

ASSOCIATION OF
COMMUNITY
CANCER CENTERS

FINANCIAL
ADVOCACY
NETWORK

Addressing Patient Needs in a Changing Landscape

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Association of Community Cancer Centers

Financial Advocacy Network Year in Review

Learning
Labs

Bootcamp
Update

Annual
Summit

Census
Survey

Barriers We Face as Financial Navigators



Copay Accumulators



Foundation Funds



Insurance Authorization Criteria

Continuous Investigation



- ▶ Network with Colleagues
- ▶ Patient Resources
 - ▶ Community Resources
 - ▶ State Resources
 - ▶ National
- ▶ Disease Process
- ▶ Healthcare Law and Policy

Networking

The screenshot shows a web browser window displaying the Financial Advocacy Network Forum. The browser's address bar shows the URL: <https://mynetwork.accc-cancer.org/communities/community-home?CommunityKey=a79f453a-0996-4f09-b3b6-8403b7009c46>. The page features a yellow navigation bar with links for Home, Communities, ACCC Exchange, ACCC Resources, Directory, Browse, and Participate, along with a search bar. Below the navigation bar, the main heading is "Financial Advocacy Network Forum" with a "Settings" button. There are three tabs: "Community Home", "Discussion 252", "Library 5", and "Members 455". The "Latest Discussion Posts" section includes:

- RE: Policy for acquiring free drug** by [Melissa Paige](#), 5 days ago. Content: "Hi Vickie. We are expecting 300 Advocates (across therapeutic areas) who handle Copay & Foundation Assistance, and Free Drug to join us at the Healthcare Advocate Summit next April. I will be gathering policies and job descriptions to share with others. ..."
- RE: Next-Generation Sequencing** by [Jordan Karwedsky](#), 6 days ago. Content: "Hello, Our providers typically order Foundation One. We have been able to call Foundation Medicine and speak with their billing department to get their prices, and how it works if insurance doesn't cover. We also make sure to enroll every patient ..."
- RE: Next-Generation Sequencing** by [Rifeta Kavlic](#), 6 days ago. Content: "Hi Katrina. We use a FoundationOne all the time. The clinic staff has a log in to the FoundationOne website and we are able to assist with filling out financial screening through FoundationOne for our self pay patients. FoundationOne usually submits ..."
- IngenioRx Specialty Pharmacy Contact** by [Adrienne Armes](#), 18 days ago. Content: "Good morning everyone. I was wondering if anyone has found a good point of contact with IngenioRx Specialty Pharmacy that acts as a liaison between the provider's office and the pharmacy? Thanks in advance! Adrienne Armes ----- ..."

The "Latest Shared Files" section also features a post titled "RE: Policy for acquiring free drug" by [Melissa Paige](#), 5 days ago, with a "More" button below it.

Resources



NETWORK LOCALLY



RESEARCH NEW
PROGRAMS



TALK WITH THE FIELD
REIMBURSEMENT
MANAGERS



REVIEW CURRENT
PROGRAMS FOR
UPDATES AND CHANGES



TECHNOLOGY
RESOURCES

Disease Process



- Tumor Board
- NCCN Updates
- New FDA Approvals
 - NedyMeds – DAPUS, PAPUS

Healthcare Law & Policy



ACCC



Your Healthcare System



Get Involved

ACCC – FAN Looking Forward

Financial Advocacy Network Pre-Conference(October)

Release updated training materials

Bring live practice improvement workshops to cancer centers

Assessment of Financial Advocacy (Census 2019)

Welcome to us

SHARED DECISION MAKING

AUGUST 16, 2018

WASHINGTON, DC

for FINANCIAL ADVOCATES SUMMIT

WE HAVE 2500 MEMBERS!
24,000+ CANCER CARE TEAM MEMBERS

ACCC is FOCUSED ON BEST PRACTICES ADVOCACY



FINANCIAL ADVOCACY NETWORK (FAN)

EDUCATION & DEVELOPMENT for those having FINANCIAL CONVERSATIONS WITH PATIENTS

TODAY... BRINGING the TOPICS of FINANCIAL HEALTH & SHARED DECISION MAKING to the forefront!

