

How (and Why) to Maximize Your Financial Advocacy Program

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Ohio Hematology Oncology Society

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Agenda

What is financial toxicity?

2 case studies

A critical patient service

The goals of financial advocacy services

3 real world examples

Tools & resources

4 opportunities

Cancer is one of the costliest diseases to treat in the United States. According to a 2019 survey conducted by The Mesothelioma Center, 63 percent of patients with cancer and their caregivers struggle financially following a cancer diagnosis.¹ This struggle often continues long after patients' initial diagnosis into treatment, and it can follow them into survivorship and follow-up care. As the cost of treatment continues to rise, the financial burden that often accompanies a cancer diagnosis is growing to unsustainable levels—the cost of new cancer medications tops the charts at \$100,000 or higher annually.²

What is Financial Toxicity?

Concept first hinted at in 2011

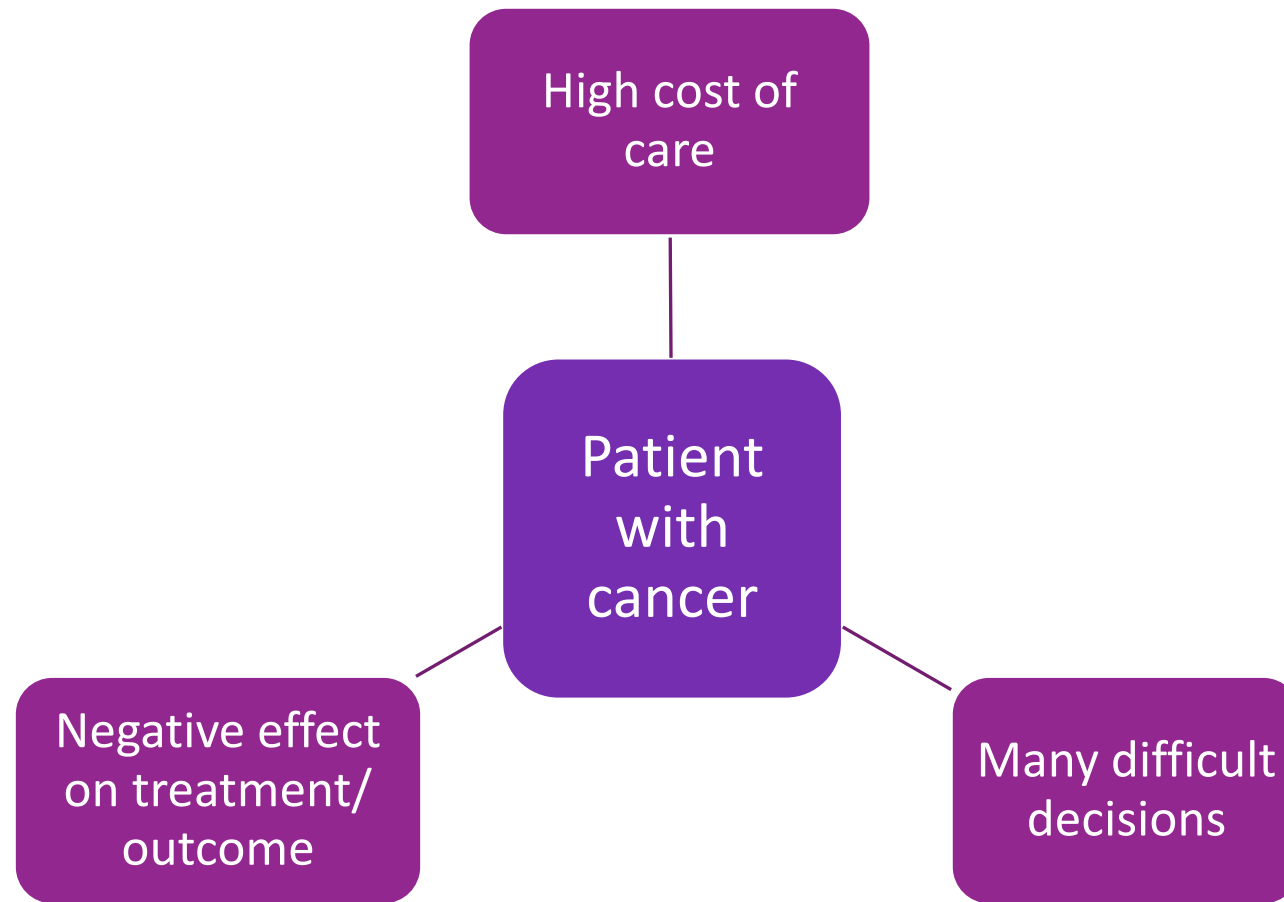
- Researchers from Fred Hutchinson Cancer Research Center in Washington state presented a study that noted “strong evidence of a link between cancer diagnosis and increased risk for personal bankruptcy” which they believed “represents an extreme manifestation of what is probably a larger picture of economic hardship for cancer patients”

