

Treating Financial Toxicity in the Oncology Setting.

Building a Proactive Financial Navigation Program

Dan Sherman, MA. LPC



The
NaVectis
GROUP

Disclosure of Conflicts of Interest

Dan Sherman, MA, LPC has no real or apparent financial relationships to disclose

Objectives

- Describe the current prevalence of financial toxicity in the oncology setting
- Discuss the psychological and practical ramifications of financial toxicity
- Discuss proactive financial navigation interventions that help mitigate the experience of financial toxicity.



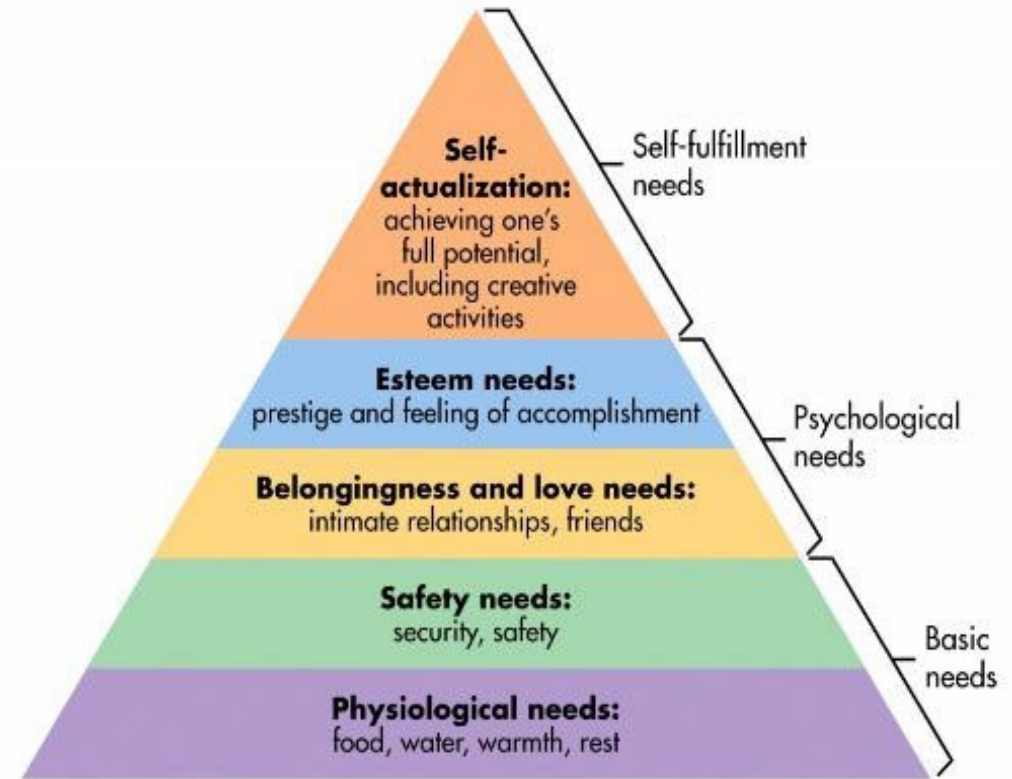
What is Financial Toxicity?



The term financial toxicity is broadly used to describe the distress or hardship arising from the financial burden of medical treatment. In much the same way as physical side-effects of treatment like fatigue, nausea or blood toxicities, financial problems after a major medical diagnosis are a leading contributor to higher levels of stress, poorer quality of life, treatment non-adherence and delayed medical care.

Maslow's Hierarchy of Needs

- Interpersonal relationships
- Ability to keep health coverage
- Financial Security
- Food, shelter, transportation
- Health



Financial Toxicity: Multi-Faceted Impacts

27% of adult insured cancer patients reported medication non-adherence **due to cost**

J of Oncology Practice 2019

A 2018 survey found that 57% of cancer patients expressed anxiety regarding the financial burden of care and in the same survey 54% expressed anxiety of dying from the disease

AJMS 2021

49% of oncology patients experience Financial Toxicity and 73% of oncology patients experience some form of Financial Toxicity

Patient 2017 and J of National Cancer Institute 2017

A survey of breast cancer patients found that **94%** of this population wanted to discuss cost of treatment but **only 14% reported having that conversation**

Journal of Community and Supportive Oncology, 2016.

