

MEMORANDUM

TO: INTERESTED PARTIES
FROM: ELIZABETH HARRINGTON, PUBLIC OPINION STRATEGIES
JAY CAMPBELL, HART RESEARCH ASSOCIATES
DATE: MARCH 12, 2019
RE: KEY HIGHLIGHTS FROM NATIONAL SURVEYS OF CANCER PATIENTS/CAREGIVERS AND PHYSICIANS WHO TREAT CANCER PATIENTS

In January 2019, Public Opinion Strategies and Hart Research Associates conducted two national online surveys: one survey among cancer patients and family caregivers of cancer patients; and, one survey among physicians who treat cancer patients (both oncologists and primary care physicians).

The objectives of this research were to explore how existing utilization management (UM) techniques are impacting cancer patients and measure attitudes toward incorporating UM techniques into Medicare drug plans.

Key Highlights:

Experience and Impact of Utilization Management (UM) Techniques

- **One in three cancer patients and caregivers of cancer patients (34%) report experiencing delays in their or their loved one's cancer care because their physician was waiting on approval from their health insurance plan for a cancer treatment, test, or prescription medicine.** Younger cancer patients and caregivers are more likely to report they or their loved one have experienced delays in cancer care (58% among ages 18-44, 28% among ages 45-64, and 17% among ages 65+). Those with private health insurance coverage report much higher levels of delays in their or their loved one's cancer care today compared to those on Medicare (38% of those with private health coverage ages 18-64 and only 14% of those with Medicare ages 65+ report experiencing delays in cancer care due to their health plan).
- **Majorities of physicians' report delays in their patients' cancer care are happening frequently because of having to wait for approval from their patients' health insurance plans.** Physicians were asked how often, on average, they or their cancer patients experience six different situations where their cancer patients' care is impacted by decisions made by health insurance plans. The table on the following page shows the frequency of occurrence among all physicians interviewed.

Physicians Who Treat Cancer Patients (How Often Problems Occur On Average)	Very/Somewhat Frequently	Sometimes	Rarely/Never
You have to wait on the patient's health insurance plan to approve a cancer treatment, test or prescription medication which results in a delay of care for the patient	56%	31%	13%
Your cancer patients are NOT able to afford the prescription medicines for their cancer treatment or side effects because of a decision by their health insurance plan	43%	42%	15%
Your cancer patients are NOT able to get all of the prescription medicines that you or they believed were necessary because of a decision by their health insurance plan	34%	43%	23%
Your cancer patients are NOT able to get all of the tests that you or they believed were necessary because of a decision by their health insurance plan	34%	42%	24%
Your cancer patients are NOT able to get all of the medical care that you or they believed were necessary because of a decision by their health insurance plan	29%	43%	28%
Your cancer patients are NOT able to get all of the treatments that you or they believed were necessary because of a decision by their health insurance plan	26%	46%	28%

- In the survey we asked about four different UM techniques that could be used by health plans regarding prescription drug coverage of cancer prescription medicines. **Nearly all physicians report experiencing these UM techniques on a regular basis with their cancer patients' health insurance plans: requiring prior authorization of prescription medicines, mandatory generic substitution of prescription medicines, limitations on the total amount of a prescription medicine that can be dispensed at one time, and requiring patients to try a lower-cost medication first before the health plan would cover a higher-cost medication. Majorities of cancer patients and caregivers report experiencing prior authorization of Rx during their or their loved one's cancer.**

Experience with UM Techniques Patients/Caregivers: %Yes Physicians: %Very/Somewhat Frequently/Sometimes	All Cancer Patients/Caregivers	All PC/Onc Physicians
Prior authorization/preauthorization of Rx	54%	96%
Rx mandatory generic substitute	44%	90%
Limit amount of Rx dispensed	41%	89%
Try lower cost Rx first	28%	88%

- Younger cancer patients and caregivers are much more likely to report experiencing these UM Techniques than older cancer patients and caregivers.

