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FINANCIAL ADVOCACY NETWORK

Shared Decision Making for Financial Advocates

ACCC Financial Advocacy Network Summit

August 16, 2018

Downtown Washington DC

Association of Community Cancer Centers

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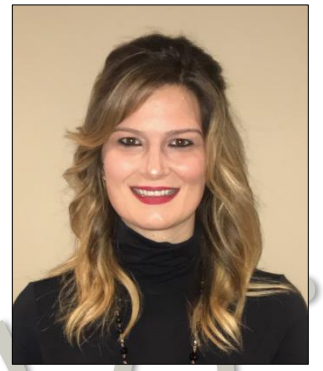
Understanding and Navigating Financial Distress

Panel Discussion

Panelists

Teresa Hagan Thomas, PhD, RN
Assistant Professor
University of Pittsburgh School of Nursing



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Oncology Social Worker - Retired

Nicole Taglione
Oncology Financial Navigator
Saint Agnes Cancer Institute

Financial Toxicity: State of the Science and a Call to Action

Teresa Hagan Thomas, PhD, RN
Assistant Professor
University of Pittsburgh School of Nursing

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Disclosures

- I have no disclosures.

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Case Study

- Patient X, 43 yo is on Cycle 4 for Stage III breast cancer receiving adjuvant treatment.
  - Lives 1 hour away from hospital
  - 3 children
  - Married and carries family health insurance
  - Working; missed 20 days related to cancer
  - 20% co-insurance; Copayments
- Disease progression
- Deciding on new trial

Case Study

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  - 20% co-insurance; Copayments
- Disease progression
- Deciding on new trial

Travel (gas, tolls, food, parking) +

Childcare costs +

Missed work +

Co-insurance +

Co-payments +

STRESS

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Background

What is financial toxicity and why is it an issue?

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Historical Context

1. Higher national health care expenditures
2. Shift from community- to hospital-based care
3. Higher costs of novel drugs

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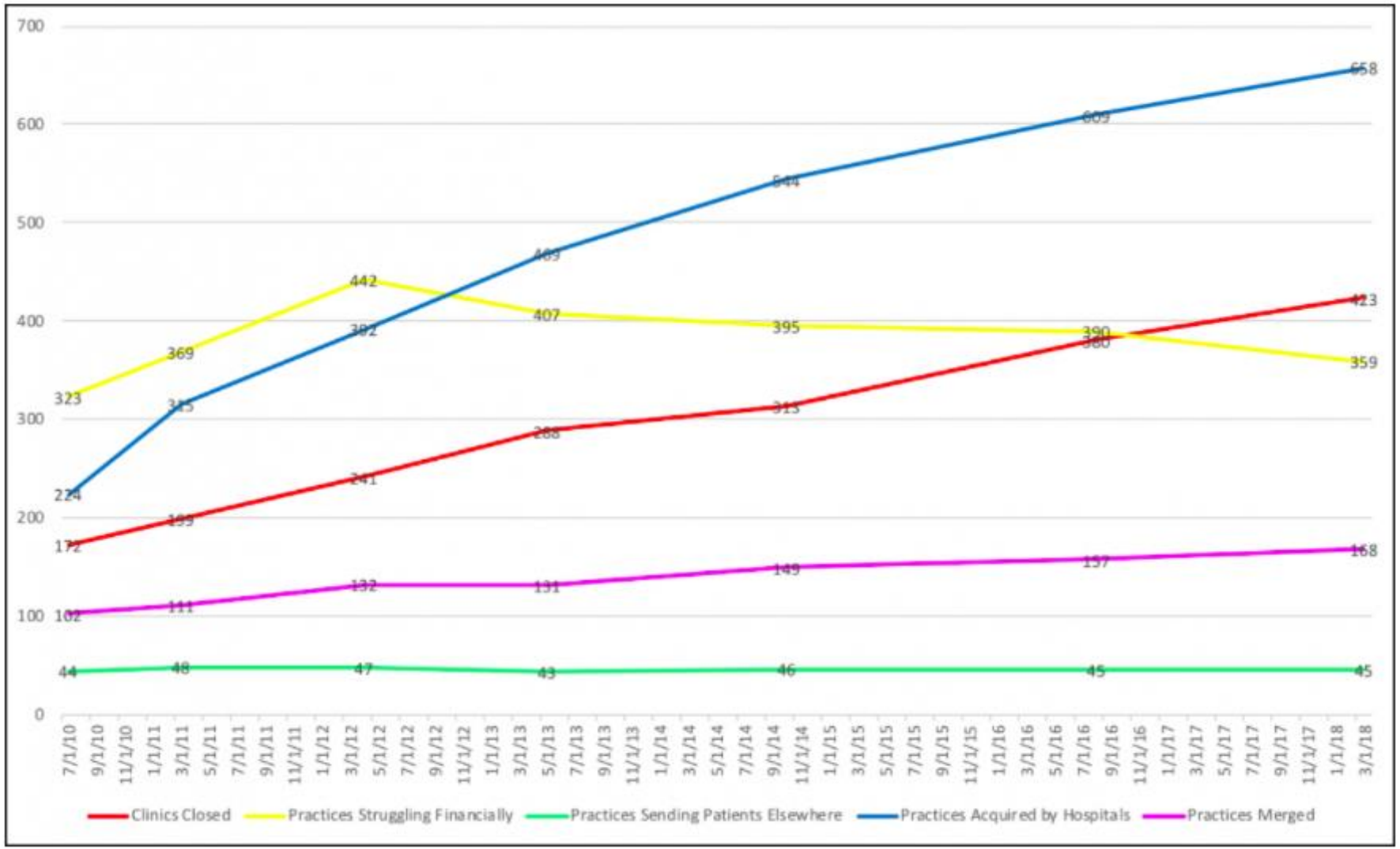
Historical Trend in the Changing Landscape of Cancer Care



