

Addressing Financial Hardship in Cancer Care

The Role of the Oncology Community

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A multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and health care provider and patient behaviors affect access to cancer care, the quality and cost of cancer care, and ultimately the health and well-being of cancer patients and survivors

- ***Generation of new knowledge to inform practice change***
- ***Diverse practice settings***

Kent, E. et al. Cancer Care Delivery Research: Building the Evidence Base to Support Practice Change in Community Oncology. *J Clin Oncol.* 33(24): 2705-2711. Aug 2015
NCI Community Oncology Research Program: Research areas National Cancer Institute <http://ncorp.cancer.gov/research>

The Health Care Delivery System



Institute of Medicine, Lowering Costs and Improving Outcomes, 2011

- What is financial hardship / toxicity and why does it matter ? What are the contributing factors?
- What can the oncology community do to address this problem?
- Ongoing research in the field

The U.S. Spends Twice as Much as Comparable Countries on Health

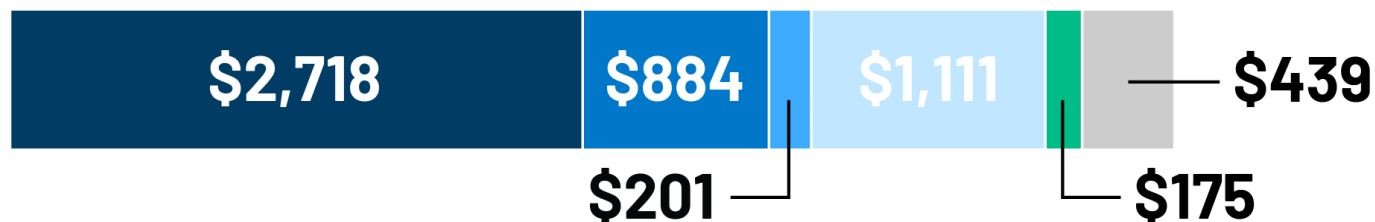
Health spending per capita, by spending category, 2018



United States (*Total: \$10,637 per capita*)







Comparable Country Average (*Total: \$5,527 per capita*)



U.S. Healthcare Spending



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- Quicker access to newer therapies? 
- Greater and more equitable access to health and cancer care? 
- Improved care quality? 
- Better survival? 

Downing N. et al. NEJM. April 2017
Yezefski, T. et al. JCO Oncology Practice. May 2020
Khaki et al. JCO Oncology Practice. Nov 2021

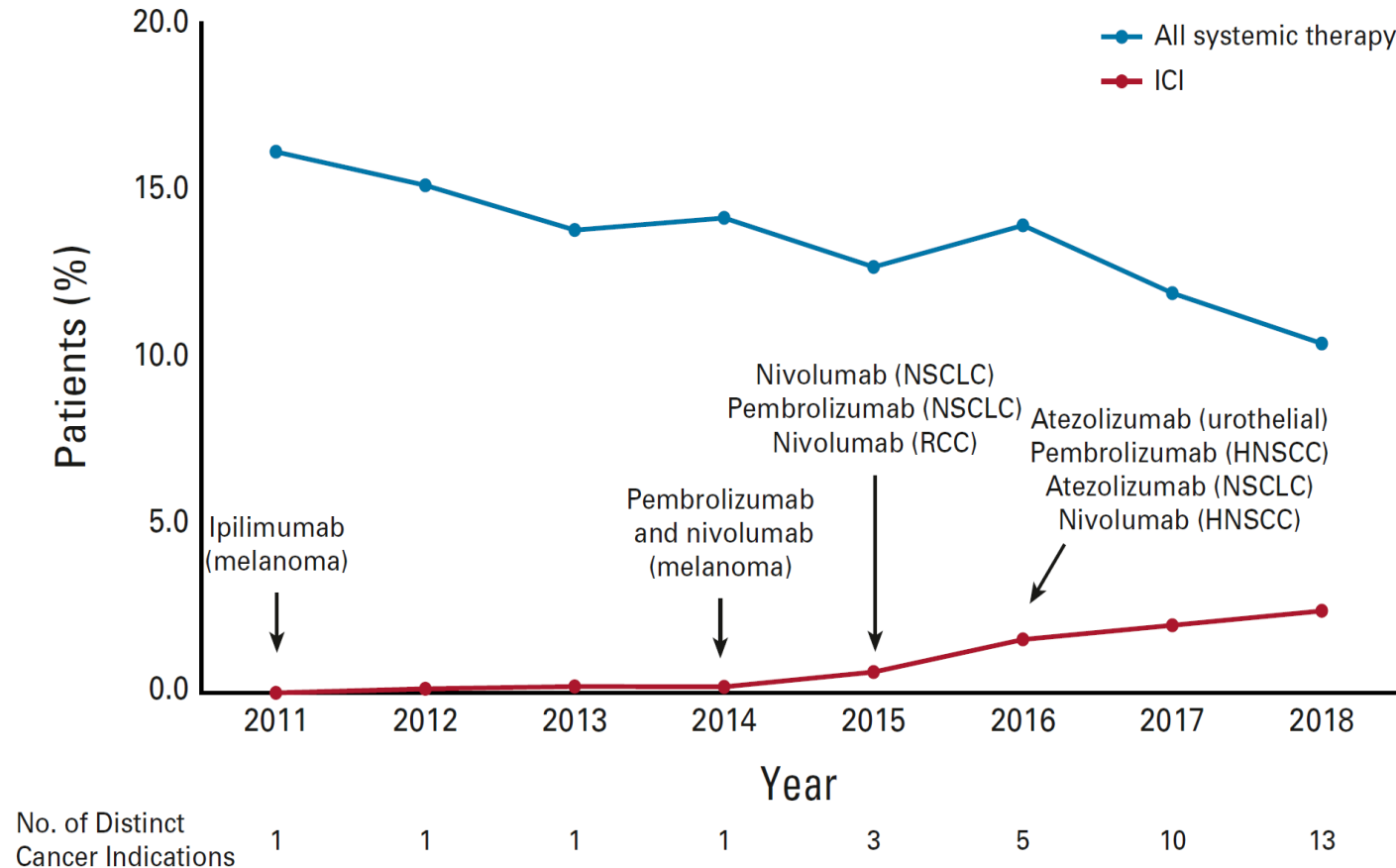
- Launch prices and post-launch prices increasing faster than inflation ; not correlated with clinical benefit
- Combination and chronic therapies (and improved survival)
- “Less toxic” therapies (e.g. immunotherapy)
 - Poorer PS
 - “Hail mary” situations

Vokinger, K. et al. JAMA Oncology. July 2021
Desai, A. et al. JAMA Open. Jan 2022

Cancer Drug Utilization



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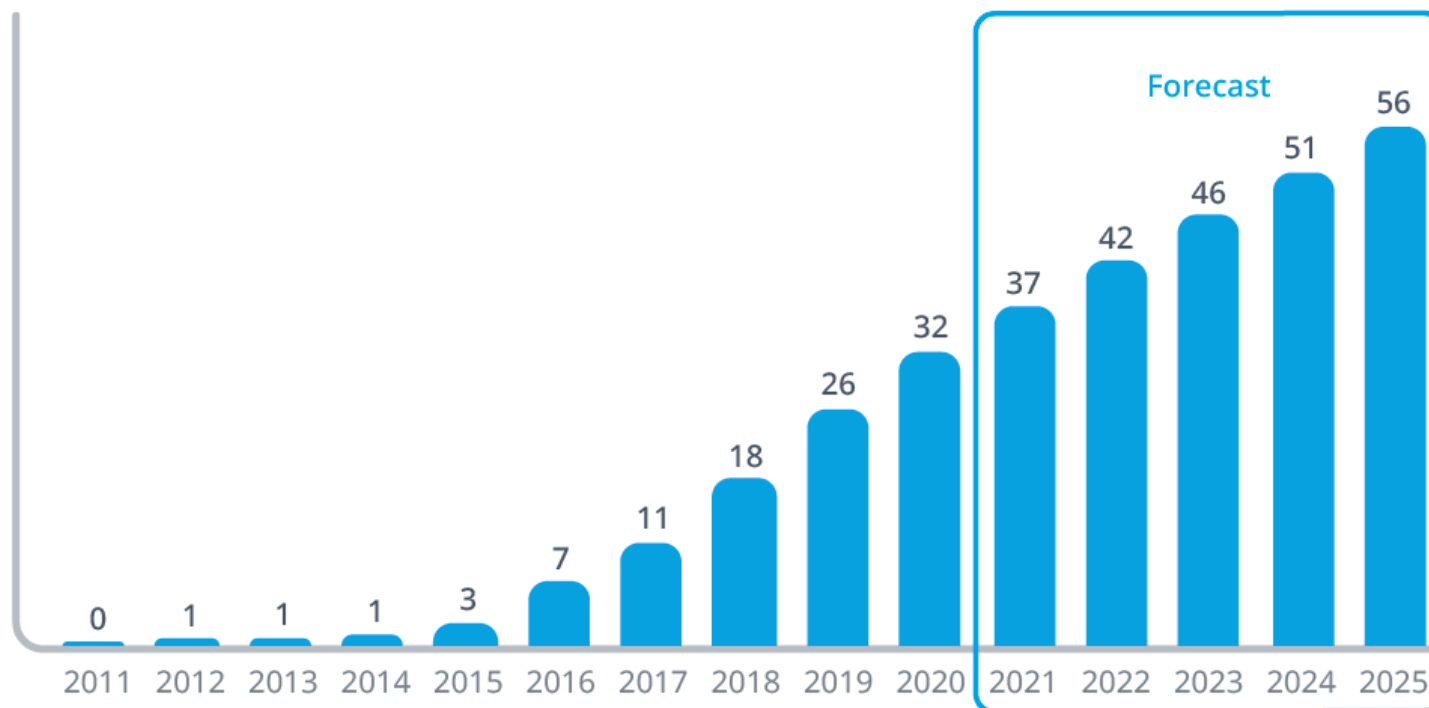
Utilization in last 30 days of life

