

Cancer patients need help navigating uncharted waters

By Suzanne Lepage

Bob Smith, your award-winning VP of sales, tells you he has colorectal cancer and the recommended therapy is not covered by either his provincial drug plan or the company-provided group health insurance. The out-of-pocket cost is more than he can afford, and he's unsure as to what to do next.

Cancer is the second leading cause of death due to chronic disease, trailing only cardiovascular disease, and recent studies suggest it may soon be No. 1.

According to Manulife Financial, cancer is also the third-highest cause of long-term disability, representing 12% of their claims.

In the past, cancer was dealt with in the privacy of an oncologist's office, and it was not a topic for discussion in the workplace. However, because a large number of new cancer patients are part of the working population, you may be having a similar discussion with other employees sooner rather than later.

Group health care plans

So how can you help Bob?

The first thing you can do is to contact your insurer and ensure both you and Bob fully understand the plan provisions.

While your company-sponsored health care program may provide coverage in many cases, for a number of reasons it can also be difficult to understand available alternatives.

For example, many private insurers cover oral cancer medications and not IV medications, because they believe the Canadian Health Act requires that medically necessary IV drugs should be dispensed in hospitals and covered through hospital budgets.

Some private plans pay for treatment if the drug is not delivered in hospital, which in part explains the growing number of private infusion clinics in Canada. Nevertheless, there are

(See **Cancer drugs** on page 14)

A postal-code lottery

In a November 2006 article in the *Globe and Mail*, Andre Picard described the provincial patchwork of coverage for cancer drugs as "an unofficial postal-code lottery."

Health care varies provincially in Canada and so does funding of cancer treatments.

The Cancer Advocacy Coalition of Canada's 2006 Report Card illustrates that access to the top 24 cancer drugs varies significantly among provinces, resulting in inequities across the country.

Further, some provinces have cancer agencies that fund cancer treatments. In others, cancer treatment is funded on a hospital by hospital basis. Most provinces fund IV medications, but only four provinces fund oral medications. As a result, oral drugs are more typically paid for by private drug plans or cash.

Because the future of oncology drug development is moving toward oral medications that offer better safety and convenience for the patient, a key challenge is how to fund these medications when they fall outside the traditional cancer agency funding model.

In addition, certain new drugs have been approved by Health Canada, but not approved for provincial funding, which leaves many patients in limbo. The necessary drug is available — sometimes even in a hospital — but there is no one to cover the cost.

The new Canadian Joint Oncology Drug Review includes all provinces and territories except Quebec and uses the current Ontario oncology drug-review process. It was introduced to "help ensure a more timely, effective and efficient review and evaluation of cancer drugs."

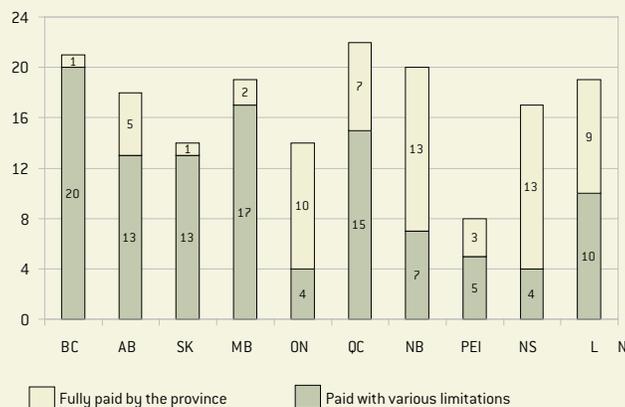
However, since Ontario provides a lower level of coverage for oncology drugs than other provinces, the net result may be even less public coverage across the country for oncology medications. The JODR also may extend time to provincial listing, since provinces will only determine funding after the JODR review is completed. This could add almost 140 days to each existing provincial drug-review process, which can already take up to 300-to-500 days.

