

Introduction

- Financial toxicity (FT) is a nonspecific term used to characterize the self-reported economic consequences resulting from a medical problem.
- There are both direct and indirect costs associated with medical treatment
- Overall goal is to identify select patient populations that have disproportionately increased financial toxicity

Methods

- All patients presenting to Urology of Virginia for care between September and October 2022 were offered COST-FACIT surveys to complete
- Patients were screened based on visit diagnosis and charts were reviewed
- The COST-FACIT scoring tool was applied to each survey with a lower total score indicating worse financial toxicity
- FT grade 0-3 was calculated and the incidence of financial toxicity was calculated based on diagnosis

		Not at all	A little bit	Some-what	Quite a bit	Very much
FT1	I know that I have enough money in savings, retirement, or assets to cover the costs of my treatment.....	0	1	2	3	4
FT2	My out-of-pocket medical expenses are more than I thought they would be.....	0	1	2	3	4
FT3	I worry about the financial problems I will have in the future as a result of my illness or treatment.....	0	1	2	3	4
FT4	I feel I have no choice about the amount of money I spend on care.....	0	1	2	3	4
FT5	I am frustrated that I cannot work or contribute as much as I usually do.....	0	1	2	3	4
FT6	I am satisfied with my current financial situation.....	0	1	2	3	4
FT7	I am able to meet my monthly expenses.....	0	1	2	3	4
FT8	I feel financially stressed.....	0	1	2	3	4
FT9	I am concerned about keeping my job and income, including work at home.....	0	1	2	3	4
FT10	My cancer or treatment has reduced my satisfaction with my present financial situation.....	0	1	2	3	4
FT11	I feel in control of my financial situation.....	0	1	2	3	4
FT12	My illness has been a financial hardship to my family and me.....	0	1	2	3	4

Figure 1. COST-FACIT survey

Results

- A total of 1,434 patients were included in this analysis
  - Benign prostatic hypertrophy: 370
  - Erectile Dysfunction: 128
  - Nephrolithiasis: 597
  - Overactive bladder: 93
  - Hypogonadism: 71
  - Urologic cancer: 175

- All patients included were commercially insured

Urologic Condition	Percentage with Grade 2-3 Financial Toxicity
Nephrolithiasis	82%
Benign Prostatic Hyperplasia (BPH)	28%
Erectile Dysfunction	33%
Prostate Cancer	23%
Male Urethral Stricture Disease	41%
Overactive Bladder	17%
Bladder Cancer	26%
Hypogonadism	30%
Male Incontinence	23%
Female Incontinence	35%

Highest risk populations:

- Bladder cancer: younger female African American patients
- Benign prostatic hypertrophy: Premedicare eligible patients with at least one episode of urinary retention
- Advanced prostate cancer: Increasing distance to clinic was most predictive of increasing financial toxicity

Results cont.

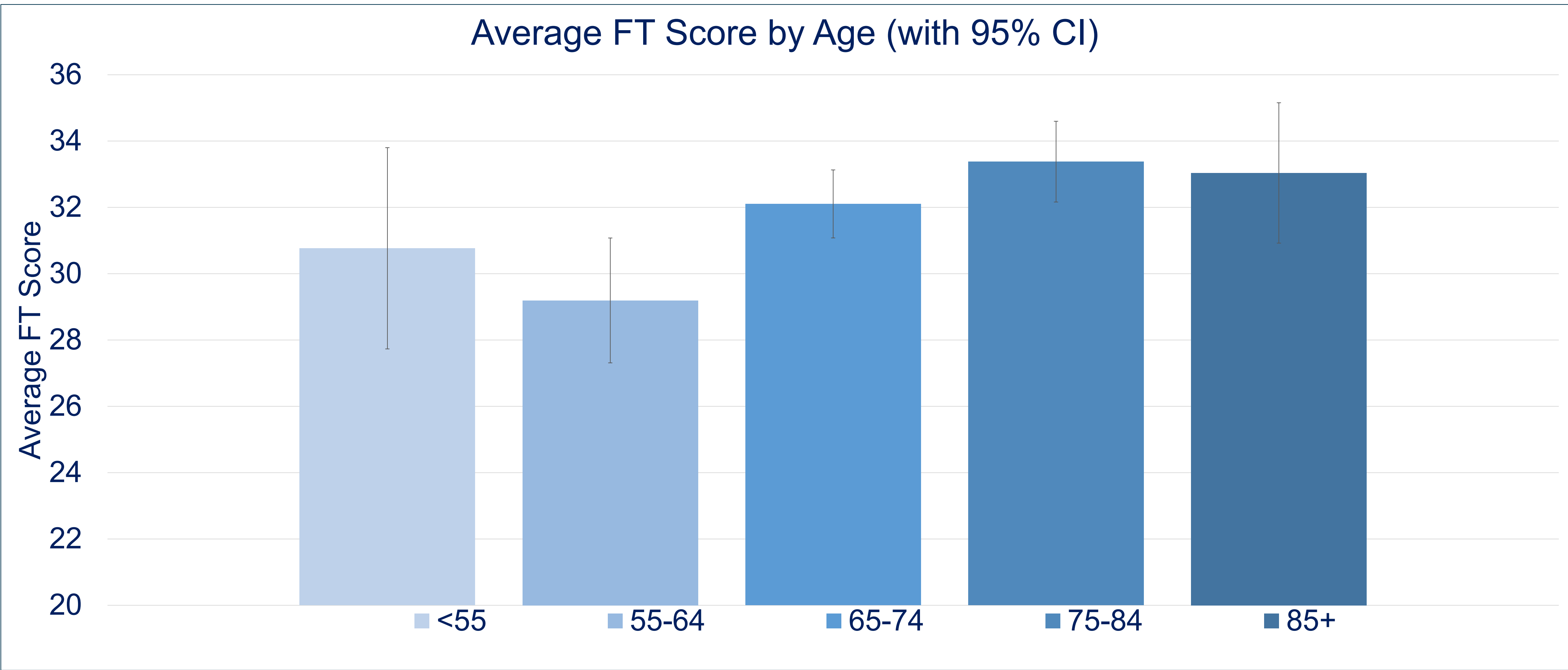


Figure 4. There was a statistically significant correlation between increasing age of patient and decreasing financial toxicity, with predicted total FT Score increasing by 0.13 points per year of age (P-value < 0.001, R: 0.14). One factor explaining this correlation may be the Medicare eligibility threshold at age 65.

Conclusions

- In the setting of a private practice with insured patients, there remains a significant amount of financial toxicity
- Further investigations into mitigating factors for at risk populations is required.
- Policy changes that support: expanding the workforce, telehealth expansion, price transparency, are critical in making urologic care accessible and equitable.

References

1. Green, B. W., Labagnara, K., Feiertag, N., Gupta, K., Donnelly, J., Watts, K. L., Crivelli, J. J., Assimos, D. G., & Small, A. C. (2022). Financial Toxicity of Nephrolithiasis: The First Assessment of the Economic Stresses of Kidney Stone Treatment. Urology, 170, 46–52. <https://doi.org/10.1016/j.urology.2022.08.042>