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WASHINGTON, DC

# Financial Navigation

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Cancer Center

# Disclosure

# Acknowledgments

# Learning Objectives

- Define financial toxicity and its impact on patient wellness
- Describe components of financial navigation
- Identify resources to meet patient financial challenges
- Access sample evaluation tools to show value of financial navigation in practice

# Defining Financial Toxicity

Financial toxicity is a consequence of cancer diagnosis impacting the material, psychological, and behavioral status of a patient, including financial distress, bankruptcy, poorer quality of life and treatment non-adherence.

Watabayashi, 2020

# Defining Financial Distress



## Financial Distress

- Distress about the ability to pay for care (emotional distress)
- Being unable to cover costs of care
- Borrowing money
- Declaring bankruptcy – *ONS 43rd Annual Congress*

## Financial Toxicity

Term used to describe problems a patient has related to the cost of medical care. Not having health insurance or having a lot of costs for medical care not covered by health insurance can cause financial problems and may lead to debt and bankruptcy. – National Cancer Institute 2018

*Treatment-related financial strain experienced by patients with cancer. – ASCO Connection 2017*

# Cost

TABLE 1. US Food and Drug Administration-Approved Oral Cancer Drugs in 2016 to 2017 and Costs of Treatment<sup>a</sup>

GENERIC NAME	BRAND NAME	CANCER TYPE	COST PER MONTH OF TREATMENT, US\$
Brigatinib	Alunbrig	NSCLC, ALK	12,868.76
Cabozantinib	Cabometyx	Renal cell carcinoma, FLT3, KIT, MET, RET, VEGFR2	15,156.59
Enasidenib	Idhifa	Acute myeloid leukemia, IDH2	25,141.37
Midostaurin	Rydapt	Acute myeloid leukemia, FLT3 positive	15,798.72
Neratinib	Nerlynx	Breast cancer, HER2 positive	10,613.75
Niraparib	Zejula	Ovarian cancer, PARP1, PARP2	14,430.19
Ribociclib	Kisqali	Breast cancer, HER2 negative	8476.31
Rucaparib	Rubraca	Ovarian cancer, BRCA	20,162.74
Venetoclax	Vendexta	Chronic lymphocytic leukemia, BCL2	7514.41

Abbreviations: ALK, anaplastic lymphoma kinase; EGFR, epidermal growth factor receptor; ER, estrogen receptor; FLT3, fms-related tyrosine kinase 3; HDAC, histone deacetylase; HER2, human epidermal growth factor receptor 2; IDH, isocitrate dehydrogenase; KIT, stem cell factor receptor; NSCLC, nonsmall cell lung cancer; PARP, poly(ADP-ribose) polymerase; VEGFR2, vascular endothelial growth factor receptor 2.

<sup>a</sup>Estimated monthly prices for chemotherapy drugs are based on the allowable Medicare charge and were calculated according to a methodology used by Dr. Peter B. Bach, Director of the Center for Health Policy and Outcomes at Memorial Sloan Kettering Cancer Center, in a previously published article on cancer drug prices (Bach 2009<sup>17</sup>). Since 2005, Medicare has reimbursed at 106% of the Average Sales Price (ASP) for Part B drugs. ASPs are reported in quarterly files released by the Center for Medicare and Medicaid Services.<sup>18</sup> If a drug's ASP is not available, then Medicare calculates the payment limit as 95% of the Average Wholesale Price (AWP). The AWP's were obtained using Thomson Healthcare's Red Book (Thomson Healthcare 2010<sup>19</sup>). For Part D drugs, current prices are retrieved from Medicare's publicly available, Web-based "PlanFinder" tool (US Food and Drug Administration [FDA] 2017<sup>20</sup>). The price we report for these drugs is the "Full Cost of Drug," as reported in the PlanFinder for the Humana Enhanced Prescription Drug Plan, for a beneficiary living within zip code 10021. Payment limits for prior years vary and are described briefly in the table below and in more detail within the previously mentioned article.<sup>17</sup> In all cases, the relevant payment limit is applied to a 12-week dosing regimen for an "average" adult weighing 70 kg, or with a body area of 1.7 m<sup>2</sup>, and divided by 2.77 to arrive at a monthly price (on average, there are 2.77 months in 12 weeks). The 12-week dosing regimen is retrieved from the FDA-approved label for the drug, which are available in the FDA's "Drugs@FDA" database (FDA 2017<sup>21</sup>). The lowest total dosing regimen within the first FDA-approved indication for the drug is used in all cases. The prices shown are for the listed drug only; costs for supportive care or administration fees are not included.