All Cancer Patients/Caregivers

	Ages 18-44	Ages 45-64	Ages 65+
UM Techniques: Experienced None of the 4	8%	25%	45%
UM Techniques: Experienced 1-2 out of the 4	41%	52%	47%
UM Techniques: Experienced 3-4 out of the 4	51%	23%	8%

- Cancer patients and caregivers with private health insurance are much more likely to have experienced these UM techniques than those with Medicare.

Cancer Patients/Caregivers

	All	Private Health Insurance Coverage Ages 18-64	Medicare Coverage Ages 65+
UM Experience: None	25%	19%	45%
UM Experience: 1-2 out of 4	48%	52%	47%
UM Experience: 3-4 out of 4	27%	29%	8%

- **Physicians report UM techniques are negatively impacting themselves and their cancer patients.** We asked physicians to describe how these UM techniques impact them as physicians and their patients in an open-ended question. Shown below are the coded topic areas respondents in the survey mentioned in their verbatim comments.

How Are UM Techniques Impacting You As A Physician?

- They are very time consuming, frustrating, and mean physicians have less time to spend with cancer patients.
- They make it harder for doctors to treat patients, they cannot always give cancer patients the treatment they think is best.
- There is considerably more paperwork and administrative work that needs to be done and it takes up a lot of time.
- It puts insurance companies in charge of patient care decisions instead of doctors making decisions with their patients.
- They can delay treatment for cancer patients who desperately need time sensitive treatment.
- They limit the prescriptions and medications available to cancer patients.

How Are UM Techniques Impacting Your Cancer Patients?

- They can delay treatment for cancer patients and can temporarily or permanently suspend their care.
 - Patients feel increased stress, frustration, and worry, which has a negative impact on their health.
 - Because of UM techniques, cancer patients don't receive the best care possible and are forced to get less effective (even if more cost efficient) treatments.
 - The UM techniques compound to create worse outcomes for cancer patients. These patients don't recover as quickly or at all when the UM techniques are used.
 - Patients can end up paying more money out of pocket for their care.
- **Seven in ten physicians or more report that UM techniques are having a significant negative impact on their practice of medicine.** The table below details the percent of physicians who report UM techniques are having a negative impact on different aspects of their cancer patients' care and how physicians practice medicine.

<i>%Total Negative Impact Ranked By All</i>	All Primary Care/Oncologist Physicians
The amount of time and resources physicians spend on administrative tasks and paperwork	88%
Patients' ability to get timely access to medications or treatments	83%
Physicians' decision-making abilities regarding patient care	79%
The quality of care patients receive	76%
Clinical outcomes for patients	71%
Physicians' clinical recommendations	69%

Attitudes Toward Utilization Management (UM) Techniques

- **There is a majority of opposition among cancer patients, caregivers and physicians for each of the UM techniques we tested being adopted and used by health plans.** The table below shows support for and opposition to the adoption of each of the UM techniques by health plans among cancer patients/caregivers and all primary care physicians/oncologists.

All Cancer Patients/Caregivers				All Primary Care/Oncologist Physicians		
Favor	Oppose	Net Difference		Favor	Oppose	Net Difference
32%	60%	-28%	Prior authorization/ preauthorization of Rx	15%	84%	-69%
31%	61%	-30%	Limit amount of Rx dispensed	17%	78%	-61%
26%	68%	-42%	Try lower cost Rx first	20%	78%	-58%
39%	53%	-14%	Rx mandatory generic substitution	40%	56%	-16%

- **Pluralities to majorities of physicians, cancer patients and caregivers believe if these UM techniques were part of all health plans, it would negatively impact the treatment cancer patients receive.** The table below shows the percentages of respondents who believe each technique would have a positive impact, a negative impact, or would not make a difference in the treatment cancer patients receive.

