Do Patients and Oncologists Discuss Treatment Costs? An Observational Study of Clinical Interactions Between African American Patients and their Oncologists

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Survivorship Breakout Session

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No Conflicts to Report
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Overview

- Financial toxicity
- Vulnerable patient populations
- The ASCO Value Framework
- Observational study of patient-oncologist discussion of treatment costs
- “Cost” versus “Value”
- Practical tips for talking about cost and value with patients
- Future research and interventions
Financial Toxicity

- Burden of treatment costs and its impact on patient well-being, treatment decisions, and health outcomes

- Direct financial harm
  - Out-of-pocket expenses
  - Copays
  - Coinsurance

- Indirect financial harm
  - Missed workdays
  - Transportation
  - Childcare

Zafar & Abernathy, 2013; Bestvina et al., 2014; Zafar, et al., 2015; Helwick, 2014
Cost of Cancer

$124.57 billion in 2010 to $157.77 billion in 2020

Mariotto et al., 2011 J of the NCI
Cost of Cancer for the Individual

- 1,767 cancer patients’ treatment-related medical expenses
  - 12% spent $10,000 – 25,000
  - 4% spent $25,000 – 50,000
  - 2% spent $50,000 – 100,000

- 284 stage III colon cancer patients
  - 23% went into debt to pay for treatment
  - $26,860 average debt

Markman et al., 2010 – JOP; Shankaran, et al., 2012 – JCO
Cost of Cancer for the Individual

- Kaiser Family Foundation and the Harvard School of Public Health conducted a national survey with 930 adults
  - 25% of respondents used all or most of their savings on treatment expenses
  - 11% were unable to pay for basic necessities like food, heat, or housing
Cancer patients are 2.65X more likely to go bankrupt

Ramsey et al., 2013 – Health Affairs
Impact on Treatment

- An assessment of 254 insured cancer patients’ out-of-pocket expenses of cancer
  - $458 in median monthly direct costs
  - Patients deviated from their prescribed care plan
    - 20% took less than the prescribed amount of medication
    - 19% partially filled prescriptions
    - 24% did not fill prescriptions

- An assessment of 1,767 cancer patients
  - 9% of patients overall 25% of patients with a yearly income of less than $40,000 decided NOT to receive a recommended treatment because of cost

Zafar et al., 2013 – The Oncologist; Markman et al., 2010 -- JOP
Emotional Impact

- Not surprisingly, increased financial burden also has deleterious effects on the psychological and emotional well-being and quality of life of the individual and the family

Fenn et al., 2014; Wagner et al., 2004
Racial Differences in Debt from Breast Cancer Treatment

Jagsi et al., 2014 – JCO
Racial Differences in Economic Hardship

Pisu et al., 2015 – Cancer

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Broader Financial Burden

- Ability to Earn a Living
  - 40%-85% of patients stop working during initial treatment
  - Cancer survivors are 1.37X more likely to be unemployed compared to control groups

- African American cancer survivors are HALF as likely to be employed compared to White cancer survivors

de Boer et al, 2009 – JAMA; Bradley et al., 2014 – J of Cancer Survivorship
Cost Discussions as a Way to Reduce Financial Toxicity

- Allows patients to voice concerns
- Physicians can talk about cost (if information is available)
- Can factor cost into treatment decisions and plans

*Clinical communication with Black patients is, on average, of poorer quality

Ubel, 2013—ASCO post; Ubel et al., 2013 – NEJM;
American Society of Clinical Oncology Statement: A Conceptual Framework to Assess the Value of Cancer Treatment Options

ASCO Value Framework

1. Clinical benefit + Toxicity = Net Health Benefit (NHB)

2. Patients and oncologists can factor NHB & out-of-pocket costs for the patient into treatment discussions/decisions
Clinical Communication about Cost

- We know patients want to discuss cost with oncologists
  - Patient concerns and communication related to costs influence treatment decisions
- We know oncologists are hesitant to bring up cost
- Self-report data indicate cost discussions are rare

Alexander, et al., 2003 – JAMA; Bullock et al., 2012; Caleb et al., 2003; Kim 2007; Schrag et al., 2007; Kelly et al., 2015
WE DON’T KNOW IF PATIENTS AND ONCOLOGISTS ACTUALLY DISCUSS COST DURING TREATMENT DISCUSSIONS
Purpose