According to 2007 statistics from the Canadian Cancer Society, most new cancer patients are 60 and over. However, recent surveys of large employers reveal that almost half do

Oncology Drug Funding—Fragmented National System

	Oral	IV
BC	Cancer Board	Cancer Board
AB	Cancer Board	Cancer Board
SK	Cancer Board	Cancer Board
MB	Provincial Formulary OR Private Drug Plan OR Cash	Cancer Board
ON	Provincial Formulary OR Private Drug Plan OR Cash	Cancer Board
QC	Provincial Formulary OR Private Drug Plan OR Cash	Hospital
NB	Provincial Formulary OR Private Drug Plan OR Cash	Hospital
NS	Cancer Board	Cancer Board
PEI	Provincial Formulary OR Private Drug Plan OR Cash	Hospital
NF	Provincial Formulary OR Private Drug Plan OR Cash	Hospital

Top 24 cancer drugs by province



Source: CC AC Report Card 2006

not offer postretirement benefits and, of those that do, the majority plan to reduce them or eliminate them entirely.

With the reduction of public funding for oncology treatments and the disappearance of private drug plans for retirees, it will be even more challenging to deliver the necessary breakthrough biologic drugs for cancer and other conditions to Canadians of all ages across the country on a consistent basis.—E.B.N.C.

Cancer drugs

(From page 13)

concerns about about moving a patient outside of the hospital setting and a traditional care

stream for treatment.

Private infusion clinics try to partner with the public system,

but there can still be issues around coordinating patient charts, medical records and lab

work, plus the patient may need to receive an extra infusion, rather than having all of their

cancer medications infused at one time.

Patient assistance programs

There are also patient assistance programs that may be able to help Bob understand how to bridge gaps in drug coverage.

Because navigating the process for receiving paid treatment is highly complex and confusing, Cancer Care Ontario has a pilot cancer drug assis-



“Many pharmaceutical companies have...developed patient assistance programs to help individuals effectively navigate the complexities of our current health care system,” says Suzanne Lepage, national manager, private health care, market access at Hoffmann-La Roche Limited.

tance program which uses an 800-number to help guide employees through their benefit choices.

Many pharmaceutical companies have also developed patient assistance programs to help individuals effectively determine available coverage so they can focus on the reality of diagnosis of a deadly disease.

For example, once a physician determines a patient requires a specific product, the physician and patient can generally fax in a registration form or the patient can call an 800 number to register with the drug company.

(See ***Cancer drugs*** on page 16)

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Cancer drugs

(From page 14)

Where it is determined that public or private coverage is not available, a financial means test

can often be requested, and financial assistance may be offered on a sliding income scale

with a portion of the drug costs paid by the patient. The approval is typically for a spe-

cific period, and it is designed to provide assistance to those who need it most.

MFC Global

Other employee support

If there is still a difference between the cost of the drugs and public/private coverage available to employees like Bob, larger organizations may consider requesting their insurers to extend coverage to the prescribed drugs on a compassionate basis, or even directly reimbursing Bob for his out-of-pocket expenses.

However, this type of decision will not be taken lightly. It will typically be based both on a cost/benefit analysis to the organization and the broader implications of the decision if additional employees request similar support in future.

Regardless of what your decision is in Bob's case, his query may be the catalyst that results in your organization asking these more fundamental questions:

- What coverage do we expect for the insurance premiums we pay for our group insurance plan?

- Why should individuals, company-sponsored benefit plans or private employers have to pay for coverage in one part of the country that is covered by government programs in another?

If you think your insurance coverage needs enhancement, pick up the phone and call your insurer. If you believe that provincial programs should be modified to facilitate country-wide consistent access to cancer treatment, contact your federal and provincial members of parliament and make sure your voice is heard.

Bob may have been the first employee who asks for support in his fight against cancer, but he will not be the last. You and your employees need all the help you can get to navigate in the uncharted waters of the ever-changing oncology landscape. — *E.B.N.C.*

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