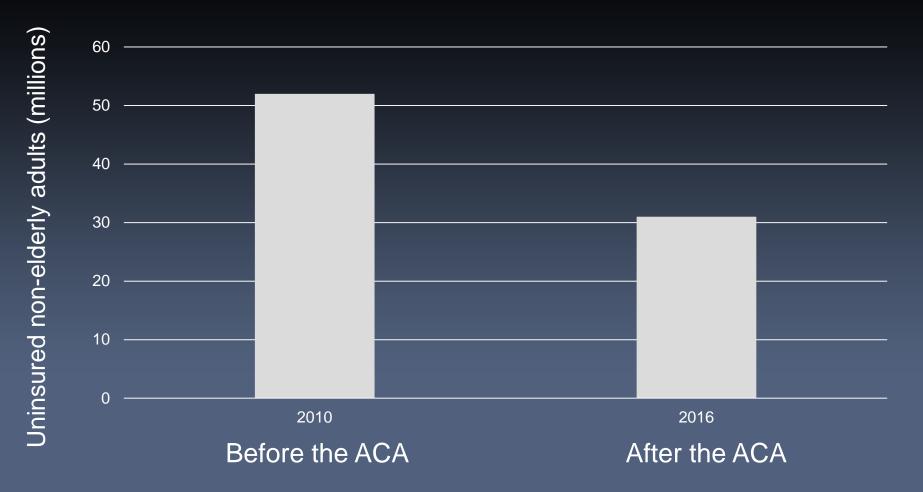
The Role of Health Insurance Literacy in Reducing Patients' Financial Toxicity

Mary C. Politi, Ph.D.

Department of Surgery
Division of Public Health Sciences



The Health Insurance Landscape



https://aspe.hhs.gov/sites/default/files/pdf/187551/ACA2010-2016.pdf

Underinsurance



NOTE: CDHP is consumer-directed health, which is a high-deductible health plan (HDHP) with a health savings account (HSA). HDHP no HSA is a high-deductible health plan without an HSA. The individual components of HDHPs may not add up to the total due to rounding. Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: CDC/NCHS, National Health Interview Survey, 2010-2015, Family Core component.

http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201508.pdf

The Challenges: Health Insurance Literacy

Annual C	Calendar	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	Anthem BCBS	Anthem BCBS
Year Dec	ductible	CHOICE HMO	CHOICE PLUS POS	HDHP PPO	EXCEL PPO	BASIC PPO
Individual	In-Network	None	None	\$1,500	\$500	\$750
	Out-of-Network	N/A	\$300	\$1,500	\$500	\$750
Family	In-Network	None	None	\$3000	\$1,500	\$2,250
	Out-of-Network	N/A	\$900	\$3000	\$1,500	\$2,250
Out-Of-Pocke	et Maximum	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	Anthem BCBS	Anthem BCBS
(applies to co	o-insurance)	CHOICE HMO	CHOICE PLUS POS	HDHP PPO	EXCEL PPO	BASIC PPO
Individual	In-Network	\$1,500	\$1,500	\$1,250	\$1,500	\$2,500
	Out-of-Network	N/A	\$3,000	\$2,500	\$3,000	\$5,000
Family	In-Network	\$3,000	\$3,000	\$2,500	\$4,500	\$7,500
	Out-of-Network	N/A	\$6,000	\$5,000	\$9,000	\$15,000
Co-Pay	ment/	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	Anthem BCBS	Anthem BCBS
Co-Insi	ırance	CHOICE HMO	CHOICE PLUS POS	HDHP PPO	EXCEL PPO	BASIC PPO
Chiropractic/S	Spinal					
Manipulation	In-Network	\$40	\$40	20%	20%	20%
	Out-of-Network	N/A	30%	40%	40%	40%
Durable Medic	al _{In-Network}	20%	20%	20%	20%	20%
F		NT / A	200/	400/	400/	400/

Readability

Complex Numeric Information

Unfamiliar Concepts

Ordering

Hospital	In-Network	\$300	\$300	20%	20%	20%
	Out-of-Network	N/A	30%	40%	40%	40%
Inpatient Reh	nabilitation/					
Skilled Nursi	ng In-Network	\$300	\$300	20%	20%	20%
	Out-of-Network	N/A	30%	40%	40%	40%

Health Insurance Language Has Little Meaning

"Um, deductible means, um, where you can get a lesser price and deduct down the bill because you can't pay the original, you know, cost of it."