658 practice acquired by hospitals

423 clinics closed

168 practice merged or acquired

Community Oncology Alliance, 2018

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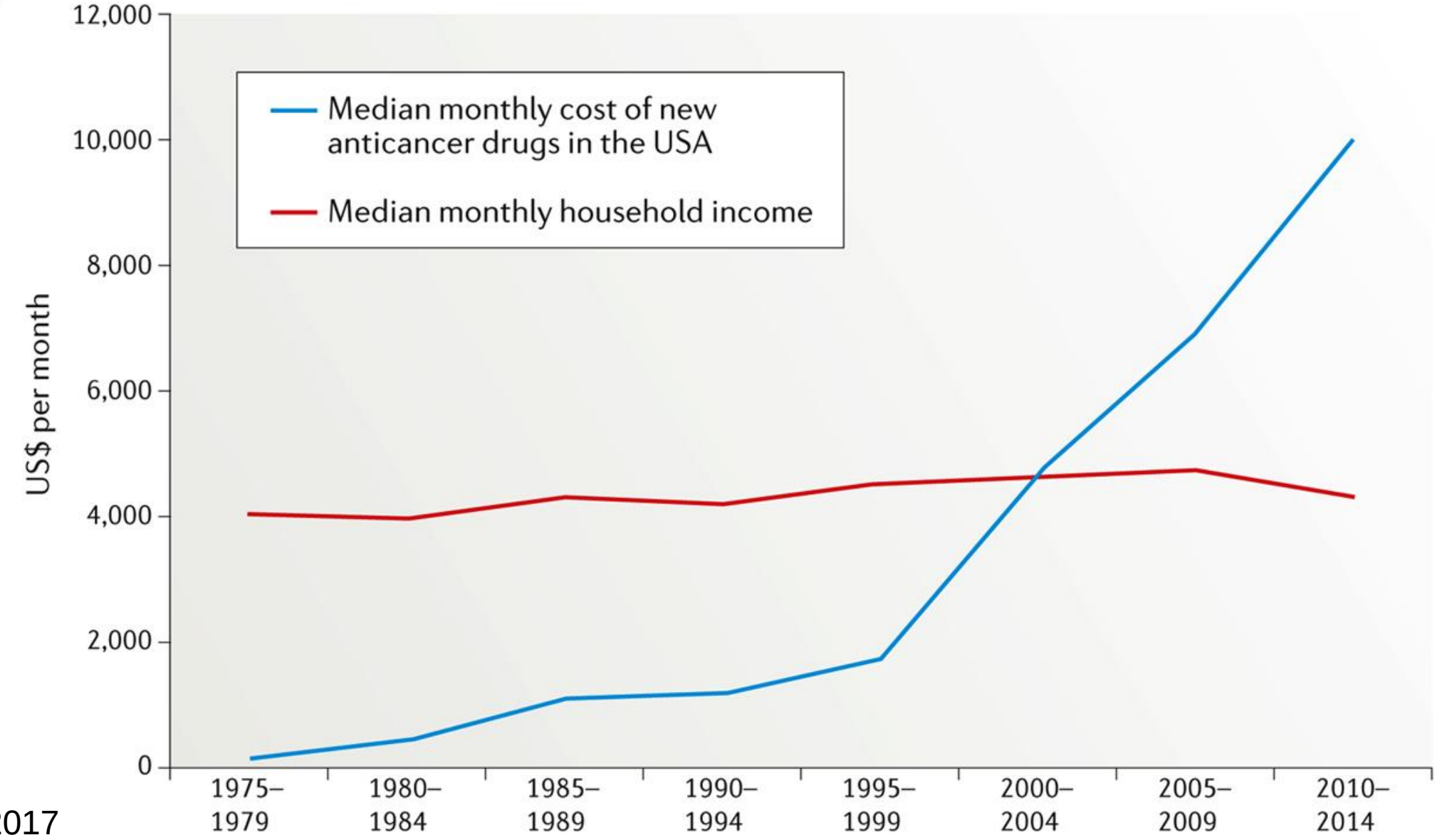
Median monthly launch price of a new anticancer drug, compared with median monthly household income from 1975–2014



