U.S. Perspectives on Costs of Supportive Cancer Care

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What is the “U.S. perspective” on costs of cancer care?

"We have the Greatest Health Care in the World!"
"We have Huge Disparities in access and outcomes!"
"Keep the Government out of My Healthcare!"
"We need a single payer system!"
"We need malpractice Reform!"

Depends who you ask!

My Perspective
- Practicing Medical Oncologist
  - Breast Cancer Practice, 50 patients/week
  - Inpatient oncology 4 weeks/year
- Director, Duke Cancer Survivorship Center
  - Patient Support Services (counseling, navigation)
  - Post-Treatment care and long term follow-up
- ASCO Cost of Cancer Care Task Force
  - Defining Value in cancer care
  - How to individualize care for advanced cancer
    - Role of Palliative Care

The U.S. Health Care “System”
- There is no “US healthcare system”
  - Mix of public and private payers
- Public and private providers
  - VA, Non-Profit hospitals, for-profit hospitals, private practice
- We spend more than all other countries
- Emphasis on more care, quicker
- We don’t guarantee access
- Outcomes are little different

Cancer Care Costs: High, Rising, Unsustainable

600% increase in spending over 30 years
Mariotto et al. JNCI 2011

Most Expensive Cancers in U.S. in 2010
Breast $16.5 billion
Colorectal $14.1 billion
Lymphoma $12.1 billion
Lung $12.1 billion
Prostate $11.9 billion

Per Person Health Care Spending in U.S.
OECD Health Data 2011
Same % on Cancer: ~ 5% of total spending

United States
United Kingdom
France
Italy
Austria
Switzerland
Iceland
Israel
New Zealand
Australia
Norway
Canada
Japan
Belgium
Germany
Denmark
Ireland
Netherlands
Switzerland
United Kingdom
United States
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$4,500
$6,000
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$38,500
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$44,500
$46,000
$47,500
$49,000
$50,000

Australia
Austria
Belgium
Canada
Germany
Iceland
Israel
Italy
Japan
Netherlands
Norway
Sweden
Switzerland
United Kingdom
United States

Health Insurance Payer
Employer
Private
Indiv. Private
MEDICARE
MEDICAID
MILITARY
UNINSURED

44%
15%
15%
16%
5%
5%
5%
IMPACT OF COSTS ON PATIENTS IN U.S.

“How would you describe the burden of paying for your cancer treatments?” (Survey, n=216)

Patient Protection and Affordable Care Act

GOAL = Expand Access, Control Costs

- “Individual mandate”
- Insurers prohibited from denying coverage for cancer, setting life time caps on $
- Free Prevention and screening

BUT

- Mixed Public support
- Huge Confusion
- Terrible start… healthcare.gov
- Unclear it will control costs

Regardless of What Happens to the Affordable Care Act....

- Insurers in U.S. are now paying attention to cancer care costs
- Hospitals and Health Systems are paying attention
- Doctors are paying attention
- Patients are paying attention

High Costs of Care Have Entered our Cultural Consciousness

NEED TO DEFINE VALUE IN CANCER CARE

“How do we find the resources to do this for everyone”

“How do we reduce/eliminate this practice”

- How do we define value? Who defines value?
- Once we have defined value – how do we incentivize high value care and eliminate or discourage low value care??
Supportive Care is on the Radar....

American Society of Clinical Oncology Identifies Five Key Opportunities to Improve Care and Reduce Costs: The Top Five List for Oncology

1. Don’t use multiple lines of cancer-directed therapy for patients with solid tumor patients & poor performance status without evidence of benefit.
2. Don’t look for distant disease in low risk prostate cancer
3. Don’t look for distant disease in low risk breast cancer
4. Don’t screen for recurrence by labs or imaging in asymptomatic patients with history of breast cancer.
5. Don’t use white cell stimulating factors for primary prevention of febrile neutropenia for patients with less than 20% risk.

Supportive Care is One Variable among Many

Cost of Adjuvant Therapy*

<table>
<thead>
<tr>
<th>Treatment</th>
<th>HT Alone</th>
<th>HT + AC</th>
<th>HT + AC + DT</th>
<th>HT + AC + DT + PR</th>
<th>HT + AC + DT + PR + HT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Tax</td>
<td>$1,800</td>
<td>$21,000</td>
<td>$32,000</td>
<td>$32,000</td>
<td>$32,000</td>
</tr>
<tr>
<td>Post-Tax</td>
<td>$2,850</td>
<td>$28,000</td>
<td>$39,000</td>
<td>$39,000</td>
<td>$39,000</td>
</tr>
</tbody>
</table>

Where Does Supportive Care fit in to larger conversation on costs of cancer care?

