ASSOCIATION OF COMMUNITY CANCER CENTERS

FINANCIAL ADVOCACY NETWORK

# Shared Decision Making for Financial Advocates

ACCC Financial Advocacy Network Summit August 16, 2018 Downtown Washington DC



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ACCC Shared Decision Making for Financial Advocates Summit August 2018, Washington DC

# Shared Decision Making: Clinic Perspective **Lori Schneider Business Office Manager Green Bay Oncology**



# History of Patient-Provider Treatment Decisions

- Patient diagnosed with cancer
- Patient told they were to start "treatment XYZ"
- Patient received treatment
- Patient received statement
  - not prepared for their out of pocket cost
- Business Office called patient
  - payment plan offered

#### patient could not make payments

- Supervising Physician said to "write off"
  - patient debt removed





#### Clinic Introduced Financial Counselors

#### In 2006 the Financial Counselor role was created -

✓Gained understanding of insurance vocabulary

- Learned and developed Oral Medication & Specialty Pharmacy processes
- ✓ Reviewed compendiums for approved coverage
- ✓ If patient uninsured then worked with pharmaceutical company to get free medications





# Insurance Coverage Changes Prompting Program Changes

- ✓June 2008 Medicare recognized NCCN as an authoritative source for medication coverage
- ✓ Premiums and Out of Pocket costs started rising
- ✓ Patients voiced concerns for Out of Pocket costs
- ✓CFO questioned "write offs"
- ✓ Authorizations required by Insurance Companies





# Bridging the Gap for Providers, Patients and Business

#### Financial Counselors and Benefits Team started:

- ✓Verifying in/out-of-network coverage
- ✓ Checking coverage for high Out of Pocket costs
- Assisting uninsured/underinsured patients in finding insurance
- ✓Enrolling patients in Foundations
- ✓ Working with Social Workers to address additional daily living expense assistance







# **Cost of Care Discussions**

#### THEN:

- No discussions or introductions of high cost medications
- Direct from diagnosis to treatment

#### NOW:

- Providers discussing cost with patient varies
- Distress Screenings that include financial questions
- If coverage issues the patient, Physician and Financial Counselor discuss best treatment option according to the patients needs



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### **Physician Discussions with Patients**

"We discuss the cost of drug and the need to look into coverage and evaluate options. Basically say we have a team at GBO that does this for you and when we start the process we will confirm insurance coverage, cost, and work with them if atypical cost or cannot afford."

"I do but only when it is a really expensive IV medication or if it is an oral."

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### **Physician Discussions with Patients**

"Usually I don't since I have little or no information on cost. I simply pick the most effective treatment and if two are equally effective I pick the one that is less toxic."

"I do review that there's financial toxicity with our treatment approach. I try to discuss the options from a medical standpoint and then refer the patients to discuss further the out of pocket costs. Usually for the IV treatment you can find reasonable coverage, however it's the oral agents that are the most difficult to find coverage."

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### **Patient Opinions on Cost Discussions**

"I want the information at consult because even though there is a lot of information and it's overwhelming, the agony of worrying about the cost is too much".

> (70 year old Medical Oncology patient)

"The pre-chemo teach day is the best day to get the insurance info. The initial appointment is too overwhelming already to get more information, but I liked getting the information before treatment actually starts."

> (60 year old patient with commercial insurance and \$8000 out of pocket)

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#### **Patient Opinions on Cost Discussions**

"Meeting prior to starting treatment is the best that way the cost of treatment isn't stressing us out"

> (85 year old patient and daughter)

"We had more time to discuss the insurance and I wasn't as nervous and overwhelmed like I was during the consult. I had time to process what was going on and what the plan was. I feel if you would have came in during the consult and gave me my insurance information it would have just been too much. If a patient is already getting bad news during a consult, and you were to come in and give more bad news if they had horrible insurance, it would just push them over the edge."