- To determine the presence, nature and content of patient-oncologist discussions of cancer treatment costs
- Will inform multi-level interventions to improve communication and patient care

Hamel, et al. In press, J Oncology Practice
Method

- Secondary analysis of an RCT testing a communication intervention to improve communication and outcomes in racially discordant clinical interactions

- Participants and Setting
  - African American cancer patients
  - Medical oncologists
  - Two cancer hospitals in Detroit

- Data
  - Videorecorded clinic visits
  - Patient demographics

Hamel, et al. In press, J Oncology Practice
DIScussion of COst (DISCO) Coding System

- Definition: verbal expressions of perceived monetary expense for the patient for cancer treatment

- Coded for: Initiator, topic, patient/oncologist response

Hamel, et al. In press, J Oncology Practice
### Patient Characteristics (N = 103)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
<th>Count</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Age</td>
<td>M=58.7 (SD=10.8)</td>
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<td></td>
</tr>
<tr>
<td>Female</td>
<td>96 (93%)</td>
<td></td>
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<tr>
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<td>103 (100%)</td>
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<td>Cancer Type</td>
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<td>90 (87%)</td>
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<tr>
<td>CRC</td>
<td>6 (6%)</td>
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</tr>
<tr>
<td>Lung</td>
<td>7 (7%)</td>
<td></td>
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<tr>
<td>Family Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>23 (22%)</td>
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<td>HS graduate</td>
<td>12 (12%)</td>
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<td></td>
</tr>
<tr>
<td>Some college</td>
<td>35 (34%)</td>
<td></td>
<td></td>
</tr>
<tr>
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## Results

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<tbody>
<tr>
<td>Present</td>
</tr>
<tr>
<td>Range per interaction</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>When present</td>
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<tr>
<td>Duration</td>
</tr>
<tr>
<td>Average time per interaction</td>
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</table>

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Who Initiates?

<table>
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<tr>
<th></th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
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</thead>
<tbody>
<tr>
<td>Patient</td>
<td></td>
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<tr>
<td>Oncologist</td>
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<tr>
<td>Family Member</td>
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N = 88

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Topics by Initiator

Patient

Oncologist

Companion

N = 88

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Physician Response

<table>
<thead>
<tr>
<th>Action</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Onc addresses the issue</td>
<td>50%</td>
</tr>
<tr>
<td>Onc does not address the issue</td>
<td>10%</td>
</tr>
<tr>
<td>Onc refers the patient</td>
<td>20%</td>
</tr>
<tr>
<td>Onc initiates and addresses</td>
<td>30%</td>
</tr>
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Patient Reaction

- Positive/satisfied/agreeable: 60%
- Negative/unsatisfied/disagreeable: 5%
- Answered a question: 20%
- Patient changed topics: 10%
- Oncologist changed topics: 5%

N = 88

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Patient A:

PAT: Okay. Now this is the thing that I'm really worried about.

DOC: What is it?

PAT: Trying to pay for this stuff.

DOC: What, what stuff?

PAT: I just got a bill from them for almost four hundred dollars. And on the money that I’m getting from Social Security it's limited, I pay my bills, there's nothing left.

DOC: Yes, dear. I don't really know, you know, much about this. This is why when I'm done I can talk to our social workers. I'll tell them to go over transportation with you and over this billing, maybe they can, they can assist you. I don't know exactly what it is.
Patient B:

PAT: Just that I hope that [the social worker] sent those papers to my job.

DOC: but, that is the social part. What about like your physical, anything? You told me about weight, you told me about how you eat, and how about any new pain, anything of that sort?

• (patient paperwork concern does not get brought up again)
ASCO Value Framework

- Cost versus Value
- Lack of a clear definition of cost and value
  - 2015 commentaries in JCO and NEJM

Saltz, 2015 – JCO; Young, 2015 – NEJM
Conclusions

• Discussions of cost are indeed occurring during cancer treatment discussions.

• They are often patient initiated AND dealing with a variety of topics.
  - Most are not dealing with “value” as ASCO defines it

• Oncologists address or refer for most cost-related topics but it is unclear if the patients are satisfied.

• Future research/interventions
Practical tips/advice

- Consider the patient population
  - Low-income
  - Racial/ethnic minorities
  - Rural

- Definition of “cost” is broad

- Employment, transportation issues

- Financial navigation supports

- Financial assistant programs
Questions?

Everyone agrees to help reduce health care costs!

I can't afford that diagnosis. Do you have a cheaper one?