Cancer Drug Spending



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Immuno-Oncology Spending US\$Bn, 2011-2025



2021-2025 Key Facts

+75% total
spending growth
(11-14% CAGR)

+\$24 Bn

>300 in human trials
60 mechanisms
in early phase

Source: IQVIA Institute, Feb 2021

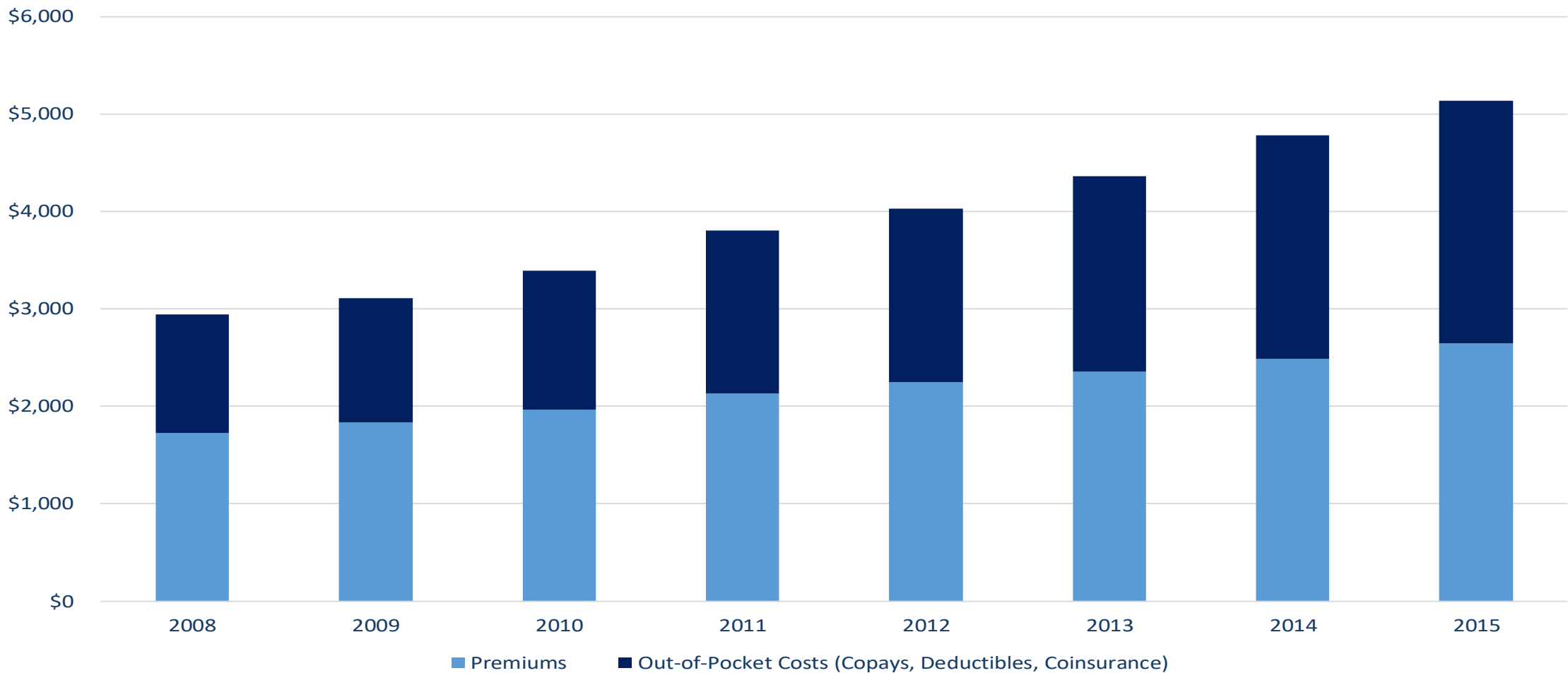
Exhibit Notes: Historic data points based on marketed immuno-oncology checkpoint inhibitors, PD-1/PDL1 Inhibitors: atezolizumab, avelumab, cemiplimab, durvalumab, nivolumab and pembrolizumab. Forecast periods include potential future immuno-oncology medicines, of which there are over 60 immune-system related targets in research.

Report: Global Oncology Trends: Outlook to 2025. IQVIA Institute for Human Data Science, June 2021



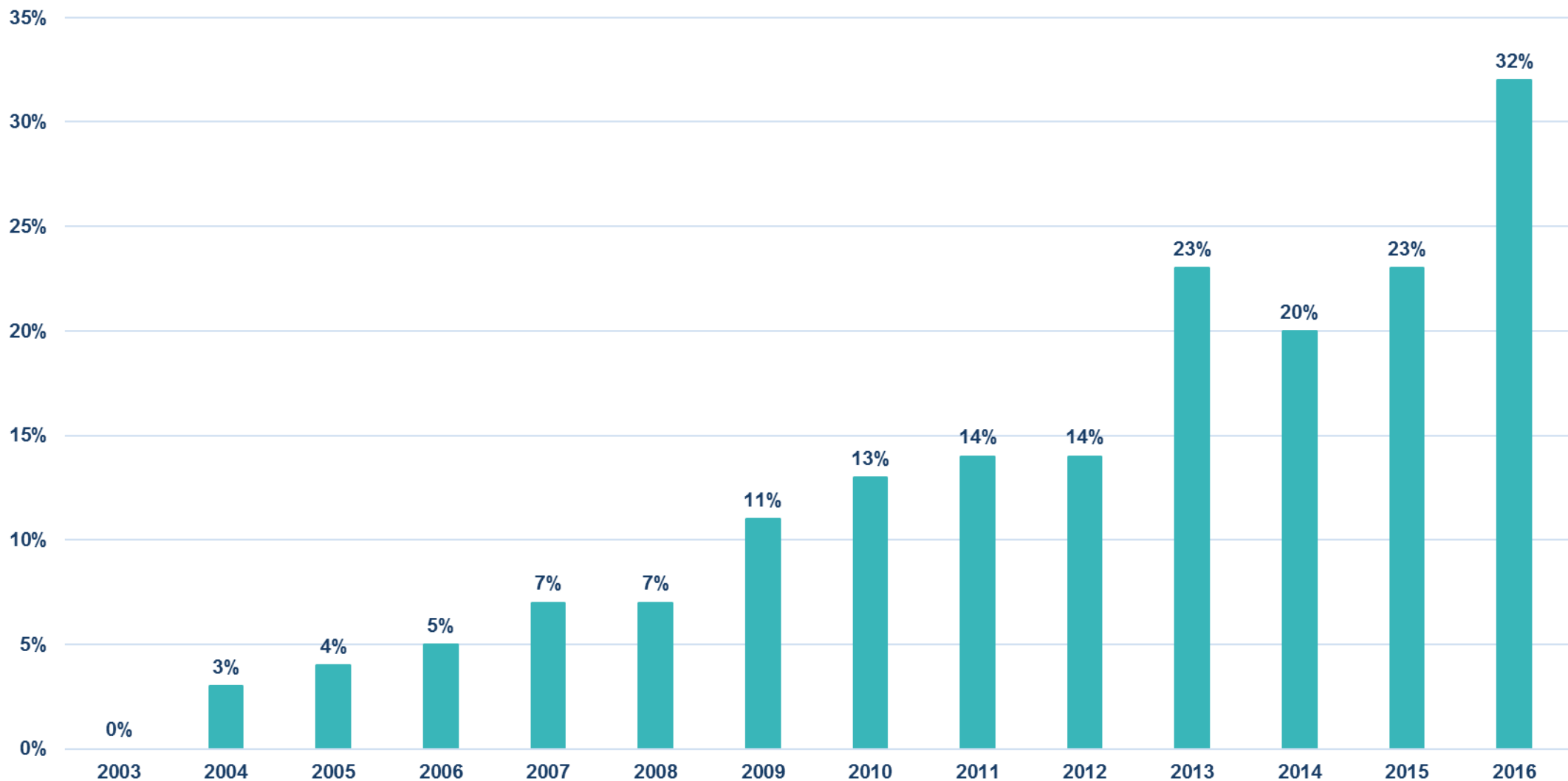
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Annual Insurance Costs are Rising



