

# Health Care Costs and Savings with Gynecologic Cancer Navigation Services



Findings from a Claims-Based Evaluation of Carol's Wish

September 19, 2024



# Presenters

- Patrice Hauptman
  - Executive Director, Colorado Gynecologic Cancer Alliance
- Debbie Broderick
  - Financial Advocate, Carol's Wish Program
- Darcy Holladay-Ford, PsyD, MA, LPC, RDN
  - Director of Research, CIVHC
- Valerie Garrison, MES
  - Evaluation Analyst, CIVHC
- Megha Jha, MPH
  - Senior Evaluation Analyst, CIVHC



# Agenda

- About CIVHC
- Colorado Gynecologic Cancer Alliance
- Partnership with CIVHC
- Carol's Wish Evaluation Results
- Discussion and Next Steps
- Q&A



# Housekeeping

- All lines are muted
- Please ask questions in the Chat box
- Webinar is being recorded
- Slides and a link to the recording will be posted on the Event Resources page at: [civhc.org](https://civhc.org)





# Who We Are



CENTER FOR IMPROVING  
**VALUE** IN HEALTH CARE

## Our Mission

To equip partners and communities in Colorado and across the nation with the resources, services and unbiased data needed to improve health and health care.

## Our Vision

Everyone has the opportunity to be healthy and has access to equitable, affordable, high-quality health care.

## We Are

- Non-profit
- Independent and objective
- Service-oriented



# Who We Serve

## Change Agents

Individuals, communities, or organizations working to lower costs, improve care, and make Colorado healthier.



Clinicians



Hospitals



Government



Consumers



Employers



Researchers



Health Plans



Non-Profits



# How We Serve

## Administrator of the Colorado APCD:



### Public CO APCD Data

Identify opportunities for improvement in our communities through interactive reports and publications



### Non-Public CO APCD Data

License data from the most comprehensive claims database in CO to address your specific project needs

## CIVHC Support Services:

- Analytic Services
- Health Care Programs: Palliative care, Advanced Care Planning, Older Adults
- Community Engagement
- Program Evaluation
- Research







# Colorado Gynecologic Cancer Alliance

Patrice Hauptman | Executive Director

Debbie Broderick | Financial Advocate, Carol's Wish Program



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# The Problem: NCI on Financial Toxicity

- Cancer is one of the most expensive medical conditions to treat in the United States. People with cancer may receive multiple types of treatments, including radiation therapy and systemic treatment, and may be hospitalized.
- Many of us are underinsured. We buy health insurance for what we need today, not suspecting the future may be different.
- Cancer survivors may have financial problems many years after they are diagnosed. This is because they may be paying for ongoing cancer treatment or care for late effects from their treatment.



## Financial Toxicity:

- Financial hardship from cancer treatment is a common adverse event for patients;
- The prevalence of financial hardship varies across socio-demographic groups, but adverse implications can be seen in at least half of patients.
- Financial burdens associated with cancer are associated with increased financial strain
- Decreased willingness to pay for care and deleterious coping like skipping medication
- Increased mortality



# About CGCA's Carol's Wish Program

- Work begins at diagnosis, NOT after bills start to pile up.
- Patients need an advocate, may be in trauma from diagnosis, or in distress from pre-existing stressors.
- Release signed during initial paper work in regards to patient's interest in working to reduce out of pocket costs with Carol's Wish Program



# How Carol's Wish battles Financial Toxicity

## Insurance Optimization/Enrollment

- Medicaid Enrollment, primary or secondary
- Marketplace/Medicare/Other Enrollment
- Enrollment in secondary insurance
- Medicare/Marketplace/Employer change to better coverage
- Marketplace addition of or increase in financial assistance
- Backdated insurance reimbursements
- Enrollment in Extra Help for Medicare Part D drug costs
- Any other insurance optimization



# How Carol's Wish Battles Financial Toxicity

## Community Organizations

Nonprofit cash or direct bill pay grants for household expenses, travel, etc.

## Enrollment in government program

Disability, food/energy assistance, cash assistance, etc.

Any other gov't assistance not already covered in another category

## Premium Assistance

Any premium assistance regardless of source

## Copay assistance

Usually through manufacturer or foundations

## Bill Reduction/Negotiation

Decrease in bill amount due to resolution of error or navigator negotiation  
Decrease in bill amount due to financial assistance from provider/facility



# CIVHC Partnership/Project Purpose

- How is it possible to measure the benefits of advocacy and expert health insurance navigation from a group outside of a formal provider network?



