

Q&A: Researcher discusses the negative health effects of the high cost of health care

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On May 4th, the U.S. Centers for Disease Control and Prevention reported that the percentage of U.S. adults who were in families having difficulty paying medical bills during 2020-21 was 11.3%, or approximately 40 million people.

Cancer treatment, in particular, costs an average of \$42,000 in the year following diagnosis, according to the National Cancer Institute. While [health insurance](#) covers much of this expense, the burden for the nearly 30 million Americans who do not have health insurance may lead to "financial toxicity," which can worsen [health outcomes](#) and even decrease survival.

What is financial toxicity and how can it be addressed? We spoke with Neerav Goyal, associate professor of otolaryngology at Penn State College of Medicine and chief of the Division of Head and Neck Oncology and Surgery at Penn State Health, who recently co-authored a paper in the journal *Clinical Medicine Insights: Oncology* examining the financial toxicity of head and neck [cancer treatment](#).

What is financial toxicity?

Goyal: The financial burden of cancer treatment includes [direct costs](#) related to the [medical care](#) itself, and indirect costs, such as those related to treatment-induced disability and lost productivity and wages. The "toxicity" of these cancer-related financial burdens is reflected in patients' psychological distress and decreased quality of life, which can lead to non-adherence to treatment and worse overall disease survival.

How pervasive is financial toxicity in the U.S.?

Goyal: According to the CDC, the percentage of U.S. adults who were in families having difficulty paying [medical bills](#) during 2020–21 was 11.3%, or approximately 40 million people. Our research focused specifically on patients with head and neck cancers, which is projected to affect nearly 67,000 Americans in 2023. We found that direct medical expenses are about \$140,000 more for these patients than for patients with other cancers.

What causes financial toxicity?

Goyal: Our research revealed that one of the greatest contributors to the indirect cost of head and neck cancer treatment is the loss of lifetime wages, with more than 50% of patients disabled and unable to return to work. These lost wages amounted to a median of more than \$135,000 per person.

Patients with head and neck cancer are also at risk for depression, anxiety and social isolation because the treatment can affect their speech, swallowing and even breathing. For example, 17% of patients treated with radiation had depression, related to things like feeding tube dependence and the presence of a tracheostomy.

The team found that many patients use "cost-coping strategies" such as taking out loans, borrowing money, delaying or not filling prescription medications and refusing recommended interventions. Nearly 70% of patients with advanced HNC used at least one of these strategies.

In addition, caregivers are often responsible for demanding tasks and may have to miss work to take their loved ones to doctor appointments or simply to care for their loved ones at home. This can further exacerbate the effects of financial toxicity on the family.

What can be done to reduce or eliminate financial toxicity?

Goyal: Cancer centers, physicians, health insurance providers and patients all play important roles in mitigating the effects of financial toxicity. For example, health care systems could be more transparent about the cost of treatment and provide better access to designated cancer centers. Insurance providers can restructure cost-sharing plans

and offer more payment options and financial assistance. Physicians can avoid suggesting low-value interventions, and they can discuss patient goals and lifestyle changes.

The use of telemedicine rather than in-person appointments has shown utility in reducing costs, as well. When patients do have to visit the clinic, resources, such as the Ronald McDonald House Charities, are often available to help defray costs. Finally, patients should be engaged in the formation of their treatment goals and seek further education and counseling, as early interventions can lead to long-term reduction in [health care costs](#) and improve patient outcomes.

Provided by Pennsylvania State University

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