42% of newly diagnosed cancer patients have depleted their life savings within two years of their diagnosis

American Journal of Medicine 2018

Models of Financial Advocacy Programs



Financial Counselors

- Medicaid Enrollment
- Charity Programs

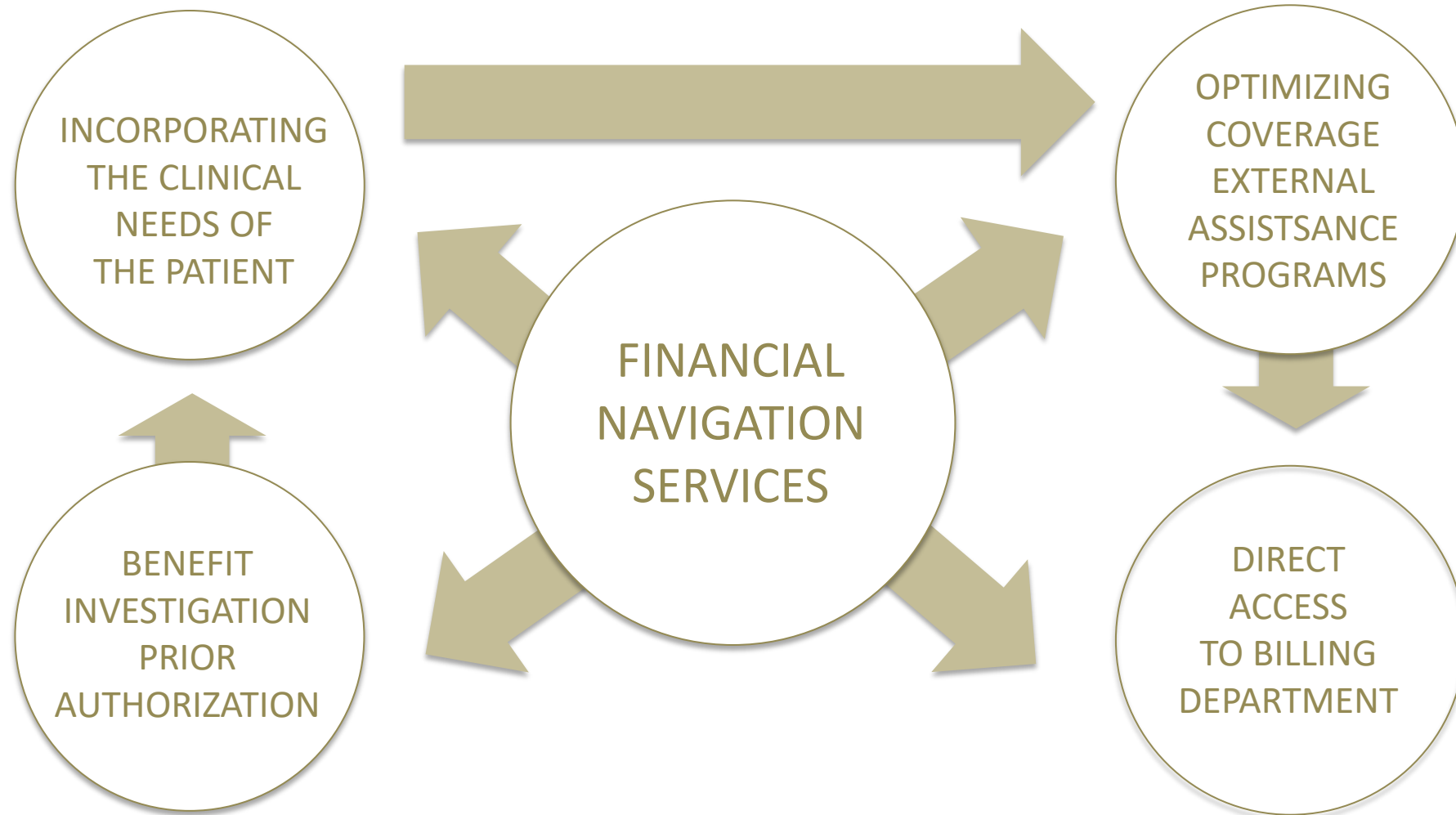
Financial Advocates

- Co-Pay and PAP Assistance
- Basic Needs

Financial Navigation

- A multidisciplinary approach to treating financial toxicity by proactively making use of insurance optimization techniques and a systematic process of utilizing external assistance programs.