1. Kaiser/HRET Survey of Employer Sponsored Health Benefits 2000-2016.

Multi-tiered Drug Formularies

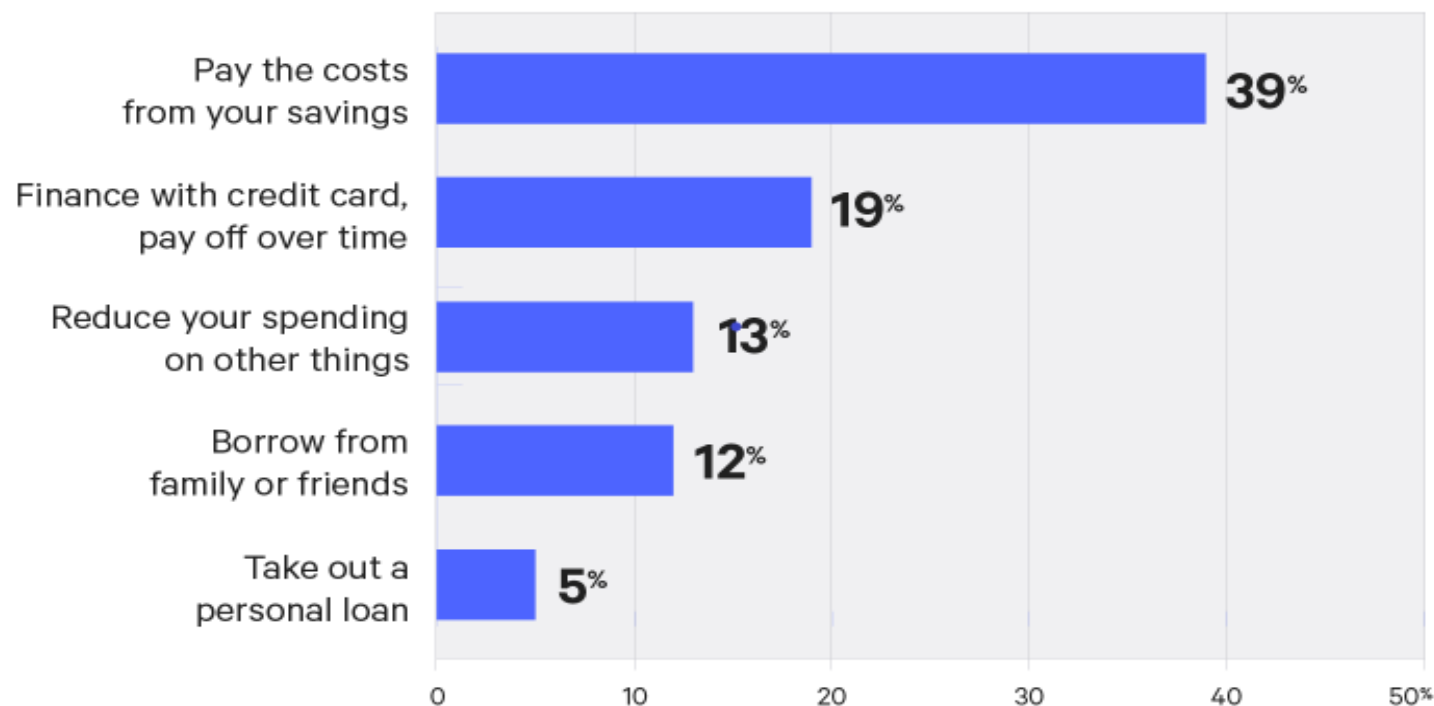


Kaiser/HRET Survey of Employer Sponsored Health Benefits 2000-2016.

Americans are Financially Fragile

How Americans pay for unexpected expenses

How would you deal with a major unexpected expense, such as \$1,000 for an emergency room visit or car repair?

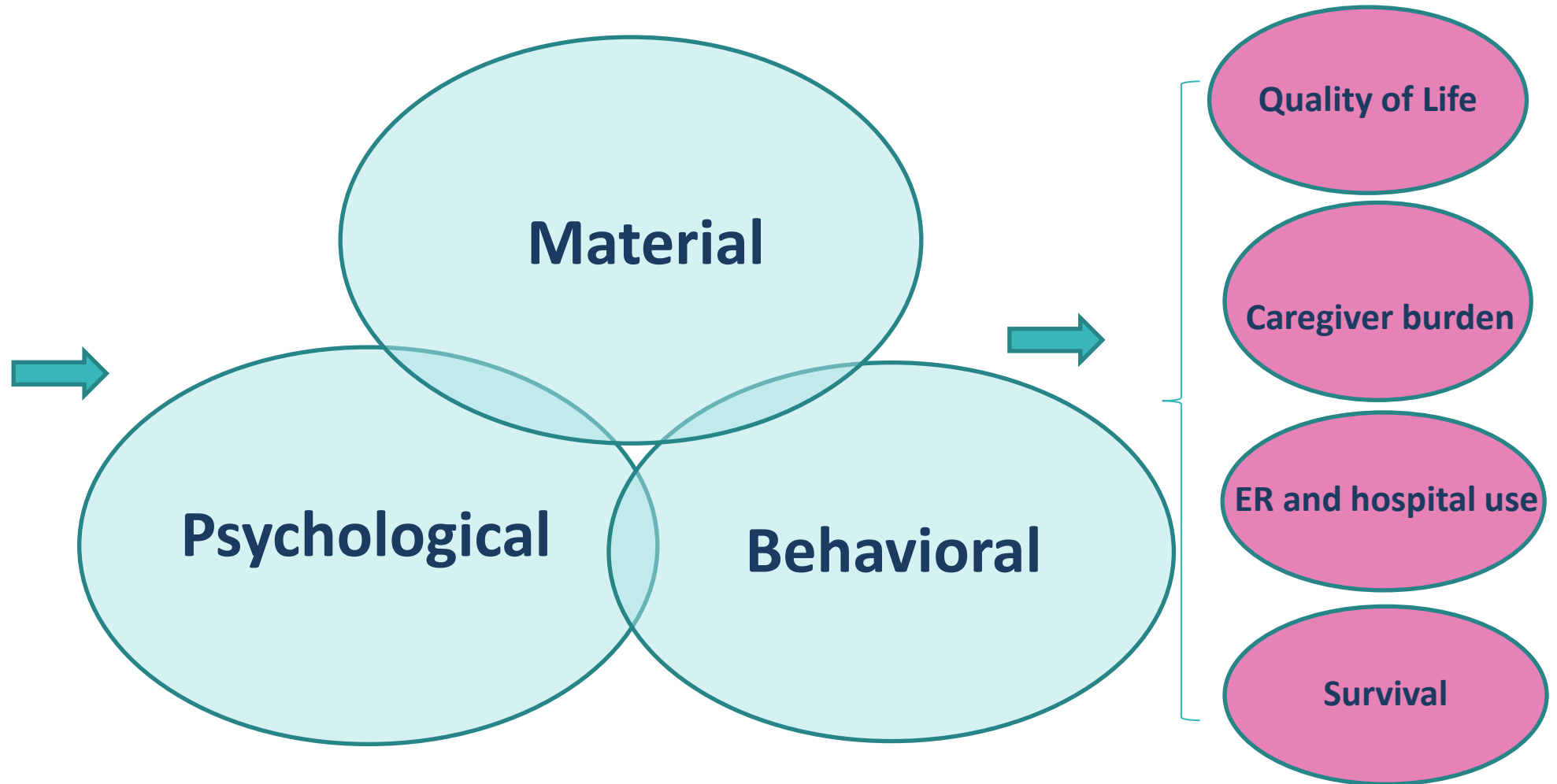


Annual out-of-pocket limits under ACA (2022)

- **\$8,700 (individual)**
- **\$17,400 (family)**

Financial Hardship (Toxicity)

- Younger age
- Lower income
- Female
- Minority Race
- Cancer severity



Not Just Drugs !



Other medical costs (not drugs)

Non-medical Costs

- Transportation
- Housing

Indirect Costs

- Lost employment and income (patient and caregiver)
- Missed raises/promotions



Limitations of Previous Studies



- Retrospective (Recall bias)
- Not longitudinal
- Focus on long term cancer survivors
- Limited information on caregiver/household financial impact

Cumulative Incidence of Financial Hardship in Patients with Metastatic Colorectal Cancer: Primary Results of S1417CD

Veena Shankaran, MD, MS; Joseph M. Unger, PhD; Amy K. Darke, MS; J. Marie Suga, MD, MPH; James L. Wade, III, MD; Peter J. Kourlas, MD; Sreenivasa R. Chandana, MD, PhD; Mark A. O'Rourke, MD; Suma P. Satti, MD; Diane Liggett, BS; Dawn L. Hershman, MD, MS; Scott D. Ramsey, MD, PhD