BEN'S LIST of BARRIERS to DISCUSSING COSTS with PATIENTS:

PHYSICIAN-PERCEIVED:

- Impact on time with PATIENT
- Lack of knowledge
- Ethics of making a recommendation based on cost
- Don't want patient to feel care is being compromised

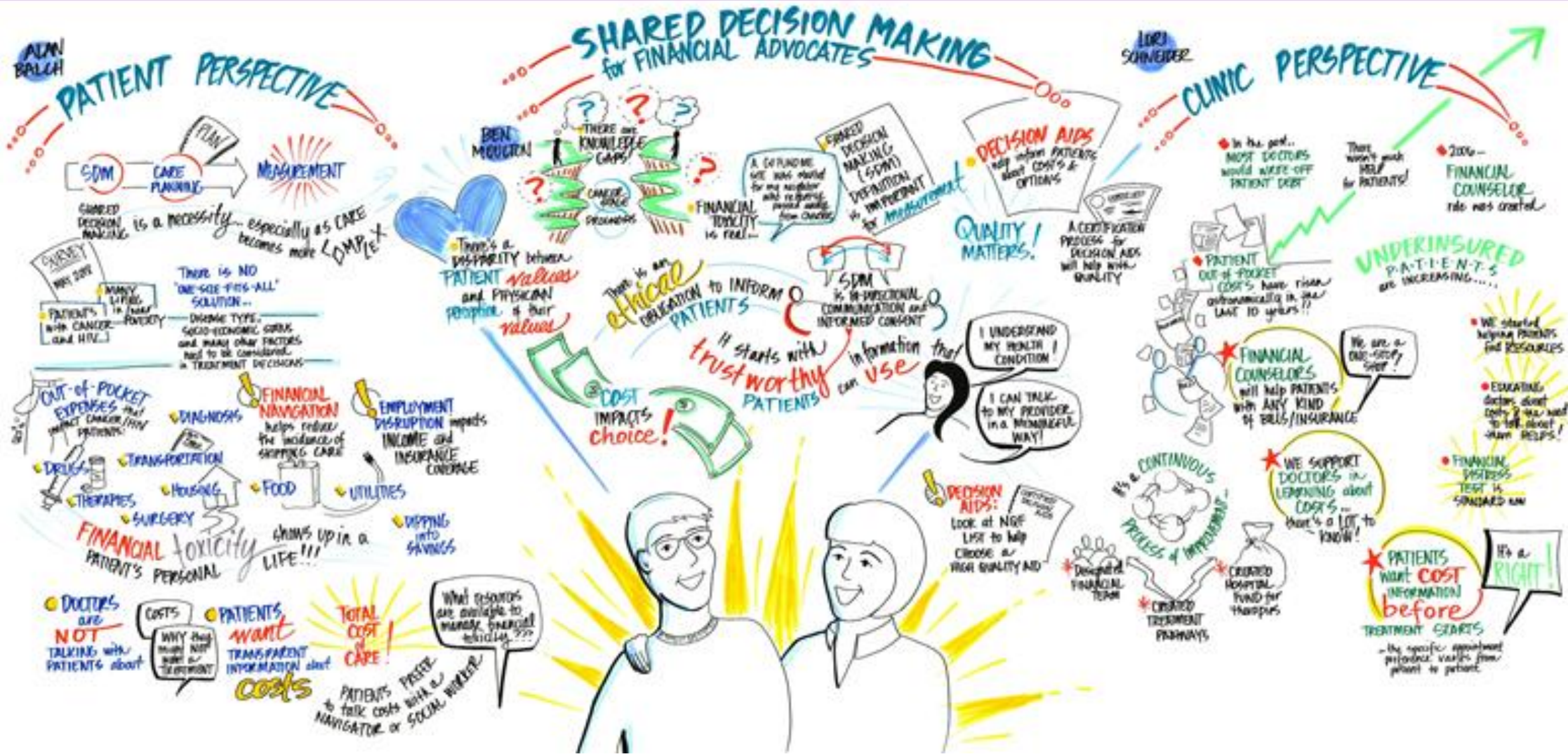
PATIENT-PERCEIVED:

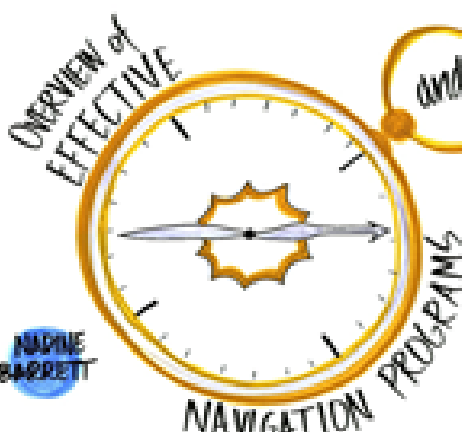
- Concern about appropriateness
- Embarrassment
- Respect for clinicians time
- Lack of knowledge

SOLUTIONS:

- TRAINING on COSTS
- Use of non-clinical support staff
- Data about frequency of visits, time away from home, etc. HELPS
- Distribute list of services (financial/psychological support)
- Utilize tools such as COST

Thank You!!!