A Central Part of of the Multi-Disciplinary Team

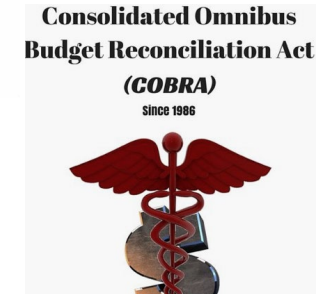
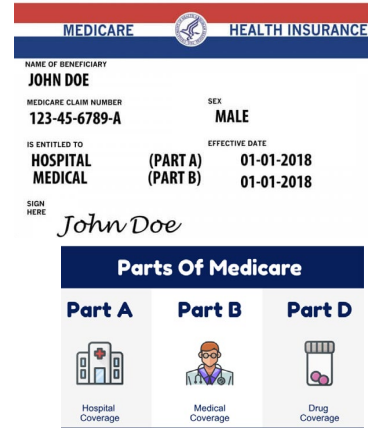


Financial Navigator Required Level of Expertise

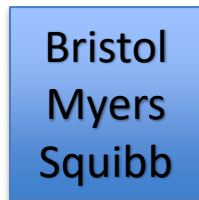
Government Safety Net Programs



Health Insurance Policies



External Assistance Programs



Disease Knowledge & Treatment Process



*Logos are meant to illustrative not exhaustive of all options

Case Study

A 45-year-old single female and two dependent children with a new diagnosis of lymphoma. She is self employed with a yearly gross income of \$85,000. She is enrolled in an ACA policy with a MOOP of \$17,100. It is April 2022. She has had a 60% decrease in income since the diagnosis.

Treatment regimen includes biologic therapies.



Plan Details

EXPENSE ESTIMATE HIGH \$\$\$



Silver PPO 6000/20/40

SILVER PPO

\$708.31 /month [Details](#)
after \$590.00 tax credit

ADD 

Plan Highlights

Plan Name	Silver PPO 6000/20/40
Primary Care Visit	\$40
Generic Drugs	\$10
Deductible	\$12000
OOP Max	\$17100
HSA-compatible	No
PROVIDER	Search

Benefits Resources

 [Summary of Benefits and Coverage](#)

 [Download Plan Brochure](#)

[Provider Directory](#)

[Doctors and Facilities](#)

Plan Details

EXPENSE ESTIMATE LOW \$



Silver PPO 6000/20/40

SILVER PPO CSR ?

\$85.82 /month [Details](#)
after \$512.00 tax credit

ADD

Plan Highlights

Plan Name	Silver PPO 6000/20/40
Primary Care Visit	\$5
Generic Drugs	\$3
Deductible	\$1500
OOP Max	\$2450
HSA-compatible	No
PROVIDER	Search

Benefits Resources

[Summary of Benefits and Coverage](#)

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[Offering/Eligibility](#)

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Program Offering and Eligibility

If you meet the eligibility criteria, you can get help with your Genentech Oncology product costs.

This program helps with the cost of your Genentech Oncology product only. It does not help with the cost of other medicines you take at the same time as your Genentech Oncology product or with facility fees.



Eligible patients may pay as little as \$5 out-of-pocket costs for the prescribed Genentech Oncology product

The program provides up to \$25,000 per product per 12 month period

Eligibility

YOU ARE ELIGIBLE IF YOU:

- Have commercial (private or non-governmental) insurance. This includes plans available through state and federal health insurance exchanges
- Are **not** a government beneficiary and/or participant in a federal or state-funded health insurance program (eg, Medicare, Medicare Advantage, Medigap, Medicaid, VA, DoD, TRICARE)
- Are 18 years of age or older, or have a legal guardian 18 years of age or older to manage the program
- Live in and receive treatment in the United States or U.S. Territories

Case Study

A 67-year-old married female with a new diagnosis of renal cell carcinoma. Monthly household gross income is \$1,680 and they have \$22,000 in assets. She has Medicare A and B only. She is not enrolled in part D. It is April 2022.