# Defining Financial Distress



**Uninsured  
Underinsured  
Lack of Income  
Loss of Income**

**Financial  
Distress**

**Financial  
Toxicity**

# Financial Toxicity

Protective factors against financial toxicity:

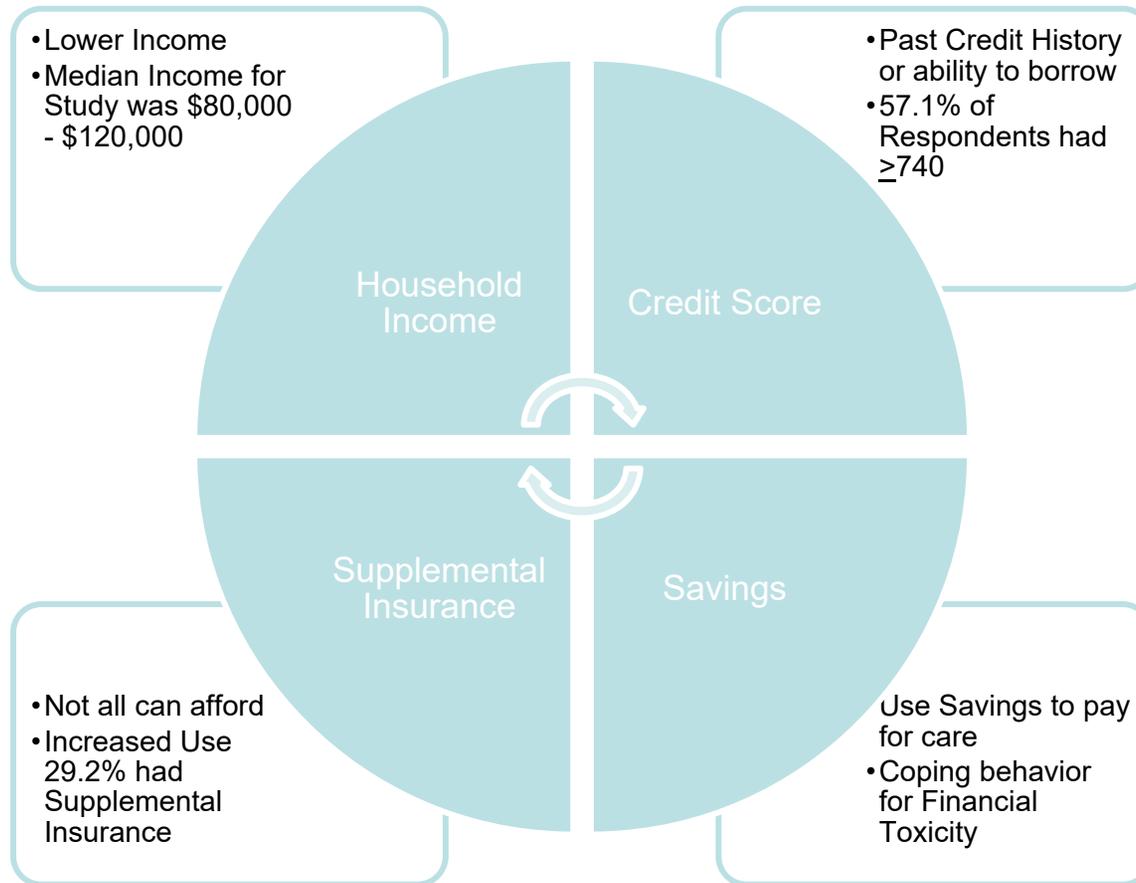
- Increased household income, credit score, and the use of supplemental insurance.

Risk factors for the financial toxicity:

- Reduction and cessation of work, increased out of pocket expenses, and advanced tumor stage.

Offodile, 2020

# Financial Toxicity



Offodile, 2020

# Impact

Compared with other countries,  
more oncology drugs are  
available in the US

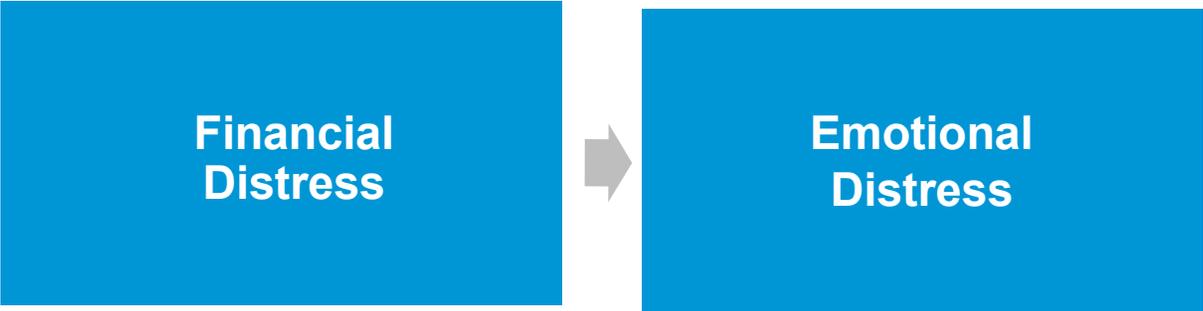
**Market Access ≠ Patient Access**

Patients may be responsible for a  
larger share of the costs of oral  
therapies compared to IV. Due to  
differences in coverage between Part  
B and Part D