(Ramsey et al. Health Affairs, June 2013)

Two years later, researchers from Duke proposed a term to describe a new adverse event in cancer treatment

- “Out-of-pocket expenses might have such an impact on the cancer experience as to warrant a new term: ‘financial toxicity.’ Out-of-pocket expenses related to treatment are akin to physical toxicity, in that costs can diminish quality of life.”

(Zafar SY, Abernethy AP. Financial Toxicity, Part 1: a new name for a growing problem. Oncology. 2013 Feb;27(2):80-1, 149.)



Financial stresses on three fronts

1. Out-of-pocket expenditures for medical care – co-pays, coinsurance, deductibles, premiums – and related non-medical expenses (e.g. costs of transportation and parking).
 - One estimate is that ~5% of total medical expense per patient is paid directly out-of-pocket by patients
 - Another estimate: out-of-pockets expenses for insured patients are at least \$5,000/year
2. Loss of earnings for the affected individual - and sometimes loss of access to insurance.
 - Individual earnings for cancer survivors tend to fall during the 5-year period after diagnosis.
3. Potential loss of household income of other family members due to caregiving needs.

Not just an
economic
concern

Health care-related financial distress is not just an economic concern but has also been associated with

worse quality of life,
lower adherence and
increased mortality.

Multi-factorial issue

Complex (and sometimes dysfunctional) health care system

Rapidly rising drug costs

High hospital costs

Frequently weak insurance coverage

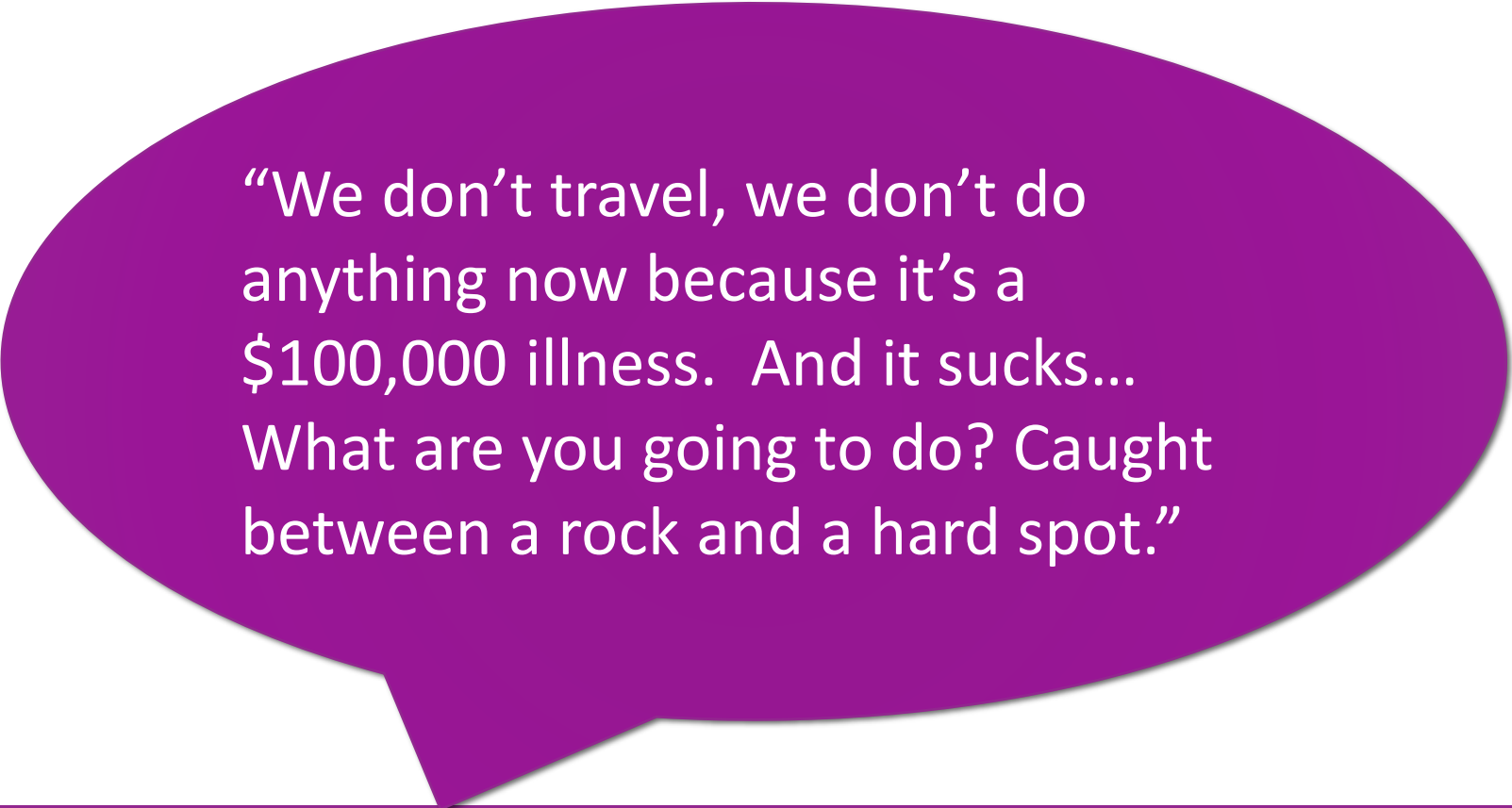
