Insurance Barriers to Quality Cancer Care: The Real Life Experiences of Patients Undergoing Treatment

A National Survey of Americans Undergoing Cancer Treatment

June 4, 2016
• An award-winning social community and information platform for cancer patients, survivors & caregivers

• A community of over 50,000 cancer patients who share information and support each other across the country

• Partners with leading cancer centers and patient organizations to bring community support to patients throughout their journey

• Regularly polls patients on their issues & concerns
ABOUT THE SURVEY

• National online survey of 418 insured patients aged 18+ undergoing treatment for 3 hard-to-treat cancers
  – Melanoma
  – Multiple myeloma
  – Non-small cell lung cancer

• Conducted May 24-May 31

• Addressing insurance barriers affecting access to novel cancer therapies
  – Financial
  – Administrative
KEY FINDINGS...

PATIENTS ARE PAYING MORE FOR THEIR INSURANCE

- 3 in 5 (61%) say their monthly premium has increased since last year
- Premium hikes for 91% aged 18-44: 41% increased > $1200 per year

Compared to last year, would you say the monthly premium you pay for health insurance (i.e., the monthly amount that you pay to your insurer) has:
MOST PATIENTS HAVE HIGHER DEDUCTIBLES

- 54% say their insurance deductible has risen over the past 5 years
- $1,549 for those age 18-44
- $992 for those age 45-64

How much do you and your family pay a month for your health insurance premium?
If you learned that a new targeted therapy is an option for your kind of cancer, would you want to have access to this drug?

- 86% WANT ACCESS
- 13% NOT SURE
- 1% SAY NO

When you began your cancer treatment, did you know what cancer therapies were included in your health plan’s formulary?

- Yes: 21%
- No: 70%
- Not Sure: 9%
PRIOR AUTHORIZATION DELAYS CARE

Today’s reality

• 74% of respondents required prior authorization for one or more tests and medicines

• Many patients must get prior authorization multiple times for the same drugs
  ▪ 82% say this practice delays treatment
  ▪ 39% required prior authorization 2 or more times; 16% > 4 or more times
  ▪ 52% say prior preauthorization took at least a week; 5% say it took a month or more

• 2 in 5 patients (41%) believe oncologists may switch to less effective treatments to avoid the “prior authorization” process
KEY FINDINGS…

INSURANCE PROBLEMS ARE A COMMON OCCURRENCE

- 57% of patients faced denied claims; 27% aged 18-44 had 5-6 rejected claims
- 47% say dealing with insurance problems is time-consuming and stressful
- ~60% spent 30 minutes or more dealing with each denial

<table>
<thead>
<tr>
<th>Time on Phone for one Insurance Problem</th>
<th>All</th>
<th>18-44</th>
<th>45-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>I don’t talk to them by phone</td>
<td>25%</td>
<td>18%</td>
<td>20%</td>
<td>37%</td>
</tr>
<tr>
<td>10-15 minutes</td>
<td>15%</td>
<td>9%</td>
<td>16%</td>
<td>13%</td>
</tr>
<tr>
<td>20-30 minutes</td>
<td>19%</td>
<td>23%</td>
<td>20%</td>
<td>15%</td>
</tr>
<tr>
<td>30-45 minutes</td>
<td>18%</td>
<td>32%</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td>1 hour</td>
<td>12%</td>
<td>5%</td>
<td>13%</td>
<td>11%</td>
</tr>
<tr>
<td>2-3 hours</td>
<td>6%</td>
<td>5%</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>3-4 hours</td>
<td>2%</td>
<td>5%</td>
<td>3%</td>
<td>0</td>
</tr>
<tr>
<td>&gt;4 hours</td>
<td>3%</td>
<td>5%</td>
<td>4%</td>
<td>2%</td>
</tr>
</tbody>
</table>
MEDICAL SWITCHING BLOCKS ACCESS

Sometimes, insurers reduce coverage of a drug by increasing how much you must pay out-of-pocket or dropping coverage of the drug after the plan year has begun. This is called “nonmedical switching.” Please tell me if you agree or disagree with the following statements:

<table>
<thead>
<tr>
<th>ATTITUDES &amp; BELIEFS</th>
<th>AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>This “nonmedical switching” practice has happened to me</td>
<td>17%</td>
</tr>
<tr>
<td>“Nonmedical switching” happened to someone I know</td>
<td>34%</td>
</tr>
<tr>
<td>Many cancer patients are required to take a different drug than the one their oncologist thought was best</td>
<td>35%</td>
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<tr>
<td>The reason for this practice is to save insurers money</td>
<td>73%</td>
</tr>
<tr>
<td>Not getting to take the drug your doctor prescribed can mean taking a less effective treatment or one with more side effects</td>
<td>82%</td>
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</tbody>
</table>
Co-insurance places new therapies out of patients’ reach

• 61% agree cancer patients who have trouble affording co-insurance payments will often take a different drug or no drug at all
• And 14% admitted taking a less expensive treatment due to the co-payment

Step therapy is a growing barrier for cancer patients

• 18% were required to “fail first” on an older, cheaper therapy; another 15% think this happened to them
• 77% say “step therapy” forces patients to take potentially ineffective treatments
• 86% believe “step therapy” delays patients getting the most effective therapy
• 83% say step therapy saves insurers money
### PATIENTS’ BELIEFS ABOUT DEALING WITH HEALTH PLANS

<table>
<thead>
<tr>
<th>ATTITUDES &amp; BELIEFS</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance companies put the burden on patients and caregivers to challenge a denied claim</td>
<td>81</td>
</tr>
<tr>
<td>Most people don’t know how to appeal a denied claim, and even when they try they will often end up confused and give up</td>
<td>74</td>
</tr>
<tr>
<td>Insurance companies frequently make errors that can delay needed care</td>
<td>44</td>
</tr>
<tr>
<td>I often feel overwhelmed by the steps required to get my health plan to pay for a drug or test I need</td>
<td>47</td>
</tr>
<tr>
<td>I sometimes believe that my health plan denies claims just to see if they can get away with not paying</td>
<td>39</td>
</tr>
<tr>
<td>It is routine for many health plans to deny coverage the first time they receive a claim</td>
<td>31</td>
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</table>
The Bottom Line…

Health Plans Interfere With the Doctor-Patient Relationship and Impose Inappropriate Burdens on Both
Thank You