“Determinants of financial toxicity included: being female, low income at baseline, loss of income, younger age, adjuvant therapies, antineoplastic therapies, more recent diagnosis, advanced cancer, no health insurance, and distance from treatment centers.”

Strategies used by patients to cope with financial burden:  
**abandonment, delay, and discontinuation of treatment**

# Financial Distress: Psychosocial Impact



Love Family Career  
Work Terminal Doctor Future  
Cancer Insurance Medical Faith  
Surgery Costs Chemotherapy  
Savings Bills Depression Stress  
Safety Anxiety Medication  
School Distress Security Obligations  
Home Health Children Radiation  
Parents



- Mental Health
- Treatment Adherence
- Quality of Life
- Outcomes

# Financial Distress: Psychosocial Impact

Depressed mood most of the day, nearly every day (eg, feels sad, empty, hopeless) or observed by others (eg, appears tearful)

Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day

Not being able to stop or control worry, nearly every day

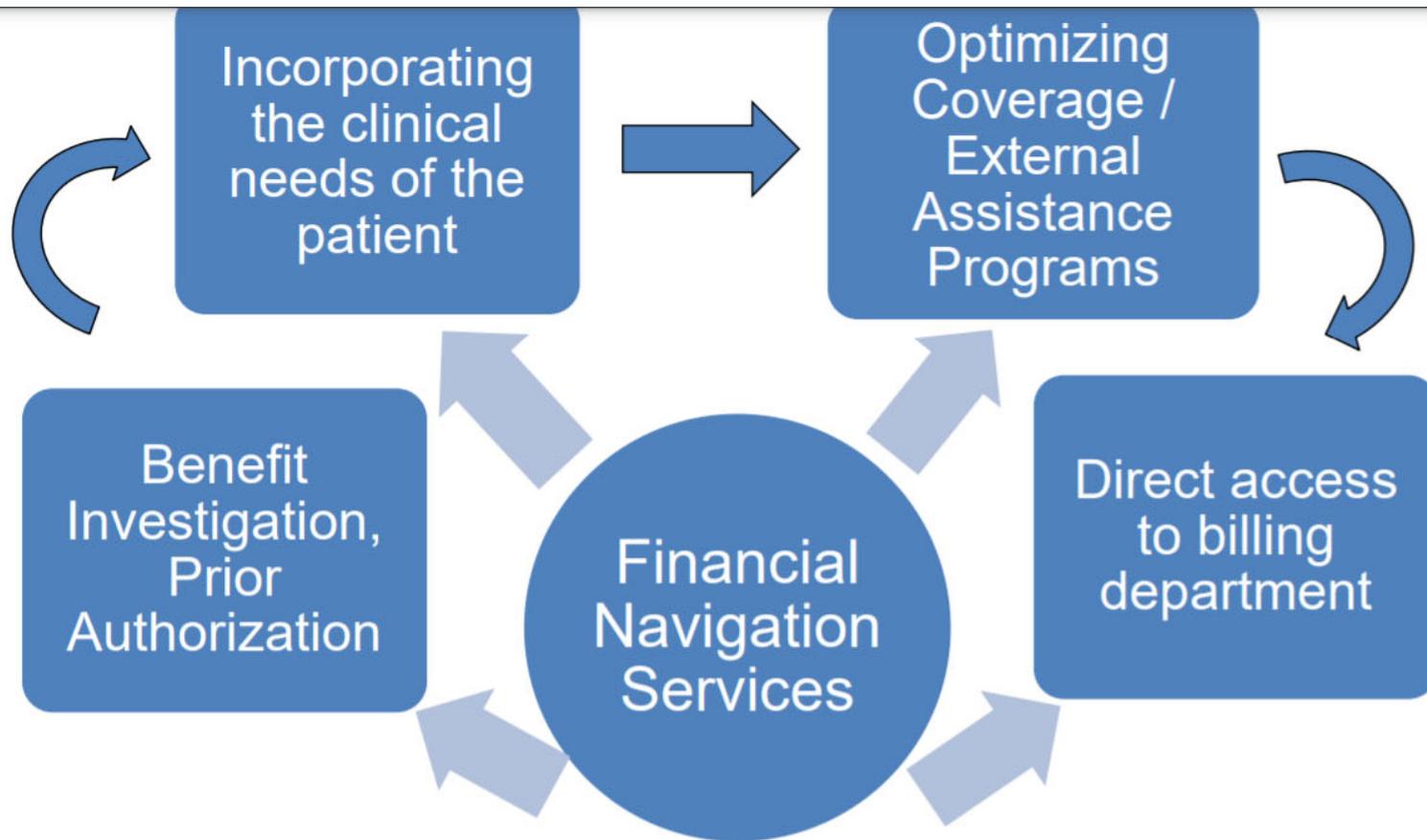
Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation

Significant changes in weight, appetite, sleep, concentration

These symptoms cause significant distress or impairment in social, occupational, or other important areas of functioning

ACCC Financial Advocacy Network: Boot Camp Module – Financial Distress Screening

# Financial Navigation Services



# Financial Navigation

1. Intervene in reducing financial toxicity by proactively assisting patients by optimizing health insurance benefits.
2. Keep yourself updated about available patient assistance programs or other resources.
3. Explain insurance coverage and provide assistance options (drug replacement, copay and etc.).
4. Keep a continuous communication with patients and their caregivers focusing on issues of cost of care, patient assistance support, and additional resources.
5. Manage, track, and report on all financial advocacy and patient access services interactions.
6. Ensure that providers and cancer program staff are aware of ongoing policy requirements from payers for coverage of services:
7. Discuss more affordable treatment plans with the cancer care team if possible

# Financial Navigation

1. Intervene in reducing financial toxicity by proactively assisting patients by optimizing health insurance benefits:

- Insurance coverage review
- Open enrollment
- Cancer insurance checklist
- Optimized patient's budget



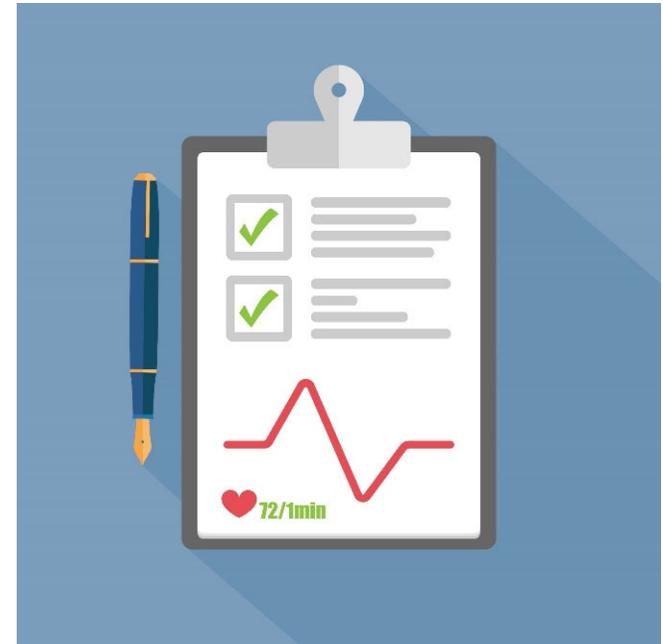
# Insurance Optimization

- 2. Explain insurance coverage and provide assistance options (drug replacement, copay and etc.):
- Insurance terminology



# Insurance Optimization

- Medicaid Applications
- Disability Applications
- Extra Help Applications
- COBRA
- ACA Enrollment
- Medicare Open Enrollment
- Medigap Enrollment



# Insurance Optimization

- 3. Keep yourself updated about available patient assistance programs or other resources:
  - [Cancer Care](#)
  - [American Cancer Society Local Resources](#)
  - [Cancer Can't](#)
  -



# Insurance Optimization

- 3. Keep yourself updated about available patient assistance programs or other resources:
- [Donate Drugs](#) and [Charitable Pharmacy Group](#)
- [Good Rx](#)
- [Needy Meds](#)
- [Prescription Drug Assistance Network](#)

# Financial Assistance

- External Assistance Programs:
  - Manufacturer Copay Assistance
  - Foundation Assistance
  - Free Drug Programs
- Internal Assistance Programs:
  - Charity Programs
  - Payment Plans
- Living Expense Funds



# Patient Assistance Programs

## Foundations/Manufacturer Copay Cards

### Foundations

- Funding is primarily available by diagnosis.
- Foundations only cover treatment copays. Does not cover administration fees, labs, MD visits, testing, etc.
- If you are uninsured or insurance has denied coverage, foundation will not provide assistance.
- Must reapply every year.
- Most provide assistance for individuals at 500% FPL, some 400% FPL.

