BLOOD CANCER COST BURDEN AND TREATMENT RATES

Lymphoma, myeloma, and leukemia were projected to account for over 175,000 new cancer cases in 2019 - 10% of all expected new cancer cases and over 9% of cancer related deaths, according to SEER. Despite these statistics, blood cancer death rates have declined by over 2% from 2011 to 2015. Increased survivorship means more patients will need healthcare services in the years after diagnosis. This translates to an increase in long-term costs associated with surveillance, long-term side effects of treatment, and recurrence.

$189,000
AVERAGE SPENDING IN THE 12 MONTHS FOLLOWING DIAGNOSIS PER COMMERCIAL PATIENT$73,000/$85,000 PER MEDICARE ADVANTAGE/FEE-FOR-SERVICE BENEFICIARY

3 minutes
ONE PERSON IN THE US IS DIAGNOSED WITH BLOOD CANCER AROUND EVERY 3 MINUTES.

ALMOST 20 IN EVERY 10,000 MEDICARE BENEFICIARIES AND 3 IN EVERY 10,000 COMMERCIAL MEMBERS ARE DIAGNOSED WITH BLOOD CANCER EVERY YEAR.

LYMPHOMA HAS THE HIGHEST INCIDENCE AMONG BLOOD CANCERS ACROSS ALL PAYERS.

24 MONTH CUMULATIVE SPENDING

➢ HOSPITAL INPATIENT ADMISSIONS ACCOUNT FOR THE LARGEST PORTION OF SPENDING IN THE MONTH OF DIAGNOSIS.
➢ ANTICANCER DRUG THERAPY AND SUPPORTING SERVICES DRIVE SPENDING IN THE 12-MONTH PERIOD FOLLOWING DIAGNOSIS.
➢ WHILE OVERALL COSTS DECREASE IN SUBSEQUENT YEARS, THEY DO NOT RETURN TO PRE-DIAGNOSIS LEVELS

Unlike patients with Medicare Advantage, beneficiaries in Medicare fee-for-service (FFS) do not have a cap on out-of-pocket (OOP) costs. Roughly 20% of these beneficiaries do not have supplemental (such as Medigap) insurance, leaving them exposed to much higher OOP costs than those with supplemental or Advantage coverage.

Without supplement coverage, there is wide OOP costs dispersion among patients with Medicare FFS: $1,275 for the 10th decile vs. $38,811 for the 90th decile.

24 MONTH PATIENT OUT-OF-POCKET SPENDING DISTRIBUTION

TREATMENT RATES
Among newly diagnosed patients with commercial insurance, 53% receive active treatment, including anticancer drugs, radiation oncology therapy, or stem cell/bone marrow transplant within 90 days of diagnosis. This compares to 41% of patients in Medicare FFS, and 45% of patients with Medicare Advantage.

*Some patients identified as untreated may have received adjuvant care or novel therapies by way of choice that are not readily identifiable in the data.

Data Sources:
- Milliman Consolidated Healthcare Database (2014-2016)
- CMS 100% Medicare Research Identifiable Database for Parts A, B, and D (2014-2017)

References:
3. The commercial spending amounts have been trended 12 months to be on the same basis as MAPD and Medicare FFS spending.

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