

# VEZAHEALTH

Libby's Lung Cancer  
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More than 15.5 million Americans are currently living with cancer and in 2018, an estimated 1,735,350 more Americans will receive a new cancer diagnosis. Of the 15.5 million, and the 1,735,350 newly diagnosed, 1,670 will die from cancer every day. The number of deaths caused by cancer is second only to heart disease, further demonstrating the disease does not discriminate by race, gender, socioeconomic status, lifestyle, or age. Relative survival statistics estimate only 65% percent of Americans touched by cancer will be considered survivors (American Cancer Society, 2018). The annual financial burden of cancer was estimated to be more than \$80.2 billion in 2015 with 38% of the \$80 billion spent on inpatient cancer care, and 52% accounting for outpatient expenses. To an individual or family, cancer's cost is highly variable and can reach amounts greater than \$30,000 per month, despite insurance (National Cancer Institute, 2018).

When a patient's life is touched by cancer the implications are limitless and devastating for the patient's future, finances, and family. Facing at best the unknown, and at worst – death, patients are reliant upon their healthcare providers for accurate, engaged, timely, and appropriate care from diagnosis, through treatment, and into remission surveillance. Treatment depends on the type, location, size, and metastatic stage of cancer. Interventional surgery may provide a hopeful prognosis – sometimes in combination with chemotherapy or radiation before and/or after. The patient must trust the physician with their life, hoping the recommendations are accurate, appropriate, and result in survival. Such trust begs the question, how can a patient be certain your physician's clinical perspective and plan for treatment is accurate, appropriate, and supportive of survival? The British Medical Journal and the Journal of American Medical Association estimated 10-28% of cancer patients experienced a misdiagnosis or a missed opportunity for better treatment in 2013. "Libby" fell victim to a misdiagnosis and a missed opportunity for better treatment during her journey with non-small cell squamous carcinoma.

The primary care provider "Libby" saw was fully aware of her smoking history and failed to screen her for lung cancer in the 20+ years of annual visits. Upon a second office visit for a nagging sore throat and difficulty breathing, unimproved swollen lymph nodes finally prompted further investigation. CT's, MRI's, blood tests, and a painfully invasive bronchoscope biopsy revealed cancer had completely infiltrated her left upper lobe. The lung was completely ineffective for air exchange and had completely collapsed.

"Libby" was told a lobectomy was necessary before her cancer could be fully staged. Following an emergency room visit due to difficulty breathing, it became clinically clear the procedure was necessary immediately. Facing confusion, terror, and the unknown, "Libby" sought comfort from her surgeon, who promised to help her, take care of her, and support her regardless of what the future held. "Libby" and her family moved forward with the surgical intervention to optimize her chances of becoming a cancer-free survivor.

The surgery was excruciatingly painful requiring 17 days in intensive care, and a second bronchoscopy. "Libby" was finally discharged home, anxious as her prognosis was still

unknown. Furthering the complexity and confusion, “Libby” found herself at home with her husband – who had not received instructions to care for her. Her daughter returned to the hospital searching for discharge instructions while at home, “Libby” and her family waited for the help, the care, the support, and the crucial information.

Two weeks passed before “Libby” and her husband met with the surgeon and a team of physicians, who in conversation continued to refer to an oncologist who would take over her treatment but was not present. She was told she was “cancer free”, but the team of doctors recommended she begin a five-week course of chemotherapy based on the stage of her cancer. The physicians ignored her questions related to the side effects of the chemotherapy. In the weeks following surgery, she had progressively lost weight and now weighed less than 100 pounds. Her husband spoke up on her behalf and asked if it would be safe for her to have chemotherapy. Avoiding “Libby” and her husband’s concerns for safety, the doctors stressed the necessity of chemotherapy, even though the physicians also confirmed chemotherapy would increase her chance of survival through the next five years by only 5%.

Confused and frightened, “Libby” and her husband returned home, only to receive a call from the oncologist a few days later. In the appointment with the oncologist, she and her husband discussed the previous physician encounter during which chemotherapy was not only recommended but emphasized as necessary. To their surprise, the oncologist informed them chemotherapy was not necessary, and a PET scan could provide the information necessary to determine if “Libby” was in fact, cancer-free, or would need further treatment. Elated with the news, the couple moved forward to acquire the diagnostic testing they believed would determine their future, only to meet the roadblock of her insurance carrier. The insurance company followed notes from the first physician’s meeting and denied the PET scan, but would cover the chemotherapy. Confused, scared, and angry, “Libby” and her husband met with the team of doctors again. The oncologist now present, stated the staging had changed and “Libby” should undergo chemotherapy. Again, she conveyed her concerns about her weight and the additional stress of chemotherapy to her fragile state of health and again, her concerns went unanswered.

“Libby” lost all trust in her physicians – the help, the care, the support she was promised disappeared when she decided against chemotherapy. No doctor was willing to answer questions regarding her weight, the burden of the toxic chemicals pumped into her veins, or whether the proposed treatment could take her life, all for the hope of a 5% increase in her survival rate. Further confounding her feelings and distrust, her current cancer status remained unknown as she had received no follow up diagnostic imaging to this point.

At home she waited to hear more, all the physicians had emphasized the efficacy of her treatment was time-sensitive, but she needed to know if chemotherapy was necessary – was cancer back? Seven weeks passed before she heard from her physician team again, and again without any investigation or diagnostic testing into her cancer status, the only direction or option offered was chemotherapy. Her weight remained unimproved, and she was completely lost, terrified, and forgotten.

Then her self-funded health plan contacted her with an idea, perhaps she should receive a second opinion. Her feelings of distrust ran high, she had sat at home abandon now for three

months. What could another doctor do? More persuasion toward unwanted chemotherapy and more questions left unanswered? Was this a move to manipulate her toward treatment she didn't want? Hesitantly, angrily even, she and her husband agreed to speak with the second opinion company, VezaHealth.

VezaHealth patiently listening to their story, took diligent notes, and beyond clinical data asked how the diagnosis, the treatment, and the follow-up had affected her life. Slowly but surely, with diligent follow up and communication, "Libby" began to feel like she had a voice in her path toward health, her concerns and fear finally mattered. VezaHealth remained engaged, communicating and listening while vetting out an elite physician, an expert in her disease, to deliver a second opinion after reviewing not only her medical record but the recounting of the disease's effect on her life as recorded by her VezaHealth Consultant. When she connected with her second opinion physician, he knew her journey and was ready to hear her voice.

The physician VezaHealth selected spent two hours working through the re-telling of her story, allowing her time and space to speak and answer her questions. When he delivered his clinical perspective he not only knew her objective medical history, but the profound effect illness had on her personally. Putting together all the pieces and addressing her questions, he validated her decision to not go through with chemotherapy, not only because of her weight loss history but because the course of treatment was inappropriate. Her previous physicians had not been able to appropriately diagnose or stage her cancer because they were using out of date algorithms for staging! "Libby" needed only follow up diagnostic imaging for surveillance at regular intervals for the next two years, and then if she is still cancer free, that interval could be extended. With the support of her VezaHealth Consultant, "Libby" received her CT scans at a new hospital and the results were confirmed locally and by her second opinion physician – Libby was in remission.

VezaHealth's advocacy and delivery of the remote second opinion from an elite physician resulted in substantial savings for the self-funded health plan and "Libby," but more importantly, it saved "Libby" from the unnecessary and potentially harmful chemotherapy, recommended due to misdiagnosis and the resultant missed opportunity for better treatment.