

Insurers Need to Focus on Patients, Not Profits

BY PATRICIA GOLDSMITH April 1, 2019

Most of us can't really comprehend the magnitude of these numbers: \$25 billion in one quarter, \$30 billion in another. I'm talking about the skyrocketing profits of the insurance industry.

And although we all understand the need for these companies to return profits to their shareholders, the irony of their profits going up as affordability of health care goes down is not lost on those of us who work with patients each day.

Our organization, CancerCare, helps support cancer patients, their families and care partners throughout the entire cancer experience. As most people know, because they or a loved one have been impacted by cancer, the disease is all encompassing and overwhelming.

The good news is that science continues to develop and evolve new therapies — for cancer and for other serious diseases — so patients have realistic shots at beating their diseases, but only when they have access to these new treatments. Frequently, we see insurance companies and pharmacy benefit managers sabotaging patient access to treatment.

There are many factors contributing to the financial toxicity that patients often face. A Commonwealth Fund study just reported that from 2007 to 2014, prices for hospital inpatient care grew 42 percent, compared to 18 percent for inpatient hospital-based physician fees. And the journal Health Affairs reported that the cost of brand-name oral prescription drugs rose more than 9 percent a year from 2008 to 2016, while the annual cost of injectable drugs rose more than 15 percent.

It's not often pointed out, however, that one of the main reasons people are paying more for their health care is insurance companies and employers shifting costs to patients. In the past nine years, employee out-of-pocket spending for a family of four increased 69 percent through higher copays and deductibles, along with 105 percent growth in employee premium contributions. Over the same period, employer premium contributions increased 62 percent.

Among the most popular and critical services CancerCare offers is helping patients navigate their insurance coverage. It's an ever-changing maze of deductibles, copays, complicated benefit designs and restrictive policies that pops up like whack-a-mole and prevents patients from getting the treatment their doctors recommend. We see it with the newest oncology medicines and with those that help with the side effects of chemo and radiation.

Insurers focus on saving money, regardless of the impact on their members' quality of life. In recent years, they have delayed care by instituting restrictive policies such as prior authorization or step therapy (when patients must try and fail using lower-cost treatments before the insurer will cover the prescribed medicine.) Perhaps most troubling is that some insurers are implementing

cost-savings schemes that discount the value of a treatment when it's used by a patient who is elderly or has a chronic condition, essentially determining that some lives are worth saving while others are not.

We are outraged that patients' access to cancer treatments is being denied because insurance company bean counters are determining that some people's lives are not valuable enough to save.

We are outraged that insurance companies are usurping treatment decisions that rightfully belong within the doctor-patient relationship.

Yes, these companies have a responsibility to their shareholders, but where's the responsibility for the lives they're managing — the lives of the people who have paid into the insurance pool, only to be sabotaged by a financial analyst with the ability to override their oncologist's prescription pad.

Given the excessive profits that insurance companies are making on the backs of patients, we deserve outstanding customer service. As consumers and patients, we have a right to accurate, timely and understandable information about the doctors in our network, formulary design and tiers, and changes in policy terms.

We deserve the right to go out of narrow networks if they don't provide physicians skilled in treating our illnesses. We deserve access and fast turnaround on prior authorizations, timely and expert review of denial challenges, and the ability for our doctors to override step therapy when it's not in our best interest.

And a note to employers — you bear responsibility, too. Please take a close look at your plan's benefit design for cancer patients.

Since one in three people gets cancer, it's likely that you or someone close to you will face this challenge. Your decisions regarding coverage and formularies will impact their treatment — and maybe yours — so make sure they are the best they can be.

Patricia Goldsmith is CEO of CancerCare, the leading national organization providing free, professional support services and information to help people manage the emotional, practical and financial challenges of cancer.