Treatment regimen included surgery followed by biologic therapies.

- **Total treatment cost for one year estimated to be around \$320,000**
- **Patient responsibility estimated to be around \$44,000**



Financial Navigation Intervention



Enhancing Insurance Coverage

- Low Income Subsidy (LIS)

Humana Gold Plus H0028-049 (HMO)

Humana | Plan ID: H0028-049-0

Star rating: ★★★★★

MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage

Doesn't include: \$170.10 Standard Part B premium

YEARLY DRUG & PREMIUM COST

\$0.00

Only includes premiums for the months left in this year when you don't enter any drugs

OTHER COSTS

\$0 Health deductible

\$0.00 Drug deductible

\$3,450 In-network Maximum you pay for health services

PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✗ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

[See more benefits](#) ▼

COPAYS/COINSURANCE

Primary doctor: **\$0 copay**

Specialist: **\$30 copay per visit**

DRUGS

[Add your prescription drugs](#)

Enter drugs you take regularly (if any) to see your estimated drug + premium cost

Enroll

Plan Details

Add to compare

Financial Navigation Intervention




Enhancing Insurance Coverage

- Low Income Subsidy (LIS)
- 5 Star MAPD Rule

Aetna Medicare Advantra Premier Plus (PPO)

Aetna Medicare | Plan ID: H5522-002-0

Star rating:  This plan got Medicare's **highest rating** (5 stars)

MONTHLY PREMIUM

\$48.00 Includes: Health & drug coverage

Doesn't include: \$170.10 Standard Part B premium

YEARLY DRUG & PREMIUM COST

\$384.00

Only includes premiums for the months left in this year when you don't enter any drugs

OTHER COSTS

\$250 annual deductible Health deductible

\$0.00 Drug deductible

\$11,300 In and Out-of-network Maximum you pay for health services

\$4,500 In-network

PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✓ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

[See more benefits](#) 

COPAYS/COINSURANCE

Primary doctor: **\$0 copay**

Specialist: **\$30 copay per visit**

DRUGS

[Add your prescription drugs](#)

Enter drugs you take regularly (if any) to see your estimated drug + premium cost

Enroll

Plan Details

Add to compare

Financial Navigation Intervention

Enhancing Insurance Coverage

- Low Income Subsidy (LIS)
- 5 Star MAPD Rule
- Medicare intervention (Medigap vs. MAPD)

External **Assistance** Programs



Renal Cell Carcinoma - Medicare Access

(Medicare patients only)

Status

Open

Maximum Award Level

\$10,000

Minimum Copay Reimbursement Amount

None

Household Income Limit

500% of the Federal Poverty Level
(adjusted for household size and high cost of living areas)

Fund Type

Copay/Premium

Pharmacy Card Fund

Yes

Minimum Premium Reimbursement Amount

None

Treatments Covered

Afinitor
Avastin
Axitinib
Bavencio
Bevacizumab
Bevacizumab-awwb
Cabometyx
Carboplatin
Cometriq
Depo-provera

Financial Navigation Intervention



Enhancing Insurance Coverage

- Low Income Subsidy (LIS)
- 5 Star MAPD Rule
- Medicare intervention (Medigap vs. MAPD)

External **Assistance** Programs

- Co-Pay Assistance Foundation \$10,000

Estimated Savings to the Patient \$44,000

Estimated Savings to the Provider \$38,500

Part D Coverage Structure

Initial coverage **\$4,430**

Donut hole **\$7,050**

Catastrophic Coverage **5%**

**You pay approximately 25% of Initial Coverage
and the Donut Hole in 2022**

Case Study

A 69-year-old married Female diagnosis with advanced stage breast cancer. Monthly household gross income is \$1,840 and they have \$24,000 in assets. She has Medicare Advantage plan which includes part D. It is April 2022.

Treatment regimen included surgery followed by Ibrance

- **Total patient responsibility for Ibrance for one year estimated to be over \$9,500**



ESTIMATED DRUG COSTS DURING COVERAGE PHASES

The drug prices shown may vary based on the plan and pharmacy you've selected. Contact the plan if you have specific questions about drug costs.

