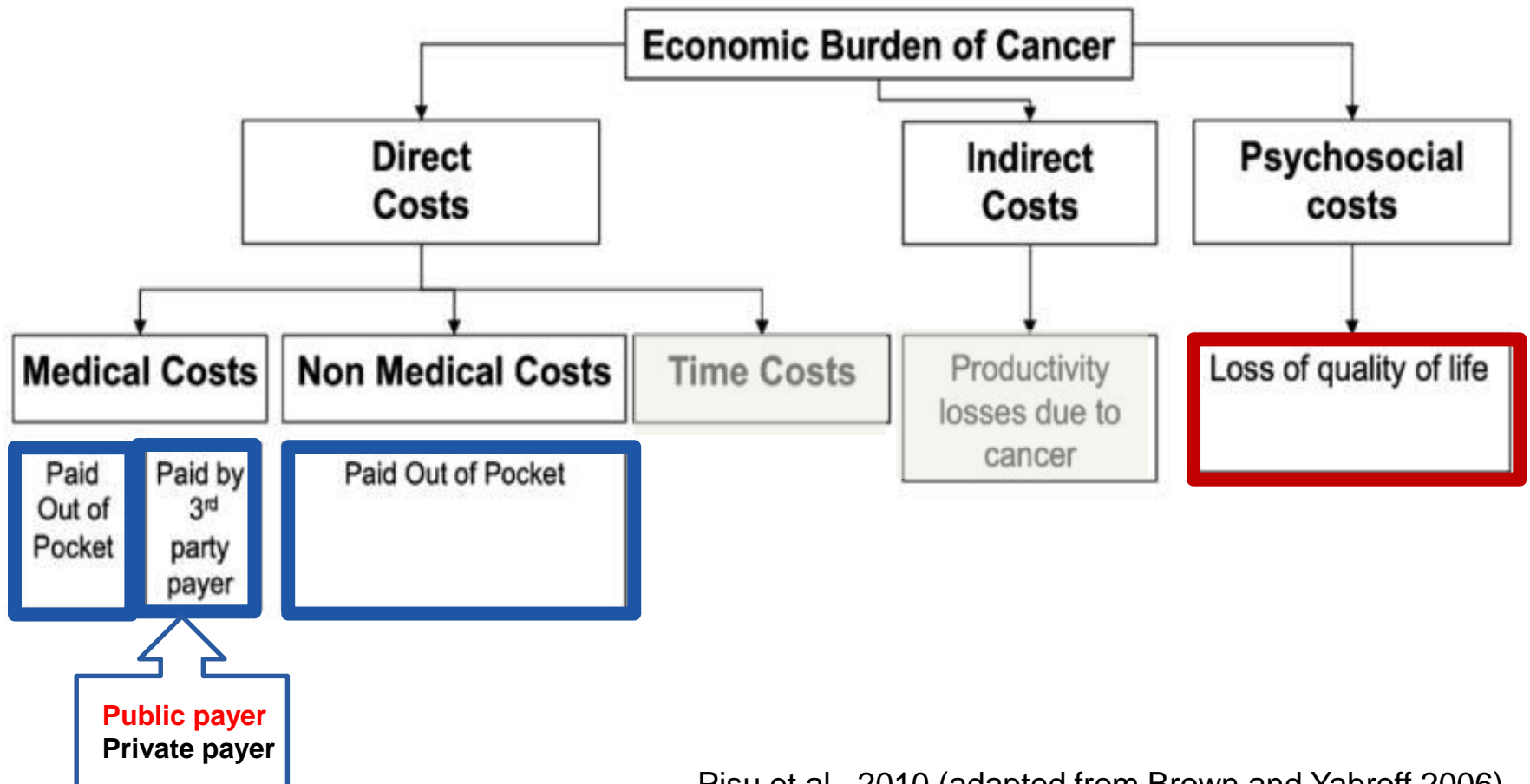




Discussion

Stuart Peacock

The cost burden of cancer: a conceptual framework



Pisu et al., 2010 (adapted from Brown and Yabroff 2006)