[Deductible, Female, St. Louis City]

Politi et al. 2014, Medical Care Research & Review

Non-Health Contexts Aid Understanding

"...like if I should have an accident I have to pay the \$250 before they will fix my car and then the uh, the insurance company will pay everything over that."

[Deductible, Female, St. Louis City]

Politi et al. 2014, Medical Care Research & Review

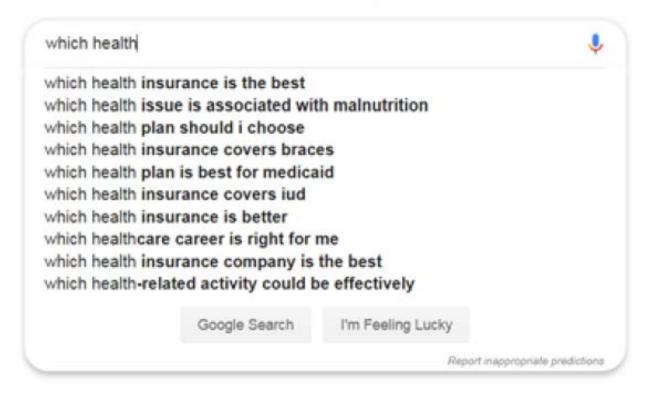
Trust in Providers

"Some doctors just say "oh, you got this [illness]." And you go to another doctor, you don't have that [illness]...because you don't have...health insurance, they really just don't take the time out to really see you."

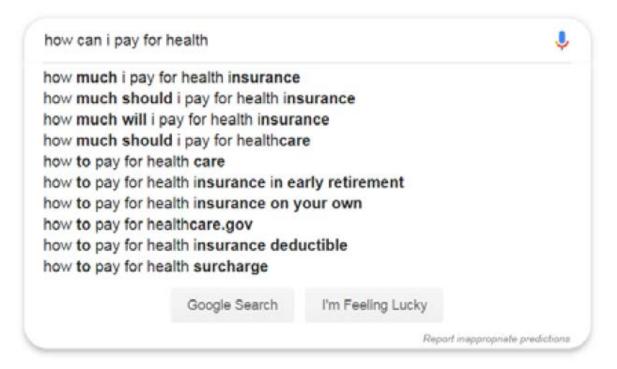
[Female, St. Louis City]