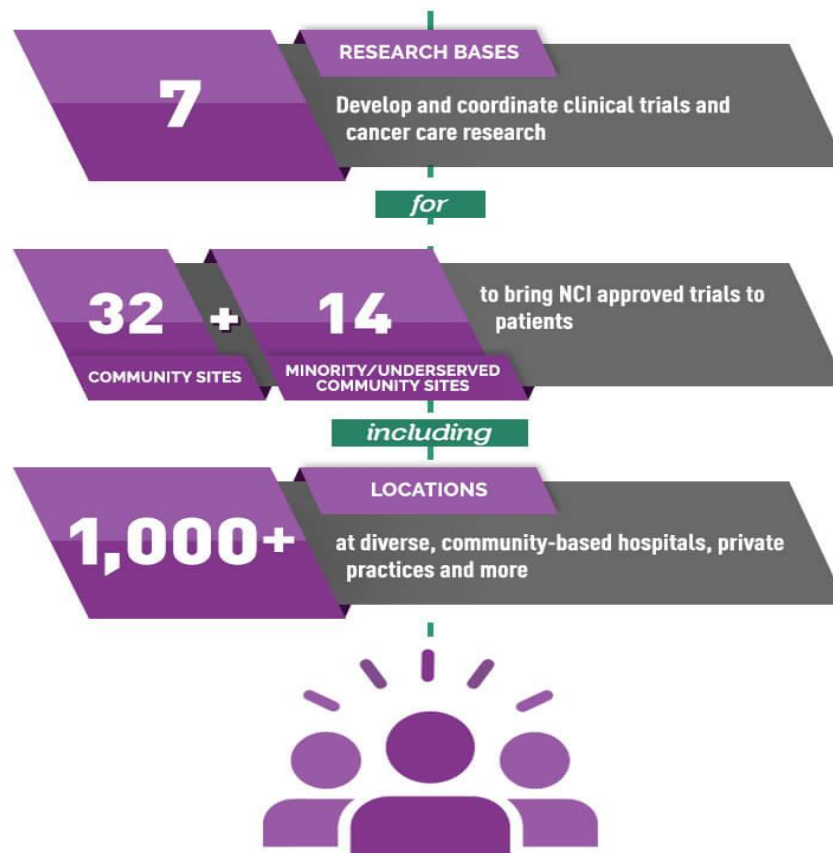


A program of the National Cancer Institute
of the National Institutes of Health



NATIONAL CANCER INSTITUTE

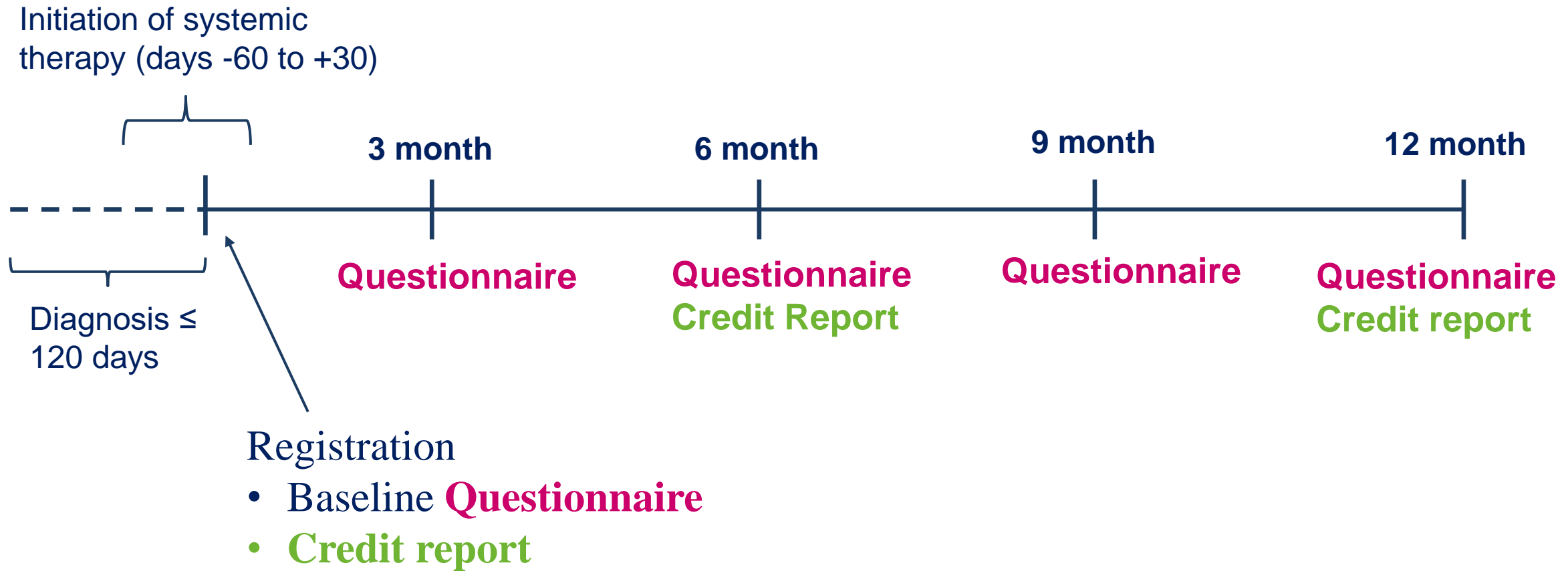
The **NCI Community Oncology Research Program (NCORP)**
brings cancer research studies and results to patients in a variety of
community settings across the United States.



Study Schema and Assessments



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To estimate the cumulative incidence of self-reported major financial hardship (MFH) at 12 months.

- New debt accumulation
- Selling/refinancing home
- $\geq 20\%$ income decline
- Borrowing money/Loans to pay for cancer treatment

Secondary Objectives

- Determine risk factors for major financial hardships
- Explore whether financial hardship predicts poorer health-related quality of life
- Determine feasibility of recruiting and surveying patients' primary caregivers about financial hardship
- Correlate self-reported measures with credit reports

Timeline



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**Feb 2014 –
Triage approved
capsule**

**June 2015 –
Revise/Resubmit
from DCP**

**Oct 2015 –
Protocol
Approved by
DCP**

**April 2016 –
S1417CD
Activated**

Developing a process to obtain consumer credit reports (TransUnion)

- Consumer credit reports have never been linked prospectively with patient data
- Legal review and contract
- Collection of SSNs and addressing patient privacy concerns
- Assurances that obtaining credit reports for research will not affect credit scores



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Data Elements Required for Credit Linkage



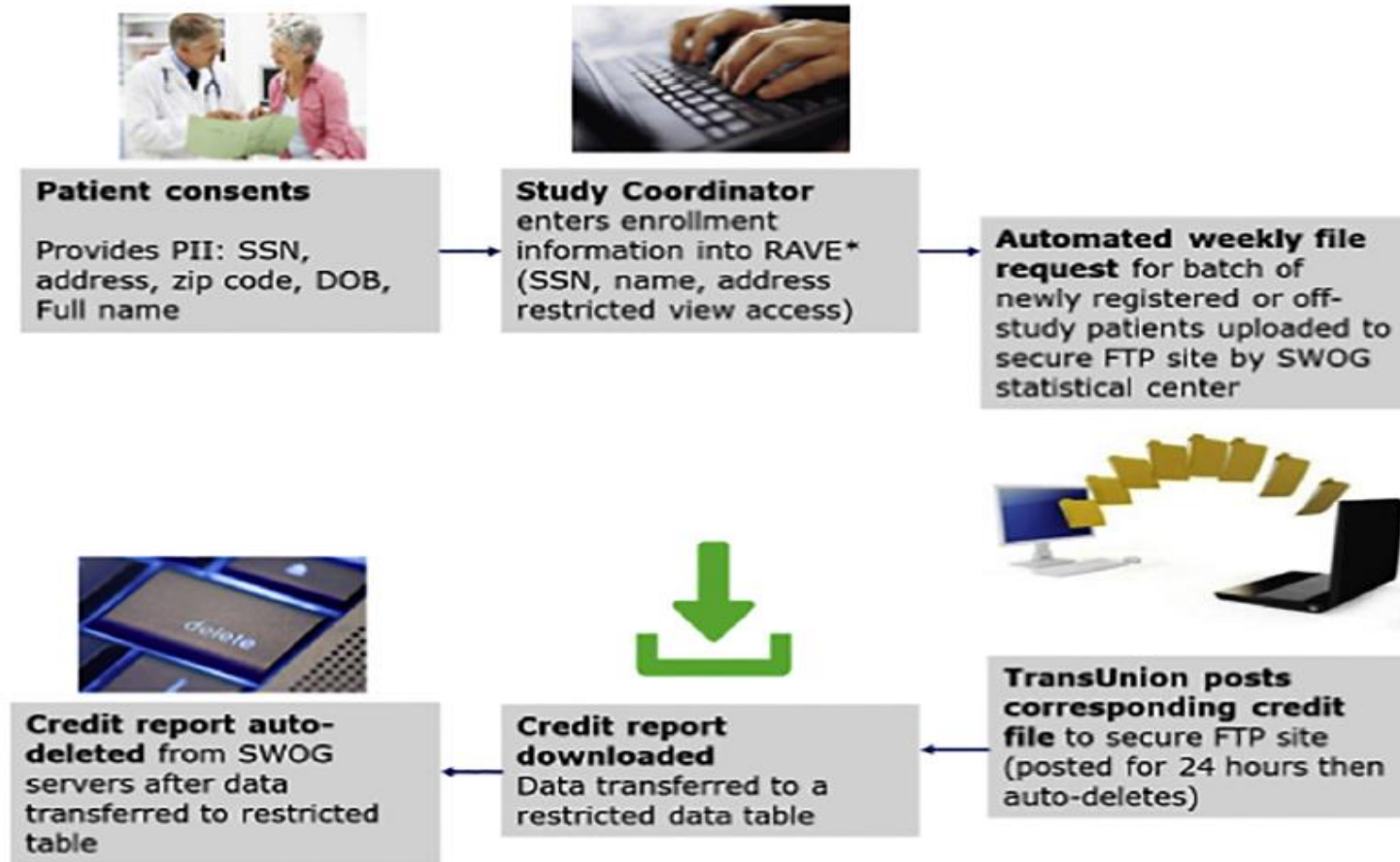
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	Required/Collected Routinely by SWOG	Required specifically for credit linkage
<i>Name</i>	No (Initials only, Name optional)	Yes
<i>SSN</i>	No (Requested but optional)	Yes
<i>Full Street Address</i>	No	Yes
<i>Zip Code</i>	Yes	Yes
<i>Birth Date</i>	Yes	Yes