# Health Care Savings Associated with Enrollment in Carol's Wish



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## CIVHC Research, Partnerships, and Innovation Team (RPI)

Valerie Garrison | Evaluation Analyst (Lead Project Analyst)

Megha Jha | Senior Evaluation Analyst

Darcy Holladay Ford | Director of Research





# Carol's Wish

No one should receive substandard medical care for financial reasons.

...What does that look like in terms of outcomes for individuals who have a GC diagnosis?

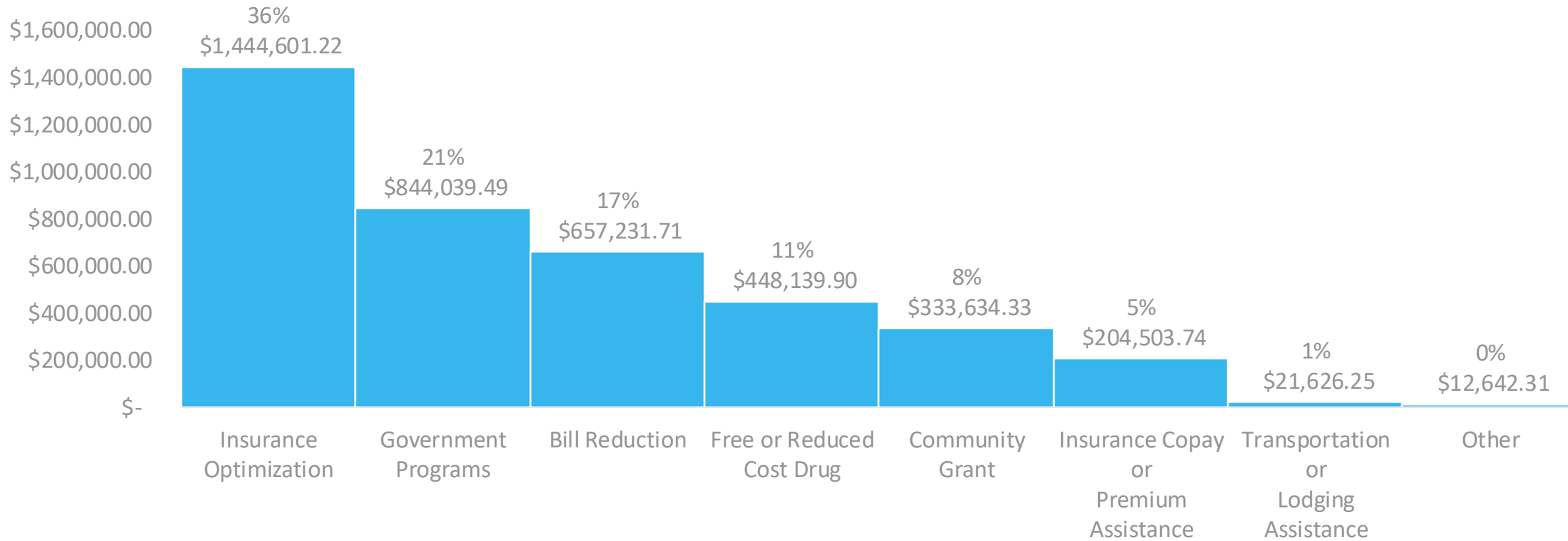


# Evaluation Design

- Collaborated with CGCA & Subject Matter Experts
  - Common patient diagnosis & treatment experience
  - Details available in claims
- Collected Supplemental Information
  - CW Program Data
  - Case Studies
  - Survey form



## Total 2020-2023 Estimated Financial Support for Participants Among those Included in the Analysis, by Type of Assistance

