



Patient Power

Does Having Private Insurance Instead of Medicare Impact Your Myeloma Care?

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Rebecca Seago-Coyle:

Hey, everyone. I'm here with Dr. Kamal Chamoun from the Seidman Cancer Center. Dr. Chamoun, thank you so much for joining us today.

Dr. Chamoun:

It's my pleasure.

Rebecca Seago-Coyle:

Can you tell us a little bit about what your research focuses on?

Dr. Chamoun:

Okay. So I presented at this meeting a study looking at the effect of insurance on the outcome of patients with multiple myeloma.

Rebecca Seago-Coyle:

Oh, that's an interesting topic.

Dr. Chamoun:

Yes, thank you. We used the national cancer database, which is a database that has 70 percent of cancer patients in the US, and we looked at variables like insurance status, median income according to the patient's ZIP code area, the type of facility that they were treated in, whether academic or nonacademic. We looked at the age, the gender, their race, the type of myeloma, whether primary or secondary, and many other dangerous types. And we had almost 118,000 patients, that were mostly between 2005 and 2014.

And when we first looked at the insurance, when we compare patients above 65 years old, 65 years and above, and we compared them by their insurance type. And we looked at private insurance versus Medicare. We see that patients with private insurance had significantly higher survival than patients on Medicare. The median survival with private insurance was about 42 months, and the median survival for Medicare was 31 months.

Trying to figure out what's leading to this difference we tried to adjust for compounding factors. So we looked at the type of institution where they were treated, and we found that patients with private insurance were treated more in academic institutions compared to patients with Medicare, who were treated more in community-based hospitals. We also looked at the median income according to the ZIP code area where the patients lived, and we saw that patients with private insurance more percentage had higher median income compared to patients with Medicare.

We also looked at the gender. And then when we put all these variables in a multivariable analysis we found, not surprisingly, first, that the age and co-morbidities significantly affected the survival. Like older patients with more co-morbidities had lower survival. And this analysis also showed that patients living in higher median income areas, which may indirectly affect their ability to afford the medications, had higher survival.

Rebecca Seago-Coyle:

So that's interesting because part of one of ASCO's themes is caring for every patient and learning from every patient, and what I'm hearing you say is that people who may be in a higher tax bracket or have a higher income have a better outcome, unfortunately.

Dr. Chamoun:

Unfortunately, it is the case, yeah. And it is one of the measured disparities that I think we need to address and to try to close the gap.

Rebecca Seago-Coyle:

Can you talk about some of the takeaways that our myeloma patients may find interesting that they can take away from this research study? I guess, what are the action items that we're doing once this research has been founded?

Dr. Chamoun:

So we know that patients with multiple myeloma rely on continuous medical treatment to improve their outcome, so it's very important for the patient to be adherent to their medications. Now, affordability of these medications is a problem, and sometimes the best way for patients is to look for an assistance program. We know that some companies do offer assistance programs or some foundations do have assistance programs. It's very important if they cannot afford their medications to look at these, and a lot of our patients can find assistance programs that can help them cover the costs.

More importantly, I think more regulation is needed, higher than just the patient level. I think as a society we need to decide whether this is acceptable to have patients' outcome affected by their insurance type or by their income, and if we decide that it's not acceptable we need to take actions to try to give more or to try to make the care affordable to more patients and try to make these medications that are now very expensive, try, either by decreasing the co-pay for the patients or by trying to work with the government to try to decrease the price of these medications.

Rebecca Seago-Coyle:

Right. So can you tell us more about like what you're doing in your own lab and your own clinic to work with myeloma patients?

Dr. Chamoun:

So we do face this problem especially with patients with myeloma who come complaining of a co-pay, sometimes \$1,000 per month, and we always direct them toward assistance programs. And as an academic institution we are very successful in directing most of our patients and decreasing this burden on most of our patients. We encourage all the physicians to help their patients to find these programs and try to help them afford their medications.

Rebecca Seago-Coyle:

Well, thank you so much for doing that.

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