(46 year old radiation patient wanting discussion at SIM appointment not consult)



# Patient's Health Insurance Cost Literacy

#### **Every patient has the right to know the cost and coverage of their treatment.**

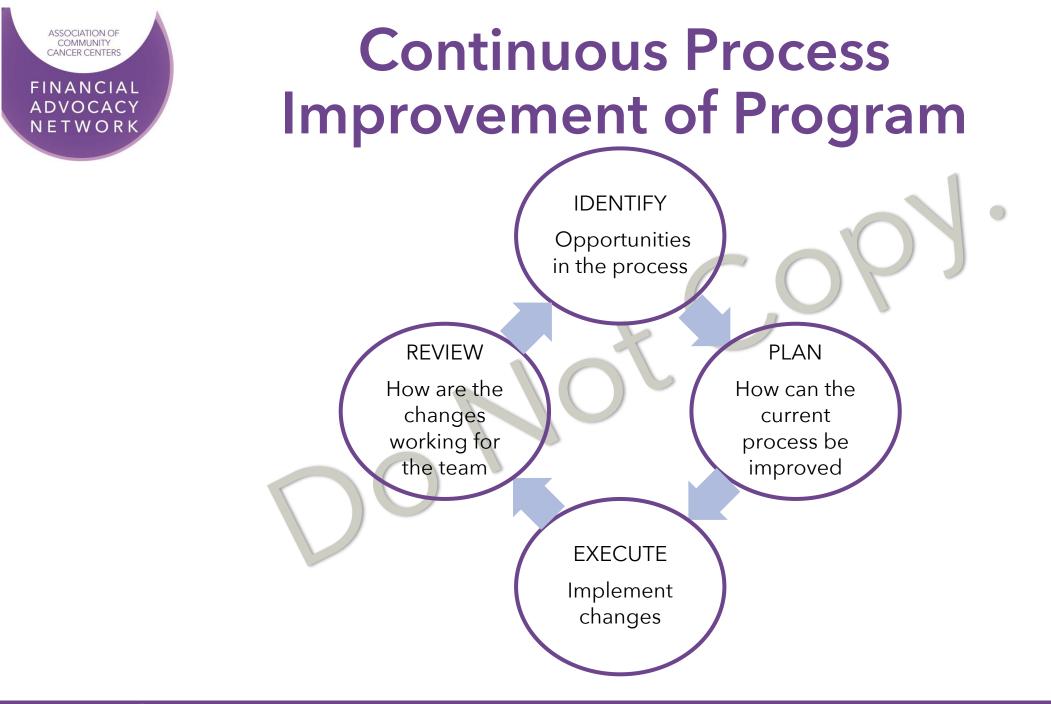
#### Clinics need to continue to understand...

- Training is needed for advocates to understand how to educate patients
- Tools are available to help patients who learn and understand at different levels
  - Example: Teach-back method, visual diagrams, reading materials
  - There is not a "one size fits all" guide to help patients -
    - You will need to customize your discussion to fit the patients needs and level of understanding
- ACCC Resources -
  - ACCC Financial Advocacy Network Advisory Committee creating a new module in the Bootcamp to assist advocates
  - ACCC Financial Advocacy Services Guidelines



Services Guidelines







# Program Enhancements Due To Changes In Patient Financial Needs

- Proactively meet with all new patients to explain insurance coverage
- One designated team to handle all medical financial concerns
  - Benefits through patient payments or appeals
- Created treatment pathways:
  - Drug efficacy
  - Cost to patient
  - Drug toxicity
  - Cost to business
- Created hospital foundation fund for oral specialty medications
- Trademarked our Financial Counseling program as *Navigating Hope*™

#### NAVIGATING HOPE<sup>™</sup>



# Positive Impact of Financial Counseling

- ✓ Reduce patient anxiety,
- ✓Increased patient satisfaction,
- ✓ Reduction of financial toxicity to patient,
- ✓ Reduction in "write off" dollars,
- ✓ Increase in dollars in the door from foundations,
- ✓ Fewer accounts to collections, and
- ✓Allows provider to focus on medical care and financial expert to assist patient with finances and resources available

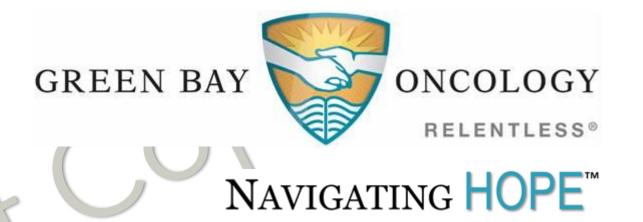




# Thank you!

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