Credit Linkage

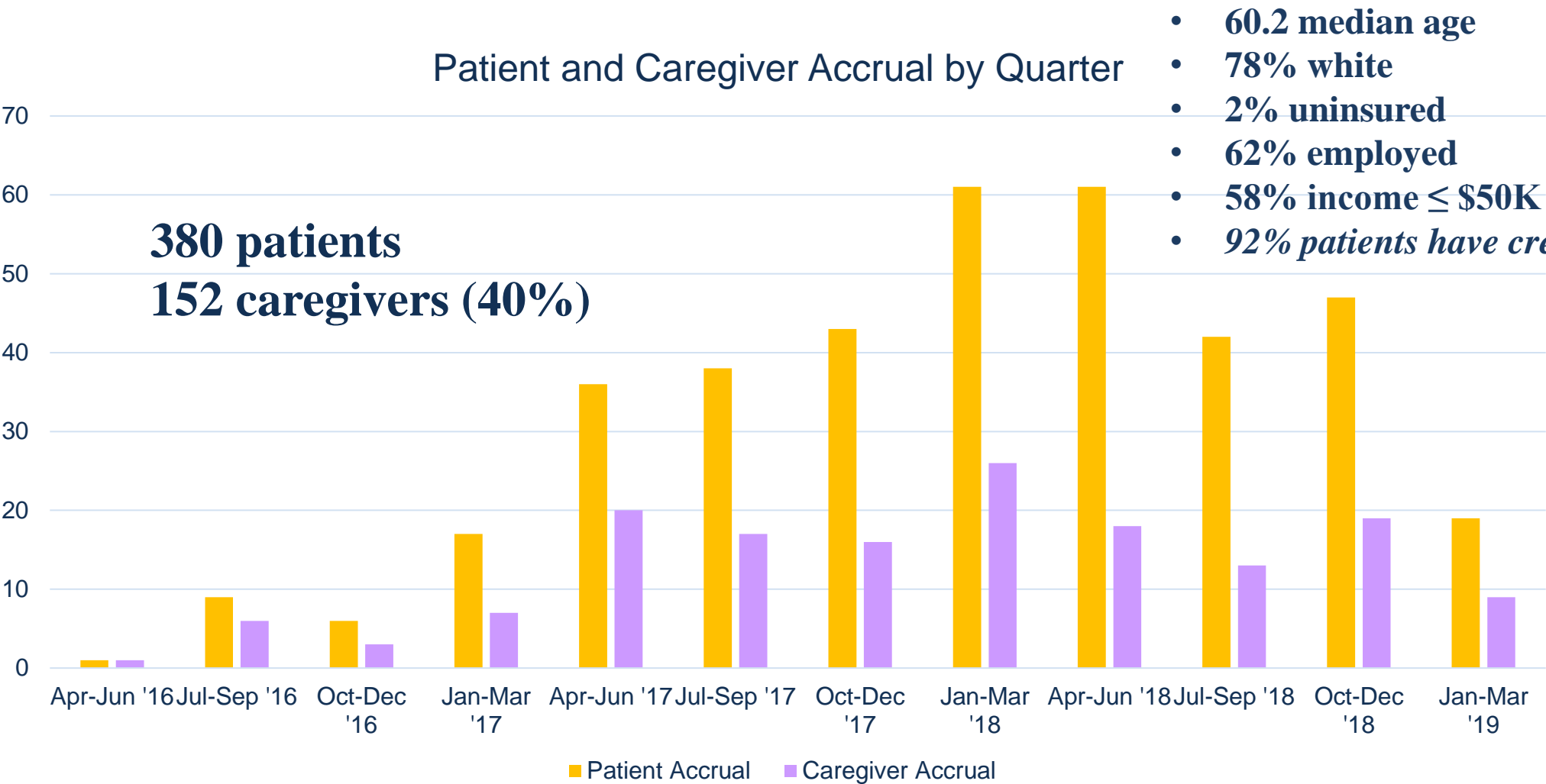


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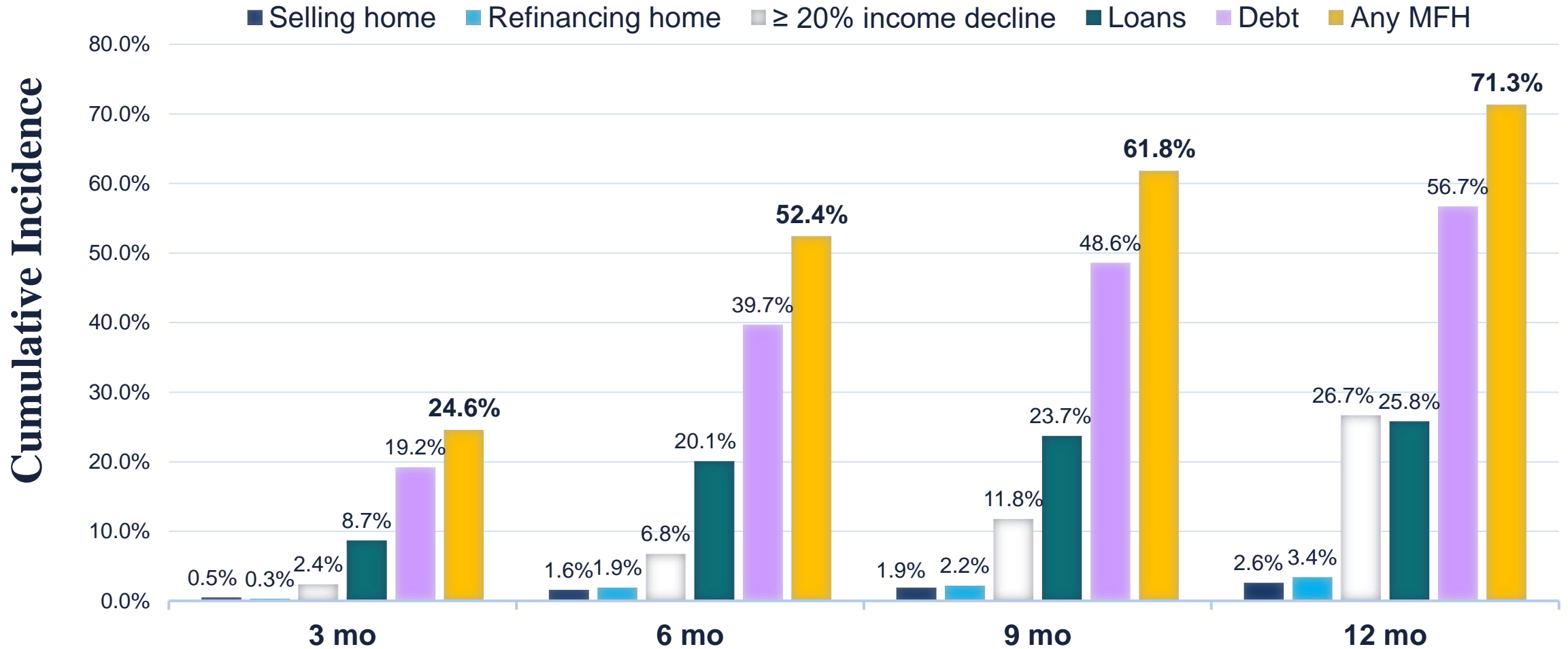


