

Immersed in The Treatment Team:

Addressing and Healing Financial Toxicity with
Comprehensive Financial Navigation Practices.

GVH GRAND VIEW HEALTH

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The Beginning of Financial Navigation at GVH



“I can’t afford my co-pay”



“ I was going to ask the doc if I actually need this treatment”

“ I can either pay for my treatment or my mortgage but not both.”



What is Financial Toxicity?

According to Zafar, et al.,2013

Financial Toxicity is the patient level impact of the cost of cancer care.

It is the measure of objective out of pocket expenses as well as the subjective emotional distress associated with the high cost of cancer care and treatment. ⁽¹⁾

Research: Financial Toxicity and Cancer Care

According to Khan, et al. 2023⁽¹⁸⁾

- The cost of cancer care is projected to reach \$246 billion USD by 2030
- New and expensive treatment combined with improved survival and longer treatment duration impact spending
- Those on oral therapy are particularly vulnerable to high out of pocket costs
- Couple this with non-medical costs, loss of income or a fixed income

Research on Cancer Related Financial Toxicity

According to Cancer Care in 2016 and The Patient Access and Engagement Report⁽¹³⁾

- One third of research respondents, age 25-54 reported having to forfeit basic needs like groceries and transportation in order to pay for their cancer treatment.
- Thirty-nine percent of respondents missed doctor's appointment.
- Thirty-eight delayed filling prescriptions.
- Thirty-four percent skipped doses of cancer-related medications.
- Twenty four percent reported to often or always miss psychological or supportive counseling appointments in order to save money.

Research: Patient Related Financial Sacrifice

According to Chino, et.al (5)

- 49% were willing to declare bankruptcy
- 38% were willing to sell their home
- 65% were will to make other sacrifices including borrowing money for their care

Research: Financial Toxicity and QOL

Major financial hardship common after cancer diagnosis, despite Insurance

by SWOG Cancer Research Network (16)

- Despite having access to health insurance, nearly 3 out of 4 patients with metastatic colorectal cancer experience major financial hardship the first year after their diagnosis
- Major financial hardship was associated with a subsequent drop in patient's social functioning and quality of life

Research: Financial Toxicity and Health Outcomes

Health insurance status and cancer stage at diagnosis and survival in the United States

(Jingzuan, et. al)(17)

- Compared with privately insured patients , uninsured patients had worse survival across most cancer sites for all stages combined
- Privately insured patients with Stage II cancer had better survival than uninsured patients with Stage I cancer

Roles in Health Systems addressing FT

- **Financial Counselor:** Medicaid Enrollment, Charity Care
- **Financial Advocate:** Co-pay Assistance and PAP. Basic Needs (+ the above)
- **Financial Navigator:** Proactive. Insurance Optimization. Treating Financial Toxicity by navigating our complex access to care system. (+all the above)

(Sherman,10)