Prasad et al., 2017

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Health Insurance

- Higher premiums, deductibles, and co-insurance and co-payment rates

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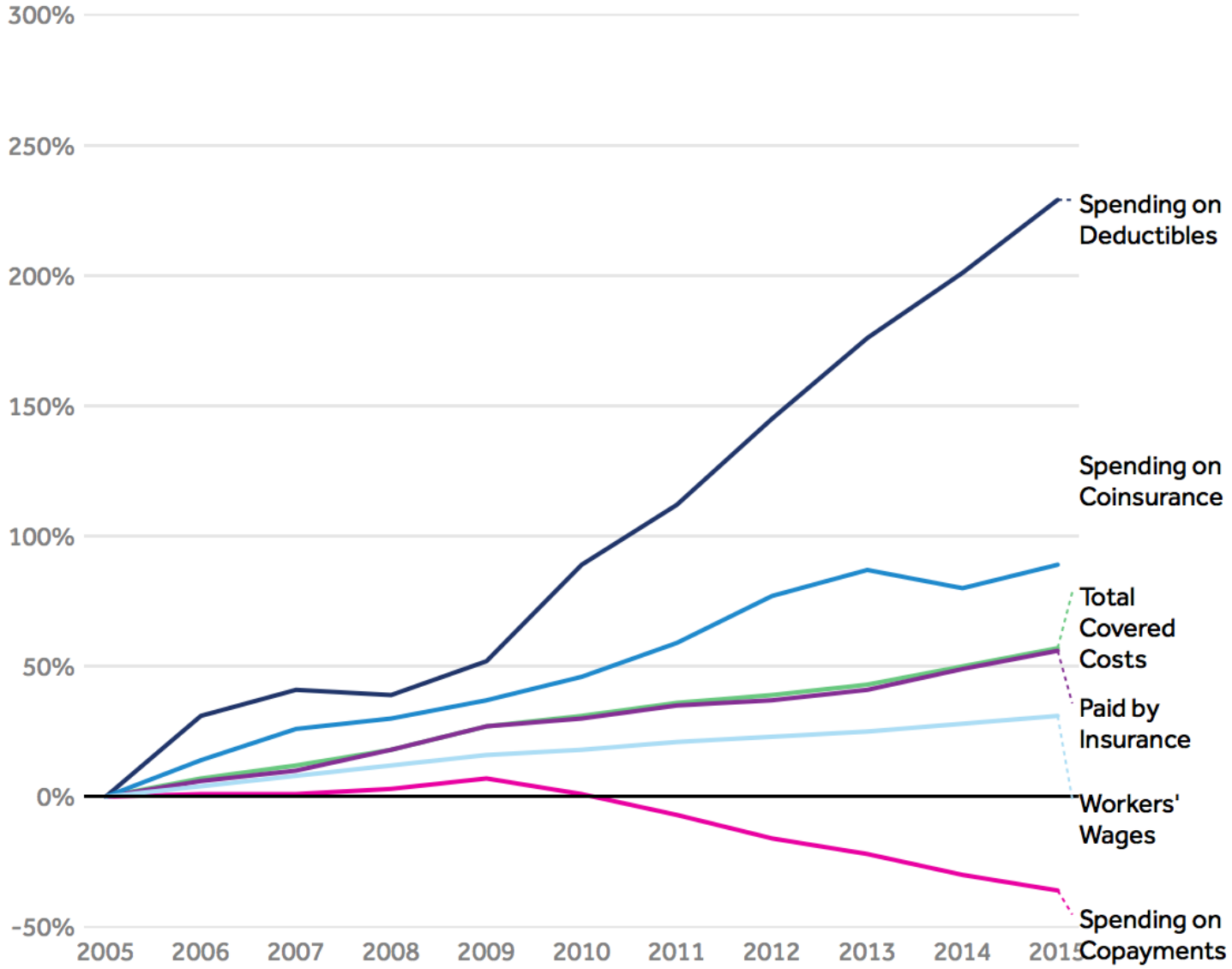
Cumulative Increases in Health Costs, Amounts Paid by Insurance, Amounts Paid for Cost Sharing, and Workers Wages (2005-2015)



Kaiser Family Foundation, 2017

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Health Insurance

- Cancer treatment drug prices
  - Immunotherapies
  - Targeted therapies
  - IV vs. oral chemotherapy prices

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Terminology

- Financial burden / distress / hardship / stress / strain
- Economic burden / hardship
- Costs of care
- Financial toxicity

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Definition

Objective ***Burden***:

- borrowing money
- being unable to cover costs of care
- declaring bankruptcy

Subjective ***Distress***:

- distress about the ability to pay for care

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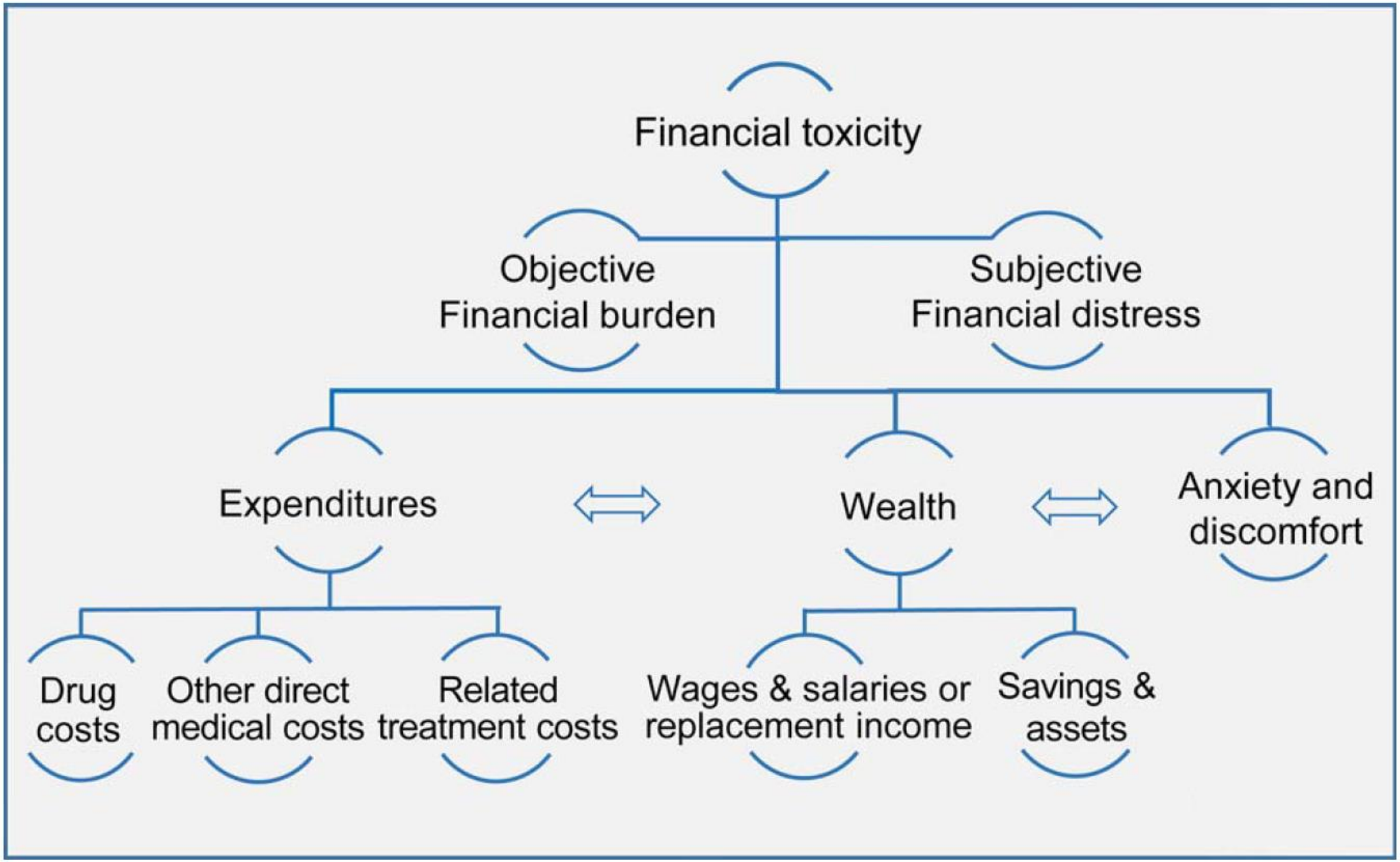

