politics
- Patient support services
- Clinical Trials
- Theater
The Future

It takes a village - building collaborations
Successes

• Rev. Dr. Martin Luther King, Jr. - "Of all forms of discrimination and inequalities, injustice in health is the most shocking and inhuman"

• Know from whence you came. If you know whence you came, there are absolutely no limitations to where you can go.”

  James Baldwin

• If it is not broken, don’t fix it!
• Good, better, best. Never let it rest. 'Til your good is better and your better is best.
Contact your elected officials and make your voice heard.
Financial Toxicity in Cancer Care

Factors to Optimize Therapeutic Decisions and Patient Care

Edith Peterson Mitchell, MD, FACP, FCPP
Clinical Professor of Medicine and Medical Oncology
Associate Director for Diversity Programs
Sidney Kimmel Cancer Center at Jefferson
Philadelphia, Pennsylvania

Past President
National Medical Association
Learning Objectives

• To review financial toxicity in the diagnosis and treatment of cancer
• To discuss the etiology and emerging understanding of the contributing factors
• To provide an overview of interventional strategies and parameters
Disclosures

• None.
Racial Differences in Cancer:
A Comparison of Black and White Adults in the United States
Robin Hertz, Ph.D
Edith Mitchell, MD, FACP
Annual Direct Medical Spending for Total Cancer Treatment by Race and Payment Source, Age 40-64

Black

- Medicaid: $0.69B (21.1%)
- Self-pay: $0.06B (1.8%)
- Private: $2.03B (62.3%)
- Other public: $0.10B (3.0%)
- Other: $0.01B (0.3%)

Total annual spending = $3.26B

White

- Medicaid: $0.40B (3.5%)
- Medicare: $1.25B (10.9%)
- Self-pay: $0.96B (8.4%)
- Other public: $0.42B (3.7%)
- Other: $0.16B (1.4%)

Total annual spending = $11.50B

Source: MEPS 1998–2002 annual average

Direct medical spending adjusted to year 2002 dollars

Note: Percents and spending may not add to totals because of rounding
Annual Direct Medical Spending for Total Cancer Treatment by Race and Payment Source, Age 65 and Older

Black:
- Total annual spending = $1.10B
- Medicare $0.57B (51.6%)
- Medicaid $0.16B (14.9%)
- Private $0.18B (16.5%)
- Self-pay $0.04B (3.8%)
- Other public $0.12B (10.9%)

White:
- Total annual spending = $13.56B
- Medicare $9.21B (68.0%)
- Medicaid $0.12B (0.9%)
- Private $2.46B (18.1%)
- Self-pay $0.65B (4.8%)
- Other public $0.75B (5.6%)

Source: MEPS 1998–2002 annual average
Direct medical spending adjusted to year 2002 dollars
Note: Percents and spending may not add to totals because of rounding
Etiology and Risk Factors

• Wage-earner status of the affected household member (primary, secondary, etc.).
• Pre-illness debt load.
• Assets.
• Illness-associated costs.
• The influence of the illness and its treatment on ability to work.
• The presence and terms of the employment, health and disability insurance of the patient.
• Incomes of others in the household.
Long-range risk of financial hardship

• The general health and noncancer comorbidities of the patient.
• Assets.
• Existing debt.
• Household income.
• A household with income from other sources, such as a spouse or family member who works outside the home.
Financial Toxicity Outcomes

- Out-of-pocket medical costs.
- Out-of-pocket costs as a percentage of income.
- Reduction in income and assets.
- Medical debt.
- Trouble paying medical bills and for necessities (e.g., housing, food).

Prevalence of high out-of-pocket costs

- One of the most common measures of financial hardship
- Refers to the amounts that patients pay directly for their medical care, including insurance copayments, coinsurance, and deductibles for prescription and nonprescription medications, hospitalizations, outpatient services, and other types of medical care.
- Cancer survivors generally report higher out-of-pocket expenditures than individuals without a cancer history.

Prevalence of productivity loss

• Inability to work or pursue usual activities, days lost from work or disability days, reduction in work hours, and days spent in bed.

• Patients receiving cancer care missed 22.3 more workdays per year than individuals without any cancer treatment.

• Estimated productivity loss for adult survivors of adolescent and young adult cancers was $4,564 compared with $2,314 for adults without a cancer history (in 2010 dollars).

