

Growing and Sustaining a Robust Financial Navigation Program

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Green Bay Oncology - Navigating Hope™**



Overview

- My oncology background
- Green Bay Oncology background
- Financial navigation at Green Bay Oncology
 - Program development and growth
 - Roles of team
 - Metrics & productivity
- What to consider when starting a financial navigation program
 - Where/how to start
 - Metrics
 - Keys to success



Green Bay Oncology Background

- **Founded in 1976**

- One medical oncologist

- **Current - 2019**

- 11 medical oncologist
- 3 radiation oncologist
- 11 advanced practice providers
- PSA agreements with 4 different hospital systems
 - Two hospitals systems is a PSA/MSA agreement
 - Medical oncology provided at 10 locations
 - Radiation oncology at 3 locations
 - Provide contract service at 2 locations



Why Do We Need Financial Navigators?

2000 - 2010

- Deductible average was \$250.
- Out-of-pocket maximum per person average was \$500 - \$1000.
- Medical services were covered at 90/10 or 80/20 (coverage to coinsurance).

2011 - Current

- Average deductibles
 - \$1000-\$8700 per person.
- Out-of-pocket maximum
 - \$6000 and \$10,000 per person.
- Copays average \$20-\$75 per visit.
- Prior authorizations needed for most diagnostic imaging, medications, and molecular tests.
- Referrals needed from primary care physicians to be seen by a specialist.

Financial Toxicity

Definition: The financial burden on patients and their families related to the cost of their care.

Causes:

- High insurance costs.
 - Premiums/deductibles/copays.
- Poor insurance coverage (underinsured).
- Time away from work for appointments.
- Increase need in child care.
- Increase expenses due to travel for appointments.
- Patient waiting to go to the doctor resulting in more widespread disease.



Financial Toxicity Articles

American Journal of Medicine – October 2018

- Across 9.5 million estimated new diagnoses of cancer from 2000–2012 patients diagnosed 2+ years.
 - 42.4% depleted their entire life's assets, with higher adjusted odds associated with worsening cancer, requirement of continued treatment, demographic, and socioeconomic factors.

Oncology Nursing News – March 2019

- Financial distress puts a major burden on patients with cancer and their families.
- CancerCare conducted a large, national study about whether or not patients had enough information about financial and psychosocial support. Only about 30% reported that they had enough information and resources when it came to finances.



Financial Toxicity Articles

Annals of Translational Medicine – May 2018 by George Tran and Yousuf Zafar

- Financial toxicity and implications for cancer care in the era of molecular and immune therapies.
- The responsibility lies with all parties—industry members, payers, providers, and patients—to collaborate and find solutions that are to the benefit of all.

American Society of Clinical Oncology – 2018

- In response to the financial burden of cancer care, patients may jeopardize their health outcomes by not properly adhering to prescribed therapies or even forgoing and delaying care in an effort to defray costs.



Financial Navigation at Green Bay Oncology

NAVIGATING **HOPE**TM



Creation of the Financial Navigation Role

2006

Nursing manager assisted patients

- Pharma patient assistance programs
- More oral specialty medications



Go figure out what patients need and let us know.



Program Development & Growth

2006

- 1 financial counselor

2019

- Team of 8:
 - 1 insurance benefit specialist
 - 7 financial counselors
- Adult oncology – 5 locations, 15 providers
- Radiation oncology – 4 locations, 5 providers
- Pediatric oncology – 1 location, 5 providers
- Gynecology oncology – 1 location, 2 providers



Insurance Benefit Specialist Role

- **Verify in/out-of-network coverage**
 - Alert financial counselors if uninsured or underinsured
- **Pre-registration**
 - Medical oncology
 - Radiation oncology consults
- **Patient referrals in/out of the clinic**
 - VA
 - Tribal referrals
 - HMO plans
- **Before first treatment** (radiation sim or chemotherapy)
 - Complete Understanding Your Benefit sheet



Understanding Your Benefits Form

\$ _____ **Annual Deductible:** A specified amount of money that the insured (you) must pay before an insurance company will pay a claim.