Canada Comparisons 2017

2017

(year of most recent available data)



Per person (\$CA)

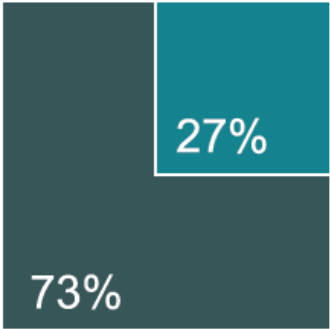
Public

Private

OECD average

8.8% of GDP

\$5,055



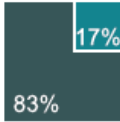
United States

17.2% of GDP
\$12,865



France

11.5% of GDP
\$6,177



Germany

11.3% of GDP
\$7,218



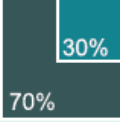
Sweden

10.9% of GDP
\$6,944



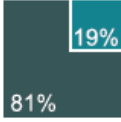
Canada

10.4% of GDP
\$6,082



Netherlands

10.1% of GDP
\$6,786



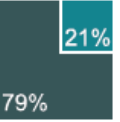
Australia

9.1% of GDP
\$5,725



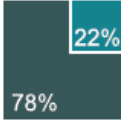
New Zealand

9.0% of GDP
\$4,641

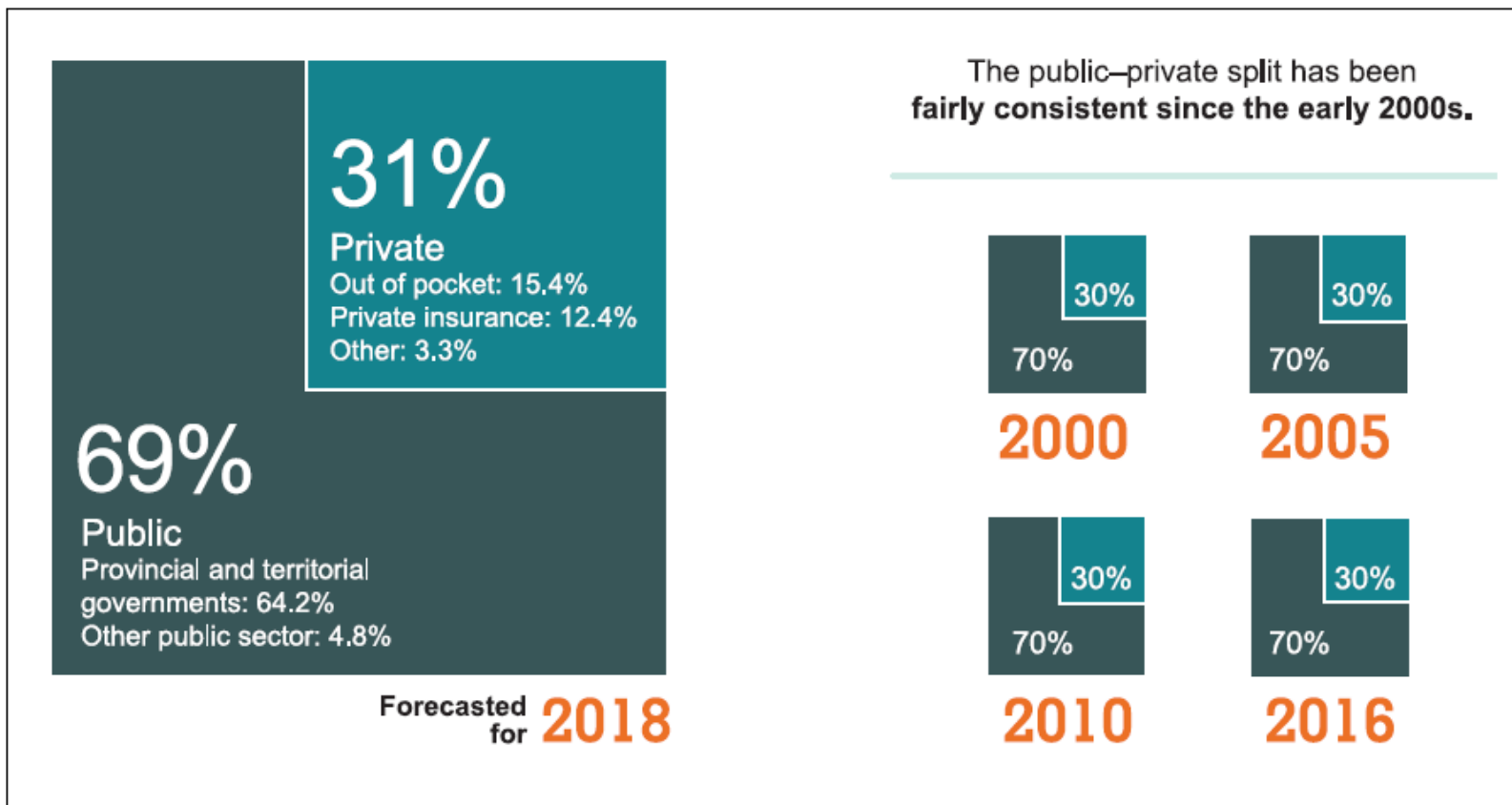


United Kingdom

9.7% of GDP
\$5,373



Who is paying 2018?