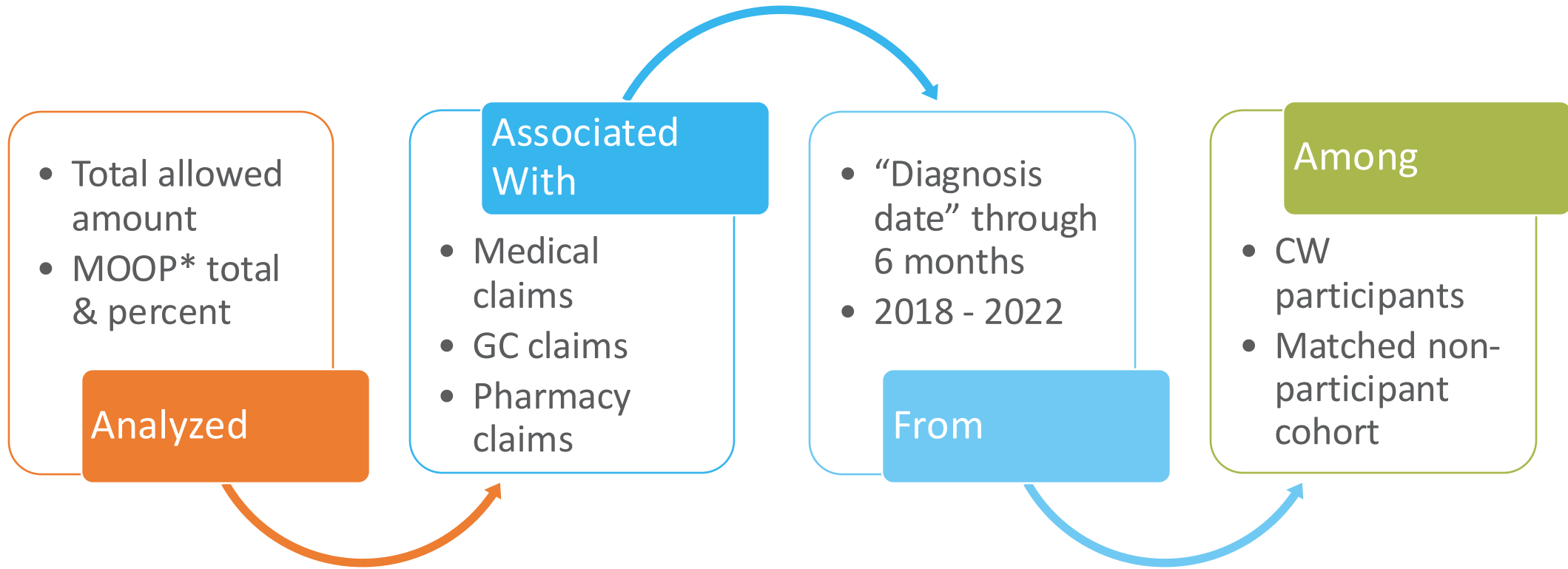


# Evaluation Design

- Focused Evaluation Scope
  - Primary impact = insurance optimization
    - What would we expect to see as a result?
    - What can be measured using CO APCD data?
- Evaluation Question
  - Do CW participants pay a lower member out-of-pocket proportion for health care than non-participants?
  - Does CW successfully support individuals who are chronically under-resourced?