- *Deductible met:* \$ _____
- *Deductible remaining:* \$ _____

\$ _____ **Out-of-Pocket Maximum:** The most you will have to pay for covered healthcare services in a plan year through deductible and coinsurance before your insurance plan begins to pay 100% of covered healthcare services. Copays and deductibles **may or may not** apply to this amount, this varies by insurance plan.

- *Out-of-Pocket Maximum met:* \$ _____
- *Out-of-Pocket Maximum remaining:* \$ _____



Financial Navigators' Duties

- **Face to face discussions with patients**

- Deductible
- Copay
- Out-of-pocket max
- In/out of network



- **Obtain authorizations**

- IV and oral chemotherapy and specialty meds
- Retail pharmacy medications
- Radiation therapy
- Diagnostic imaging
- Molecular lab tests
- Interventional radiology procedures

APPROVED

- **Assist with Medicaid and Marketplace enrollment**

Financial Navigators' Duties, cont'd...

- **Obtain free medication**
 - Uninsured/underinsured
- **Obtain foundation assistance**
 - National & local
- **Appeal treatment denials**
- **Clinical pathway**
 - Development & maintenance
- **Work closely**
 - Social workers & nurse navigators
 - Revenue cycle rep for foundation funding
- **Main contact for any billing concerns**
 - Create payment plans
 - Apply for community/charity care programs



Staff Resources

- **ACCC – Association of Community Cancer Centers**
 - Financial Advocacy Network
 - ACCC Financial Advocacy Boot Camp
 - Financial Advocacy Toolkit
 - Patient Assistance and Reimbursement Guide
 - ACCCExchange
- **State Hematology/Oncology Association**
- **COA – Community Oncology Alliance**
- **NeedyMeds**
- **Pharmaceutical Company Websites and Reps**
- **Payer Alerts**
- **Advisory Board**
- **Specialty Pharmacy Reps**



Positive Impact of Financial Navigation Program

- Reduced patient anxiety.
- Increased patient satisfaction.
- Reduction of financial toxicity to patient.
- Reduction in “write-off” dollars.
- Increase in dollars in from foundations/copay cards.
- Fewer accounts to collections.
- Allows provider to focus on medical care.
 - Financial expert to assist patient with finances and resources available.



How to Start a Financial Navigation Program



Things to Consider...

What – will be your priority

- Face-to-face benefit discussion
- Oral or IV medications
- Foundation
- Copay card
- Authorizations
- Insurance optimization

When – should you implement

- Determine timelines
- Reporting
- Analyzing the data

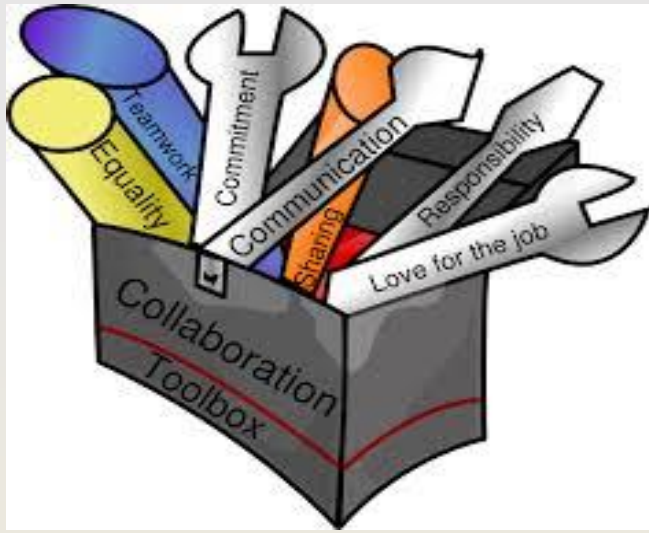


Who – do you get approval from

- Manager
- Director
- CFO

Where...