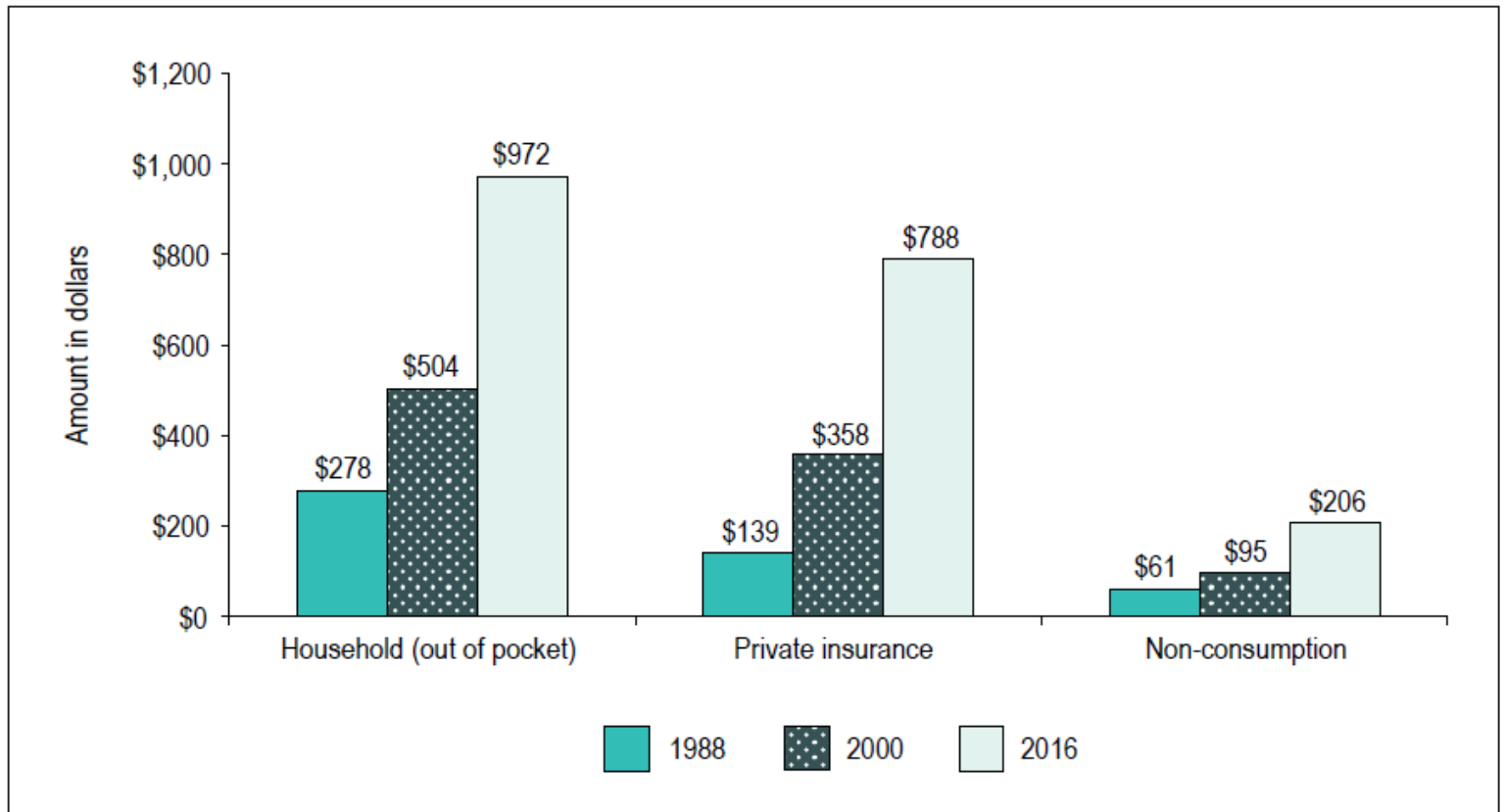


Source

National Health Expenditure Database, Canadian Institute for Health Information.

Who is paying 1988, 2000, 2016?

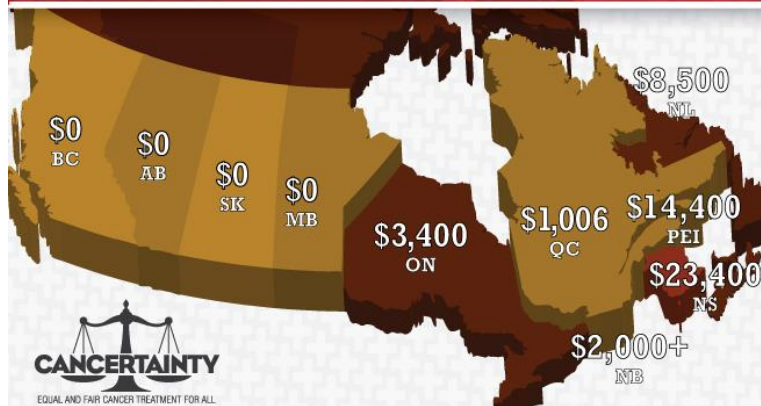
Figure 6 Private-sector health expenditure per capita, source of finance, Canada, 1988, 2000 and 2016



Source

National Health Expenditure Database, Canadian Institute for Health Information.

ONTARIO & ATLANTIC PROVINCES ARE LETTING CANCER PATIENTS DOWN It's Time to Level Up.



Cancer patients in Ontario and Atlantic Canada face administrative hurdles, out-of-pocket costs and delays for their take-home cancer drugs.