# Evaluation Design



\*MOOP = Member-out-of-Pocket

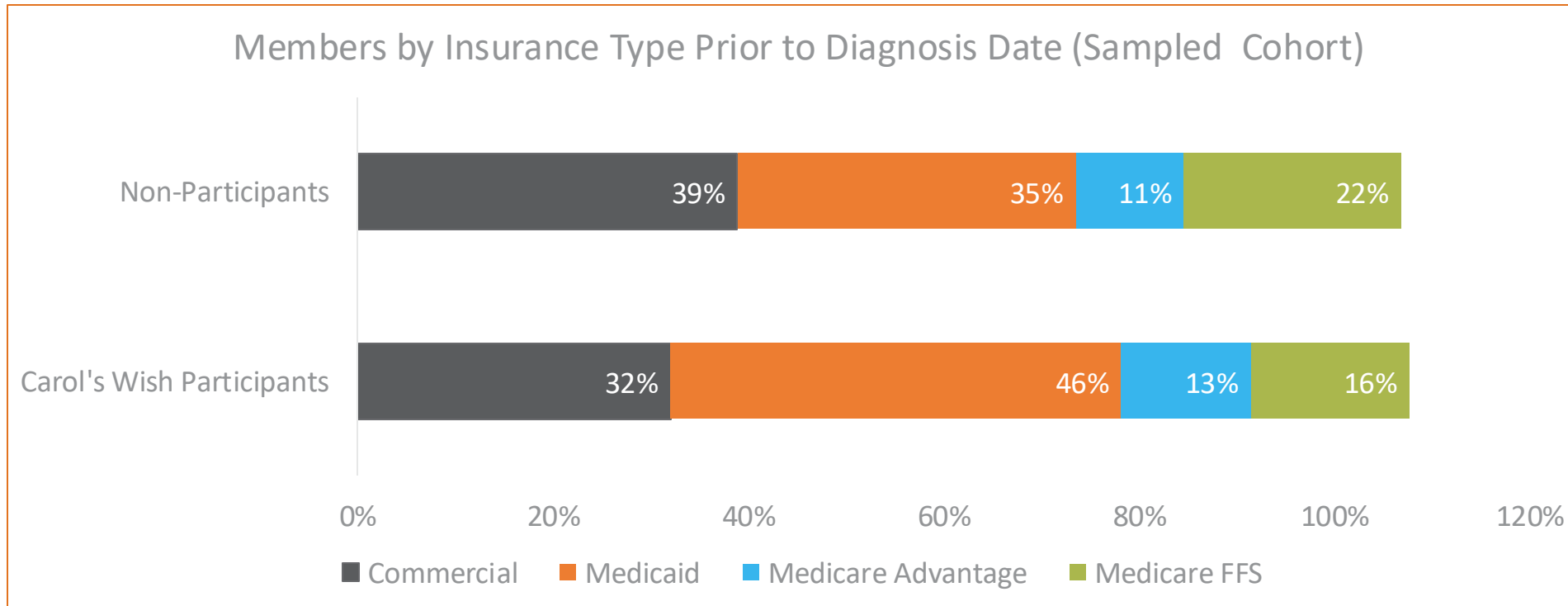


# Data

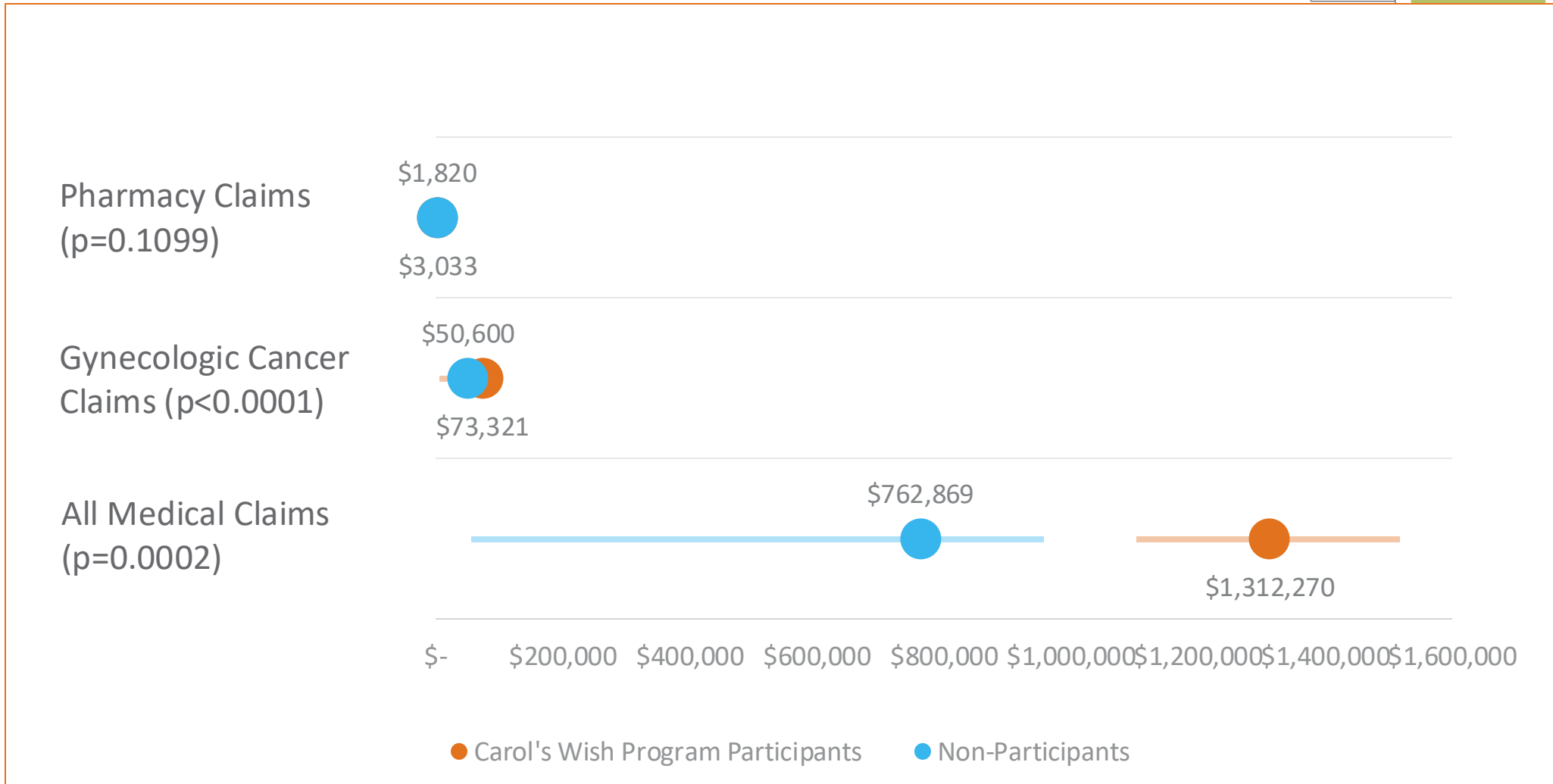
- CGCA
  - Participant list
  - Program Assistance records
- CO APCD
  - Claims data and spending totals
  - Johns Hopkins ACG<sup>®</sup> System measures (insurance before diagnosis, RUB, Social Needs)