[Learn more about coverage phases.](#)

— [HERSHEY PHARMACY](#) - DRUG COSTS DURING COVERAGE PHASES

	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Ibrance 75mg tablet ^[1]	\$14,057.00	\$14,057.00	\$3,514.25	\$3,514.25	\$702.85
Insulin lispro (1 unit dial) 100unit/ml solution pen injector	\$154.70	\$154.70	\$30.94	\$38.68	\$7.74
Xarelto 20mg tablet	\$500.75	\$500.75	\$100.15	\$125.19	\$25.04
Monthly totals	\$14,712.45	\$14,712.45	\$3,645.34	\$3,678.12	\$735.63

[1]




This drug may only be available at certain pharmacies due to reasons such as special handling or requirements by the Food and Drug Administration. Please contact the plan for details.

— [RITE AID PHARMACY 00246](#) - DRUG COSTS DURING COVERAGE PHASES

[← Back to Funds List](#)

Breast Cancer

The following foundations currently have assistance programs.
Last Updated: 09/15/2021 09:10 AM

CancerCare Co-Payment Assistance Foundation Breast Cancer - Copay	
HealthWell Foundation Breast Cancer - Medicare Access - Copay	
HealthWell Foundation Breast Cancer - Medicare Access - Premium	
Patient Advocate Foundation Co-Pay Relief Breast Cancer - Copay	
The Assistance Fund Breast Cancer - Copay	

Advocacy Organizations

[American Cancer Society](#)

Disease Information

Dedicated Helpline

Financial Support

Support Groups

Online Discussion Groups

Pfizer recognizes the public concern in relation to COVID-19, which continues to evolve. Click [here](#) to learn how we are responding.

Making your support needs a priority. Together.

Welcome to Pfizer Oncology Together, a program that offers you personalized support. We'll help you find resources for financial assistance and other day-to-day challenges you may be facing. Because when it comes to support, we're in this together.

[WATCH VIDEO](#)

[GET ONE-ON-ONE SUPPORT](#)



Looking for help? Call [1-877-744-5675](tel:1-877-744-5675)

[CONNECT WITH A CARE CHAMPION](#)

[FIND FINANCIAL ASSISTANCE](#)

ESTIMATED DRUG COSTS DURING COVERAGE PHASES

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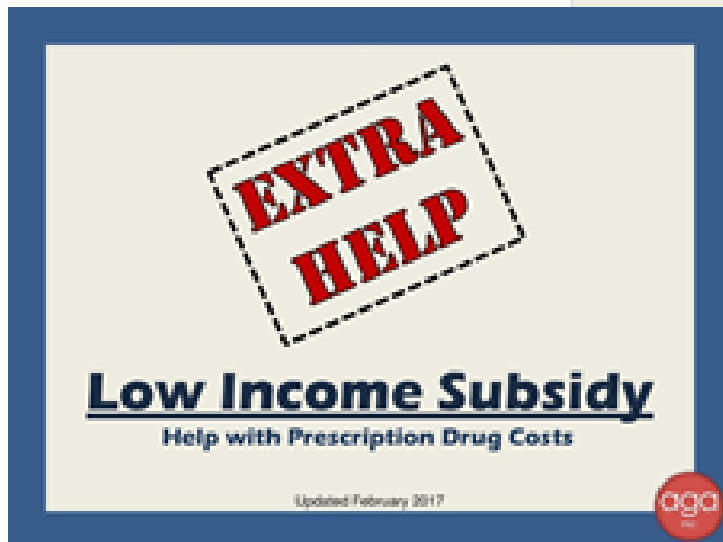
Part D Coverage Structure

Initial coverage **\$4,430**

Donut hole **\$7,050**

Catastrophic Coverage **5%**

- Below 150% of FPL
- Assets below \$14,790 single / \$29,520 married



ESTIMATED DRUG COSTS DURING COVERAGE PHASES

The drug prices shown may vary based on the plan and pharmacy you've selected. Contact the plan if you have specific questions about drug costs.