**CANCER IS CANCER.
TREATMENT IS TREATMENT.
WHEREVER IN CANADA YOU LIVE.
WWW.CANCERTAINTYFORALL.CA**

ASSUMPTIONS

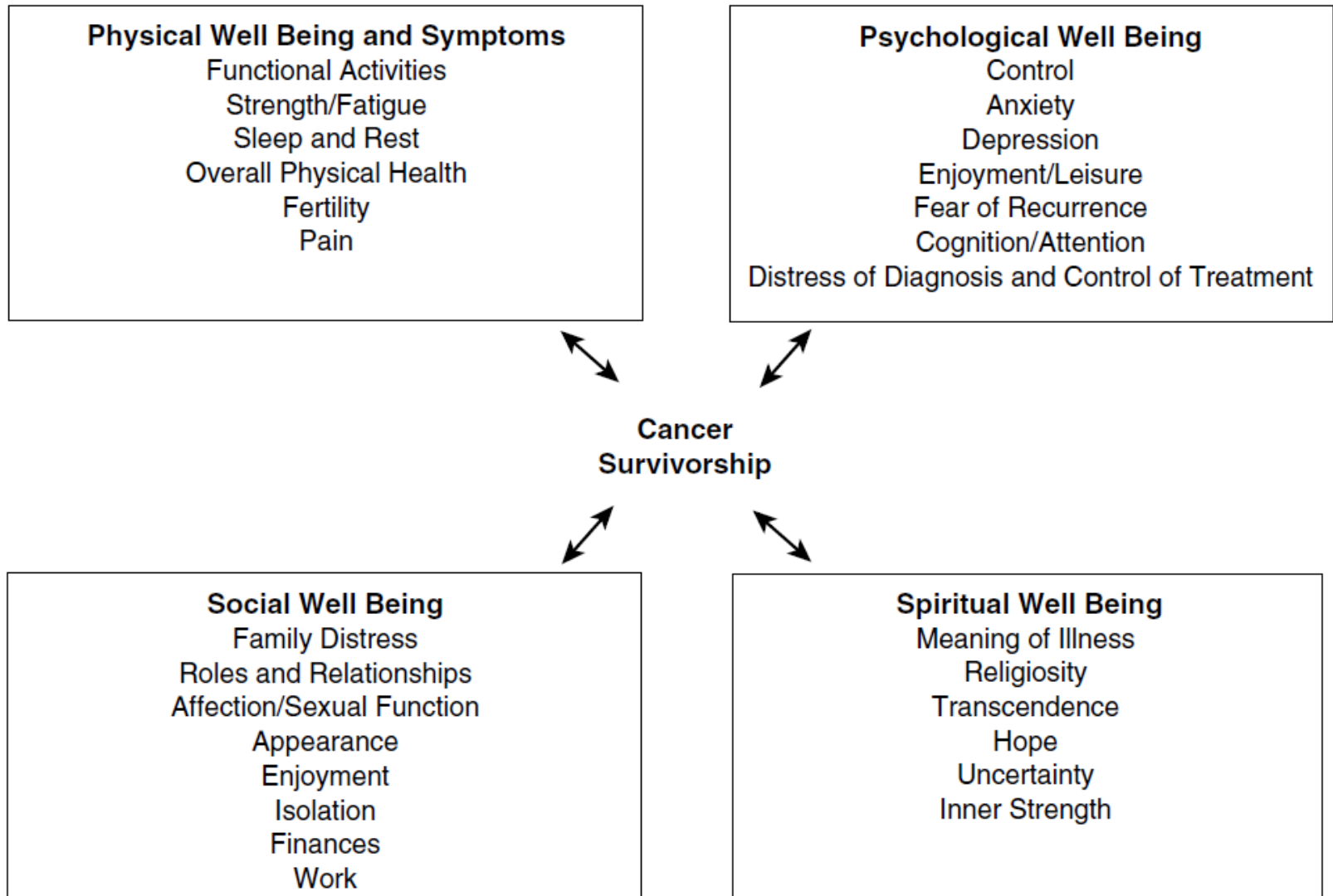
1. Based on total household income of \$120,000 (\$85,000 net).
2. Oral cancer medication costing \$6,000 per month for 12 months.
3. No private insurance.