Carrera, 2018

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Prevalence

- Adults in treatment
  - Monetary measures: 28 - 48%
  - Objective or subjective measures: 16 - 73%
- Adults post-treatment
  - 15% reported financial difficulty
  - 20% reported worry

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Theoretical Model

- Who is at risk? What are the consequences?

Patient Risk Factors

- Health
  - Advanced/recurrent/multiple cancer(s)
  - Co-morbidities
  - Treatment with chemotherapy and/or radiation
- Socio-demographic variables
  - Female gender
  - Younger age
  - Lower income
  - Race
- Health access
  - Change in employment
  - Health insurance

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Patient Experiences

- Higher out-of-pocket costs
- Asset depletion/debt/bankruptcy
- Productivity loss
- Reduced employment-based health insurance options
- Reduced funds for leisure, food, clothing

Patient Consequences

- Distress
- Non-adherence
  - 20% skipping doses
  - 18% take less medication
  - 24% do not fill prescriptions
- Lower health-related quality of life
- Lower quality health care
- ***Survival***

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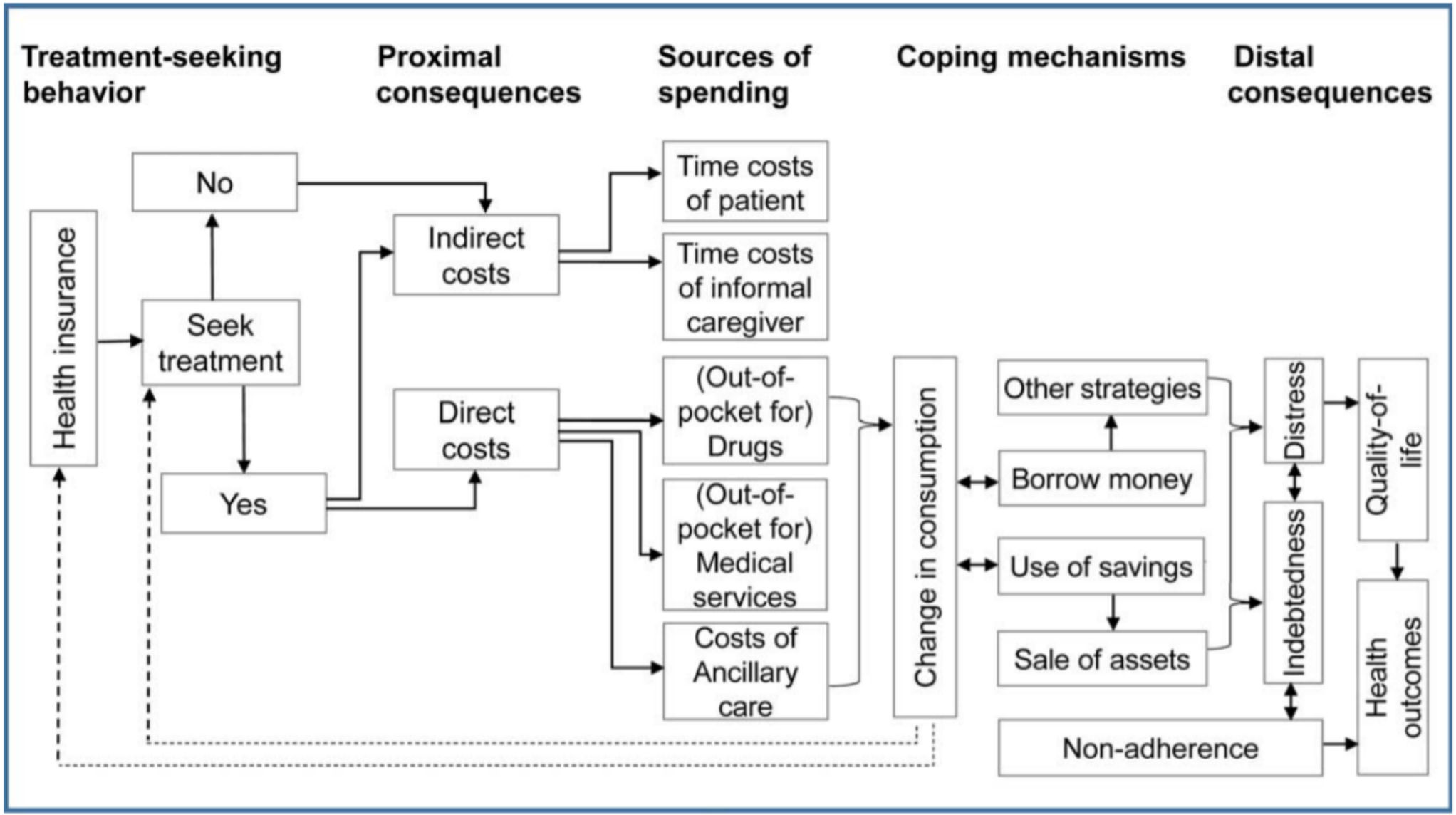
Model of Financial Toxicity



Carrera, 2018

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Clinical care

- What does financial toxicity look like in the clinic?