[Learn more about coverage phases.](#)

- [HERSHEY PHARMACY](#) - DRUG COSTS DURING COVERAGE PHASES

	Retail cost	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Ibrance 75mg tablet ^[1]	\$14,057.00	\$9.85	\$9.85	\$0.00
Insulin lispro (1 unit dial) 100unit/ml solution pen injector	\$154.70	\$3.95	\$3.95	\$0.00
Xarelto 20mg tablet	\$500.75	\$9.85	\$9.85	\$0.00
Monthly totals	\$14,712.45	\$23.65	\$23.65	\$0.00

[1]

This drug may only be available at certain pharmacies due to reasons such as special handling or requirements by the Food and Drug Administration. Please contact the plan for details.

+ [RITE AID PHARMACY 00246](#) - DRUG COSTS DURING COVERAGE PHASES

Optimizing External Assistance Programs

- Manufacturer Patient Assistance Programs
- Co-Pay Assistance Programs



[← Back to Funds List](#)

Pancreatic Cancer

The following foundations currently have assistance programs.

Last Updated: 09/15/2021 09:10 AM

[PAN Foundation](#)

Pancreatic Cancer - Copay



[CancerCare Co-Payment Assistance Foundation](#)

Pancreatic Cancer - Copay



[Good Days](#)

Pancreatic Cancer - Copay



[HealthWell Foundation](#)

Pancreatic Cancer - Medicare Access - Copay



[HealthWell Foundation](#)

Pancreatic Cancer - Medicare Access - Premium



[Patient Advocate Foundation Co-Pay Relief](#)

Pancreatic Cancer - Copay



Advocacy Organizations

[American Cancer Society](#)

[Disease Information](#)[Dedicated Helpline](#)[Financial Support](#)[Support Groups](#)[Online Discussion Groups](#)

Optimizing External Assistance Programs

- Manufacturer Patient Assistance Programs
- Co-Pay Assistance Programs
- Premium Assistance Programs
- Patient Financial Support Programs
- Software Platforms
 - AssistPoint
 - Atlas
 - TailorMed
 - Vivor