Uneven and inadequate sick leave policies with many employers

Generally poor financial state of many families in the US

.....Compounded today by the COVID-19 pandemic

Case study: Janet

67 year old insured woman with metastatic breast cancer



“We don’t travel, we don’t do anything now because it’s a \$100,000 illness. And it sucks... What are you going to do? Caught between a rock and a hard spot.”

Case Study: Mikey and his mom

5 year old Mikey diagnosed with rare form of cancer

Mom worried about his chances of survival and side effects of treatment.... didn't anticipate the financial toll his illness would take on the family

Mom had to quit her job; family income fell to half, faced with mounting medical bills

Months into treatment....

Family's savings were obliterated; fell behind on mortgage and utility payments; neighbors held a fundraising drive but it was only a temporary fix

Oncology Care Model

OCM putting in place 13 components of the Institute of Medicine's Care Management Plan requirements, many/most of which will influence the patient's sense of financial wellbeing.

- Informing the patient of his/her diagnosis, prognosis, length of treatment, treatment benefits/harms – and providing an estimate of the total and out-of-pocket costs of treatment – all heavily impact the patients financial sense of security or wellbeing.

BUT you must have well trained financial advocates to address these complex circumstances. Physicians and financial advocates need to be better prepared to deal with the many ramifications of financial toxicity.