SOURCES

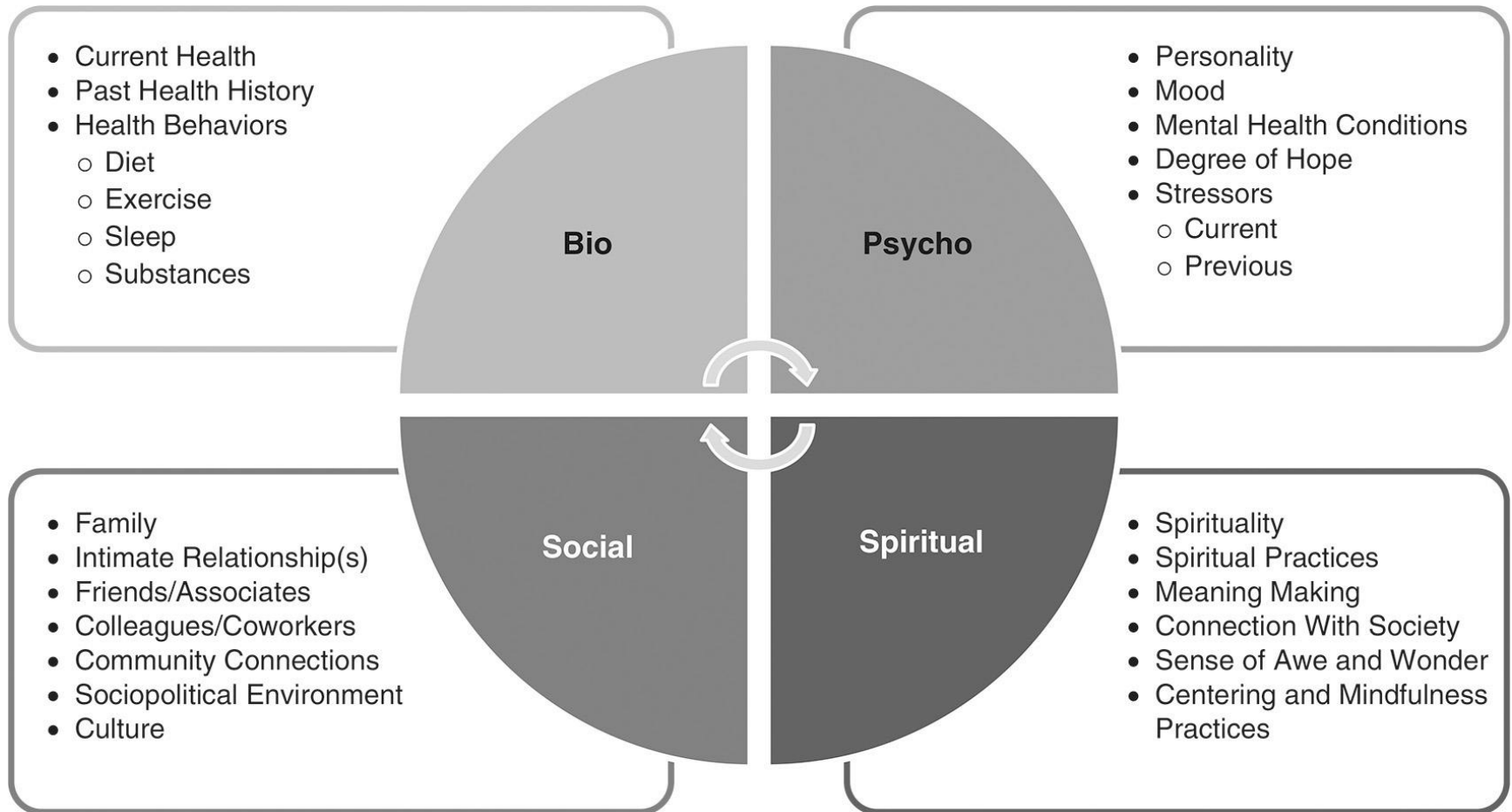
http://www.health.gov.on.ca/en/public/programs/drugs/programs/odp/opdp_trillium.aspx
<http://www.ramq.gouv.qc.ca/en/citizens/prescription-drug-insurance/Pages/amount-to-pay-prescription-drugs.aspx>
 NS Family Pharmacare Calculator: <http://novascotia.ca/dhw/pharmacare/family-calculator.asp>
 NS Family Pharmacare Deductible must be paid in FULL before patients start to pay "only" the copay amount of 20% per prescription.
 NLPD Assurance Plan via <http://www.parl.gc.ca/Content/LDP/ResearchPublications/prb0906-e.htm>
 New Brunswick Drug Plan Premium: <http://www2.gnb.ca/content/gnb/en/departments/health/MedicarePrescriptionDrugPlan/NBDrugPlan/Premiums.html>
<http://healthpei.ca/catastrophic>

- What is the best way to develop standardized methodologies for conceptualizing and measuring out of pocket costs?
- Within Canada? Internationally?
- It's about measurement, it's about equity

Quality of Life Model Applied to Cancer Survivors



Biopsychosocial spiritual model



ICECAP capability measures



Measures of wellbeing for use in economic evaluation. The measures are conceptually linked to Amartya Sen's capability approach which defines wellbeing in terms of an individual's ability to 'do' and 'be' the things that are important in life.