	Free Oral Rx	Up Front Free Infusion	Replacement Products	PREMIUM Assistance	Co-pay assistance	Part D Enrollment	Medicare Advantage	Medicare Only	Marketplace Maximizing	Medicaid Enrollment	Other	Community Assistance	TOTAL IMPACT	Community Support
1st Quarter														
Number of patients assisted	10	8	4	1	34	2	2	7	4	11	3	6	72	78
\$ amount saved		\$ 74,311	\$ 94,865								\$ 78,000		\$ 247,176	
Increased Revenue				\$ 43,401	\$ 18,101		\$ 6,000	\$ 35,000	\$ 16,303	\$ 95,150			\$ 118,805	
Premium Expense				\$ (245)									\$ (245)	\$ 245
Assistance to patients	\$ 51,440	\$ 222,933	\$ 284,594	\$ 92,839	\$ 54,309	\$ 7,640	\$ 10,000	\$ 35,000	\$ 16,303	\$ 634,333	\$ 154,000	\$ 10,252		\$ 1,573,643
Total Benefit		\$ 74,311	\$ 94,865	\$ 43,157	\$ 18,101		\$ 6,000	\$ 35,000	\$ 16,303	\$ 95,150	\$ 78,000		\$ 460,886	\$ 1,573,888
2nd Quarter														
Number of patients assisted	13	13	6	2	15	3	2	9	3	5	1	11	66	77
\$ amount saved		\$ 132,339	\$ 168,365								\$ 40,000		\$ 340,704	
Increased Revenue				\$ 10,981	\$ 30,524		\$ 6,000	\$ 45,000	\$ 8,768	\$ 43,250			\$ 101,273	
Premium Expense				\$ (1,186)									\$ (1,186)	\$ 1,186
Assistance to patients	\$ 22,916	\$ 397,017	\$ 505,094	\$ 29,039	\$ 3,375	\$ 11,460	\$ 10,000	\$ 45,000	\$ 8,768	\$ 288,333	\$ 88,000	\$ 29,630		\$ 1,438,632
Total Benefit		\$ 132,339	\$ 168,365	\$ 9,795	\$ 30,524		\$ 6,000	\$ 45,000	\$ 8,768	\$ 43,250	\$ 40,000		\$ 400,791	\$ 1,439,818
3rd Quarter														
Number of patients assisted	4	17	9	4	36	4	3	10	2	9	3	19	89	108
\$ amount saved		\$ 169,490	\$ 179,008								\$ 13,400		\$ 361,898	
Increased Revenue				\$ 136,542	\$ 44,893		\$ 9,000	\$ 50,000	\$ 17,502	\$ 77,850			\$ 257,937	
Premium Expense				\$ (1,637)									\$ (1,637)	\$ 1,637
Assistance to patients	\$ 24,410	\$ 508,470	\$ 537,024	\$ 6,904	\$ 487,500	\$ 15,280	\$ 15,000	\$ 50,000	\$ 17,502	\$ 519,000	\$ 33,000	\$ 43,256		\$ 2,257,347
Total Benefit		\$ 169,490	\$ 179,008	\$ 134,905	\$ 44,893		\$ 9,000	\$ 50,000	\$ 17,502	\$ 77,850	\$ 13,400		\$ 604,798	\$ 2,258,984
4th Quarter														
Number of patients assisted	4	14	11	4	21	3	6	6	1	8	0	18	70	88
\$ amount saved		\$ 214,888	\$ 226,317								\$ 87,500		\$ 528,705	
Increased Revenue				\$ 56,872	\$ 26,295		\$ 18,000	\$ 30,000	\$ -	\$ 69,200			\$ 131,167	
Premium Expense				\$ -									\$ -	\$ -
Assistance to patients	\$ 32,250	\$ 644,664	\$ 678,951	\$ -	\$ 185,000	\$ 11,460	\$ 30,000	\$ 30,000	\$ -	\$ 461,333	\$ 143,000	\$ 38,382		\$ 2,255,040
Total Benefit		\$ 214,888	\$ 226,317	\$ 56,872	\$ 26,295		\$ 18,000	\$ 30,000	\$ -	\$ 69,200	\$ 87,500		\$ 572,372	\$ 2,255,040
Total Imact														
Total Patients	31	52	30	11	106	12	13	32	10	33	7	54	297	351
Premium Expense				\$ (3,068)									\$ (3,068)	\$ 3,068
Total Benefit	\$ 131,016	\$ 591,028	\$ 668,554	\$ 244,729	\$ 119,813	\$ -	\$ 39,000	\$ 160,000	\$ 42,573	\$ 285,450	\$ 218,900	\$ 10,252	\$ 2,370,047	\$ 7,527,730

Training

- ACCC Bootcamp
- Triage Cancer
- NaVectis Financial Navigation Training Program
 - On site classroom style training
 - 12-24 months of remote mentorship
 - Tracking software

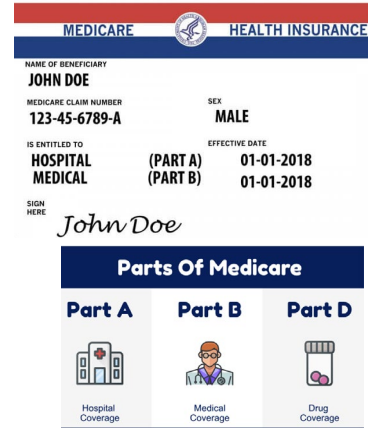


Financial Navigator Required Level of Expertise

Government Safety Net Programs



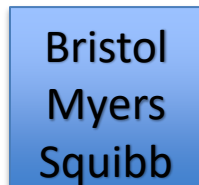
Health Insurance Policies



Consolidated Omnibus Budget Reconciliation Act (COBRA) Since 1986



External Assistance Programs



Disease Knowledge & Treatment Process



*Logos are meant to illustrative not exhaustive of all options

Additional Resources

Financial Support Models

A case for use of financial navigators in the oncology setting

Daniel E. Sherman, MA, LPC, and Kristen L. Fessele, PhD, RN, ANP-BC, AOCN*



BACKGROUND: Financial toxicity causes significant psychological and practical distress for patients and can affect their ability and willingness to undertake optimal treatment. Although different models of financial support are typically available to patients undergoing cancer treatments, not all models can offer equal amounts of support and effective solutions, particularly to those patients at the highest levels of risk for this toxicity.