A “Critical Patient Service”

Financial Counselor

Financial Coordinator

Financial Advocate

Financial Navigator



Financial Advocacy Boot Camp

Financial Advocacy Playbook

Patient Assistance & Reimbursement
Guide

Financial Advocacy Toolkit

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The Goals of Financial Advocacy Services

- A. Proactively identify and evaluate how to maximize the patient's health insurance benefits.
- B. Proactively reduce economic barriers to care by having working knowledge of available patient assistance programs, financial advocacy tools, and resources.
- C. Accurately explain insurance coverage and assistance options and skillfully communicate with patients and their caregivers focusing on issues of cost of care, patient assistance support, and additional resources.
- D. Manage, track, and report on all financial advocacy and patient access services interactions.
- E. Ensure that providers and cancer program staff are aware of ongoing policy requirements from payers for coverage or services.
- F. Help mitigate institutional financial toxicity.

Lehigh Valley Health Network (LVHN)

3 hospital system

Protect Revenue

- Authorizations and medical necessity
- IV drug replacement
- Advanced beneficiary notice
- Denials and appeals
- Benefit verification and out-of-pocket estimates

Assist uninsured and underinsured patients

- Drug assistance programs
- Co-pay relief programs
- Community programs/foundations
- Access internal financial assistance program
- Refer to insurance selection counselor, social worker, navigator
- Negotiate with external programs to accept hospital financial assistance program and offer discount

LVHN

2 roles:

- Financial Coordinator in cancer program
- Financial Counselor in hospital

Patients are connected to Financial Coordinators

- At new patient consultation visits (info packet)
- Staff referrals – all staff are trained and empowered to make referrals
- Hard-wired into multidisciplinary clinics – all MDC patients are reviewed
- Distress screening tool throughout patients clinical journey
- Continuous review of infusion schedule screening for high-risk patients and proactively reaching out

Financial coordinators work closely with all hospital departments, cancer program staff, and referring physician offices

- ***As much a member of the patient's care team as those who provide direct patient care***

LVHN: Measure results

METRIC	Dollar type	Other metrics
Infused drug replacements	LVNH cost in dollars	# of accounts
Oral, self-administered drug assistance	Patient cost in dollars	# of patients
Pre-authorization obtained	Total account charges	# of accounts
Appeal of denied claims	Total account charges	# of accounts (win/loss)
Financial assistance program applications		# of patients
Social work referrals		# of patients

Lacks Cancer Center

Pilot program in 2009 to provide financial navigation services to hospital's oncology population (0.5 FTE)

Goals:

- To improve access to care by reducing the financial barriers experienced by oncology patients
- To reduce charity and bad debt by \$70,000 within the pilot programs 6-month time period

Lacks Cancer Center

Pilot program targeted patients who were:

- In health insurance plans with out-of-pocket responsibilities > \$5,000/year
- Medicare Part D patients in the coverage gap due to high cost oral oncology medications
- Medicaid patients with spend down
- Patients with Medicare A/B only
- Patients without health insurance coverage
- COBRA recipients who could not afford the COBRA premiums
- Patients receiving off-label treatments
- Any patients expressing financial distress due to cost of care

Navigator identified patients – also educated social work, case management, nursing to refer patients to program

Lacks Cancer Center

Achieved \$70,000 goal of savings to hospital in first two months

By end of month five, reached \$265,000 in hospital savings and decreased out-of-pocket expenses for patients by \$700,000

78 patients navigated during pilot

Hospital hired 1 FTE for financial navigator position

	# patients	Reduced out-of-pocket	Hospital savings
Year 2	218	\$2,600,000	> \$1,000,000
Year 3 (added 2 nd .8 FTE)	168	\$4,000,000	\$2,500,000
Year 4	211	\$5,000,000	\$3,700,000

Lacks Cancer Center

Program now targets:

- Uninsured
- Underinsured (as self-identified by patients)
- Patients on high-dollar orals who need assistance with co-pays
- COBRA recipients
- Medicaid with spend-down
- Medicare A/B only
- Patients entering Medicare system
- Every patient with advanced-stage disease