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Clinical Presentation

- Assessment and/or discussion of:
  - Costs of treatment
  - Delaying/skipping treatment, medications, appointments
  - Missed work; over-worked
  - Insurance concerns
  - ***Distress related to costs***

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Current Interventions

- Referral to:
  - Social work
  - Patient navigator
- Financial counseling:
  - Patient assistance programs
  - Local resources

Current Interventions

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Are we doing enough?

Low Rates of Cost Communication

- 52% of patients want to discuss treatment-related out-of-pocket costs
  - 22% of visits discuss costs
    - Median duration = 33 seconds
    - 38% of conversations mentioned cost-reducing strategies

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Patient Preferences

- 71% do NOT want personal or societal costs to influence treatment
  - *independent of degree of financial toxicity*
- Low-income patients more likely to prioritize avoidance of expensive treatments compared to high-income patients
- 31% feel informed about costs of cancer care before treatment

Meisenburg et al., 2015; Mileshkin et al., 2009; Wong et al., 2013

Clinical Barriers

- Perceptions of clinicians' time
- Embarrassment
- Efficacy expectations
- Financial information relative to treatment decisions

Methods in Financial Toxicity Research

- What are the issues in financial toxicity research?

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Methodological Concerns

- Measurements
- Study design
- Nursing care

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Measures of Financial Toxicity

Name	What it measures	Pros	Cons
Out of pocket spending reports	Objective costs of care	Accurate	Access to billing/insurance; no subjective
Collection of ***I***ndirect and ***N***onmedical ***D***irect Costs (COIN) [17-items]	Missed work, visiting nurses, home care, etc.	Comprehensive	Length; recall bias
Economic Impact Assessment [13-items]	Socio-demographic information related to income, salary, insurance	Economic profile	Non-cost specific
COmprehensive ***S***core for Financial ***T***oxicity (COST) [11-items]	Patient perceptions of costs, resources, concerns	Subjective	Not comprehensive
Personal Financial Wellness Scale (PFWS) [8-items]		Subjective	Not cancer specific
Single-item screen	Income: household needs	Short	Not comprehensive

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Financial Toxicity Grading Scale

Grade	Description
1	Lifestyle modification (deferral of large purchases or reduced spending on vacation and leisure activities) because of medical expenditure
	Use of charity grants/fundraising/copayment program mechanisms to meet costs of care
2	Temporary loss of employment resulting from medical treatment
	Need to sell stocks/investments for medical expenditure
	Use of savings accounts, disability income, or retirement funds for medical expenditure
3	Need to mortgage/refinance home to pay medical bills
	Permanent loss of job as a result of medical treatment
	Current debts > household income
	Inability to pay for necessities such as food or utilities
4	Need to sell home to pay for medical bills
	Declaration of bankruptcy because of medical treatment
	Need to stop treatment because of financial burden
	Consideration of suicide because of financial burden of care

Khera, et al., 2014

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Study Designs

- Retrospective analyses
- Descriptive, cross-sectional
  - Recall bias
  - Nonresponse bias
- Few intervention trials

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Interventions

- Published
  - One prospective pilot intervention study
- Current
  - National Cancer Institute Community Oncology Research Program (NCT02728804)
    - Observational, 12-month
    - Metastatic colorectal cancer

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Research and PRACTICE Priorities

- What should our focus be?

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Priorities

1. Validate a screening tool
2. Describe the trajectory of financial toxicity
    1. Describe impact on:
        1. Adherence
        2. Symptom management
        3. Treatment decision-making
3. Identify and test intervention targets/timing

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Policy Priorities

- Increased transparency in drug costs
- Value-based cancer care
- Training in financial stewardship
- Oncology Medical Home Demonstration Project
  - *Cancer Care Payment Reform Act of 2017*
- Oral drug parity laws
- Allow Centers for Medicare & Medicaid Services to negotiate drug prices
- Expand Medicaid Drug Rebate Program

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Clinical nursing priorities

- What can I do?

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Key Clinical Questions

- How ***aware*** are oncology nurses of their patients' financial situations?
- How ***comfortable*** are oncology nurses in discussing financial issues?
- How ***equipped*** are oncology nurses in assessing financial toxicity?

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Thank you!

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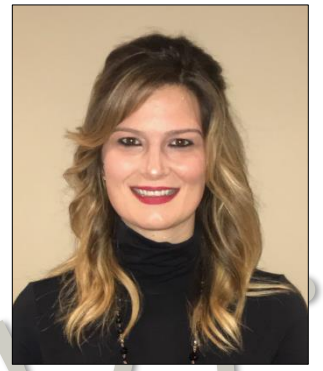

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ACCC Shared Decision Making for Financial Advocates Summit
August 2018,
Washington DC