Shankaran V, et al. Contemporary Clinical Trials. 2020; 95: 106037

Accrual Timeline



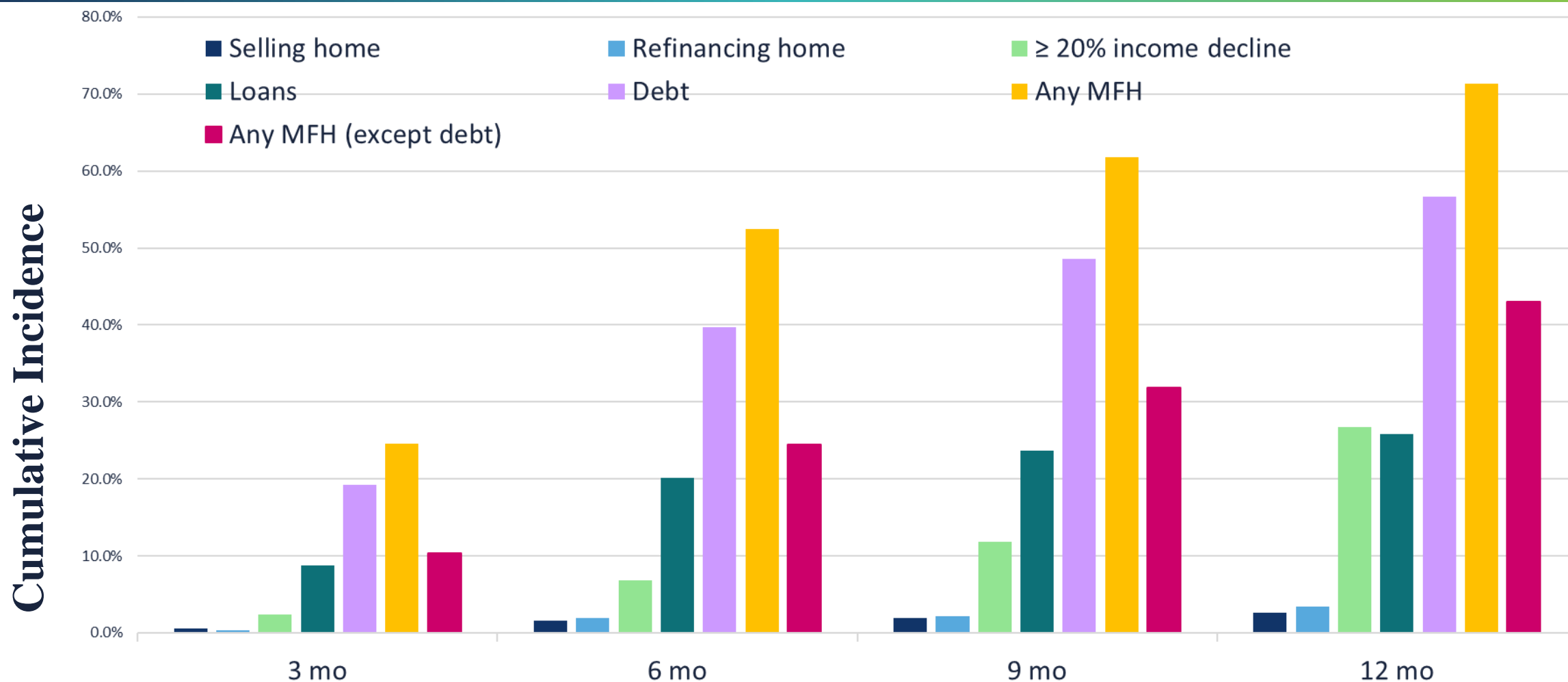
Major Financial Hardship



Major Financial Hardship



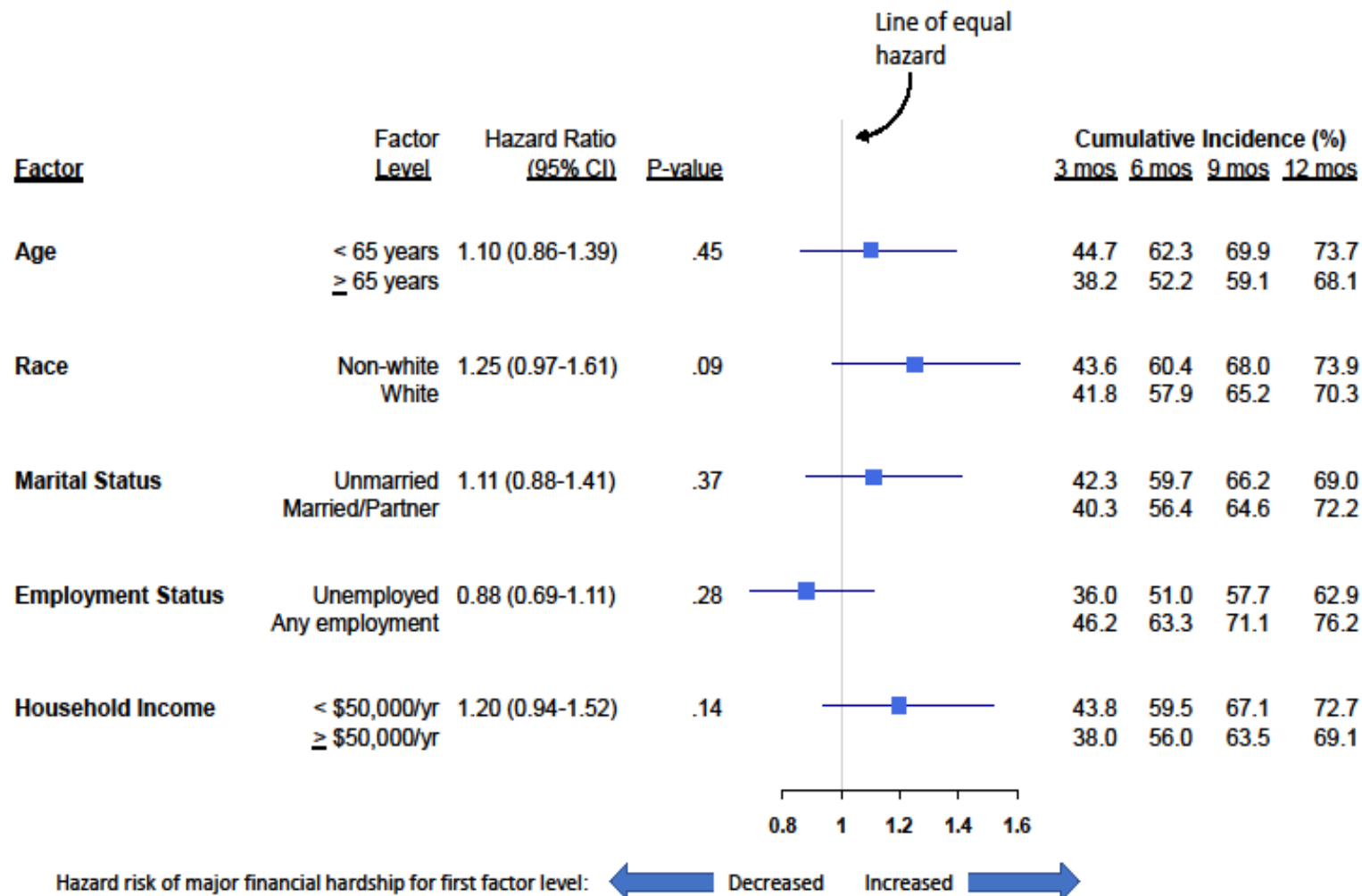
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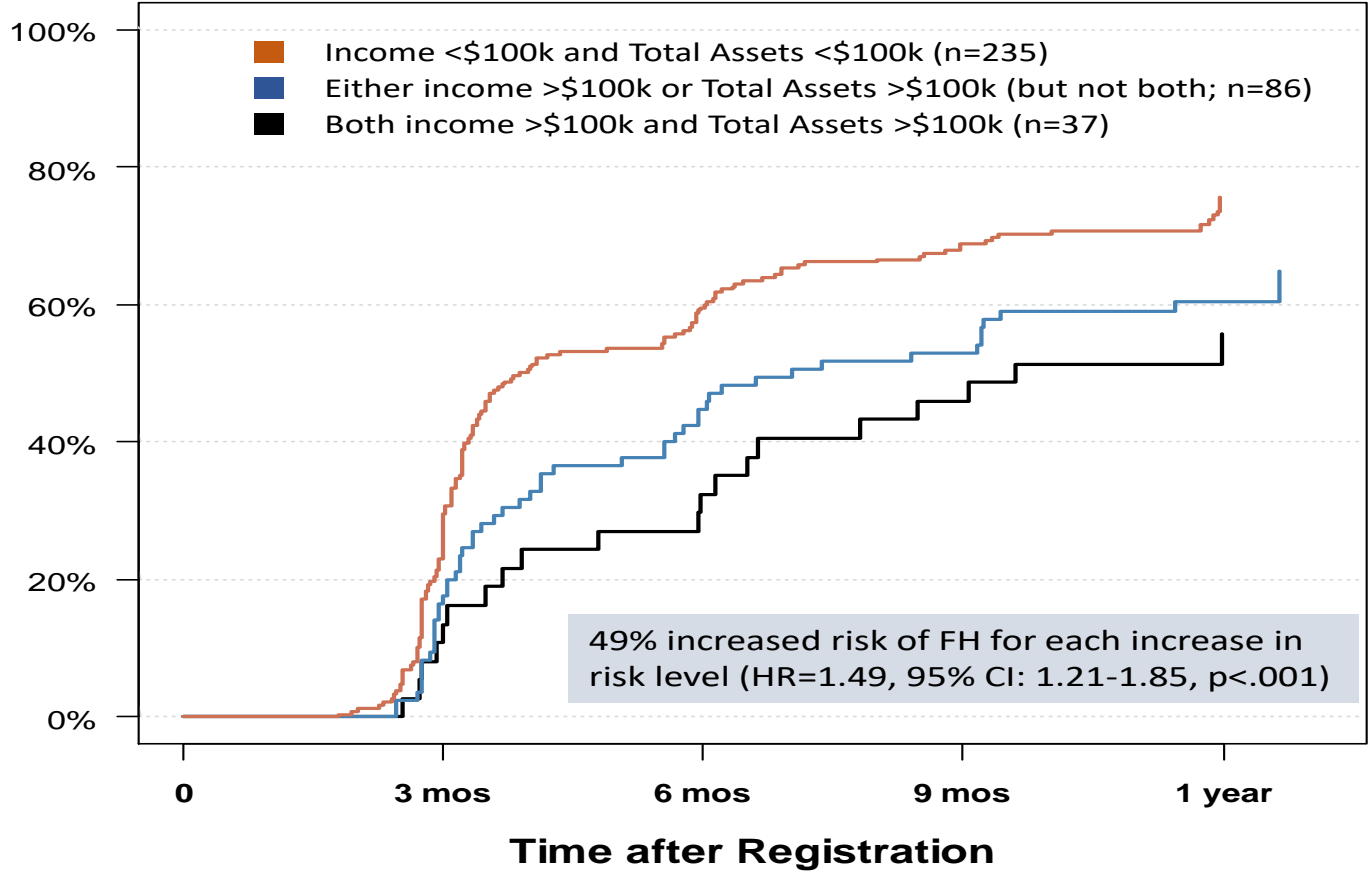
Risk Factors for Financial Hardship



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Post-Hoc Analysis of Assets and Income



Conclusions



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- Patients and caregivers are willing to participate in research that aims to address their financial concerns.
- MFH accumulates over time. Nearly 75% of pts experienced MFH at 12 mo despite access to health insurance.
- Clinical and policy interventions are needed to protect cancer patients from financial devastation during and after treatment



Credit Records

- Rich source of detailed financial information
- Representative: 70-90% of Americans have credit histories, including younger and low-income individuals
- Timely: Lenders typically update credit agencies monthly, but it may take up to 6 months for financial events to show up in credit records