Lessons learned: Financial Toxicity and Patient Satisfaction

Duke study: *Understanding the connection between financial burden and patient satisfaction may help identify the extent to which modification of burden can improve this important metric of quality patient-centered care and improve the downstream results of an enhanced patient experience.*

Lack Cancer Center:

- Improved patient satisfaction scores
- Reduced patient distress

Lessons learned: Financial Advocates

The right person for the job

- Singular focus on the task
- Comprehensive training
- One-on-one education
- Peer support – solutions and programs constantly change and evolve
- Support from different departments – billing, pharmacy, social services

Multiple skill sets

- Clinical, financial, mental health skills
- Must be able to quickly build trust with patients and families
- Must be prepared to have treatment planning conversations with ordering physicians
- Must have skills to have difficult conversations with patients

Green Bay Oncology

Program began 10 years ago with 1 financial counselor working with 7 physicians and 6 clinic locations

- Initial focus on pre-authorizations and
- Working with pharma companies to obtain free drug

Today, team of 6 counselors assisting 9 medical oncologists, 3 pediatric oncologists, 3 radiation oncologists, 1 gyn oncologist, 8 nurse practitioners, 3 physician assistants (16 physicians, 11 APPs) across 6 cancer center locations

- Financial counselors follow patients from start to completion of treatment journey; an integral part of the patient experience
- Liaison between the patient, the provider and other clinic departments, as well as the patient's insurance carrier

Green Bay Oncology

KEY: providers who understand the important message concerning financial toxicity and its potential to impact patient outcomes

- “.... But by neglecting financial factors in cancer treatment, we’ve exposed our patients to terrible harm.”

Financial counseling is not only a service to assist the patients; it also guarantees the clinic is going to get paid.

Green Bay Oncology - Process

Before patient's first appointment, verify insurance benefits and ensure patient is in-network

When treatment is prescribed,

- Verify that treatment is indicated for diagnosis (NCCN compendium)
- Does insurance require prior authorization? Follow patient through course of treatment to ensure authorization does not lapse

Meet with patients before they start treatment; discuss cost and options to help alleviate financial burdens of cancer treatment

Green Bay Oncology - Process

For oral therapy, financial counselors initiate first prescription fill with specialty pharmacy to verify insurance approval and make sure medication is affordable for patient; educate patient about specialty pharmacy process; obtain authorization if needed

If treatment is off-label, obtain approval from insurance company.

- If denied, go to pharma company and apply for patient assistance; all forms are completed and submitted by financial counselor

Present foundation and co-pay assistance programs as needed

Work closely with social workers and nurse navigators to ensure patients are cared for both inside and outside of clinic

Direct point of contact for patient billing concerns

Financial Impact

Patients

- 2015 – saved patients \$573,000 on oral chemotherapy co-pays
- 2015 – IV and oral chemotherapy assistance...saved patients over \$1,000,000

Practice

- Paid to clinic from foundation assistance and pharma co-pay cards

2011	\$167,807
2012	\$168,863
2013	\$281,512
2014	\$340,604
2015	\$436,483

Tools & Resources


ASCO's *JCO Oncology Practice*

www.ascopubs.org/journal/op


Search for “financial toxicity” – over 400 articles appear!

- Assessing financial toxicity
- Financial toxicity and counseling
- Financial toxicity.... Potential areas of intervention
- Development of a financial toxicity patient-reported outcomes instrument
- Financial toxicity and health-related quality of life
- Addressing risk of financial toxicity in an ambulatory oncology practice
- Financial toxicity in advanced and metastatic cancer: overburdened and underprepared
- Financial toxicity tumor board

“Levine Cancer Institute Financial Toxicity Tumor Board: A potential solution to an emerging problem”



EQUITY IN CANCER CARE ReCAP Full-length article is available online at ascopubs.org

 **Levine Cancer Institute Financial Toxicity Tumor Board: A Potential Solution to an Emerging Problem**

Derek Raghavan, MD, PhD¹; Nicole A. Keith, BS¹; Hughes R. Warden, MBA¹; Seungjean Chai, MD¹; Wendy Jo Turan, BS¹; Jaynie Moroe, BA¹; Donna Feild, RPh, MBA¹; and Thomas Gregory Knight, MD¹

QUESTION ASKED: What is the Levine Cancer Institute (LCI) Financial Toxicity Tumor Board (FTTB)?