Politi et al. 2014, Medical Care Research & Review

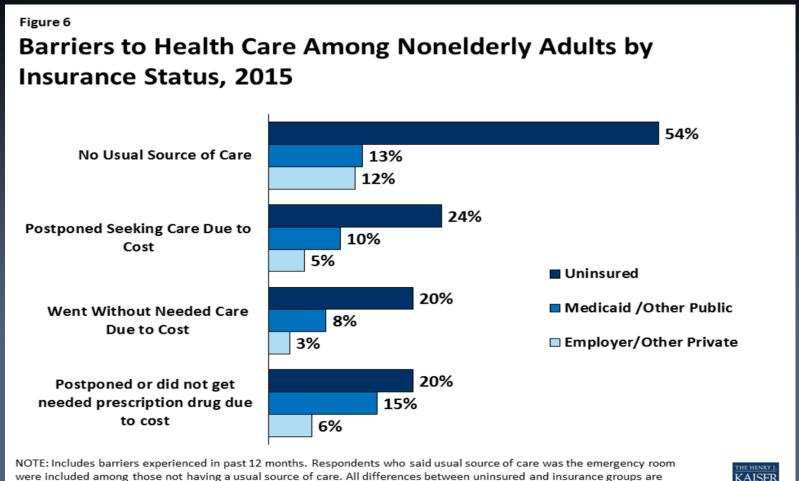








Delaying or Avoiding Care Due to Cost

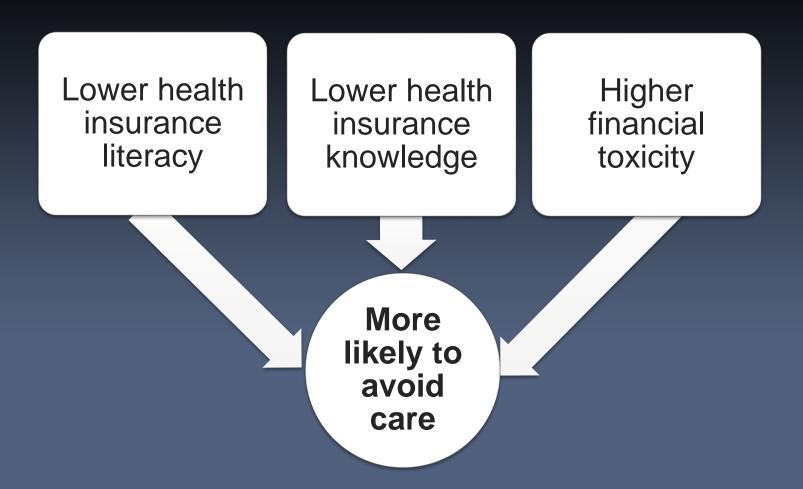


statistically significant (p<0.05).

SOURCE: Kaiser Family Foundation analysis of 2015 National Health Interview Survey.