### Manufacturer Copay Cards

- Copay card comes directly from the manufacturer.
- Funding is available by medication/treatment.
- Covers only cost of medication/treatment.
- Approval lasts for a full calendar year from the time of approval.
- Federally insured (Medicaid, Medicare, Tricare) patients are not eligible for copay cards.
- Every manufacturer sets their income guidelines.

### Manufacturer Free Drug

- Intended for patients with no insurance or who are underinsured.
- If foundation is available free drug will be denied.
- Manufacturers will pay if the drug is off label (not intended for diagnosis) or denied from insurance. However, appeal with peer to peer has to occur first. Some manufacturers require multiple.
- Every manufacturer sets their income guidelines.

### Charity Care & Local Social Service Organizations

- Check with your cancer center to see if they provide financial assistance.
- Check with your pharmacy to inquire about any assistance available to you.
- Check with your Oncology Social Worker/Patient Navigator about local organizations that provide nonmedical financial/in-kind assistance (ie, Catholic Charities, Cancer Lifeline, Salvation Army).

# Patient Assistance Programs: Foundations

## Leukemia & Lymphoma Society

[www.lls.org/support/financial-support](http://www.lls.org/support/financial-support)

### Leukemia & Lymphoma Co-Pay Assistance Program

- Offers financial support toward the cost of insurance copayments and/or insurance premium costs for Rx

### Susan Lang Pay-it-Forward Patient Travel Assistance Program

- Available to blood cancer patients, with significant financial need
- May qualify to receive financial assistance for expenses, including ground transportation, air travel, and lodging-related expenses

### Urgent Need Financial Assistance Program

- Eligible patients can receive \$500 assistance (within a 12-month period) for nonmedical expenses, including rent, mortgage, lodging, utilities, transportation, etc
- Only HCP can apply

### Patient Aid

- Eligible patients will receive a 1-time \$100 for any expense
- Patient or HCP can apply

# Patient Assistance Programs: Foundations

## Patient Advocate Foundation

[www.patientadvocate.org/](http://www.patientadvocate.org/)

### Copay Relief

Provides direct financial assistance to insured patients who meet certain qualifications to help them pay for prescriptions and/or treatments they need. This assistance helps patients afford the out-of-pocket costs for these items that their insurance companies require

### Financial Aid Funds

Provides small grants to patients who meet financial and medical criteria. Grants are provided on a first-come first-served basis and are distributed until funds are depleted. Qualifications and processes for each fund may differ based on fund requirements

# Financial Navigator

- 4. Keep a continuous communication with patients and their caregivers focusing on issues of cost of care, patient assistance support, and additional resources



# Financial hardship and cancer patient caregivers

Cancer patients and their informal caregivers' financial hardship contributes to health disparities and needs to be addressed by targeting the financial issues on individual (cancer patient) and dyad levels (cancer patient and caregiver).

# Loss of Insurance Coverage: Insurance Enrollment Opportunities

- Spouse
- Consolidated Omnibus Budget Reconciliation Act (COBRA)
- HealthWell Foundation
- The Assistance Fund
- The Affordable Care Act

# Patients: Think Like an Advocate



New Brunswick Association for Community Living, Tips for Being an Effective Advocate. <https://nbacl.nb.ca/module-pages/tips-for-being-an-effective-advocate/>

# Patients: Think Like an Advocate

## Know your insurance plan and coverage

1. Deductibles
2. Maximum out-of-pocket
3. Copays

## Know what benefits are available to you through your employer

1. FMLA
2. Short-Term Disability
3. Long-Term Disability
4. Critical Illness Insurance

## Ask your physician and members of the care team questions

# Questions to Ask Your Care Team

## Cost:

1. I'm worried about how much cancer treatment is going to cost me. Can we talk about it?
2. Will my health insurance pay for this treatment? How much will I have to pay myself?
3. I know this will be expensive. Where can I get an idea of the total cost of the treatment we've talked about?
4. If I can't afford this treatment, are there others that might cost less but work as well?
5. Is there any way I can get help to pay for this treatment?
6. Does my health insurance company need to preapprove or precertify any part of the treatment before I start?

American Cancer Society 2018

# Questions to Ask Your Care Team

## Working during treatment:

1. Can I work during treatment?
2. Is there any flexibility in the scheduling of my treatment to make it easier to work?
3. Are there any treatments that might make it easier for me to continue working, including oral chemotherapies or treatments in clinical trials?
4. Will my treatment require me to take time off from work? If so, how much time?
5. Can I take my medications (or go for treatments) early or late in the day, so the side effects won't interfere with the bulk of my workday?
6. How will the side effects affect my ability to perform my job?
7. Are you familiar with any stress-relief techniques that I can use at my workplace?