# Results

Cohort	Preliminary Population	Met Inclusion Criteria
CW Participants	628	234
Non-Participants	12,544	234

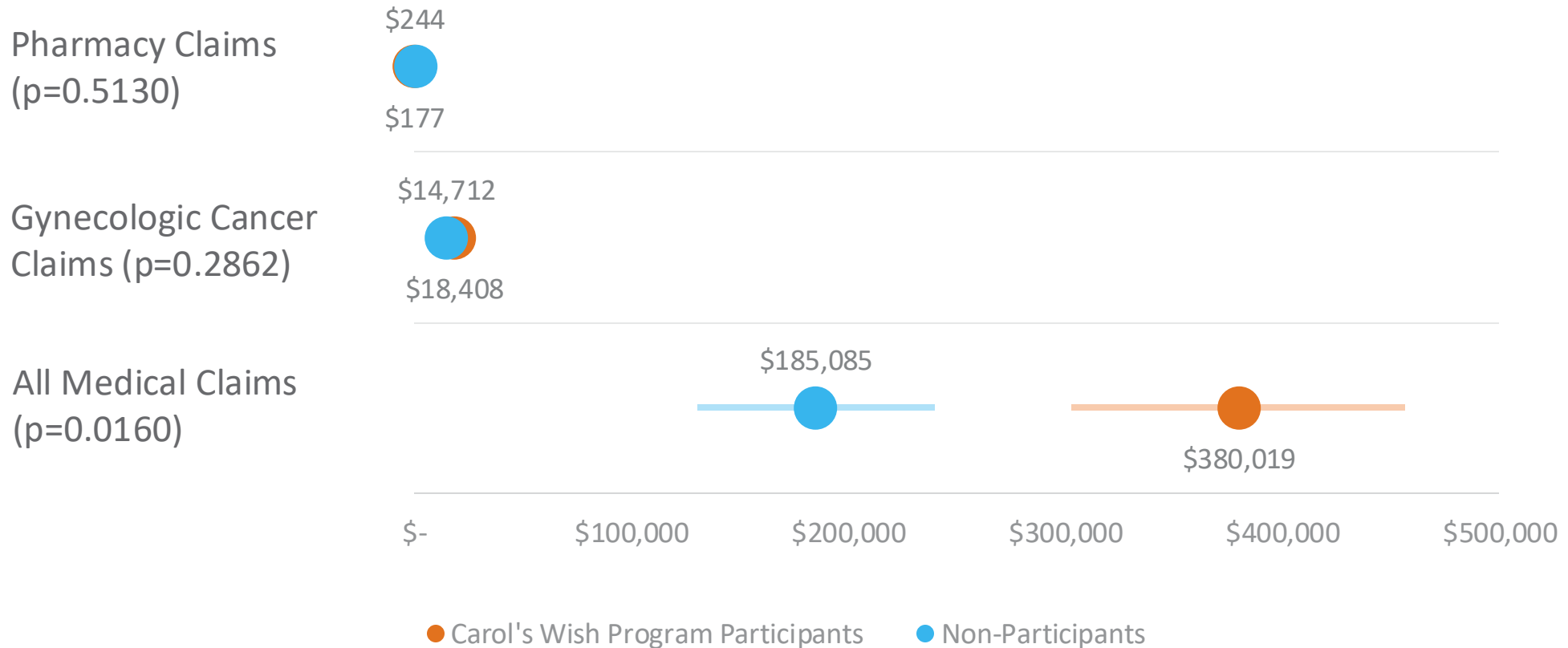


# T-Test: Allowed Amount (Total Spending)

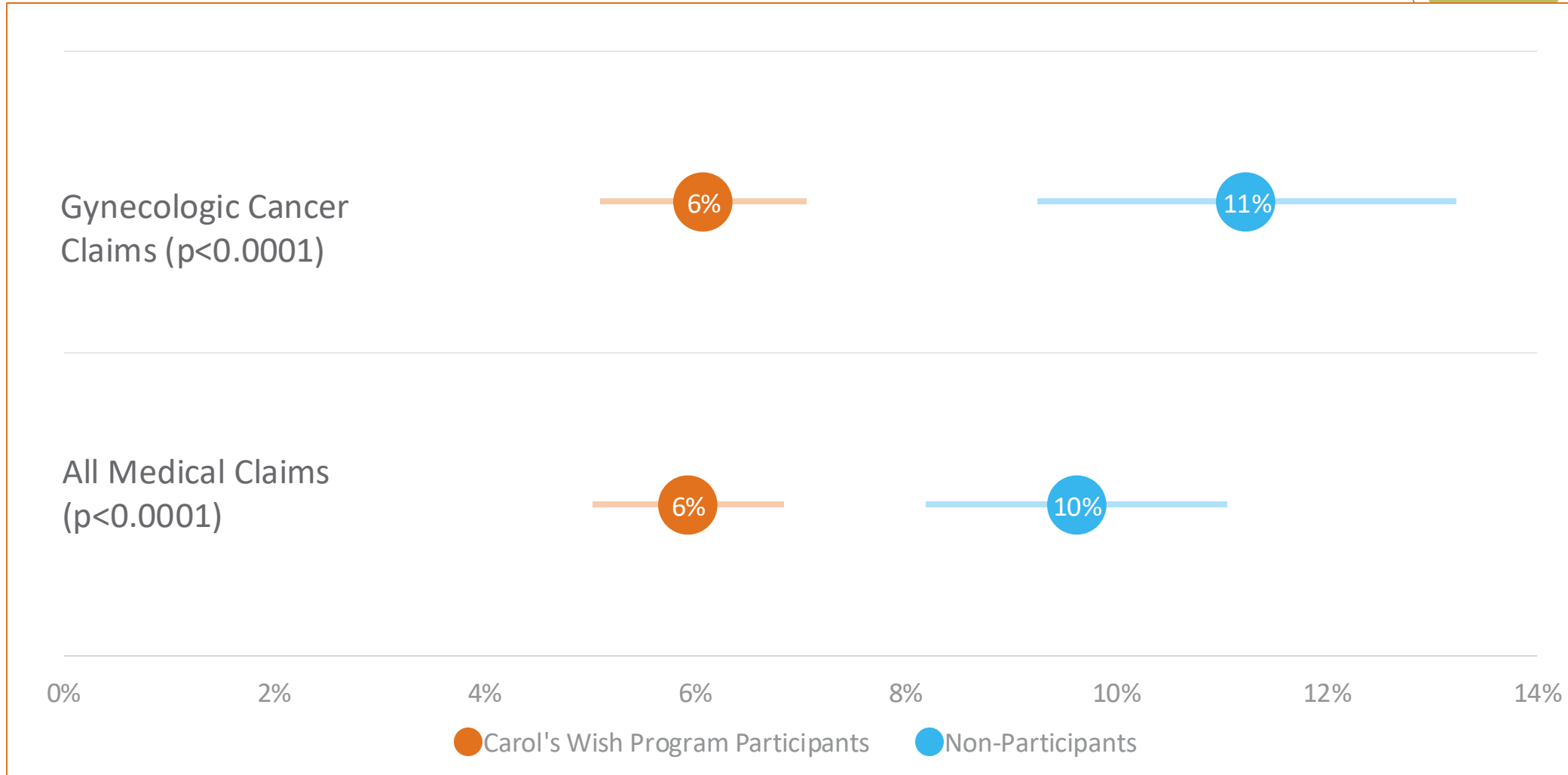




# T-Tests: Member Out-of-Pocket \$



# T-Tests: Member Out-of-Pocket %



# Regression: Medical Claims Spending

Parameter	Estimated Impact of Carol's Wish	Standard Error	P-Value	Adjusted R-Squared
PMPP Allowed Amount	\$611,789	\$140,165	<0.0001	0.10
PMPP MOOP Total	\$30,131	\$9,044	0.0009	0.10
PMPP MOOP %	-2.4 percentage points	0.7	0.0012	0.32

*Per-Member-Per-Period (PMPP) values are adjusted for insurance eligibility over 6 months*



# Regression: GC Claims Spending

Parameter	Estimated Impact of Carol's Wish	Standard Error	P-Value	Adjusted R-Squared
PMPP Allowed Amount	\$223,720	\$46,837	<0.0001	0.09
PMPP MOOP Total	\$6,182	\$3,386	0.0685	0.07
PMPP MOOP %	-3.8 percentage points	1.0	0.0002	0.22

*Per-Member-Per-Period (PMPP) values are adjusted for insurance eligibility over 6 months*



# Summary of Findings

- Total medical expenditures and medical costs associated with GC are higher for program participants from diagnosis through 6 months
  - Total MOOP expenditures were higher for CW participants
  - MOOP spending for GC claims was comparable between groups
- Despite higher allowed amount and MOOP totals, participants:
  - Paid 2.4 percentage points less out-of-pocket for all medical claims
  - Paid 3.8 percentage points less out-of-pocket for GC claims
- There was no significant difference for pharmacy claims between groups
- Claims-based analysis and supplemental information demonstrate a clear financial wellness benefit for participants



# Supplemental Analysis: Utilization Rate

- Could the higher total and MOOP spending among participants reflect higher overall utilization (access)?
  - T-test comparing mean PMPP visits from diagnosis through 6 months

	Non-Participants		CW Participants
All Lines of Business	42.7	<	75.5
Medicaid Only	46.3	<	82.9

- Yes, consider investigating further



# Data Challenges

- No field for Dx date
- SES data unavailable