NADINE BARRETT
 LARA SCHMIDT
 CLARA LAMBERT
 NADINE BARRETT

P.A.N.E.L

AT DUKE WE CREATED A BUSINESS PLAN to help show our leadership that INVESTMENT in FINANCIAL NAVIGATION is worthwhile

and KEY ELEMENTS of success!

There are challenges in our system...

- MEDICAID PATIENTS finish with the same SACK though.
- Insurance PREMIUMS are increasing!

Financial Toxicity

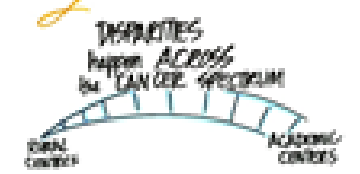
financial navigation IS ESSENTIAL

CANCER PATIENTS are at RISKER OF bankruptcy

*Some PATIENTS have to choose between TREATMENT and GROCERIES

*SKIPPING TREATMENTS/MEDICATION is common to save costs

Cost related health literacy IMPACTS CARE— PATIENTS NEED to UNDERSTAND costs and resources AVAILABLE



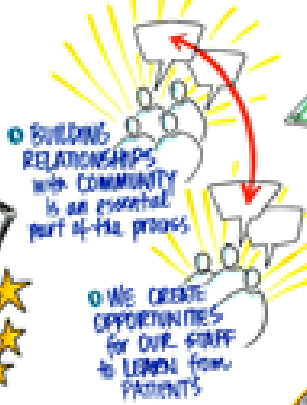
HEALTH JUSTICE is OUR GOAL— so everyone can RECEIVE the TREATMENT they need, when they need it

Office of HEALTH EQUITY



DUKE'S COMMUNITY FACING NAVIGATION PROGRAM to PROVIDE:

- We are formally TRAINING FINANCIAL NAVIGATORS! "MAYORS"
- Screening and Follow up
- Education
- We help PRIMARY CARE PROVIDERS understand COSTS
- We have PARTNERSHIPS to help PATIENTS ACCESS RESOURCES
- SUBSCRIBERSHIP LIGATION to help INTEGRATE PATIENTS BACK into COMMUNITY and PRIMARY CARE



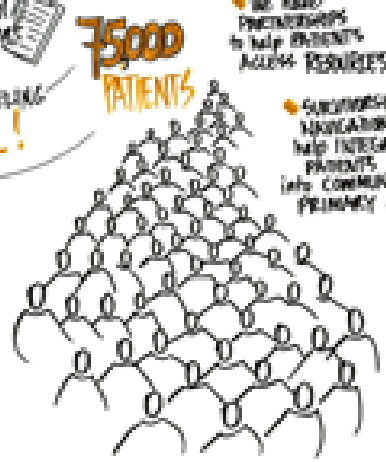
FUNDING is a challenge!

It's important for your PROGRAM to "BREAK EVEN" and having the numbers to prove that!

WHAT MAKES SENSE for THIS PATIENT?

TUMOR BOARDS are an OPPORTUNITY to SHARE INFO with PHYSICIANS about FINANCIAL CONCERNS facing the PATIENT

