Attitudes and Beliefs of Prostate Cancer Patients Towards Out-of-Pocket Payment

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Increasing costs of cancer care lead to increasing out-of-pocket payments borne by patients.

- According to a national survey of cancer patients:
  - 25% used up all or most of their saving dealing with cancer.
  - 33% reported a problem paying their cancer bills.

- The most costly cancers for men are prostate.

- More than 200,000 men are diagnosed annually.

- Over 5.5 years, average cumulative costs of prostate cancer were $42,570; costs for the 6 months following were $11,495.

- Medical costs = (1) direct medical costs (2) direct nonmedical costs, i.e. for caregivers, travel, (3) indirect costs, i.e. economic value of lost productivity, (4) intangible costs, i.e. pain
This study aims to generate descriptive data about patients’ knowledge of and attitudes toward OOPE.

- Pilot data describing prostate patients’ knowledge of and attitudes toward discussing OOPE prior to choosing prostate cancer treatment are lacking.

- This study addresses a key national priority to study participatory decision making among patients.
  - Burden of cost
  - Cost and treatment
  - Physician’s role
This study employed semi-structured interviews.

- All survey interviews were conducted in-person.
- The coordinator asked survey items and open-ended questions to assess patients’ attitudes toward OOPE and the extent to which they were informed of or knew about anticipated OOPE prior to their treatment decision.
- Theoretical saturation
- Purposeful sampling

**Quantitative**
- Survey items (i.e. Likert scale using agree/disagree, yes/no questions)

**Qualitative**
- Open-ended questions (i.e. “Based on your experience, what would you tell other patients?”)
Thirty-four patients have participated in the interview/survey so far.

The majority of patients were white (76%, 26/34), had college education (74%, 25/32), and had an annual income of $60,000 or more (59%, 20/32).

All patients had health insurance, while two patients (2/34) had Medicaid.

Only four patients (4/34) expressed having problems paying medical bills.
Qualitative Assessment of OOPE

Attitudes and Beliefs of Prostate Cancer Patients Towards OOPE

- Health is more important than cost
- Indifference: My insurance takes care of it
- Gratitude: Not My Doctor's Business
Qualitative Assessment of OOPE

Attitudes and Beliefs of Prostate Cancer Patients Towards OOPE

"When you’re talking about your life, it doesn’t matter what it costs." (56%)

- Health is more important than cost
- Indifference
- Gratitude
- My insurance takes care of it
- Not My Doctor's Business
Qualitative Assessment of OOPE

Attitudes and Beliefs of Prostate Cancer Patients Towards OOPE

Health is more important than cost

Indifference

Gratitude

“İ’ve been very fortunate, and you’ll never hear me say a word about our current medical system.” (25%)

My insurance takes care of it

Not My Doctor's Business
Qualitative Assessment of OOPE

Attitudes and Beliefs of Prostate Cancer Patients Towards OOPE

- Health is more important than cost
- Indifference
  - "Those guys live in a different world."
  - "I would rather him concentrate on the medical."
  - (19%)
- Gratitude
- Not My Doctor's Business
- My insurance takes care of it
Qualitative Assessment of OOPE

Attitudes and Beliefs of Prostate Cancer Patients Towards OOPE

- Health is more important than cost
- Indifference
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- Not My Doctor's Business

“It was covered by insurance, so that wasn’t a problem.” (56%)
Qualitative Assessment of OOPE

Attitudes and Beliefs of Prostate Cancer Patients Towards OOPE

- Health is more important than cost
- Gratitude
- My insurance takes care of it
- Not My Doctor's Business
- Indifference

“I didn’t talk about it and didn’t ask about it a lot.” (25%)
Quantitative Assessment of OOPE

<table>
<thead>
<tr>
<th>Doctor's Role</th>
<th>%</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>17/34</td>
<td></td>
</tr>
<tr>
<td>47%</td>
<td>16/34</td>
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</tbody>
</table>

My prostate doctor should not consider my out-of-pocket costs as s/he makes medical decisions.

<table>
<thead>
<tr>
<th>Burden of OOPE</th>
<th>%</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>88%</td>
<td>30/34</td>
<td></td>
</tr>
<tr>
<td>79%</td>
<td>27/34</td>
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</tbody>
</table>

I was not forced to cut other spending (like groceries or gas) because OOPE or make sacrifices to afford paying medical bills.

I did not feel burdened by OOPE.

<table>
<thead>
<tr>
<th>Treatment Cost</th>
<th>%</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>91%</td>
<td>31/34</td>
<td></td>
</tr>
<tr>
<td>88%</td>
<td>30/34</td>
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</table>

I would not have chosen a different treatment even if I had known the actual cost of the given treatment.

The out-of-pocket costs of different prostate cancer treatments did not affect my treatment choice.

<table>
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<th>Info</th>
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<td>79%</td>
<td>27/32</td>
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I knew little or did not know about the likely out-of-pocket costs for different prostate cancer treatments before choosing treatment.
Focusing on a specific set of patients reveals finding drastically different from others.

Three patients with problem paying bills:
- Black
- High school or less education
- Income less than $30,000

<table>
<thead>
<tr>
<th>Problem paying medical bills</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>4 (12)</td>
<td>30 (88)</td>
</tr>
<tr>
<td>No</td>
<td>1 (4)</td>
<td>25 (96)</td>
</tr>
<tr>
<td>Total</td>
<td>3 (38)</td>
<td>5 (63)</td>
</tr>
</tbody>
</table>

“I never thought it would be as much as it is.”

“Tell them to get the lowest costs they could get; the way things are going on now, things is high.”

“If you are not getting enough Social Security, you have to do something. Collect cans, like I did, cans, refrigerators and junk; there's good money in that. I look for aluminum cans and stuff like that... to find supplemental income.”

“I didn’t look into [the bills]. It just came and I just can’t afford it.”
Patients with adequate insurance do not feel burdened by OOPE and are not affected by OOPE when making treatment choice.

- Without insurance, would they still be able to afford their medical bills?
- Without insurance, would treatment costs impact patients’ treatment choice?

Health is more important than cost; inelastic demand for health.

In contrast to previous literature, the cohort of patients that we interviewed believe that it is not their doctor’s job to discuss or consider OOPE when considering treatment options.

Possible two-tier medical system based on socioeconomic status
Lessons Learned

- Analyzing raw data
- Qualitative data analysis
  - “They must learn to listen, letting the data speak to them.”
- Quantitative data analysis
  - Organizing data into charts and tables
- Scientific writing; first-authoring a paper!
  - No editorializing!
THANK YOU

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