

Money Woes Often a Side Effect of Cancer

BY CAROLINE HELWICK

NEW ORLEANS — A survey of cancer patients confirms that financial hardship is part of the disease package. Investigators found that 28% of patients, mostly those with advanced disease, were in danger of losing their homes, and financial hardships were strongly associated with mental health issues.

Responses obtained from 428 consecutive cancer outpatients revealed that 64% had limited or very limited financial resources as a result of their disease.

Only 38% of the patients reported no financial hardship, Sharla Wells-Di Gregorio, Ph.D., reported at the annual conference of the American Psychosocial Oncology Society.

“We were completely unprepared to see patients losing their homes, and others presenting with stage IV disease as a result of financial issues. ... Many patients reported that they avoided going to the doctor for months, or years in some cases, because they didn’t have insurance and could not afford it,” said Dr. Wells-Di Gregorio, who is a clinical psychologist with the center for palliative care at Ohio State University in Columbus.

Exacerbating cost-of-care issues, only 8% of the patients were employed full time; 65% were not working because of medical disability, and 7% worked part time.

Prior to developing cancer, 89% had a stable employment history, and 93% said they were satisfied with their jobs.

The investigators had hypothesized that patients who experienced moderate to severe financial difficulties would exhibit higher rates of major depressive disorder and generalized anxiety disorder than would patients who reported no financial difficulties, along with more depressive symptoms, pain, pain catastrophizing (out-of-proportion perception of pain), and symptom distress.

Half of the patients surveyed were female, 83% were white, and 53% were married. The average patient had at least a high school education.

More than half had metastases, and two-thirds were undergoing chemotherapy or radiotherapy at the time of the survey, which was done at one Ohio cancer center.

Measures included the Center for Epidemiologic Studies Depression Scale (CES-D), the Brief Pain Inventory (BPI), the Pain Catastrophizing Scale (PCS), and the Memorial Symptom Assessment Scale (MSAS). Patients also completed an interview to determine whether they had major depression or generalized anxiety.

“These financial difficulties also put the patients at greater risk for depres-

sion, anxiety, pain, and symptom distress,” Dr. Wells-Di Gregorio reported, based on their scores on the validated instruments.

Criteria for depression were met by

VITALS

Major Finding: Financial resources were limited or very limited for nearly two-thirds of cancer patients—28% were at risk of losing their homes—and patients with financial stress had more mental health issues.

Data Source: A survey of 428 consecutive outpatients at an Ohio cancer center.

Disclosures: Dr. Wells-Di Gregorio disclosed no financial conflicts of interest.

43% of patients who reported financial issues, compared with 23% of patients without money problems ($P = .02$); criteria for anxiety were met by 36% and 15%, respectively ($P = .001$).

Those with financial difficulties had significantly higher pain severity scores on the BPI ($P = .001$), significantly more physical symptoms on the MSAS ($P = .039$), and significantly more psychological symptoms on the MSAS ($P = .001$). Pain catastrophizing scores were not significantly different.

Dr. Wells-Di Gregorio noted that previous studies have shown that 20% of cancer patients with health insurance use all or most of their savings to pay for care, and 10% borrow money from relatives.

Out-of-pocket expenses for insured women with breast cancer account for 26%-98% of their monthly income, depending on whether their income was more than \$60,000 or less than \$30,000, she said.

Among patients without insurance, 50% use up all of their savings to help pay their medical expenses, 40% are unable to pay for basic necessities, 25% decline or delay treatment, and 6% file for bankruptcy.

Furthermore, 6% of patients lose insurance coverage as a result of having cancer, and 10% are unable to purchase it after a diagnosis.

“While these numbers don’t sound high, based on national figures we are talking about 88,000 [6% of 1.5 million new cases] and 720,000 patients [6% of 12 million survivors]... a year,” Dr. Wells-Di Gregorio said.

“And in addition to physical and financial disability, patients suffer emotional disability,” she added. “They become fearful of losing their jobs. Due to common beliefs about disability and welfare, they begin to feel financially incompetent and stigmatized.”