OBJECTIVES: This article discusses the two most prevalent models available to healthcare institutions to provide financial support (financial counseling and financial advocacy) and makes recommendations for implementation of a more comprehensive, proactive financial navigation model.

METHODS: This article reviews current and emerging financial support models.

FINDINGS: Financial toxicity is on the rise, and the financial navigation model shows promise in decreasing the number of patients experiencing financial hardship.

KEYWORDS

out-of-pocket costs; health insurance; financial toxicity; financial navigation

DIGITAL OBJECT IDENTIFIER
10.1188/19.CJON.S2.14-18

NEW TREATMENT OPTIONS, SUCH AS TARGETED THERAPIES and immunotherapies, are showing great promise in extending the lives of patients with advanced-stage cancer, but these advances come with a high price tag. By 2020, healthcare costs associated with cancer will increase to a range of \$173 billion to \$207 billion (Tran & Zafar, 2018). These costs are increasingly being transferred to the patient through increased health insurance premiums, deductibles, coinsurance, co-pays, and out-of-pocket responsibilities (McCarthy-Alfano, Glickman, Wikelius, & Weiner, 2019). In addition, many patients with cancer also undergo multiple treatment modalities, such as surgery and radiation therapy, which increases the cost of care and often limits patients' ability to maintain their prediagnosis income level (de Boer, Taskila, Ojajärvi, van Dijk, & Verbeek, 2009; Ekwueme et al., 2014). These direct medical costs, in combination with the many indirect costs of cancer, create an environment that promotes financial toxicity as an additional patient burden. Financial toxicity is a term coined to describe the adverse effects of out-of-pocket healthcare costs on the well-being of patients with cancer (Zafar, 2015). This article provides a history of patient financial counseling and advocacy services in the healthcare setting and proposes a proactive model of financial navigation that better addresses patients' financial toxicity needs.

Current Financial Support Models

Traditional financial counseling services have been offered in the hospital setting for decades. In general, the counselor in this role assists patients to apply for Medicaid and the hospital charity program and will often assist patients to estimate the cost of proposed care and to explore payment options. They may also help patients enroll into credit programs that secure payment to the provider. In most hospital systems, the financial counselor is located in a different area in the building from the clinical oncology setting where patients receive treatment, limiting access. This can result in counselors reacting to—rather than being proactive about—patient issues, as well as a disjointed delivery of counseling services.

In contrast to the financial counseling model of service, a financial advocacy model has emerged as a response to the limitations created by the counseling model. Clinical social workers, pharmacy staff, and other advocates within the oncology service line have attempted to deal with the



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Todd Yezefski, MD; Jordan Steelquist, BA; Kate Watabayashi, BA; Dan Sherman, MA; and Veena Shankaran, MD

Supplements > **The Patient Assistance Safety Net: How Many Need Help? How Many Are Helped?** – Published on: March 06, 2018

Impact of Trained Oncology Financial Navigators on Patient Out-of-Pocket Spending

Todd Yezefski, MD; Jordan Steelquist, BA; Kate Watabayashi, BA; Dan Sherman, MA; and Veena Shankaran, MD

Hospitals that used trained financial navigators were able to provide financial assistance for their patients with cancer, providing access to care that would otherwise be unaffordable.

ABSTRACT

Objectives: Patients with cancer often face financial hardships, including loss of productivity, high out-of-pocket (OOP) costs, depletion of savings, and bankruptcy. By providing financial guidance and assistance through specially trained navigators, hospitals and cancer care clinics may be able mitigate the financial burdens to patients and also minimize financial losses for the treating institutions.

Study Design: Financial navigators at 4 hospitals were trained through The NaVectis Group, an organization that provides training to healthcare staff to increase patient access to care and

Financial Navigation Can Support

- Improved access to care
- Reduction of financial toxicity
- Reduction in bad debt/charity
- Increased Patient Satisfaction Scores
- Reduction in stress / workload for mental health services
- Significant ROI for provider





The
NaVectis
GROUP

Thank you

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