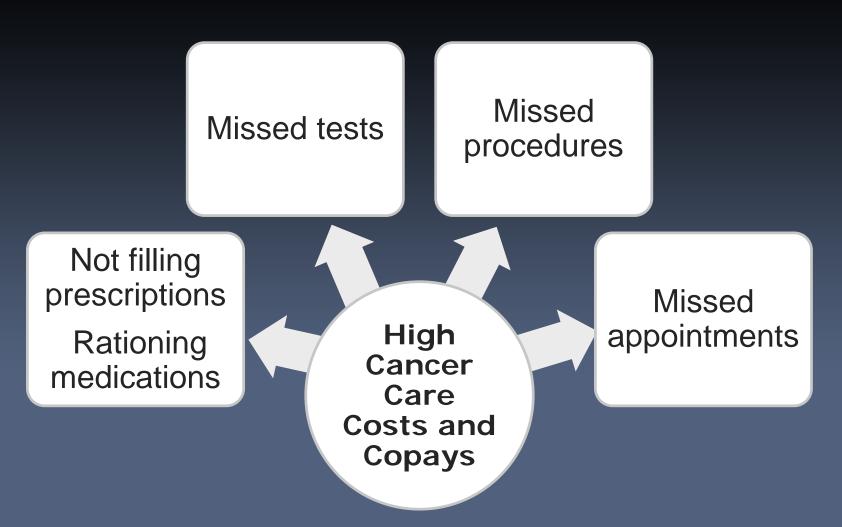


Health Insurance Literacy Can Impact Care-Seeking



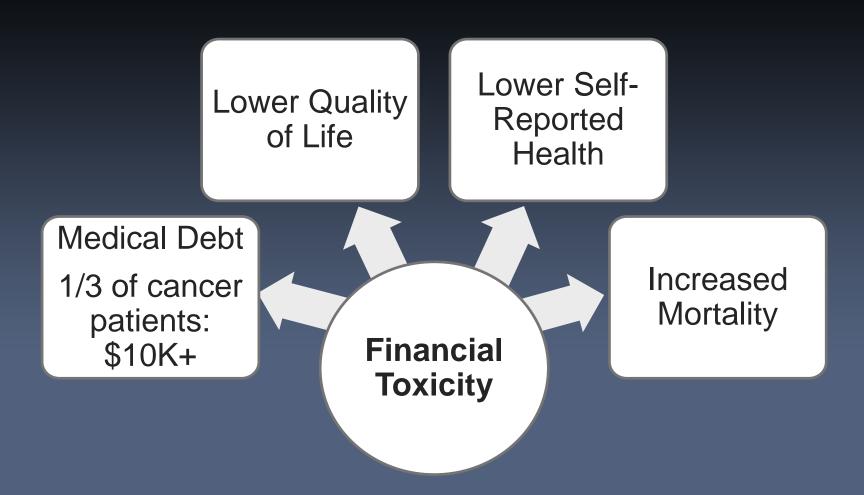
Tipirneni, Politi, Kullgren...Scherer, 2018; Smith, Monti, Mir, Peters, Politi, 2018

Cancer Patients are Particularly Affected



Nipp et al., 2016; Dusetzina et al; 2013; Casilla-Lennon et al., 2017; Bouberhan et al., 2019

Impact of Financial Toxicity on Cancer Patients



Banegas et al., 2016; Chino, Peppercorn, & Rushing, 2017; Kale & Carroll, 2016; Ramsey et al., 2016

Patient-Clinician Cost Discussions Can Lead to Lower Out-of-Pocket Costs

- ❖ 50% of cancer patients want to talk about cost
- Cost discussions can impact financial toxicity

Without changes to care plan

- Changing logistics of care
- Facilitating co-pay assistance
- Providing free samples
- Changing/adding insurance.

With changes to care plan

- Switching to lower cost option
- Switching to generic
- Changing dosage/frequency
- Stopping some interventions.

Tina Shih & Chien, 2016; Zafar et al., 2015; Bestvina et al., 2014

"Nobody Tells You if You Don't Ask..."

It was helpful to ask questions...A nurse came back, and said, Wow, I can't believe it's \$100.00. Let me see what I can do. They had some benefit card, and then it ended up being nothing...They wouldn't have said anything, though, if I hadn't said like, Wow, that's a lot for a medication for five days. I would've just ended up paying it...Nobody tells you if you don't ask.

- 34 year-old, female colorectal cancer survivor

George, Grant, James, Mir, & Politi, 2018

But...It Can't Completely Fix a Broken System

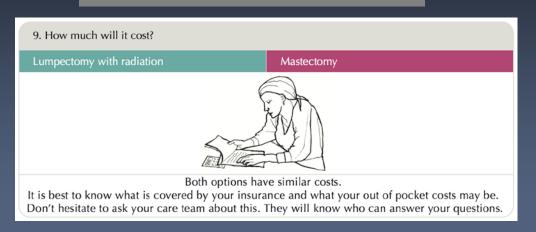
It was gonna be over \$1000.00 a month [for a medication]. I'm like, Are you kidding me?... Then they say they could get the generic, but even the generic was still gonna be that much. I'm like, This is insane ... I did the thing most people would do, is try a cheaper drug that's not a Tier IV drug. Well, it didn't work.

- 64 year-old, female ovarian cancer survivor

George, Grant, James, Mir, & Politi, 2018

Discussing Cost in Decision Aids: RCT

Picture Option Grid™



Option Grid



Breast cancer: surgical options

Use this **Option Grid™** decision aid to help you and your healthcare professional talk about how to best treat your breast cancer. This decision aid is for women with early stage breast cancer (stages I to IIIA).