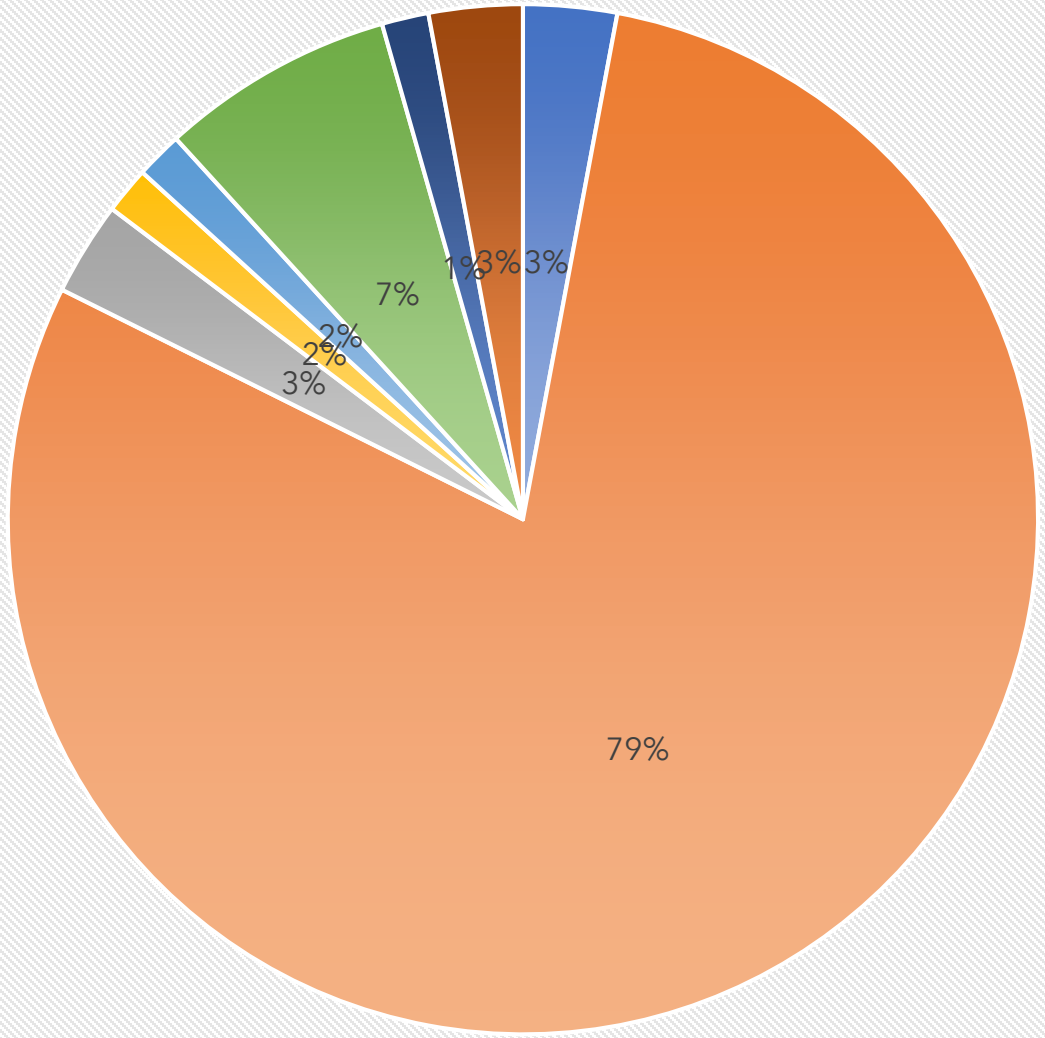
Exploring Methods to Improve Financial Distress Screening
ACCC Survey 2018

Abra Kelson, MSW, LSWA-IC
Social Work Supervisor
Rainier Hematology Oncology

Survey

- Online Survey consisting of 7 questions to determine financial distress screening process and satisfaction across oncology practices
  - 5 multiple choice
  - 2 free text
- Delivered through ACCC website, AOSW listserv, shared by ACCC Financial Advocacy Advisory Committee Members with other professionals in the oncology field
- Open to all professionals working with oncology patients- ongoing (survey still open)
- 68 participants completed survey, as of July 2018

What is your practice setting?



- Freestanding cancer center
- Hospital-based outpatient cancer center
- Physician-owned oncology practice
- OPPS and Physician's Office settings
- Industry
- Shared operation (an arrangement where resources are shared between two entitites, such as private practice and hosptial)
- 1/2 outpatient cancer center (bonemarrow transplant), 1/2 inpt