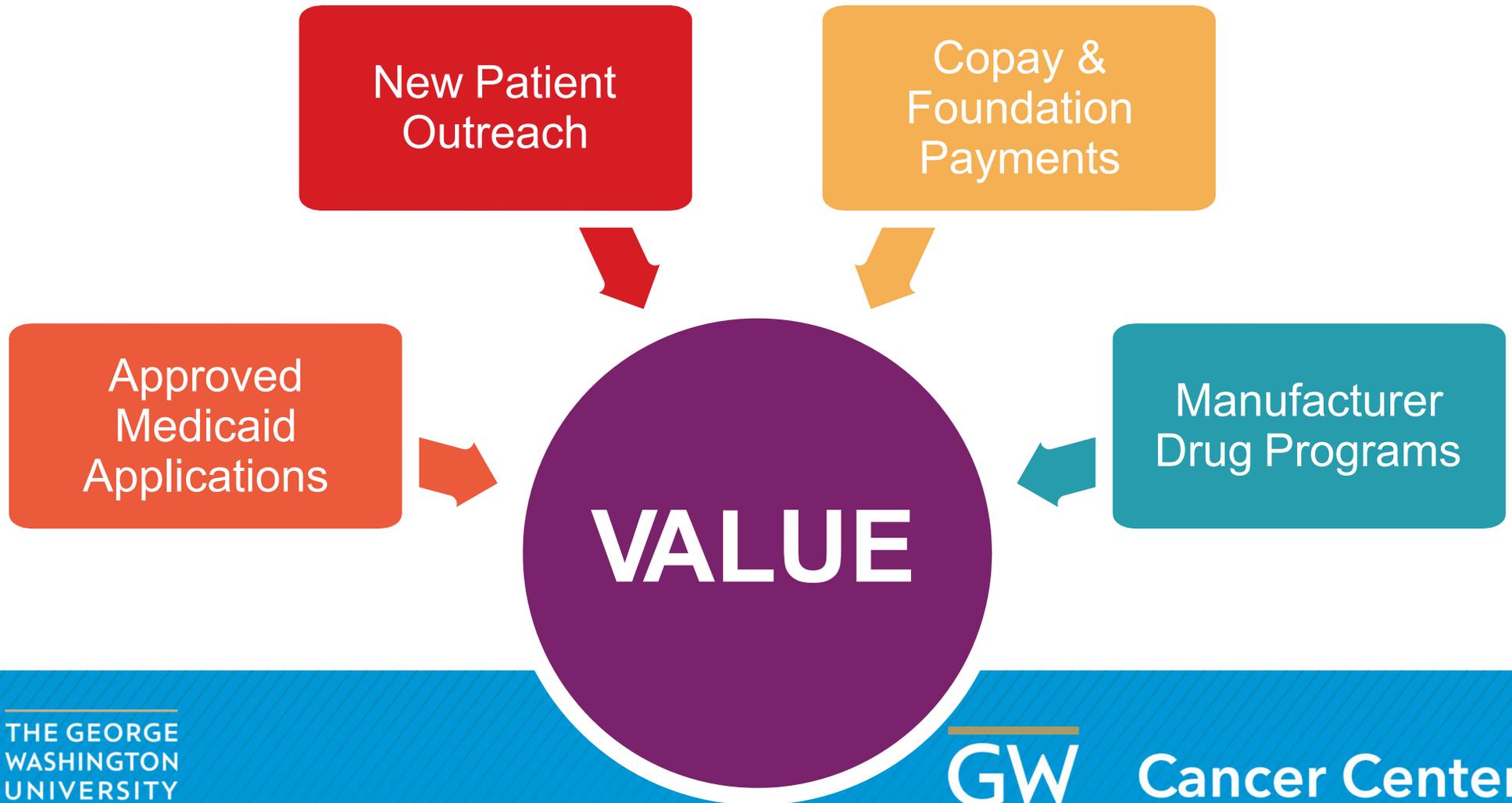
Cancer and Careers 2018

# How to help

- 5. Manage, track, and report on all financial advocacy and patient access services interactions:
  - Patient Outreach
  - Patient Assistance
  - Program
  - Daily tracker



# Metrics That Make an Impact



# Value of New Patient Outreach

- Patient Satisfaction
- Patient Identifies a Financial Resource
  - Future Issues
  - Future Concerns
- Address Current Coverage
  - Assess for PAP
- Explore Insurance:
  - Optimization Options



# Prepare for Patient

- Understand the coverage
- Identify PAPs
- Execute a plan to approach the patient
  - Assess for Medicaid
  - Copay Cards
  - Foundations
  - Compassionate Care