• Employed cancer survivors reported cancer interfered with physical tasks (25%) and mental tasks (14%) required by their jobs.

Prevalence of asset depletion and medical debt

- Between 33% and 80% of the survivors have used savings to finance medical expenses.

- Between 2% and 34% have borrowed money to pay for their care or have medical debt.

- Cancer survivors have reported decreasing spending on leisure activities, food, clothing, and utilities; selling stocks, investments, possessions, or property; and changing housing.

Incidence and prevalence of bankruptcy

- 1.7% of cancer survivors filed for bankruptcy in the 5 years after diagnosis.

- Cancer survivors were 2.7 times more likely to file for bankruptcy than individuals without a cancer history.

- The prevalence of bankruptcy ranges from 1.2% to 3% of the study populations of cancer survivors.

Prevalence of financial stress, distress, or worry

• The prevalence of financial stress and worry about paying medical bills for cancer ranges from 22.5% to 64% of working-age cancer survivors.

• 45% of cancer survivors reported wage concerns.

• Patients and their families may also experience difficulty and stress in interpreting complex medical bills.

Medical Debt and Financial Toxicity Survey

- Survey open between March 27, 2015 and April 16, 2015.
- 372 cancer patients completed survey

Dr. Alan Balch
Prevalence and Severity

- In the past year, have you experienced a financial hardship due to the cost of your medical care?
  - 91% said yes

- How severe would you say this financial hardship was for you?
  - Extremely severe, unable to manage = 41%
  - Somewhat severe, very difficult to manage = 43%
Sources of Financial Strain

- Percentage of respondents that identified the following as a healthcare cost that impacted their financial hardship:
  - 53% prescriptions
  - 56% office visits to physicians
  - 53% visits to other medical providers
  - 53% laboratory services
  - 43% radiology
  - 40% surgery
Impact on Medical Care

What impact did the financial hardship have on your medical care?

- Had to stop or postpone treatment 23%
- Did not follow medical advice as prescribed 21%
  (spread out medications, delayed follow up visits, etc.)
- Forced me to change the way I pay for care 26%
  (insurance to charity care)
- No impact on medical care 26%
- Shifted care to a different treatment location 14%
Impact on Financial Situation

What impact did the financial hardship have on your financial situation?

- I cut or reduced other non-critical household expenses 63%
- My utility bills were paid late 43%
- I was unable to afford groceries 37%
- I missed rent or mortgage payments 29%
- I missed car payment(s) 16%
- I filed or am in the process of filing for bankruptcy 9%
Annual out-of-pocket costs by those experiencing medical debt

- Greater than $25,000
- $15,000 - $24,999
- $5000 - $14,999
- $1000 - $4,999
- $1-$999

In the past 12 months, how much have you paid towards your healthcare costs outside of your monthly premiums? This would not include payments made by your insurance company. Your best estimate is...
Transparency

Were the costs of your medical treatment and your portion of responsibility fully explained to you prior to receiving care?

17% Yes, I anticipated the full cost of my treatment.

52% Somewhat, I had some understanding of my portion, but I wasn’t aware of the total costs

28% No, my medical bills were unexpected
Did you attempt to determine the out-of-pocket costs prior to receiving treatment?

- Yes, I spoke with both my doctor's office and insurance company: 19%
- Yes, I spoke with my insurance company: 8%
- Yes, I asked at my doctor's office: 10%
- Yes, I reviewed my plan language and policy documents: 2%
- No: 61%
• The costs of treatment and expected out-of-pocket expenses must be readily available to patients and providers.

• Access to social workers, patient navigators, and financial counselors to guide financial planning and identify community resources that may offer assistance to cancer patients has shown to be effective at reducing treatment delays and discontinuation.

• The financial toxicity of treatments should become as commonly discussed as treatment side effects and efficacy.
Summary

- Cancer poses both a health and a financial threat to patients and their families

- Reduced spending on other items, medical debt, bankruptcy

- Suboptimal adherence to or early discontinuation of cancer therapy plan

- Increased cancer related morbidity and mortality

- More studies to assess the cost of cancer care and measures needed to reduce the financial toxicity of cancer treatment.
Thank you for your attention.

Questions?

Edith.Mitchell@jefferson.edu