- ACG System
  - Annual
  - Continuous eligibility
- Timing of enrollment in CW
- Recurring cases

# Project Solutions

- Proxy measures
  - Diagnosis date
  - Socioeconomic status
- ACG System
  - Extended analytic timeline
  - Applied most recent
  - Supplemented with CO APCD
- Extended data extract to 1 year before analytic timeline



# Limitations

- Small sample size
  - Finder file to locate CGCA cohort in CO APCD (63% match)
  - ACG system gynecologic cancer flag only captures 3 of 5 GC types
  - Not generalizable
- Difficult to capture full extent of insurance optimization impact
  - No information for uninsured individuals & other health plan types
  - Demographic information limited





# Opportunities

- Investigate specific behavioral changes or assistance types
- Unable to assess choice to continue with cancer treatment within the scope of this analysis
  - Do higher costs reflect increased likelihood of treatment?
- Qualitative analysis
- Further explore member utilization trends (supplemental analysis)
- Pre-post insurance enrollment, benefit levels





## Discussion

- CW participants had higher spending and utilization rates between diagnosis and 6 months
  - Trend held for Medicaid members
- CGCA prioritizes services for Coloradans facing financial hardship
  - Before matching, CW participants had more social needs listed and were more likely to have Medicaid before diagnosis



# Discussion

- Staff & Participant Feedback
  - Insurance enrollment/optimization helps families access care
  - Supplemental financial supports help participants
    - Bridge gaps in coverage
    - Manage dual-deductible impacts
    - Travel for care
    - Cover copays
  - Reduced burden of finance-based decision-making
    - Treatment | vs | Homeownership / College / etc...

# What's Next?

- Leverage results to sustain & expand CW program
- Continue discussing additional opportunities



# Questions and Feedback



Reach out to [RPI@civhc.org](mailto:RPI@civhc.org) or [Support@GynCancerColorado.org](mailto:Support@GynCancerColorado.org)



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