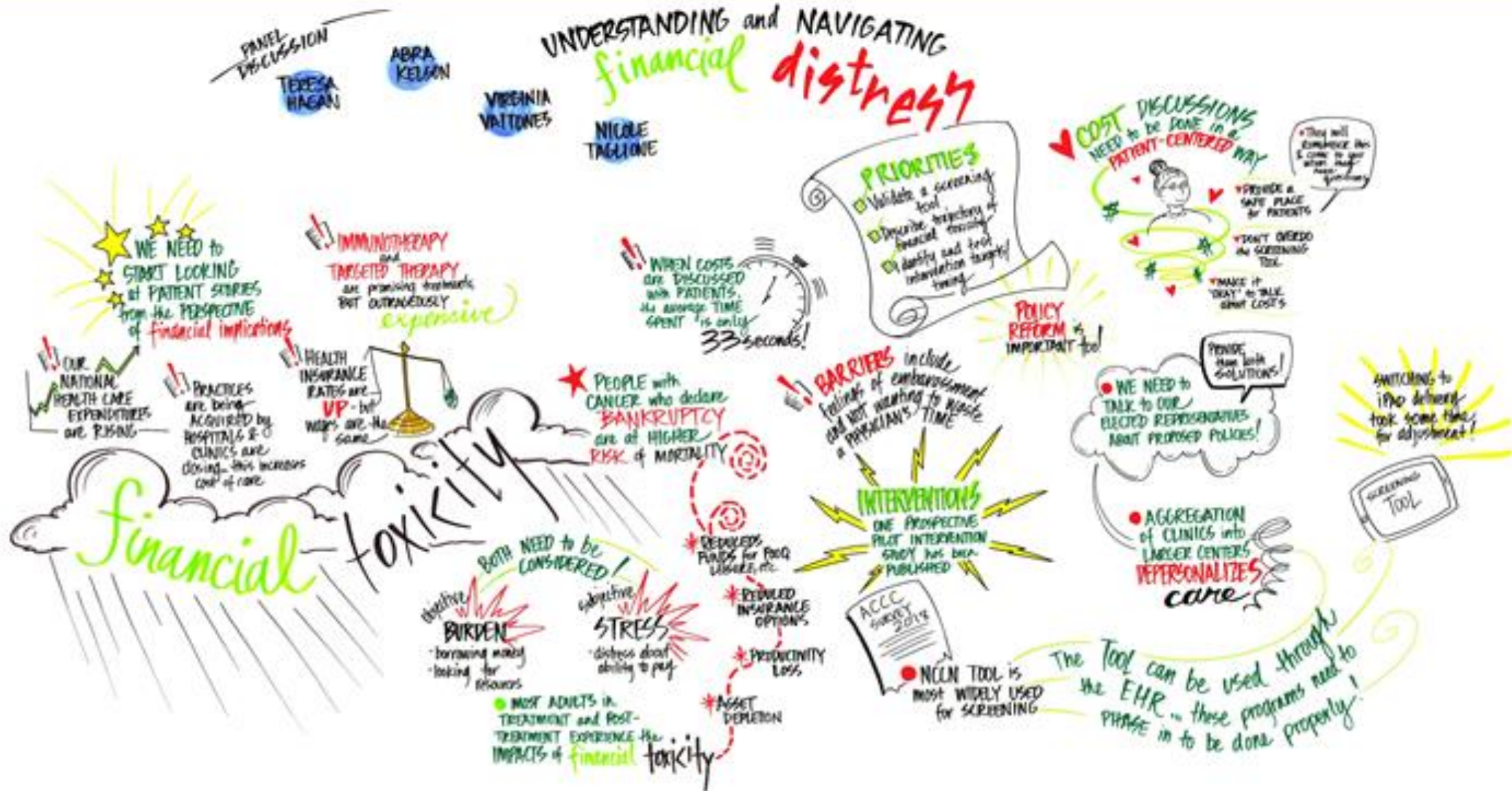
scalable model!



GETTING STARTED with a FINANCIAL NAVIGATION PROGRAM

- LEARN about the DISPARITIES in your community— create a directory
- EDUCATE everyone in your ORGANIZATION
- HAVE SOMETHING for your PATIENTS

FINANCIAL SYSTEMS SCREENING helps identify BARRIERS/obstacles and individual needs



NAVIGATING MEDICARE and MEDICAID

DAN SHEPHERD

ABOUT 20% of our population is covered by MEDICAID
30% ARE NOT!

ON AVERAGE, 50% of PATIENTS are on MEDICAID - OUT-OF-POCKET EXPENSES are an ISSUE!

THE MEDICARE SYSTEM is confusing
PART A, PART B, MEDICAR, PART C

WITH SOME PATIENTS SCREENING HAS BEEN REQUIRED... WE KNOW that FINANCIAL TOXICITY is an ISSUE!

There is a shared responsibility to find SOLUTIONS

SHARED DECISION MAKING REQUIRES TRAINING in MEDICARE/MEDICAID so they can give patients better solutions

CERTIFICATION for FINANCIAL COUNSELORS SHOULD BE REQUIRED
WE WOULD BE ABLE TO HELP PATIENTS MAKE better decisions
THERE IS SO MUCH TO KNOW
ONGOING EDUCATION IS KEY TO KEEP UP WITH CHANGES
CERTIFICATION WOULD GIVE COUNSELORS TO TALK ABOUT OPEN ENROLLMENT

empathy

financial counselors have to establish trust with patients - quickly!

passion is ESSENTIAL for this role

TRANSITIONING from MEDICAID ENROLLMENT to MEDICAID B - some patients with the window & they are only covered under MEDICAID A
PROACTIVE mitigation helps prevent these issues!

PEOPLE ARE NOT ALLOWED to be on COBRA and MEDICAID at the SAME TIME

When PEOPLE TURN 65 the RULES change and it is crucial to ENROLL soon - in 2018

WE NEED to take a PROACTIVE APPROACH to financial toxicity!
MEDICAID is the first option if possible
SPENDING DOWN ASSETS is required
This creates EVEN MORE FINANCIAL STRESS for PATIENT
LIS earlier enrollment in a MEDICARE advantage PLAN
CREATING SAVINGS for PATIENT and PROVIDER!



INCLUDE SPECIALTY PHARMACIES in the CONVERSATION!