Frequently asked questions	Lumpectomy with radiation	Mastectomy
What is removed?	The cancer lump is removed, with some surrounding tissue.	The whole breast is removed.
Which surgery is best for long-term survival?	Long-term survival rates are the same for both surgeries.	Long-term survival rates are the same for both surgeries.
What are the chances of cancer coming back in the breast?	Breast cancer will come back in the breast in about 5 to 10 in 100 women (5-10%) in the 10 years after a lumpectomy.	Breast cancer will come back in the area of the scar in about 5 to 10 in 100 women (5-10%) in the 10 years after a mastectomy.
Will I need more than one surgery?	Possibly, 20 in 100 women (20%) may need another surgery to remove breast tissue or lymph node that have cancer.	Possibly, if your lymph nodes have cancer. Yes, if you choose breast reconstruction
How long will it take to recover?	Most women are home within 24 hours of surgery.	Most women are home within 24 hours of surgery. It may take longer with reconstruction.
Will I need radiation after surgery?	Yes, for up to seven weeks after surgery.	Radiation is not usually given after mastectomy.
Will my lymph nodes be removed?	If cancer has spread to the lymph nodes under your arm, your doctor will discuss with you whether you need more treatment such as surgery or radiotherapy.	If cancer has spread to the lymph nodes under your arm, your doctor will discuss with you whether you need more treatment such as surgery or radiotherapy.
Will I need chemotherapy?	You may be offered chemotherapy, but this does not depend on the surgery you choose.	You may be offered chemotherapy, but this does not depend on the surgery you choose.
Will I lose my hair?	Hair loss is common after chemotherapy.	Hair loss is common after chemotherapy.

Discussing Cost in Decision Aids: RCT Results

Picture Option Grid™

Relative costs of treatments, initiated by surgeon

Option Grid, Usual Care

Costs of MRIs, tests, time off work, <u>asked by patients</u>

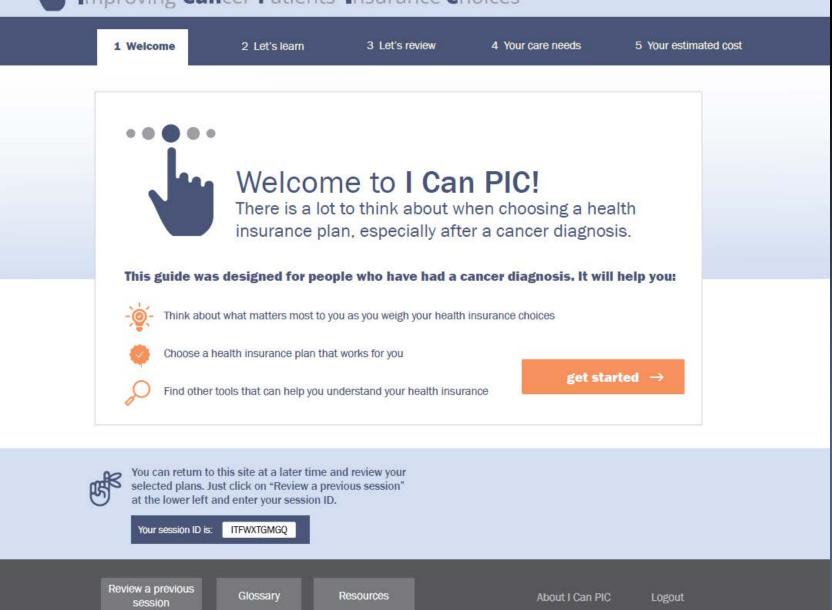
❖ 67% vs 33% of cost discussions were in POG group, p<.001</p>

I Can PIC (Improving Cancer Patients'Health Insurance Choices)

AIM 1 – What challenges hinder cancer patients' insurance choices?