MEASURING HEALTH SPILLOVERS FOR ECONOMIC EVALUATION: A CASE STUDY IN MENINGITIS

HARETH AL-JANABI^{a*}, JOB VAN EXEL^b, WERNER BROUWER^b, CAROLINE TROTTER^c, LINDA GLENNIE^d,
LAURIE HANNIGAN^{d,†} and JOANNA COAST^a

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^cDisease Dynamics Unit, Department of Veterinary Medicine, University of Cambridge, Cambridge, UK

^dMeningitis Research Foundation, Bristol, UK

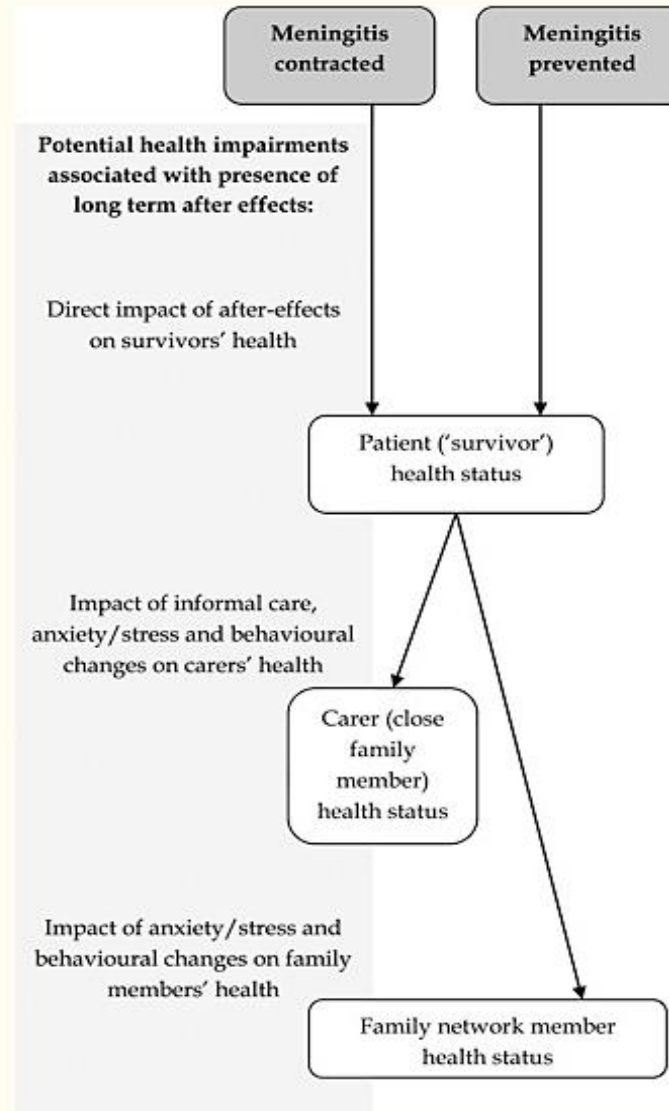


Figure 1

Framework for examining health spillovers arising from the prevention of meningitis

- Enough already with 3L vs. 5L
- Psychosocial costs = quality of life?
- Narrow conceptualization vs. broader conceptualizations (capabilities, biopsychosocial-spiritual)
- Families/households as the unit of analysis

In Canada, social and economic conditions account for about half of population health outcomes (Standing Senate Committee on Social Affairs, Science and Technology, 2009).

Health is determined by our living and working conditions and access to resources to take part in the customs and activities of society (Bernas & MacKinnon, 2015).

Income, childhood environments, access to food and housing, education, and employment conditions influence health.

Winnipeg Regional Health Authority

- Income, income inequality, and health
- The cost burden of cancer must be placed in the context of household income, and income inequality and the family unit