DX	TREATMENT	COMMENT	PRIMARY INS	COINS	COPAY	DED	OOP	2NDARY INS
MELANOMA	OPDIVO	** OOP Remaining 4,364.59	GEISINGER (NON MCD)	20%	\$0	\$500	\$5,000	
BREAST	TAXOTERE/ CYTOXAN		AETNA MCR	20%	\$45	\$0	\$6,700	
CNS lymphoma	RITUXAN	MCR/PLAN F	MCR	2NDARY				CIGNA MEDIG AP
LUNG	TECENTRIQ / ABRAXANE/ CARBO		CIGNA HEALTHSPRING MCR	20%	\$0	\$0	\$5,900	
ANEMIA	INJECTAFER		AETNA	0%	\$0	\$7,350	\$8,150	
Gallbladder cancer	GEMZAR/ CISPLATIN	MCR ONLY ASSESSMENT- \$182.16	MCR	20%	NA	\$198	UNLIMITED	

# Benefits of Tracking the Programs

Benefits of the Patient Outreach Spreadsheet	Benefits of Patient Assistance Program Tracking	Benefits of Sample of Free Drug Program
<ul style="list-style-type: none"> <li>• Ensures all infusion patients are accounted for</li> <li>• Assigns Financial Advocates to Daily Schedule</li> <li>• Overall view of underinsured patients</li> <li>• Easy to identify:                             <ul style="list-style-type: none"> <li>- Who requires assistance when foundations open</li> <li>- Patient population of Medicaid, Medicare, Commercial</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Easy way to track and follow up on                             <ul style="list-style-type: none"> <li>– Payments</li> <li>– Pending claims</li> </ul> </li> <li>• Identify issues                             <ul style="list-style-type: none"> <li>– Delays through Patient Assistance Program</li> <li>– Coding issues</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Ordering of medication based from next treatment</li> <li>• Ensure delivery of medication</li> <li>• Complete application renewals in a timely manner</li> </ul>

# Benefits of the Financial Counselor Daily Tracker

- Allows for work to be distributed fairly among team
- Shows need for additional support
- Enables supervisor to complete quality check



# Tracking, Measuring, Reporting Value

Tracking	Measuring	Reporting Value
Total# of Pt- PAMA Submitted	Number of applications submitted	Turnaround compared with the hospital vendor
Total# of Pt- New Infusion Outreach	Number of new patients who met a Financial Advocate	Volume of new patients being seen
Total# of Charity Care Apps Submitted	Number of applications submitted	Assistance provided when no other patient assistance available
Total# of Claims Paid	The # of claims billed to the copay/foundation program after the insurance paid	Dollar amount that was applied to the patient's balance
Total# of Pt- Free Drug Approved	Number of patients enrolled into a Free/Replacement Program	The dollar amount of the drug credit received that did not need to be written off against the infusion center

# How to help

- 6. Ensure that providers and cancer program staff are aware of ongoing policy requirements from payers for coverage of services:
  - [Family reach](#)
  - [The Lung Cancer Foundation of America](#)
- 7. Discuss more affordable treatment plans with the cancer care team if possible

# Financial Navigation Programs

- Financial navigation can be a concrete assistance in navigating the treatment costs and reducing patient's anxiety about the financial burden of the cancer care expenses
- Financial education and navigation are important elements and benefit patient the most they are provided in an acceptable and accessible method along the cancer care continuum.

# Individuals who can benefit the most out of the FN model

- Uninsured or underinsured
- Patients with advanced-stage disease or on high-cost oral medications
- Consolidated Omnibus Budget Reconciliation Act (COBRA) recipients
- Affordable Care Act enrollees
- Patients with Medicare A/B only or those who are new at Medicare

# Mitigation strategies to address financial toxicity:

- Leverage financial toxicity screening tools;
- Embed financial navigators in outpatient centers;
- De-implement services that add costs without proven beneficial outcomes;
- Change the care plan to reduce out of pocket costs

# Internal Connections

## Patient Access

- When a Patient Has Insurance Concerns
- Benefits Investigations
- Price Estimates

## Hospital Financial Counselor

- Medicaid Application
- Charity Assistance
- Payment Plans

## Cancer Center Financial Counselor

- Manufacturer Copay Programs
- Foundation Copay Assistance

## Pharmacy

- Manufacturer Patient Assistance Programs
- Manufacturer Replacement Programs

## Social Work

- Disability Applications
- Low-Income Subsidies
- Living Expenses

## Billing

- When a Patient Has Billing Concerns
- Billing Copay Assistance Programs

# External Connections



## Medicare Enrollment/Medigap Enrollment

- Senior Services
- A Trusted Insurance Agent



## ACA Enrollment

- In-Person Navigators
- A Trusted Insurance Agent



## Local & Community Resources

- Nonprofit Organizations

# National Organizations



National Comprehensive  
Cancer Network®

[www.nccn.org/](http://www.nccn.org/)