SUMMARY ANSWER: The LCI FTTB was established to address the burgeoning issue of financial toxicity—the impact of financial burden on patients with cancer, which has been linked with bankruptcy, noncompliance to treatment, increased anxiety, worsened outcomes, and increased mortality. This is now a key toxicity experienced by patients with cancer. Our intent was to find solutions to ameliorate these challenges, and the FTTB was a tumor conference established to create multidisciplinary solutions.

WHAT WE DID: Previously, financial toxicity was managed in a piecemeal fashion by a range of staff. We created FTTB, involving physicians, nurses, financial

chronicle indications, evidence base, and appropriateness of treatment; all authorizations are meticulously completed; cost reduction includes such measures as use of biosimilars when proven to be of equivalent efficacy and toxicity to parent compounds. The existence and function of these entities are advertised widely to patients, caregivers, and staff at LCI.

WHAT WE FOUND: Over a 2-year period, the FTTB has identified the spectrum and frequency of issues associated with financial toxicity in our large health care system (Table). The program has reduced patient expenditures on oncologic agents by more than \$55 million and \$60 million in the past 2 years, assisting between 583 and 749 patients per annum. In addition, copay assistance was found, respectively, for 1,236

Tools

Association of Community Cancer Centers Financial Advocacy Boot Camp

- Free eLearning Program from the ACCC Financial Advocacy Network (FAN)

Comprehensive online program – 5 domain areas, 14 learning modules

- Financial advocacy fundamentals
- Enhancing communication
- Improving insurance coverage
- Maximizing external assistance
- Developing and improving financial advocacy programs and services

Great resources available

- www.accc-cancer.org/resources/financialadvocacy-bootcamp.asp



www.accc-cancer.org/home/learn/financial-advocacy

Financial Advocacy Boot Camp

Financial Advocacy Playbook

Patient Assistance & Reimbursement
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FINANCIAL ADVOCACY NETWORK

Take Your Financial Navigation Services to the Next Level with These Resources

ACCC is committed
to bringing knowledgeable
resources to financial
advocacy professionals,
making tangible connections,
and improving the
patient experience.

These tools can
empower you to
proactively integrate
financial health into
the oncology care
continuum and help
your patients gain
access to high-quality
care for a better
quality of life.

CONNECT WITH PEERS

- Financial Advocacy Discussion Group
- Town Halls on Issues Impacting Financial Advocates
- Virtual Coffee Chats with Leading Experts in Financial Advocacy
- Virtual Financial Advocacy Network Annual Summit

AMPLIFY YOUR KNOWLEDGE

- Financial Advocacy Network Boot Camp
- 2021 Patient Assistance and Reimbursement Guide
- Ready, Set, Go! Financial Advocacy Playbook

Learn more and get involved today at accc-cancer.org/FAN

The ACCC Financial Advocacy Network is supported by Pfizer (Cornerstone Partner), Pharmacyclics, Janssen, and Johnson & Johnson (Silver Partners).

The Association of Community Cancer Centers (ACCC) is the leading education and advocacy organization for the cancer care community. Founded in 1974, ACCC is a powerful network of 28,000 multidisciplinary practitioners from 2,100 hospitals and practices nationwide. As advances in cancer screening and diagnosis, treatment options, and care delivery models continue to evolve - so has ACCC - adapting its resources to meet the changing needs of the entire oncology care team. For more information, visit accc-cancer.org. Follow us on social media; read our blog, ACCCBuzz; tune in to our CANCER BUZZ podcast; and view our CANCER BUZZ TV channel.