All Cancer Patients/Caregivers			Ranked by Patients/Caregivers: % Negative Impact	All Primary Care/Oncologist Physicians		
Positive	Negative	No Difference		Positive	Negative	No Difference
14%	60%	17%	Try lower cost Rx first	5%	74%	15%
17%	55%	19%	Prior authorization/preauthorization of Rx	4%	81%	11%
17%	47%	30%	Limit amount of Rx dispensed	5%	63%	25%
16%	44%	30%	Rx mandatory generic substitution	8%	49%	34%

Attitudes Toward Utilization Management (UM) Techniques Medicare Proposal

Respondents read the following information:

Let's imagine for a moment that ALL of these policies you just read were adopted by Medicare prescription drug plans. This means Medicare prescription drug plans would:

- *Require doctors to get approval for a cancer prescription medication before doctors would be allowed to prescribe it to patients*
- *Set a maximum limit on the total amount of a given cancer prescription medication that can be dispensed at one time*
- *Require patients to try a lower-cost cancer prescription medication first before providing coverage for a higher-cost cancer prescription medication*
- *Require mandatory generic substitution of cancer prescription medications*

Please record whether you strongly favor, somewhat favor, somewhat oppose, or strongly oppose Medicare prescription drug plans adopting ALL of these policies or if you have no opinion about it one way or the other.

- **There is overwhelming opposition among physicians (80% oppose) and among cancer patients and caregivers (63% oppose) to Medicare prescription drug plans adopting these UM techniques. Majorities of Democrats and Republicans agree in their opposition to Medicare prescription drug plans adopting these UM techniques.**

	Cancer Patients/Caregivers		Primary Care/Oncologist Physicians	
	Republicans	Democrats	Republicans	Democrats
Total Favor	35%	24%	20%	14%
Total Oppose	60%	72%	74%	85%

- Large majorities of cancer patients and caregivers (66%), and physicians (79%) believe if these UM techniques are adopted in Medicare prescription drug plans that it will be more difficult for cancer patients on Medicare to get their prescription medications. Majorities of Democrats and Republicans agree with this premise.

	Cancer Patients/Caregivers		Primary Care/Oncologist Physicians	
	Republicans	Democrats	Republicans	Democrats
Easier	23%	19%	13%	7%
More Difficult	63%	71%	76%	84%
No Impact	14%	10%	12%	9%

- The belief among cancer patients, caregivers and physicians is if these UM techniques are adopted in Medicare drug plans it will have the following negative outcomes:
 - Create extra hurdles for cancer patients on Medicare to go through before they can get access to prescription medicines prescribed by their doctor (77% cancer patients/caregivers say it is likely to happen, 87% of physicians)
 - Result in treatment delays for cancer patients on Medicare (73% cancer patients/caregivers say it is likely to happen, 83% of physicians)
 - Result in cancer patients on Medicare not having access to new cutting-edge therapies or treatments (70% cancer patients/caregivers say it is likely to happen, 78% of physicians)
 - Result in cancer patients on Medicare getting less effective treatments (66% cancer patients/caregivers say it is likely to happen, 65% of physicians)
 - Prevent cancer patients on Medicare from getting access to lifesaving therapies or treatments (65% cancer patients/caregivers say it is likely to happen, 62% of physicians)
 - Increase out-of-pocket costs for prescription medicines for cancer patients on Medicare (62% cancer patients/caregivers say it is likely to happen, 61% of physicians)

Methodology:

On behalf of the American Cancer Society Cancer Action Network (ACS CAN), Public Opinion Strategies and Hart Research Associates conducted two national online surveys in January 2019 as follows:

1. Cancer Patients/Caregivers (N=403) - January 16-25, 2019: N=256 cancer patients and N=147 family caregivers of cancer patients
 - Cancer patients were defined as patients in active treatment, those taking prescription medications to treat their cancer or keep it in remission, or those taking prescription medications to help manage the side effects of their cancer treatment.
 - Caregivers were defined as family members or friends who are currently caring for or in the past year or two have cared for a cancer patient. Respondents were not professional caregivers.
2. Physicians Who Currently Treat Cancer Patients (N=401) - January 18-28, 2019: N=200 primary care physicians (family/general or internal medicine) and N=201 oncologists

The confidence interval for each sample (N=403/N=401) is ±5.6%.