

Evaluating Patient Out-of-Pocket (OOP) Costs Associated with Attendance at a Prostate Cancer Supportive Care Program

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BACKGROUND

- Canadian research on the financial hardship faced by prostate cancer (PC) patients suggests that although OOP costs are modest for most, they can represent a substantial burden for lower income patients¹.
- The Prostate Cancer Supportive Care (PCSC) Program at the Vancouver Prostate Centre provides services, free of charge, which address the physical and psychological needs of men and their partners from the time of PC diagnosis onwards.

OBJECTIVE

To assess patient's OOP expenditure associated with attending PCSC services, and if OOP costs varies between clinical or sociodemographic groups

METHODS

Subjects:
 All PC patients enrolled in the PCSC Program and have attended one or more clinic visits or education sessions between Apr-Sept 2018 were invited to participate.

Measures and Analyses:

- We designed a questionnaire to assess direct (e.g. travel, food, accommodation) and indirect (e.g. income lost) costs associated with a single visit.
- Patients completed one questionnaire at one of their clinic visits/education sessions.
- We computed central tendency and dispersion for demographic, diagnosis, and treatment data, and for direct and indirect OOP expenditures.
- Chi-squared (χ^2) tests were used to examine whether OOP expenditures differed by demographic, diagnostic, and treatment characteristics.

RESULTS

Table 1. Participant Characteristics

	Number	%
Age at diagnosis (SD) (n=194)	64 (6.5)	N/A
Gleason Grade at diagnosis (n=186)		
<7	56	30
3+4	60	32
4+3	20	11
8	13	7
9-10	17	20
Ethnicity (n=196)		
Caucasian	160	82
East or South Asian	23	12
African	3	2
Other/Prefer not to answer	10	5
Relationship Status (n=204)		
Married	143	70
Single	18	9
Common Law	11	5
Divorced/Separated	19	9
Widowed	8	4
Partnered	5	3
Highest level of education (n=200)		
Graduate Level	59	30
University Undergraduate	52	26
Diploma below bachelors	4	2
Non-university diploma/college	43	22
Apprenticeship	8	4
High school or less	34	18
Employment Status (n=201)		
Retired	116	58
Employed	48	24
Self-Employed	23	11
Other	14	7
Personal Income (n=202)		
\$0 to \$37,000	42	21
\$37,001 to \$80,000	67	33
\$80,001 to \$180,000	51	25
Over \$180,000	21	10
I would prefer not to say	21	10

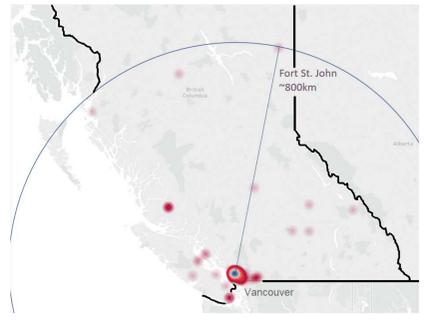
Demographics:

- From 279 potential participants, 207 (74%) were recruited and completed the questionnaire.
- Majority of participants were Caucasian (82%), married (70%), had a university undergraduate degree or higher (56%), or were retired (58%).
- Mean age at diagnosis was 64, range: 47-82
- Majority of participants received prostatectomy (72%) as part of their treatment

Travel/Attendance:

- 124/197 (63%) of participants did not attend the PCSC Program with their partner

- Figure 1 illustrates the primary mode of transportation. "Other" includes participants that took the ferry (n=8) and the plane (n=3).
- Mean travel time: 72.9 ± 210.6 min (median 45 min), Range: 5 - 2880 min (48 hours).
- Longer travel was associated with higher cost (t=8.30, p<0.0001).
- Interestingly, longer travel appeared to be unrelated to cost burden (F=0.35, p=0.79).



Mode of Transport	Number N=197	Percent %
Car	149	72
Public Transport	30	14
Bike	2	1
Walk	9	4
Other	17	8

Figure 1. Density Map of Participant Postal Codes and Primary Mode of Transport

Cost Responses:

- DIRECT COST:** Majority of patients spent < \$20 per visit (Figure 2). Mean cost was \$26.68 ± 80.0 (median \$10).
- DIRECT BURDEN:** 176 (93.6%) patients experienced no or minimal financial burden associated with their program attendance. 10 (5.3%) patients experienced moderate burden, and 2 (1.1%) experienced substantial burden.

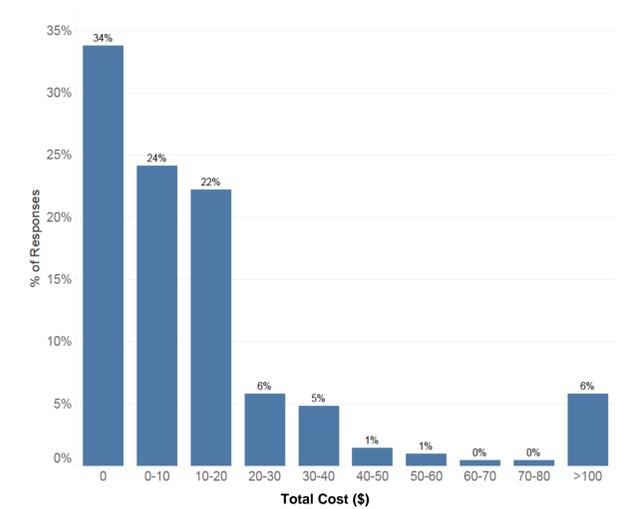


Figure 2. Total OOP Cost Incurred on Participants

RESULTS CONT'D

- INDIRECT COST:** 44 participants (22.1%) took time away from work to attend a clinic visit or education session. Mean time from work was 4.6 hours.
- 6/44 (13.6%, 2.9% of total sample) reported that they considered not participating because of difficulty getting time off.
- INDIRECT BURDEN:** No variation in cost burden based on employment status or partner's employment status; time away from work; income or partners income.

CONCLUSIONS & FUTURE DIRECTIONS

- OOP expenditure as well as associated burden is very minimal for the majority of participants.
- Bi-variate results show no relationship with personal income, OOP expenditure and financial burden.
- STUDY LIMITATION:** men who have not attended program appointments were not approached to provide feedback on whether their lack of attendance was due to potential OOP expenditures related to the visit.
- The program has recently started providing services via telehealth to patients who cannot physically access the services to help minimize the OOP expenditures.

REFERENCES

1. de Oliveira C, Bremner KE, Ni A, Alibhai SMH, Laporte A, Krahn MD. Patient time and out-of-pocket costs for long-term prostate cancer survivors in Ontario, Canada. J Cancer Surviv [Internet]. 2014 Mar [cited 2015 Aug 19];8(1):9-20. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23975612>

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