

Communicating about the costs of care

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Taboo conversations



- › Death
- › Disability
- › Sex
- › Politics
- › Religion
- › Personal Finances

All in a morning's work for a medical oncologist

- › **Universal Medicare** levy (MSAC) supports
 - Public hospital inpatient care
 - Consultations with GP's and Specialists
 - Some allied health eg psychology
 - Some radiation oncology
 - Some imaging and pathology
 - › **Pharmaceutical Benefits Scheme (PBS)** subsidises many medications
 - Patient co-payment between \$3 and \$30+ per month per item
 - › **Private Health Insurance** supports private hospital inpatient care
 - Covers the co-payment for inpatient medications eg chemotherapy
 - Covers inpatient radiotherapy only
 - Limited coverage of outpatient drug therapies and most allied health
-

What falls through the gaps?

› **Unfunded new anticancer drugs**

- Gap between ASCO presentation and PBS subsidy average > 2 years

› **Older off-patent drugs** which have become scarce or are being repurposed

- Little incentive for companies to take on cost of relisting and PBS application

› **Newer investigations**

- PET scanning for many indications eg Breast Cancer
- Emerging gene profiling tests eg Oncotype Dx, Prosigna

› **Newer radiation techniques**

- Gamma knife

› **Much allied health**

- Lymphoedema garments and treatment

› **Some surgery**

- reconstruction
-

original article

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Do oncologists discuss expensive anti-cancer drugs with their patients?

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Medical paternalism and expensive unsubsidised drugs

Michael Jefford, Julian Savulescu, Jacqui Thomson, Penelope Schofield, Linda Mileskin, Emilia Agalinos, John Zalberg

Attitudes of Australian oncologists?

- › Survey of Australian Medical Oncologists in 2003 (n=184)
 - › utilising various scenarios with cost to patient of \$A20-30,000 for 6 months therapy
- › 28-41% would not advise their patients about unfunded high cost drugs
 - Refrain due to concern for increasing distress for patients and families, and desire to protect patients
 - Particularly when the patient “probably cannot afford it”
- › Recognise that it is personally challenging to have these discussions

Attitudes of Australian patients?



In depth phone surveys with 47 members of Breast Cancer Network of Australia

- Women were asked
- What constitutes a HCD?
- What information they desired about HCD?
Describe how such conversations were experienced and
-

Attitudes of women surveyed

➤ 57% identified

\$50 per week as a HCD



ability to pay
96% would want to know about a HCD irrespective of



order to assess value
Wanted access to appropriate detailed information in

➤ Highlighted the need for trust in oncologist

➤ Distress at NOT being informed



process of drug approval/funding
Majority had little understanding of the



discussion of personal finances
➤ 85% prefer an honest up front approach to

Attitudes of patients with Advanced Cancer

- › Paper based survey with 4 scenarios reflecting different ways
- › a PCD costing \$30,000 with 4 scenarios reflecting different ways
 - Improve survival
 - High response rate
 -
 - Improve Progression free survival by 4 months
- › informed
- › In all scenarios around 80-90% of patients would want to be
- › Around 60% would want to receive the drug
 - › Willingness to pay was lower around 30%