Defining Value: Provisional Value Framework?

<table>
<thead>
<tr>
<th>Setting</th>
<th>Clinical Benefit</th>
<th>Toxicity</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Survival</td>
<td>Progression Free Survival</td>
<td>Palmetto of major symptoms</td>
<td>Hospital Admission Risk</td>
</tr>
<tr>
<td>1</td>
<td>Minimal Impact</td>
<td>Minimal/none</td>
<td>High</td>
</tr>
<tr>
<td>2</td>
<td>Moderate Impact</td>
<td>Moderate Impact</td>
<td>Partial</td>
</tr>
<tr>
<td>3</td>
<td>Large Impact</td>
<td>Large Impact</td>
<td>Nearly Complete</td>
</tr>
</tbody>
</table>

Rate interventions based on benefit, toxicity, and cost...

Supportive Care during treatment of early stage disease:

CASE
- 44 year old woman with left sided breast cancer undergoes lumpectomy and is found to have:
  - 2.6 cm, lymph node negative, ER+, Her2– invasive cancer
- In addition to endocrine therapy and radiation...

Where to Address?

Questions about Diagnosis and Treatment

Surveillance for Recurrence

Psychological Impact of Cancer

Focus on Healthy Lifestyle

Side effects from treatment

Many Challenges

What to Address?

What about Care After Initial Treatment?

# of US Cancer Survivors: 1971-2013: 3 million → 12 million

Where to Address?
Need to Demonstrate Value in Cancer Survivorship

- Economic Burden: Annual excess costs of ~ $4,500
- Call for Survivorship Programs and Improved Care:
- RESEARCH must show value of interventions & programs

The Elephant in the Room: Costs of Care for Advanced Cancer

**FACT 1:** We spend too much on futile care

- Economic Burden: Annual excess costs of ~ $4,500
- Call for Survivorship Programs and Improved Care:
- RESEARCH must show value of interventions & programs

**FACT 2:** We often do this, without giving patients what they want

- Many with incurable cancer never discuss their preferences
- When they do, they often choose symptom management over disease directed care.
- Opportunity to improve care AND reduce costs...

Most spending on cancer in the U.S. occurs in the Last Year of Life

<table>
<thead>
<tr>
<th>Initial Year of Diagnosis</th>
<th>Continuing</th>
<th>Last Year if Cancer Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder</td>
<td>Brain</td>
<td>Breast</td>
</tr>
<tr>
<td>Cervix</td>
<td>Colorectal</td>
<td>Esophagus</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>Kidney</td>
<td>Leukemia</td>
</tr>
<tr>
<td>Lung</td>
<td>Lymphoma</td>
<td>Melanoma</td>
</tr>
<tr>
<td>Ovary</td>
<td>Pancreas</td>
<td>Stomach</td>
</tr>
<tr>
<td>Uterus</td>
<td>Prostate</td>
<td></td>
</tr>
</tbody>
</table>

WE HAVE DATA! BETTER CARE, LOWER SPENDING

- Longer and better survival
  - Better understanding of prognosis
  - Less IV chemo in last 60 days
  - Less aggressive end of life care
  - More and longer use of hospice
  - $2000 per person savings to insurers and society (Greer, et al. J Clin Oncol 30, 2012 (suppl; abstr 6004))

AND improved QoL, Less Anxiety and Depression, - Temel JCO 2011

U.S Perspective?

- 3/4 patients with incurable cancer in U.S. think they could be cured with chemotherapy.

American Society of Clinical Oncology Statement: Toward Individualized Care for Patients With Advanced Cancer

- NEED FOR BETTER COMMUNICATION
  - "When cancer directed therapy is considered, the patient must be told:"
    - The likelihood of response
    - The nature of response (i.e. symptom improvement, shrinking tumors, improving survival, etc.)
    - Toxicities to which they will be exposed
    - Direct financial impact of treatment decisions
Summary: Ongoing Global Challenge: Finding the Balance

- Physician Discretion
- Patient Autonomy
- Access to New Therapy
- Cost Control
- Evidence Based Medicine
- Access for All

Summary: Path Forward

- Social agreement on constraints within our health care systems
- Agility and flexibility in access to cancer care
- Continue to incentivize innovation
- Further research to identify best practices

**Supportive Care must demonstrate Value:**
- For Safety/Toxicity Interventions during active Rx:
  - May hinge on disease outcomes, perhaps not PRO and QOL alone
- For Survivorship Care:
  - Much research is needed to demonstrate benefit and value
- For Advanced Cancer Care:
  - Clear connection between improving quality and controlling costs
  - Requires Doctor and Patient Education
  - Research must define critical components of early palliative care that are sustainable and scalable