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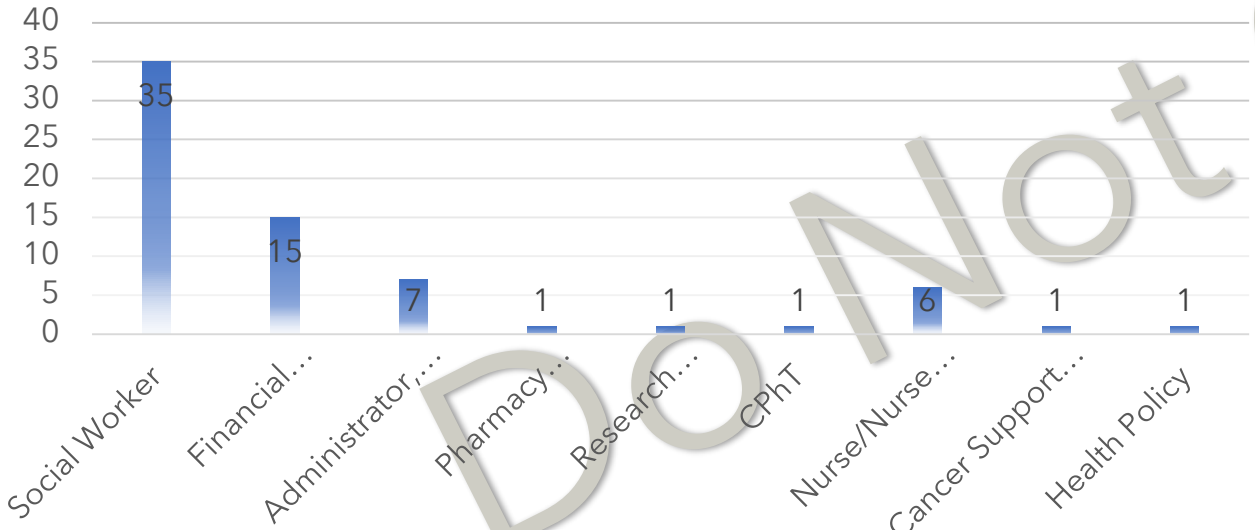
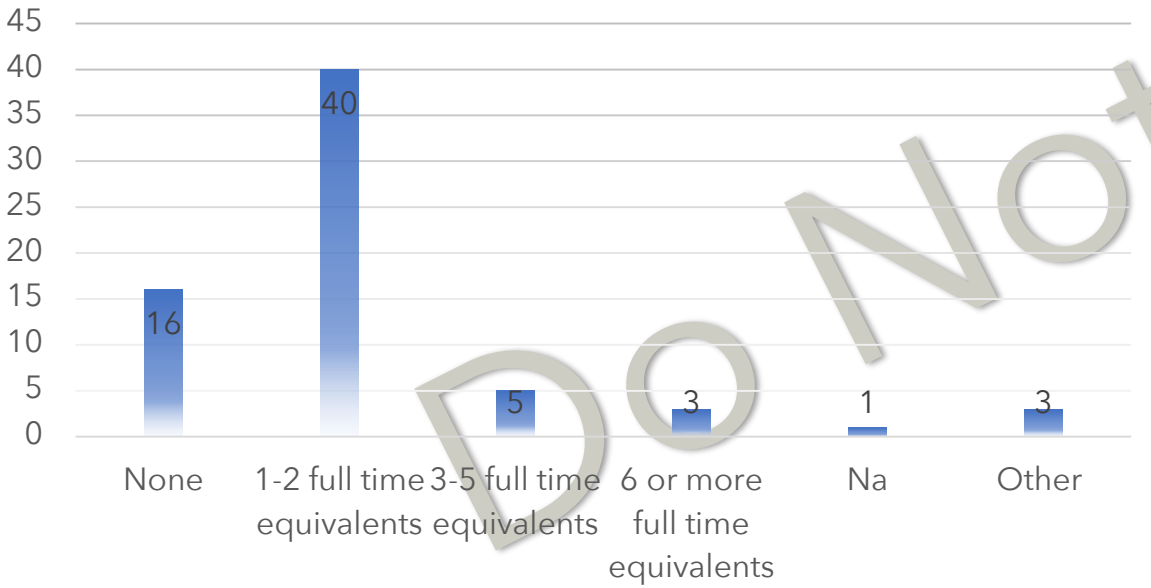
WHICH ROLE BEST DESCRIBES YOUR POSITION?

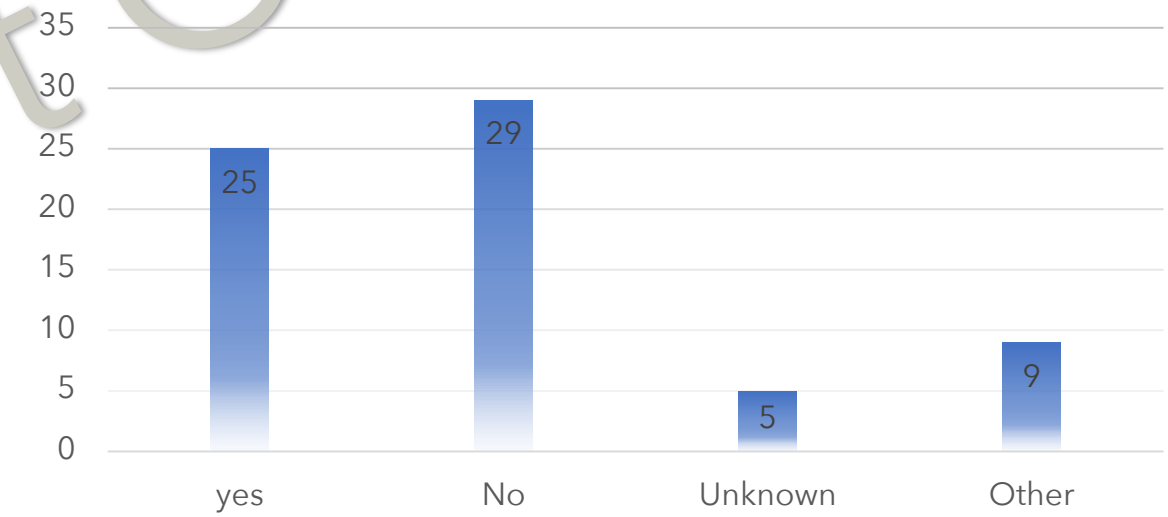


- Majority of respondents were Social Workers
- Majority of respondents work in an hospital-based outpatient cancer center