AIM 2 – *I Can PIC* tool development: plain language, cost calculator, resources

AIM 3 - I Can PIC evaluation



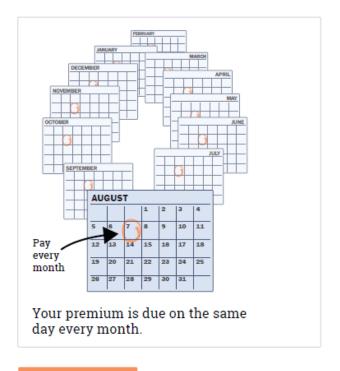
Premium Deductible Out-of-pocket maximum Copayments and co-insurance Network coverage Tips to lower costs Prescription drugs Types of care Types of health plans

Premium

To keep your health insurance, you pay a bill each month. This bill is called a **premium**.

How much you pay for your premium depends on:

- The plan you choose.
- The number of people you cover on your plan.
 The more people you cover on your plan, the more your premium will cost.



← go back

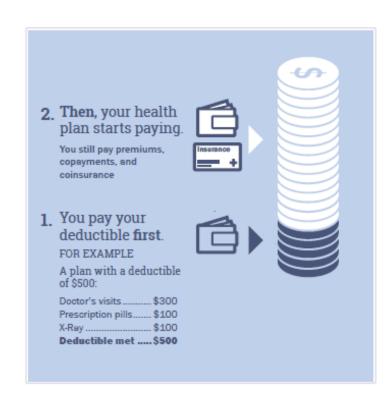
 $next \rightarrow$

Deductible

Many plans will have a **deductible**. You pay this amount out of your own pocket for medical care each year before your insurance plan will start sharing the cost.

- The premiums you pay each month do not count toward your deductible.
- Bills for hospital stays, surgery, lab tests, imaging (X-Rays, MRIs, CAT scans), mental health care, and other covered care costs count toward your deductible.
- · Some plans have a separate deductible for medicines.
- Low deductible plans often have higher premiums (premiums cost more each month).
- High deductible plans often have lower premiums (premiums cost less each month).

Remember that your deductible starts over at the beginning of each year.



1 Welcome 2 Let's learn 3 Let's review 4 Your care needs 5 Your estimated cost

Premium Deductible Out-of-pocket maximum Copayments and co-insurance Network coverage Tips to lower costs Prescription drugs Types of care Types of health plans

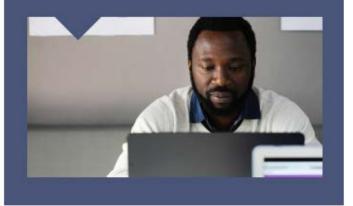
Talk with your doctor about the cost of your care

Your doctor, nurse, or their other staff may be able to help lower your medical care costs.

To start the conversation, ask questions such as:

- My lab tests cost me so much. What are some ways we can lower the cost?
- This drug costs me so much. Is there a cheaper drug I can take? What are some other ways I can lower my cost?
- What hospital or clinic programs can help people pay their medical bills?
- Does the hospital or clinic offer care on a sliding scale?
 If so, how do I apply?
- Does my insurance cover all parts of this treatment?
 Does any part of this treatment need to be pre-approved by my insurance?

"Then, a nurse came back, and said, "Wow, I can't believe it's \$100. Let me see what I can do.' They had some benefit card, and then it ended up being nothing. They wouldn't have said anything, though, if I hadn't said like, "Wow, that's a lot for a medication for five days," and I would've just ended up paying it."