Approaching Difficult Conversations

High

Anxiety

Fight
Destructive
engagement

Flight
Disengagement

Co-existence
Non
engagement

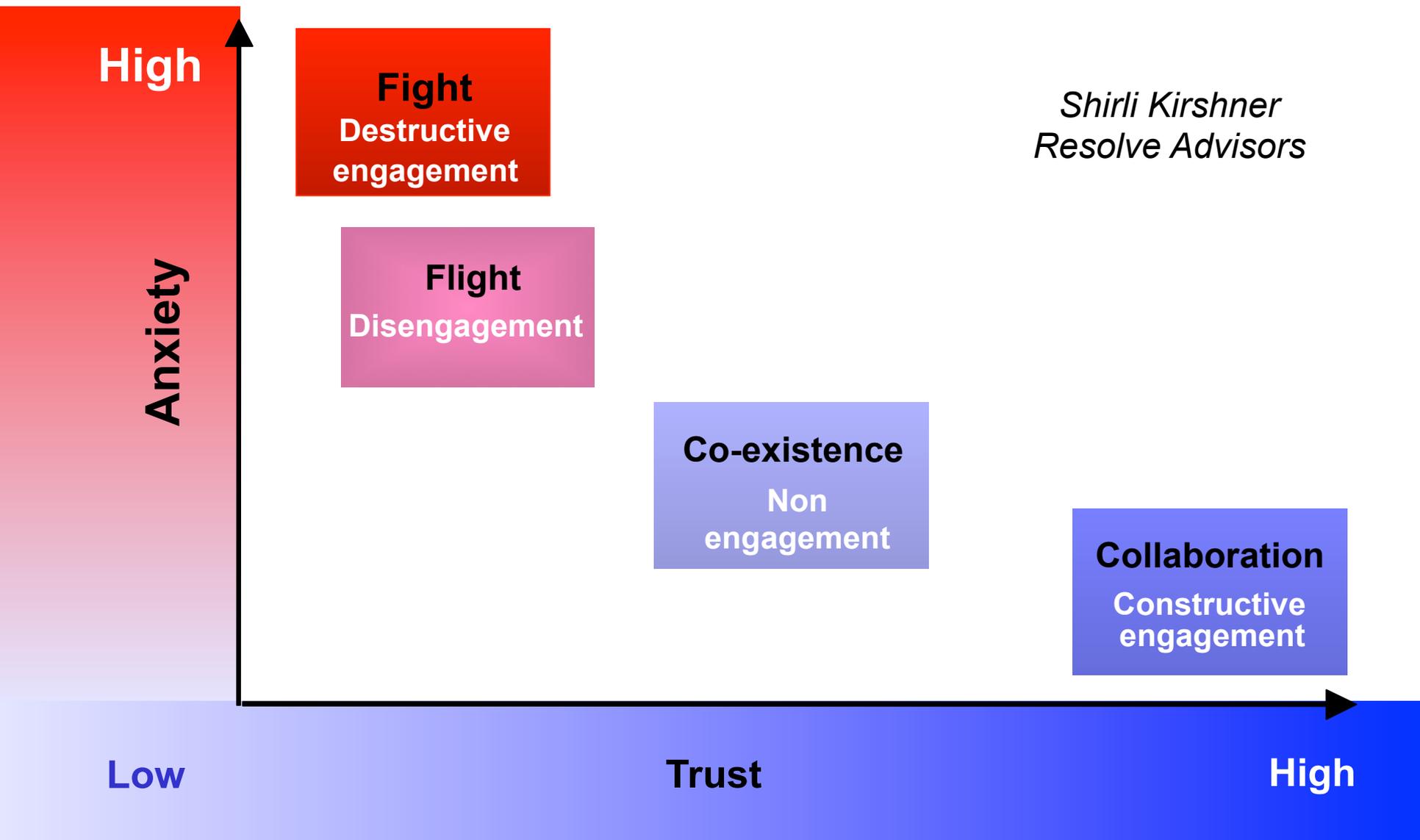
Collaboration
Constructive
engagement

*Shirli Kirshner
Resolve Advisors*

Low

Trust

High



› This is a “breaking bad news” scenario

›

-

- “Forecasting” – fire a warning shot, then say it

› The method of delivery provoking the most anxiety was “stalling”

Expect to take time for realisation to set in

- Expect an emotional reaction

Distress, Anger, Disbelief, Anxiety

- **Reducing your own Anxiety**

- Take your own pulse



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- Rehearse the scene



Prepare necessary information

- **Increasing trust**

- Open body language
- Ask before telling

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- Ask before telling

conversation
Attend to the emotion in the

How to talk about the money

- › Always discuss standard therapy first so you have a fall-back position
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 - ›
 -
 - Need to know average duration from clinical trials
- › Need to know patient weight for some drugs
- ›
 - Cost per dose
- › Reminder that patients often have therapy curtailed due to side effects so not all cost may be relevant

Sensitive Financial Disclosure

A new Australian Standard



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