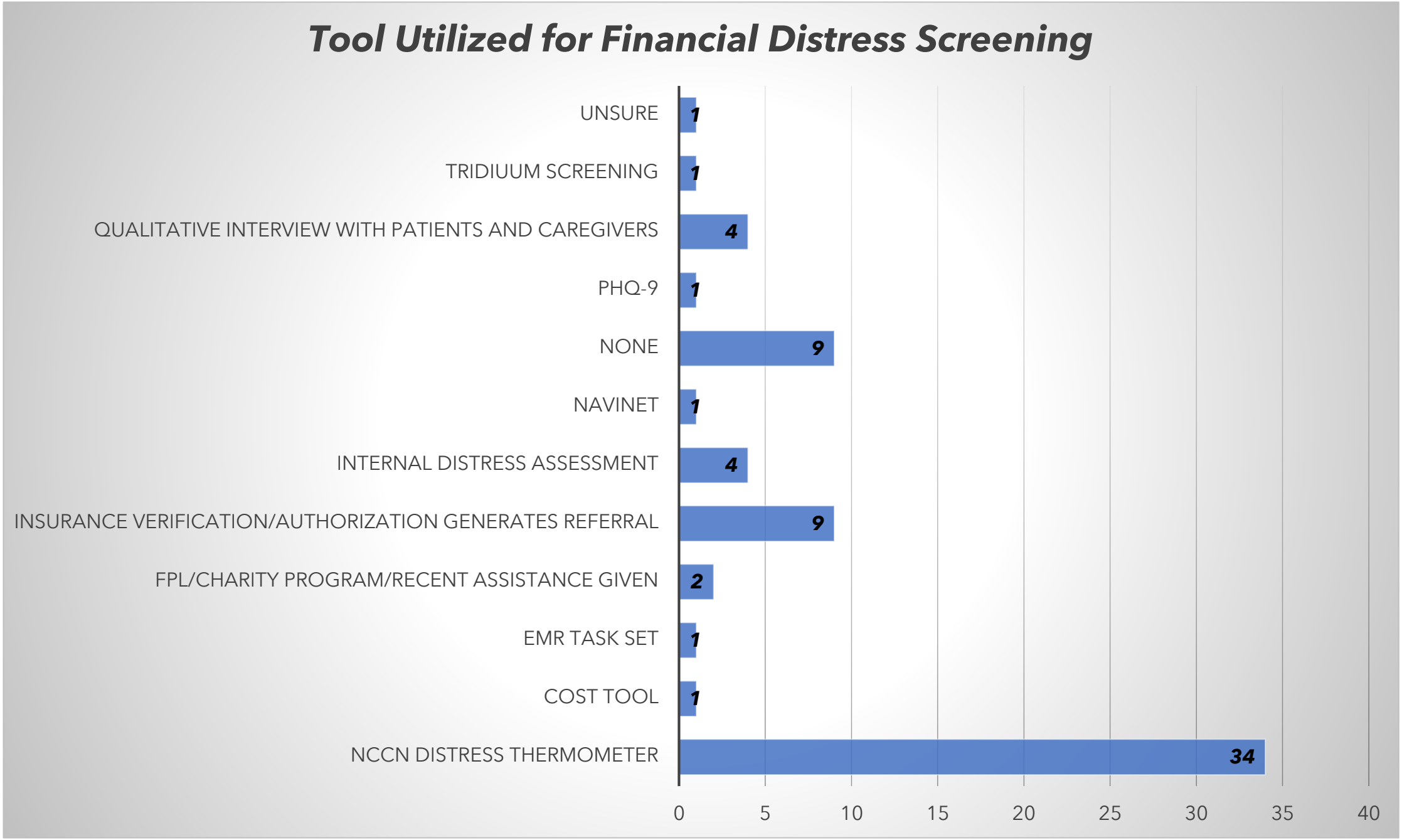
HOW MANY DEDICATED FINANCIAL ADVOCATES WORK AT YOUR CANCER PROGRAM?



DO FINANCIAL ADVOCATES AT YOUR CANCER PROGRAM SCREEN FOR FINANCIAL DISTRESS?



Tool Utilized for Financial Distress Screening



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Advocates & Navigators

Do you screen for financial distress?		*What tools do you use?*	
Yes	53% (8)	***NCCN DT***	47% (7)
No	27% (4)	***Internal Distress Assessment***	7% (1)
Unknown	7% (1)	***Distress Tool (not specified)***	7% (1)
Other	13% (2)	***Referral based on NP***	13% (2)
		Insurance verification/authorization	13% (2)
		None	13% (2)

Advocates & Navigators

How is it implemented?	
Screening tool given at initial consult/admission	3
Screening given by nurse/other staff	1
Electronic	1
Estimate Cost of Care	1
Referral through EMR to FA	1
Financial Application sent/given to patient	2
FA meets with pt to discuss financial assistance programs	2
None or N/A	4

Satisfaction 1-5	
1	1
2	1
3	7
4	2
5	4
Average Overall Satisfaction	3.46

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Advocates & Navigators

- Of the financial advocates that rated a 5
  - 2 used the NCCN distress thermometer
  - 2 were based off of reviewal of insurance to indicate financial need
- Majority of 3's use NCCN DT
- Financial advocate who rated 2 use insurance to identify patients
- Financial advocate who rated 1 indicated no standard process

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Social Workers

Do you financial advocates at your cancer center screen for financial distress?		***What tools do you use?***	
Yes	26% (9)	***NCCN DT***	60% (21)
No	66% (23)	***Internal Distress Assessment***	6% (2)
Unknown	6% (2)	***Distress Tool (PHQ-9, Triddiuum)***	6% (2)
Other	2% (1)	***Social Work assessment/psychosocial assessment then referred to FC***	6% (2)
		Insurance verification/authorization or Financial Assistance application	6% (2)
		None	17% (6)

Social workers, Cont.

How is it implemented?	
Screening tool given at initial consult/admission	9
Screening tool given at initial and pivotal appointments (continued screening)	7
Screening given by nurse/other staff	3
Electronic	1
SW meets with pt to discuss financial assistance programs. Makes appropriate referrals	3
FA meets with pt to discuss financial assistance programs	1
Physician referral	1
Insurance	1
None or N/A	9

Satisfaction 1-5	
1	6
2	4
3	17
4	8
5	0
Average Overall Satisfaction	2.77

Social Workers, Cont.

- Social Workers who rated 4
  - 5 identify SW, RN or FC assessment, or other tool
  - 3 identify NCCN DT
- Social Workers who rated 3
  - 11 identify NCCN DT
  - The remaining identify, SW assessment, other tool, or n/a (7)
- Social Workers who rated 2 all identify NCCN DT as the tool utilized (4)
- Social Workers who rated 1
  - 2 use NCCN DT
  - 4 have no specific tool or process

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Take Away

- NCCN DT is the most widely used tool in screening for financial distress
- From the data received nearly half of the respondents indicated financial counselors do screen for distress
- Of the SW's who participated the majority (66%) reported FCs did not screen for distress
- No standard process for screening or implementing financial distress screening
- FC are more satisfied with FDS screening than their SW counterparts

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