The ACCC Financial Advocacy Network is the leader in providing professional development training, tools, and resources that will empower providers to proactively integrate financial health into the cancer care continuum and help patients gain access to high quality care for a better quality of life.

ACCC
Association of Community Cancer Centers

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Patient ASSISTANCE & REIMBURSEMENT Guide 2021

<https://www.accc-cancer.org/publications/PatientAssistanceGuide.asp>



The image shows the cover of the 'Patient Assistance & Reimbursement Guide 2021'. The cover features the ACCC logo at the top left, the title 'Patient Assistance & Reimbursement Guide 2021' in the center, and a graphic of overlapping circles and squares in purple and orange at the bottom. The ACCC logo is also present at the bottom right of the cover.

**LAUNCHING IN
JANUARY 2022!**

A streamlined, all-digital
Patient Assistance &
Reimbursement Guide!

ACCC
Association of Community Cancer Centers

Financial Navigation Flowchart

STEP 1.

Provider prescribes anti-cancer treatment regimen for patient.

STEP 2.

Anti-cancer medication(s) order is sent to financial advocacy staff.

STEP 3.

Financial advocacy staff identify the patients' financial status/insurance type(s) and follows the appropriate workflow below.

No Insurance

Identify if patient qualifies for any state or federal program (i.e., Medicare, Medicaid, etc.). Complete and submit all forms for identified program.

If no program, identify if replacement medication(s) is available. Check with the pharmaceutical company to see if they have a free medication program or even a compassionate use program.

If no program is identified in step 1, look for foundation funding available for any medication(s) not replaced.

Medicaid Program

Verify benefits.

Verify prescribed medication(s) are approved/indicated for diagnosis/place in therapy and submit pre-determination or prior authorization, if necessary.

Identify patient's responsibility for prescribed medication(s).

Medicare: Eligible (Age 65/Retired/Disabled)

Verify benefits: does the patient have Part A only or Parts A and B?

Verify if patient is retiring soon; will their current benefits be retained?

If patient is retiring soon and has Part A only, have they applied for Part B? Provide paperwork, if applicable.

If patient will retain benefits, their plan may not require Medicare Part B. Check with patient if employer-funded plan requires Part B.

If patient is not retaining an employer-funded retirement plan, go over insurance plans available to them (i.e., supplements and advantage plans).

Medicare: Part A and/or B Only (Age 65/Retired/Disabled)

Verify benefits.

Verify length of time patient has been on Medicare and length of gap in insurance coverage (this will determine Part D penalty).

Identify if patient is eligible for Medicaid or Medicare Secondary Payer plan. If so, help patient complete and submit applicable form(s).

If not eligible, look at Medicare supplemental plan with a short waiting period (3 months max).

Medicare: Age 65 and retired with a Medicare Supplemental Plan

Verify benefits.

Look at patient's treatment plan and associated medication(s); find free-medication program or reimbursement plan, if available.

Identify if patient is eligible for Medicaid or a Medicare Supplemental Payer plan. If so, help patient complete and submit applicable form(s).

Go over insurance plan with patient; identify where they can save dollars (i.e., changing insurance, if applicable).

Establish a payment plan for any left over balance (if available) or collect remaining balance.

Follow up with patient at regular intervals during treatment.

Compassionate use program

Collect out-of-pocket costs.

Follow up with patient at regular intervals during treatment.

If available

Establish a payment plan for any left over balance (if available) or collect the remaining balance.

Follow up with patient at regular intervals during treatment.

Identify; pharmacy

Complete and submit required program application form(s).

Establish a payment plan for any left over balance (if available) or collect the remaining balance.

Look at plan; signor medication

Establish a payment plan for any left over balance (if available) or collect remaining balance.

Follow up with patient at regular intervals during treatment.