Noting that patients also worry about the impact on their families, Dr. Wells-Di Gregorio concluded her talk with the suggestion that advance care planning for cancer patients include some way “to assure that families can survive in the case of patient death.” ■



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HHS Extends Medicaid Relief

The Department of Health and Human Services is giving states a \$4.3-billion break on prescription drugs for people who qualify for both Medicare and Medicaid. That’s how much less the federal government will charge states through this year for Medicare coverage of drugs for “dual eligibles.” “We believe [this] action will help states as they struggle to maintain Medicaid and other budget priorities in these difficult economic times,” HHS Secretary Kathleen Sebelius said in a statement. The relief comes from last year’s American Recovery and Reinvestment Act, which granted a temporary increase in the amount states receive from the federal government for Medicaid. The new action applies the funding adjustment from Oct. 1, 2008, through Dec. 31, 2010. California’s estimated savings are the largest in the country, at \$675 million, while Wyoming will probably receive the least, at about \$4 million. In his proposed budget for 2011, President Obama called for extending the funding break through June 30, 2011.

Healthy Food Financing Proposed

In an effort to bring better foods to communities that are known as “food deserts” because of their lack of healthy options, the Obama administration has proposed targeting \$400 million in tax credits, low-rate loans, loan guarantees, and grants. If Congress approves the Healthy Food Financing Initiative as part of the federal budget, the funds will support projects ranging from grocery store construction to smaller interventions such as placing refrigerators stocked with fresh produce in convenience stores. Nationwide, the Department of Agriculture estimates that 23.5 million people, including 6.5 million children, live in low-income food deserts that are over a mile from a supermarket. These areas typically are served by fast-food restaurants and small stores that offer little or no fresh produce.

More Quality-Reporting Woes

Medical practice leaders continued to cite multiple administrative challenges with Medicare’s Physician Quality Reporting Initiative, according to a survey from the Medical Group Management Association. Specifically, the 429 medical practices surveyed said that the process for accessing PQRI feedback reports was “unnecessarily arduous” and that the reports themselves were not satisfactory. According to the MGMA, fewer than half of the medical practices that attempted to participate in the 2008 PQRI were able to access their 2008 feedback reports. For those that did get the data, it took an average of 9 hours to download the report. Of practices that got

the reports, 60% said that they were dissatisfied or very dissatisfied with the presentation of the information, and two-thirds said they were dissatisfied or very dissatisfied with the report’s ability to guide them in improving patient care outcomes. The MGMA urged the Centers for Medicare and Medicaid Services to change the PQRI feedback process.

Many Use Internet for Health Info

More than half (51%) of adults aged 18-64 years use the Internet to look up health information over the course of a year, but only a handful communicate with their providers by e-mail or another Internet route, according to a survey by the National Center for Health Statistics. About 3% of adults reported using online chat groups to learn about health topics. The survey showed women more likely than men to use the Internet to research health issues and to join chat groups. Almost 5% of adults said that they had communicated with a health provider online in the past year, while 6% requested a prescription refill online and 3% made an office appointment online. The analysis included data from 7,192 adults surveyed from January to June 2009.

Supplements Bipartisanship

Sen. John McCain (R-Ariz.) and Sen. Byron Dorgan (D-N.D.) have introduced legislation that would give the Food and Drug Administration authority to issue mandatory recalls of unsafe dietary supplements. The bill also would force supplement manufacturers to register with the FDA and provide the agency with lists of their supplements’ ingredients. Currently, the FDA does not have the authority to review dietary supplement makers’ advertised claims of safety and effectiveness, even though surveys have shown that most users of the products believe the agency does, Sen. McCain said in a statement.

FDA Oncology Approvals Up

The FDA’s Office of Oncology Drug Products approved 53 new indications for oncology and hematology drugs and biologics between July 2005—when the office began reviewing marketing applications—and the end of 2007, according to an agency study. During that time, the oncology products office reviewed 60 applications and took action on 58, investigators reported (J. Natl. Cancer Inst. 2010; 102:230-43). The office utilizes an accelerated approval process based on various end points, including indirect measurements of clinical benefit. Manufacturers whose drugs are approved this way must conduct further studies to evaluate the drug’s clinical benefits.

—Jane Anderson