

16 Apr 2019

To: Panel on Health Services,

Subcommittee on Issues Relating to the Support for Cancer Patients

Cancer Drug Cost Database through Crowdsourcing

The foundation (WeCareBill Foundation) advocates a database on cancer drug treatment and cost. Cancer drug treatment counselling services are provided by registered pharmacists for cancer patients. The service aids patients to analyze effectiveness, risk and expenditure of drug treatment and empower them to choose the most appropriate treatment.

In regards to the overall strategy for the prevention and treatment of cancer, we have the following sharing and suggestions.

Currently, cancer patients in public hospitals face the following pain points:

- 1) The waiting time for oncology clinic is worsening in public hospitals. Treatments are often delayed for one to two months.
- 2) There is a shortage of frontline oncologists in public hospital. Doctors' consultation time is usually only 5-8 minutes for each patient. Doctors do not have the time to explain medication options. Due to the lack of understandings in patients' health insurance and financial concerns, it is difficult for them to suggest expensive treatments for patients.
- 3) Doctors and medical social workers cannot answer patients' enquiries as they lack the tools to update various subsidies and medication fees. Therefore, it often takes patients a few months to go through several channels and know the price. The psychological stress becomes more notable when patients and their families are more concerned with affordability of medical services.

4) Some patients in private hospitals realize they can no longer afford the cost of cancer treatment in the middle of the treatments. Their treatment is often delayed when they have to look for cheaper alternatives or transfer to public hospitals.

5) Even if patients are insured, they often choose to wait in public hospitals due to the lack of price transparency in private hospitals.

The rising cost of cancer treatment is a major concern for most cancer patients in Hong Kong. The middle-class cancer patients do not necessarily have enough assets to purchase drugs. They are also not eligible for subsidy from the Safety Net of Hospital Authority. Affordability has become a primary consideration for their choice of drugs. However, the current private medical charges in Hong Kong are not transparent. There is no clear and systematic guidance for cost of treatment in public hospitals, preventing patients from participating in their medication decisions.

Solution:

The foundation advocates registered pharmacists to conduct drug usage strategies and financial consultations for cancer patients. We establish a database on cancer treatment and costs and assist pharmacists in providing new value and services to patients.

With the help of pharmacists and database, patients can consider their affordability to:

1) commence treatment once or twice in private sectors during waiting period in public hospitals

2) proactively ask doctors in public hospitals about details of non-subsidized drugs

3) proactively inquire about drug treatment proposals that are not available in public hospitals and consider private services where they see fit.

4) When the database is mature, other qualified medical staff can also answer patients' questions on price based on the medication list and indicative cost range, so that patients can get accurate information more easily.



The front line oncologists and social workers we interviewed support financial counseling as an urgent need for patients. They hope that relevant tools could accurately assist patients in answering questions on charges, achieving patient-centered care services.

The Foundation is now approaching different non-profit organizations (e.g. The Philanthropic Community Pharmacy with St. James' Settlement and Cancer Patient Alliance) to discuss collaboration. We also plan to provide free trial services for cancer patients with the help of volunteers from the foundation and pharmacy students from the University of Hong Kong.

Conclusion:

Under the current situation with limited medical resources, the proposal aims to improve the welfare of patients without the need of a significant grant or alteration of the medical ecosystem. Through the introduction of financial counseling services, the number of patients waiting in the oncology department can be reduced in public sector, alleviating the burden on public hospitals.

We propose this new value-added services to the Panel on Health Services from Legislative Council. The database is a software that enhances knowledge management and provide more comprehensive and effective assistance to frontline medical staff. Our ultimate goal is to help cancer patients to seek quicker, more accurate medical services that best suit their needs.

[The supporter names of the joint statement are available in Chinese Version only.]