- Should this role report to
 - Business office/revenue cycle
 - Pharmacy
 - Clinic manager
- Should the staff member be located
 - Clinic
 - Business office



Tools to Use



SBAR

•S

Situation - A concise statement of the problem

•B

Background – Pertinent and brief information related to the situation

•A

Assessment – Analysis and considerations of options – what you found and think

•R

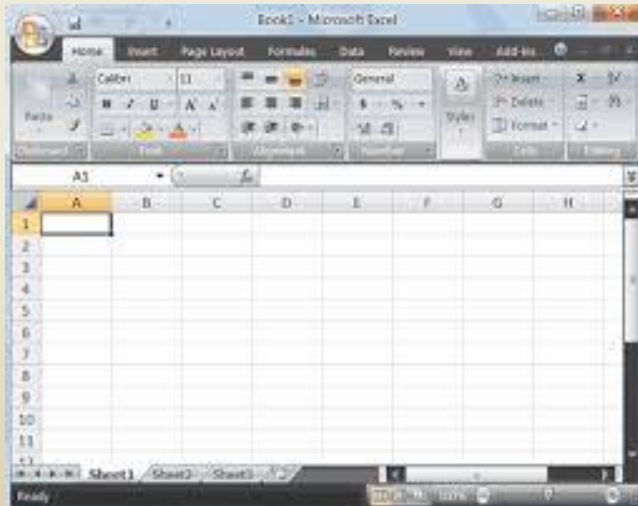
Recommendation – Action requested or recommended – what you want

Plan Do Study Act





Metrics



What Will You Want to Measure?

- Think simple and easy
- Determine 1-3 things you want to measure
 - Stay consistent and continue tracking



Tools and How to Measure

What tools will you use to measure?

- Excel
- Patient logs
- Financial navigation tracking programs

How to measure

- Manual tracking
- EMR or IT team
 - Develop reports
 - Specific fields reportable



Metrics to Consider

Number of patients assisted

- Face-to-face discussions
 - Benefit review
 - Foundation & copay card applications

Dollars saved to patient

- Foundation
- Copay cards
- Patient assistance medications
- Optimizing insurance

Number of authorizations

Metrics



Navigating Hope™ - Established Metrics

- **Dollars Saved to Patient**
 - Foundation /copay cards
 - Patient assistance medication from pharma
 - Charity care
- **Dollars Saved**
 - Clinic/hospital
 - Specialty pharmacy
- **Appeals Dollars Overturned Claims**
- **Number of Patients Assisted**
- **Number of Authorizations**
- **Number of Phone Calls**



Navigating Hope™

Continuous Improvement and Program Growth

Continuous Improvement

Are authorizations being done by phone?

- Fax/Website

Are there paper forms filled out in the clinic?

- Convert to EMR prefill forms
- How do Financial Navigators get notified?
 - Use EMR auto notification or EMR email system
- Do you track 1st fill for new oral specialty med?
 - Use specialty pharmacy dedicated liaison
 - Coordinate start of med with next clinic visit
- Entered foundation/copay cards as payers in EMR

Growth Examples

- Started with adult med onc within private clinic
 - Radiation onc & peds onc
 - 6 providers not employed by clinic
- Auths started as oral specialty and IV meds only
 - Diagnostic imaging, molecular labs, interventional radiology, oral (retail)
- Charity care completed and sent to hospital for processing
 - Staff member trained to process onsite and give immediate answer to patient
- Trademarked Navigating Hope™
- Assisted with creation of Oral Medication Foundation through hospital system



Keys to Success

Stay consistent with your tracking, measuring, and reporting

- Keep the same metrics and watch for trends
- Evaluate your wins
- Evaluate your opportunities

Report to management

- Quarterly, semi-annually, annually
- Patient experience stories



YOU CAN DO THIS

**Our Patients Are Depending on You
and ACCC Is Here to Help**



ACCC Resources

- Financial Advocacy Network
- ACCC Financial Advocacy Boot Camp
- Financial Advocacy Toolkit
- ACCCExchange
- Patient Assistance and Reimbursement Guide



Navigating Hope Team



NAVIGATING HOPE™



Thank You

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