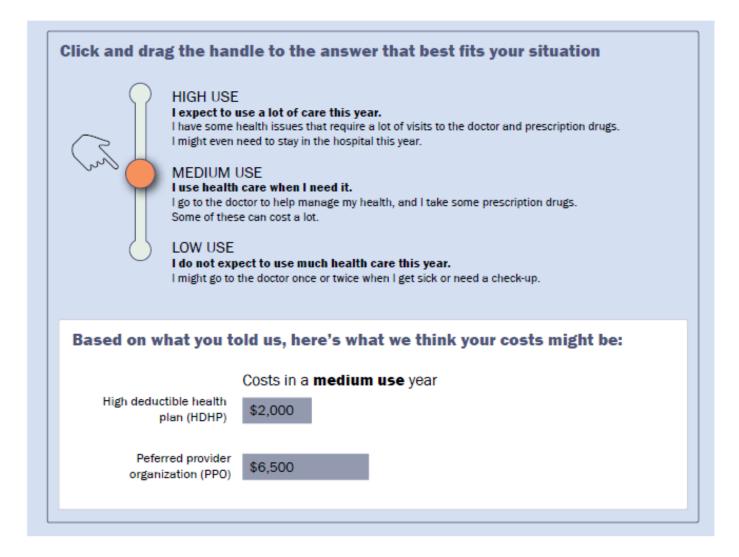


This is an example of what you might spend on insurance and care in a calendar year, based on your care needs.

These sample plans are based on averages for those who get insurance through their jobs.

	Monthly premium	Deductible	Annual costs
Example costs High deductible health plan (HDHP)	n \$xx	\$XX	\$0,000-\$00,000
Example costs Preferred provider organization (PPO)	\$XX	\$XX	\$0,000-\$00,000
	\$XX	\$XX	\$0,000-\$00,000
Your plan You can also use our choices to change th we'll use a typical va	cost calculator to er is display. Anything y lue.	\$xx nter details about your ou don't know you can	real health plan
Your plan You can also use our choices to change th we'll use a typical va	cost calculator to er is display. Anything y lue.	nter details about your	real health plan
	cost calculator to er is display. Anything y lue.	nter details about your	real health plan
Your plan You can also use our choices to change th we'll use a typical va The type of your current ins	cost calculator to er is display. Anything y lue.	nter details about your	real health plan

How often do you think you will use health care services this year?



I Can PIC Results: I Can PIC group vs. Attention Control

- **✓** More health insurance knowledge
- More confidence understanding insurance terms
- Described complex trade-offs between cost of insurance and coverage of needed services
- Prioritized network coverage

Summary and Next Steps

Insurance choices are difficult, even for those with experience.

Cancer patients are savvy consumers, but costs are a burden.

Clinicians do not often discuss costs without training and prompts.

When they do, they can often lower patients' out-of-pocket costs.

Decision support and resources can help offset some costs.

System-level changes are needed.

Acknowledgements

Research reported in this project was supported by grants:

#R21HS020309 from the Agency for Healthcare Research and Quality

#R01MD008808 from the National Institute on Minority Health and Health Disparities of the National Institutes of Health (NIH)

#130798-RSGI-17-018-01-CPHPS from the American Cancer Society

#1511-32875 from the Patient Centered Outcomes Research Institute

The content is solely the responsibility of the author(s) and does not necessarily represent the official views of the NIH, AHRQ, ACS or PCORI.

Acknowledgements

Washington University in St. Louis

- Nerissa George, MPH
- Sydney Philpott-Streiff, MPH
- Nageen Mir, MPH
- Rachel Grant, MSW
- · Abigail Barker, PhD
- Timothy McBride, PhD
- Aimee James, PhD, MPH
- · Lindsay Kuroki, MD
- · Victoria Grabinski, BA
- Kimi Spilo
- Miles Charles

University of Utah, Dept. of Communication and Huntsman Cancer Institute

Kimberly A. Kaphingst, ScD

Health Literacy Media

Dartmouth Institute for Health Policy and Clinical Practice, Preference Laboratory

- · Glyn Elwyn, MD, MSc, PhD
- Marie-Anne Durand, PhD
- Renata West Yen, MPH
- Danielle Schubbe, BA
- Catherine Saunders, MPH
- Sophie Czerwinski, BA
- Natasha Kurien, MPH

Questions/Follow-Up

Mary C. Politi, PhD

<u>mpoliti@wustl.edu</u> <u>http://publichealthsciences.wustl.edu/Faculty/PolitiMary</u> <u>http://politilab.wustl.edu</u>