Look at patient; have

If any balance, establish a payment plan for any left over balance (if available) or collect remaining balance.

Follow up with patient at regular intervals during treatment.

Identify; if patient has

End identified patient on applicable form(s). If any balance, establish a payment plan for any left over balance (if available) or collect remaining balance.

Follow up with patient at regular intervals during treatment.

If an insurance plan is identified

May use with medication. If any balance, establish a payment plan for any left over balance (if available) or collect remaining balance.

Follow up with patient at regular intervals during treatment.

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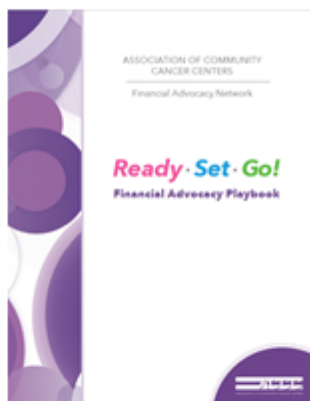
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Announcing New and Revamped Financial Advocacy Tools

This year, ACCC's Financial Advocacy Network Advisory Committee, Partners, and Task Forces have been working tirelessly to bring new and improved tools for you and your team. We are thrilled to announce the launch of the Financial Advocacy Playbook and the revamp of the Financial Advocacy Toolkit.



The **Financial Advocacy Playbook** is an essential tool for the cancer care team, especially those who provide any level of financial advocacy services to patients with cancer. This comprehensive guide supports onboarding and continuous learning for staff involved in financial distress screening, benefits verification, prior authorizations, identifying financial assistance, and insurance education and optimization. To learn how to use the playbook, check out our [latest episode of CANCER BUZZ TV](#) featuring **Rifeta Kajdic**, Oncology Program Manager, *St. Luke's Cancer Institute*; Advisory Committee Member and Workforce Task Force Member, ACCC Financial Advocacy Network.

[Download Playbook](#)

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CANCER CENTERS

Financial Advocacy Network

Ready • Set • Go!

Financial Advocacy Playbook

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Financial Advocacy Toolkit

ACCC, its members, and partners have collected new and updated resources to help you develop, implement, and continue to deliver effective financial advocacy services in your cancer program or practice. The **Financial Advocacy Toolkit** includes guides and tools for building financial advocacy programs, communicating with patients, screening for financial distress, optimizing insurance coverage, performing prior authorizations, handling denials and appeals, and so much more.

[Access Toolkit](#)

TOPIC: ^

☐ BENEFITS VERIFICATION

☐ FILING CLAIMS

☐ MEDICARE & MEDICAID

☐ COMMUNICATION

☐ FINANCIAL ASSISTANCE

☐ PRIOR AUTHORIZATION

☐ DENIALS & APPEALS

☐ FINANCIAL TOXICITY & SCREENING

☐ PROGRAM DEVELOPMENT

☐ EMPLOYMENT & DISABILITY

☐ INSURANCE EDUCATION & OPTIMIZATION

☐ TRACKING & REPORTING

RESOURCE TYPE: ^

☐ Article

☐ Tool

☐ Webinar / Video

☐ Guide

☐ Visual

☐ Website

AUDIENCE: ^

☐ Administrators

☐ Patients

☐ Financial Advocates

☐ Providers

SEARCH TOOLKIT

Type your keyword here

SEARCH

Four opportunities

1. Increase the practice/institution commitment to the role of financial advocacy
 - Invest in the role
 - Hire and train appropriately
2. Improve processes to identify patients in need
 - Financial advocacy services should be located in the oncology practice/department
 - Provide financial navigation services before incurring medical debt for the patient
3. Increase physician engagement in understanding the dynamics of financial toxicity
 - Oncologists should be prepared to have discussions with the financial navigation team and patients as needed
4. Establish certification and education requirements for the financial advocate role
 - Our complex health system needs well trained, educated financial advocates to guide our patients



Thank you
for caring
for patients
with cancer.