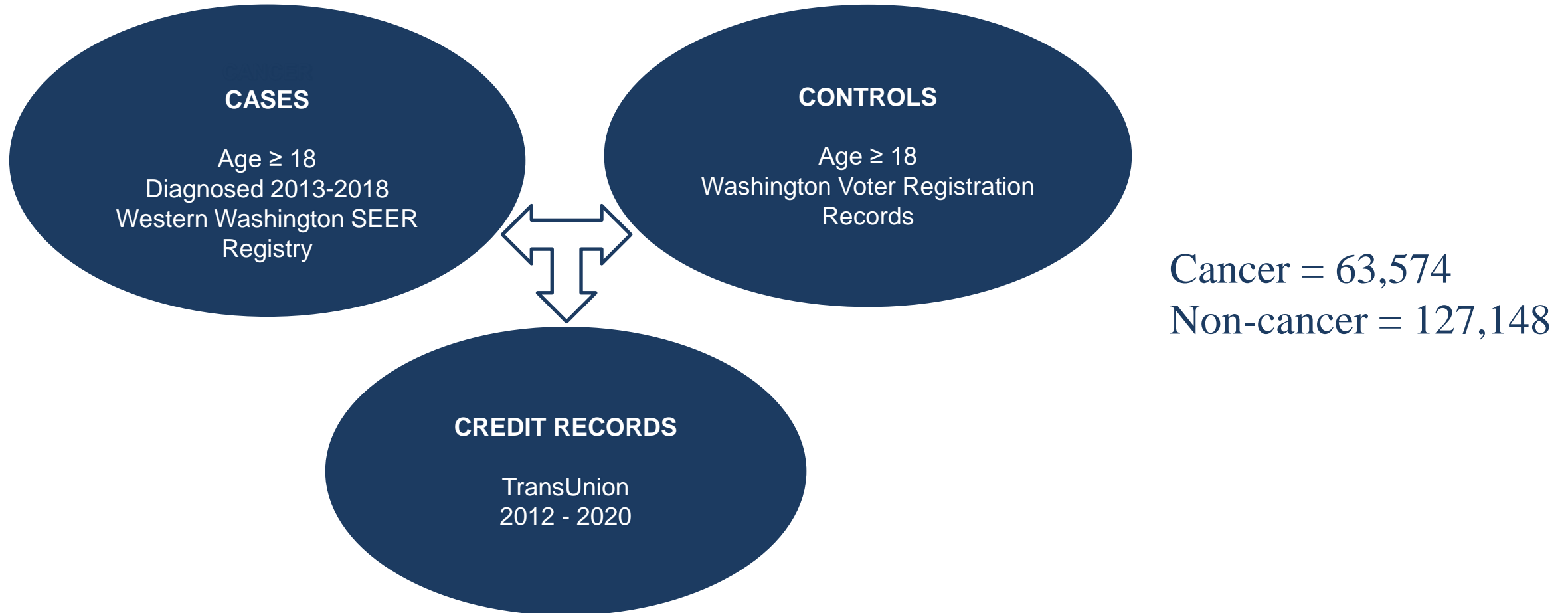
Brevoort K, Grimm P, Kambara M. Data Point: Credit Invisibles. 2015; http://files.consumerfinance.gov/f/201505_cfpb_data-point-credit-invisibles.pdf.

Baicker K, Finkelstein A. The effects of Medicaid coverage--learning from the Oregon experiment. *N Engl J Med.* 2011;365(8):683-685.

Finkelstein A, Taubman S, Wright B, et al. The Oregon Health Insurance Experiment: Evidence from the First Year. *Q J Econ.* 2012;127(3):1057-1106.



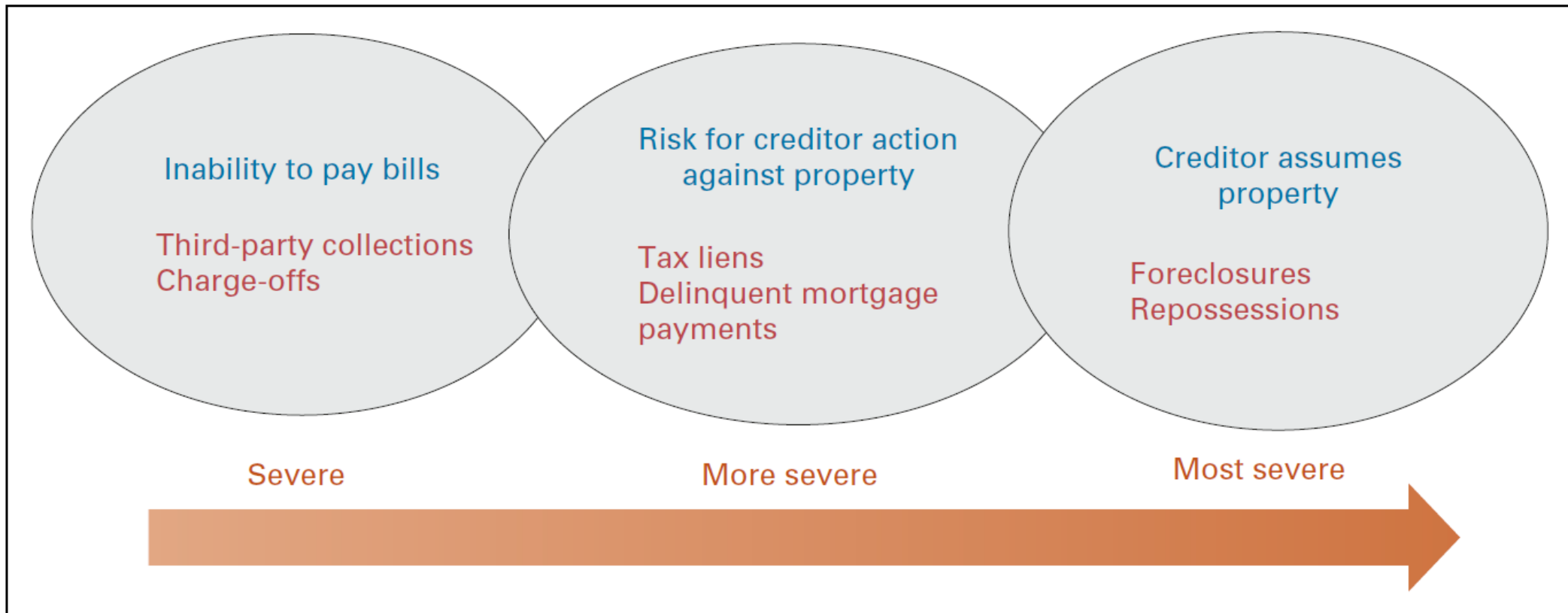
Cancer Registry + Credit data





Primary Outcome

Adverse Financial Events (AFE)



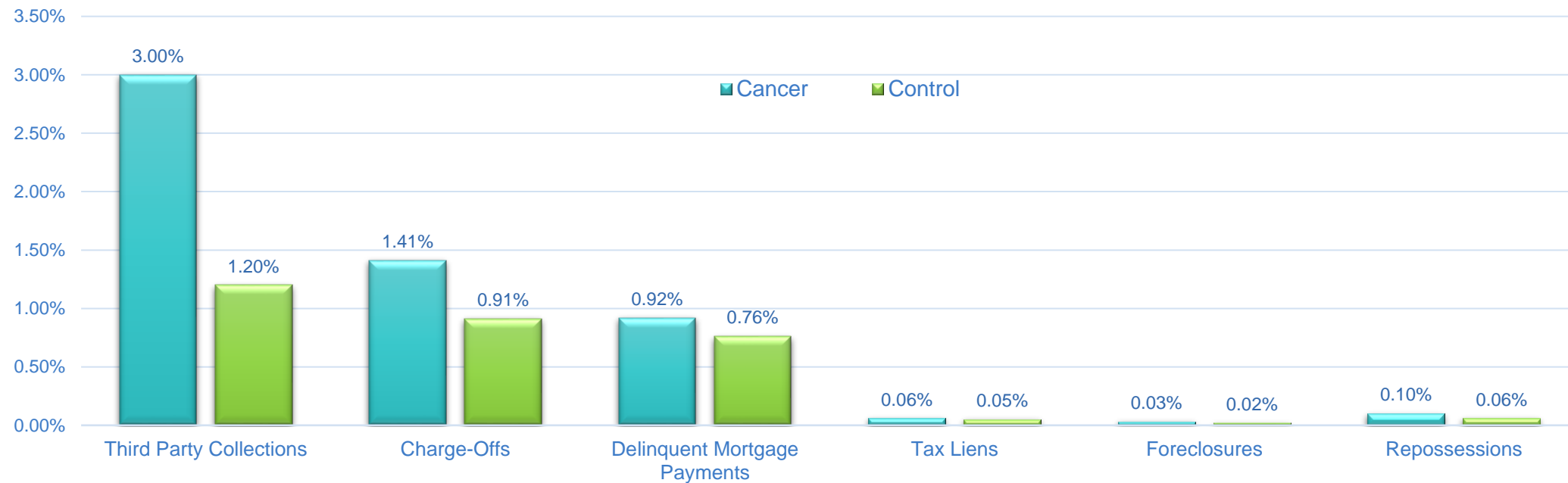
Dobbie W., Goldsmith-Pinkham P., Yang C. Consumer Bankruptcy and Financial Health. 2015. https://economics.yale.edu/sites/default/files/dobbie_bankruptcy.pdf



Adverse Financial Events (AFE)

Any AFE: **4.3 % (cancer)** versus **2.4 % (control)** $p < 0.001$

OR 1.71(95% CI 1.61-1.81) *adjusting for age, sex, credit line (pre-cancer), neighborhood*



P value < 0.05 for all comparisons except foreclosures (0.08) and tax liens ($p = 0.53$)



Implications

- AFEs on credit reports have serious and long-lasting consequences on financial security, status, and credit worthiness.
- But some progress ... On July 1st
 - Paid medical collections will disappear from Equifax, Experian, and TransUnion credit reports (previously would remain for 7 years).
 - Unpaid medical collections will not appear on credit reports unless they have been in collections for a year.
 - Medical debts < \$500 will no longer appear on credit reports

Contributing Factors



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Societal / Policy

- Economic downturns
- Poor access to affordable health care
- Underinsurance
- Drug pricing

Clinical / Patient ★

- Poor financial literacy
- Lack of cost transparency / communication
- Inconsistent access to patient assistance

Provider

- Low value prescribing / testing (end of life)

Individualized assistance offered to patients, families, and caregivers to help overcome health care system barriers and facilitate timely access to quality medical and psychosocial care through all phases of the cancer experience.