Association of Community Cancer Centers

[www.accc-cancer.org/](http://www.accc-cancer.org/)



<http://cpan.communityoncology.org/>



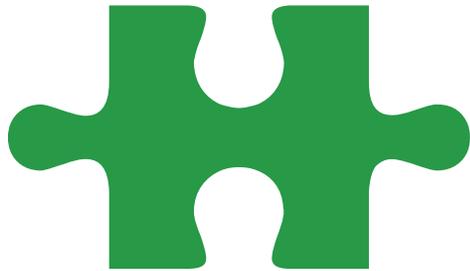
[www.cancersupportcommunity.org/](http://www.cancersupportcommunity.org/)



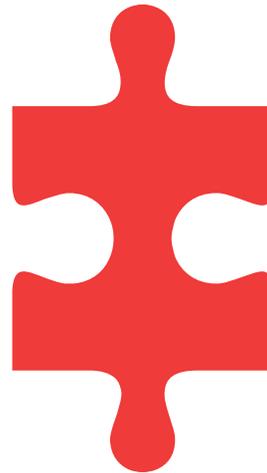
[www.asco.org/](http://www.asco.org/)

# Members of Your Cancer Team Who Are Here to Help

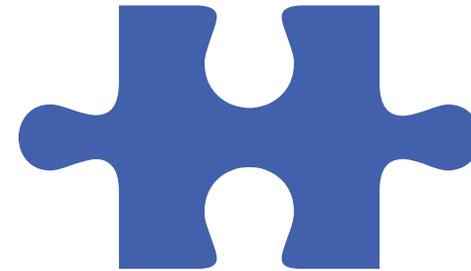
You are not on your own!



Financial Counselors/  
Financial Advocates



Patient Navigators/  
Patient Advocates



Social Workers

# Come to the Table Together

- Align and unite for a common goal
- Eliminate fear of job elimination
- Create clear processes



# Resources

Financial Advocacy and Navigation Trainings:

- [ACCC Financial Advocacy Bootcamp](#) (for ACCC members only)
- [NaVectis Financial Navigation Training Program](#)
- Local SHIP federal grant program

Guidelines:

- [ACCC Financial Advocacy Services Guidelines](#)
- [ACCC Financial Advocacy Toolkit](#)
- [ACCC Patient Assistance and Reimbursement Guide](#)

# Resources

- Oncology Roundtable
- Network with Colleagues



**“To stay committed to the work that matters most, we need to find ways to measure, track, and feel good about the progress we make every single day.”**

**Jory MacKay**

# Case Study 1

1. Identify a Medicare patient with no supplement
2. This patient is within 6 months of their 65<sup>th</sup> birthday – so they are eligible for 'Guaranteed Enrollment' into a Medigap
  - a. Can the Patient Pay? If they Can Afford the premiums this is great, but there are interventions available if not

# Case Study 1

## 3. Premium Assistance

- Available through certain disease specific foundations
- May be available through other philanthropic organizations

4. Patient needs to Contact Insurance Agent to complete Step 2, Financial Navigator can facilitate Step 3, since they correlate, it is important for communication.

# Case Study 1

5. Track this intervention, since it was facilitated by the Navigation Team
6. Make sure insurance is added to account once enrollment is successful, and premiums are being paid by foundation if this is the method of payment

# Case Study 2

1. Identify a Commercial patient with a large out of pocket (\$5000) – Diagnosis is Breast Cancer – Treatment is trastuzumab/pertuzumab
2. Explain insurance coverage and Help Enroll in manufacturer copay assistance program

# Case Study 2

3. Facilitate Copay Billing – Communicate with Billing Team to ensure copay program is billed
4. Keep in communication with patient
  - Patient alerts you that her husband has been laid off and they will be losing their insurance coverage!

# Case Study 2

- COBRA for Family
  - Premium is \$1700
  - Premium Assistance is available – but only for the patient
  - Family is concerned about how they will pay with reduction in income
- COBRA for Patient
  - You CAN get COBRA for just the patient EVEN if they were not the Policy Holder
  - The Rest of the Family can enroll in ACA and benefit from Premium Subsidies (maybe even cost sharing)

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# Thank you!

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*Sign-up for the GW Cancer Center's Cancer Control Technical Assistance E-Newsletter: [bit.ly/TAPenews](http://bit.ly/TAPenews)*