

The Economic Burden of Lung Cancer & Mesothelioma in Canada Due to Occupational Asbestos Exposure

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Summary of Findings

- Total cost of mesothelioma and lung cancer from asbestos related occupational exposure for new cases in 2011 was \$1.7 billion
- The per case average lifetime cost was \$818K
- Health-related quality of life costs were the highest proportion of the costs at 80%
- The next highest proportion was direct costs, including health care, out of pocket, family care giving and WCB administration at 11%
- Indirect costs, including friction and output & productivity costs, were 9% of total costs
- Substantial economic burden from 2,099 newly diagnosed cases in 2011

Overview

Type of economic burden study undertaken

- Incidence costing study
- Considers only newly diagnosed cases in a particular year
- Includes lifetime costs associated with each new case incurred by all stakeholders

Key question addressed by this analysis

- What would be the saving to society if we did not have any cases of cancer attributable to occupational asbestos exposures in a particular year?
- Economic burden = counterfactual scenario current scenario

Overview (cont'd)

Key cost components considered

- 1. Direct costs (health care products & services)
- 2. Indirect costs (output & productivity in paid work)
- 3. Quality of life costs (social role engagement & intrinsic value of health)

Study Framing

- Newly diagnosed cases in 2011
- Estimate total lifetime costs of these cases incurred by all stakeholders (societal level economic burden)
- Discounted all (future) costs to 2011 calendar year

Impacts & Related Costs by Stakeholder

Individual	Family & Community	Employer	System, public sector & society
out-of-pocket expenses for health care products & services	care giving of family & community members	• insurance programs costs for health care products & services	• health care products & services
		• insurance admin	• insurance admin
labour-market earnings	 family income and savings 	• productivity & output	• productivity & output
payroll benefits associated with labour-		replacement worker recruitment & training	• friction costs
market earnings	and community members	costs (friction costs)	capital accumulation, investment, and related
wage replacement benefits	adult outcomes of children	• insurance program costs for wage	productivity implications
		replacement benefit	
engagement in social roles		• labour relations	 population health- related and quality of life
• intrinsic value of health		• reputation	
	 out-of-pocket expenses for health care products & services labour-market earnings payroll benefits associated with labour-market earnings wage replacement benefits engagement in social roles 	 out-of-pocket expenses for health care products & services labour-market earnings payroll benefits associated with labourmarket earnings wage replacement benefits engagement in social roles Community care giving of family & community members family income and savings quality of life of family and community members adult outcomes of children 	 out-of-pocket expenses for health care products & community members labour-market earnings payroll benefits associated with labour-market earnings wage replacement benefits engagement in social roles care giving of family & costs for health care products & services insurance admin productivity & output replacement worker recruitment & training costs (friction costs) insurance program costs for wage replacement benefit labour relations

Direct Costs of Health Care

- Starting point was health care costs of lung cancer by type and stage identified by Canadian Cancer Risk Management Model (CRMM)
- CRMM also provided data on survival probabilities
- For mesothelioma survival used US Surveillance, Epidemiology, and End Results (SEER) Registry
- Added health care administration costs of 16.7% (Woolhandler 2003)
- Fraction of cases appearing in WCB system
 – 54% for mesothelioma and 10% for lung cancer (Del Bianco 2013)
- Higher health care costs for WCB accepted claims (WSIB 2007, CRMM)

Other Direct Costs

Family & Community Time in Care Giving

- Assumed 16 hours of care giving time per week (Van Houtven 2010)
- Care giving time valued at weighted average provincial minimum wage
- Weighted average increased by 2% per year after 2015

Out of Pocket Costs

- Assumed to be \$548/month—includes travel, parking, drugs, home health care, vitamins, accommodation (Longo 2011)
- Assumed to increase by 2% per year
- Cost assumed to be incurred for 10 years and were adjusted for survival rates over this period

Administration

 Added WCB administrative costs of 27% of incurred expenses & transfer payments (AWCBC 2011)

Indirect Costs of Output & Productivity

Human Capital Approach (HCA)

- Used to estimate lost labour-market productivity & output
- Considered the wage of individual & the amount of work time lost due to poor health or premature death (CRMM, Earle 2010, SEER Registry)
- For counterfactual used average labour-market earnings in Canada adjusted for age & sex (LFS 2011, SLID 2010)
- Included payroll costs (14%) and productivity growth (1%) in estimates (Canadian National Accounts)

Friction Cost Approach (FCA)

- Used to reflect cost to employer to replace absent worker if sickness absence endured for a period of time
- Losses assumed to be 6 months of annual wage in year of diagnosis

Quality of Life Costs

- Captured through Quality Adjusted Life Years (QALYs)
- Preference-based measure of health-related quality of life
- Morbidity & time are combined using a weight that is between 0 (death) & 1 (one year in perfect health)
- QALY does not include productivity & output from market activity
- Future QALYs were discounted using a 3% rate

Quality of Life Costs (cont'd)

- QALY weights and conditional life expectancies associated with each cancer (CRMM, SEER, Arnold 2015)
- For counterfactual used population average QALY adjusted for age & sex (CCHS 2010)
- For counterfactual used population conditional life-expectancy (Canada Life Tables 2009-2011)
- Literature offers range of values for a QALY from \$US20K to US\$161K
- We use CAN\$100K for value of a QALY

Economic Burden of Mesothelioma

Based on 391 cases in 2011	All cases	Per case	
Health care costs:	\$ 18,111,628	\$ 46,351	
Informal care giving:	\$ 5, 211,858	\$ 13,338	
Out of pocket:	\$ 4,859,052	\$ 12,435	
Workers' comp administration:	\$ 32,784,603	\$ 83,902	
Productivity and output:	\$ 26,485,332	\$ 67,781	
Friction:	\$ 2,123,380	\$ 5,434	
Health-related quality of life:	\$269,720,081	\$690,263	
Total:	\$359,295,934	\$919,503	

^{* 2011} Canadian dollars

Economic Burden of Asbestos-related Lung Cancer

Based on 1,708 cases in 2011	Al	l cases	Per case
Health care costs:	\$	48,631,695	\$ 28,480
Informal care giving:	\$	29,464,431	\$ 17,255
Out of pocket:	\$	28,253,406	\$ 16,546
Workers' Comp administration:	\$	23,538,935	\$ 13,785
Productivity and output:	\$	109,797,788	\$ 64,300
Friction:	\$	9,279,172	\$ 5,434
Health-related quality of life:	<u>\$1</u>	,108,198,035	\$648,988
Total:	\$1	,357,163,463	\$794,789

^{* 2011} Canadian dollars

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