- Decreased ED/hospital use
- Improved uptake of cancer screening
- Greater cancer treatment initiation and completion

Overcome *financial* barriers to care:

- Copayment assistance
- Insurance enrollment and optimization
- Non-Medical costs (e.g. transportation, lodging)



Financial Navigation in Cancer Care Delivery: State of the Evidence, Opportunities for Research, and Future Directions

Anaeze C. Offodile II, MD, MPH^{1,2}; Kathleen Gallagher, MPH³; Rebekah Angove, PhD³; Reginald D. Tucker-Seeley, ScD^{4,5}; Alan Balch, PhD³; and Veena Shankaran, MD, MS^{6,7}

44% of community oncology practices provide financial counseling – NCORP

Landscape Survey

39% of financial navigators met proactively with patients to discuss insurance, cost of care, and copay programs – 2016 Association for Community Cancer

Centers Report

Over 70% of centers agreed that it was difficult to determine how much a patient's treatment would cost and that oncologists are reluctant to discuss financial issues with cancer patients – 2020 NCI Survey of Financial Navigation

Services at Comprehensive Cancer Centers

Financial Navigation Infrastructure (NCI)



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- 52% would increase **financial navigator staff**
- 19% would improve the **transparency** of treatment costs
- 15% would provide **more financial assistance** to patients for direct and indirect costs of treatment
- 13% would create additional patient-facing financial navigation **resources, tools, or processes**
- 13% would streamline the integration of financial navigation services into the **clinical workflow**

Potential Practice Solutions



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Training social workers and financial counselors in the clinic

Technology and Apps – cost estimation tools

Partnering with non-profit financial counseling organizations



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Financial Navigation Pilot Studies



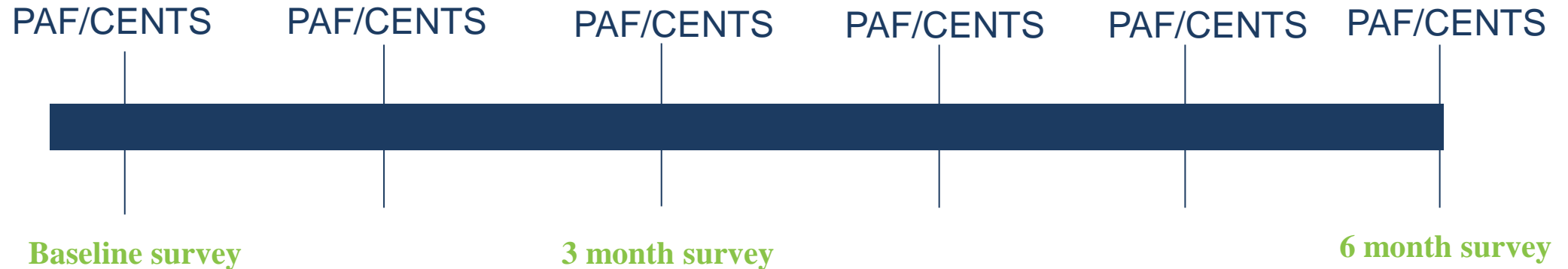
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Financial
Literacy
Video

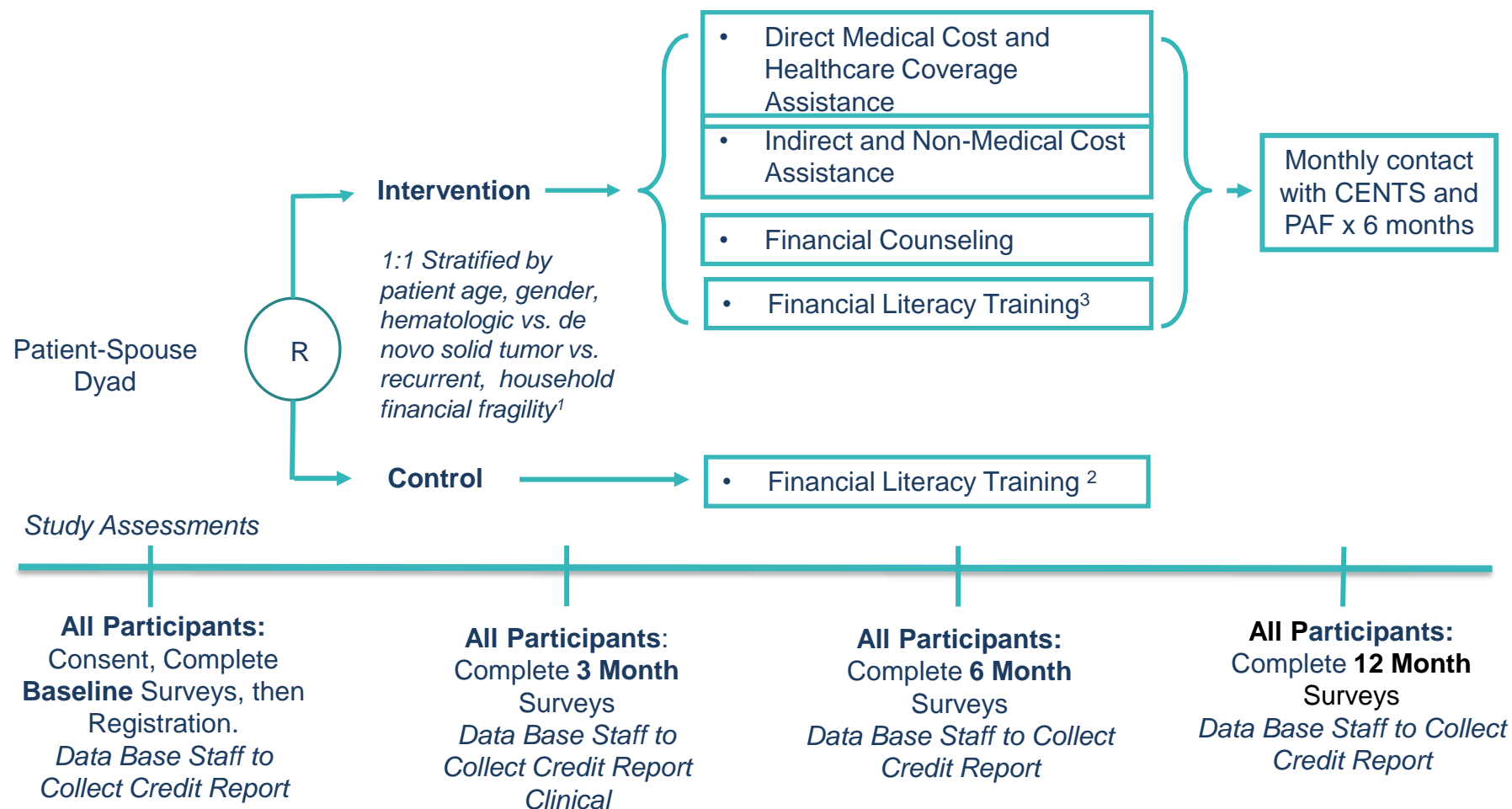


- Money/budget management
- Finding copayment assistance for high-cost drugs
- Navigating and understanding health insurance plans

S1912CD (CREDIT Study)



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¹ Household financial fragility index: couples' ability to certainly/probably able vs. certainly/probably not able to come up with \$2,000 in 30 days for an unexpected expense (self-reported at the time of consent)

² Administered via online video within 14 days of enrollment



Eligibility (N=1072 (536 Dyads))

Patient	Spouse Caregiver
Inclusion criteria <ul style="list-style-type: none">• Age ≥ 18• Seen and treated at an NCORP clinical site• Within 120 days of metastatic solid tumor or hematologic cancer diagnosis requiring treatment• English or Spanish-speaking• Zubrod performance status 0-2• Willing to provide SSN• Patients with a history of secondary malignancy if not diagnosed within the last 24 months, not on active therapy, and disease-free.	Inclusion criteria <ul style="list-style-type: none">• Age ≥ 18• Legally married to eligible patient• File tax returns as married filing jointly• Be living with their spouse• English or Spanish-speaking• Willing to provide SSN

Endpoints and Measurements



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Primary Endpoint	Measurement (Data Source = CREDIT REPORTS)
Household Financial Hardship	<ul style="list-style-type: none">• New loans (bank or home equity loans)• Declines in credit score by ≥ 1 category• Reaching limits on credit cards and home equity loans• Credit or other payment delinquencies• Lien, judgment, or credit collection process• Personal bankruptcy filings
Secondary Endpoints	Measurement (Data Source = SURVEYS/EMR)
Patient QOL	EQ-5D (change in score)
Subjective financial distress	COST-PROM (change in score)
Treatment adherence	Self-reported (adapted from S1417CD)
ER and hospital utilization	Medical record
Caregiver Burden / QOL	CarGOQoL instrument (change in score)

Research Questions



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When and how often to engage patients and caregivers?

How do we identify people at risk ?

Impact on Outcomes – what outcomes?

Feedback to physician – patient decision-making?



Not pictured: Rachel Issaka MD; Cristina Merkhofer MD MS, Evan Hall MD,

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- 2009 YIA

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- 2012 Charles Coltman Jr. Fellowship

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- 2014 Pilot Award

NCI

- R01CA248656-03

NCI/Eli Lilly 2019

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