Common Patient Experience



Common Patient Experience

Cancer
Program

Business
Office

Other
Services

Other
Providers

Inpatient
Care



Cancer Program

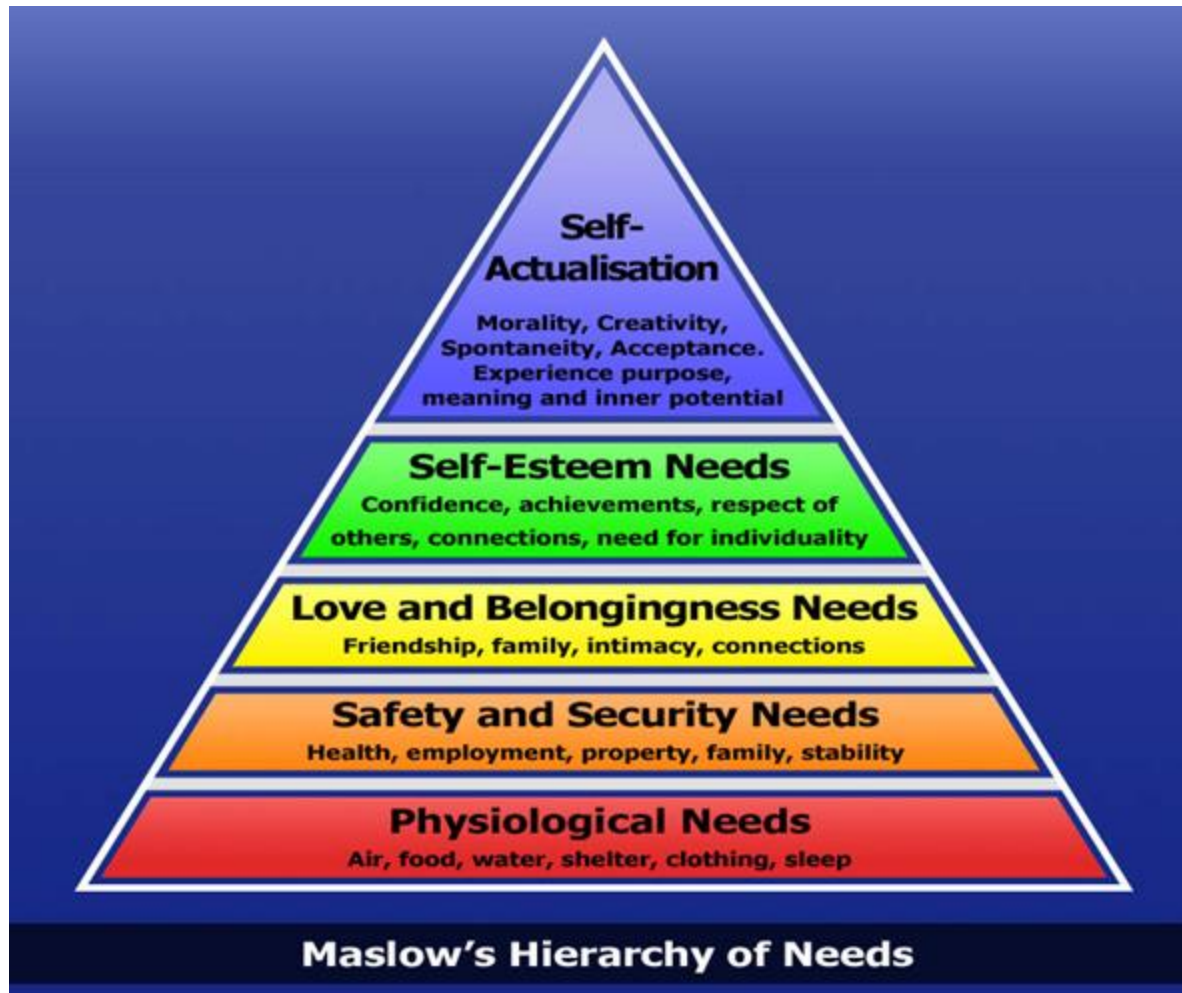


With Financial Navigation



- Focuses on healing Financial Toxicity
- Avoids a band-aid approach
- Treatment team member
- Proactive screening, assessment, and intervention for all out-of-pocket costs
- Considers the whole patient
- Addresses all care
- Insurance optimization
- Understanding of diagnosis and possible treatment plans
- From diagnosis, through treatment, into survivorship and follow up

Maslow's Hierarchy of Needs: A framework for understanding the financial related distress of cancer care ^{(1) (8)}



Immersed in the Treatment Team

- Screening and involvement with patient at diagnosis
- Ability to have cost discussion with patient
- Assess and Identify Financial/Insurance Needs
- Knowledge of potential treatment options
- Determine resources and interventions
- Education patient and staff
- Communicate with service lines and providers
- Participate in Tumor Board
- Remove barriers for patient
- Normalize financial toxicity
- Focus on healing patient and treating financial toxicity

(1) (7)

Multi-disciplinary Tumor Board

FINANCIAL NAVIGATION: Patient has Keystone First-Full coverage. Patient known to Financial Navigator. Recently awarded Social Security Disability.

PSYCHOSOCIAL: Pt. is familiar to Social Worker. Social Worker will follow up with the patient. Pt. is a caregiver to their spouse. Pt's adult children are supportive.

PALLIATIVE CARE: Initiate referral to Palliative Care team to reach out to patient to educate about services.

Screening and Assessment- Where to start?

Medicare Only

Medicare A Only

Uninsured

Underinsured

High MOOP, high deductible, copays

Age 64

Medicaid

Income level- FPL%

Loss of income

COBRA

Financial Navigation Interventions : Proactive assessment with a focus on long term interventions.

- Insurance Optimization
- Assistance with income applications
- Referral for grants and community resources
- Patient Assistance Programs
- Co-Pay Assistance Programs
- Premium Assistance and Cobra
- ACA enrollment
- Medicare, Medicare Savings Programs, and Extra Help
- Medicaid Enrollment and Charity Care
- Enrollment in Foundations

Level of Expertise Needed for Financial Navigation:



LOW-INCOME SUBSIDY PROGRAM
(LIS or 'EXTRA HELP')



Medicare Savings Program



Consolidated Omnibus Budget Reconciliation Act
(COBRA)
SINCE 1985



Level of Expertise Needed for Financial Navigation:

*This slide is not all inclusive and does not constitute specific recommendations.



CANCERcare®



HEALTHWELL
FOUNDATION®

When health insurance is not enough.*

THE MERCK
ACCESS PROGRAM

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Pfizer Oncology together™

 Bristol Myers Squibb™ Patient Assistance Foundation

Level of Expertise Needed for Financial Navigation:



National
Comprehensive
Cancer
Network®

Open Enrollment

ACA Healthcare Marketplace or Pennie.com

Begins November 1st

Enroll through January 15, 2024

Medicare Open Enrollment

October 15-December 7, 2024

Planning for 2024

- New insurance
- New OOP cost
- Copay Assistance
- Open Foundations
- Financial Assistance



Inflation Reduction Act

2024- Part D- Eliminate 5% co-insurance for catastrophic coverage and will expand Full Extra Help (LIS) FPL 150%

2025- Part D-Annual cap on prescription costs at \$2,000 and move monthly payments throughout the year.

End of PHE and Medicaid Unwinding

For the past three years Medicaid (Medical Assistance) did not require renewals due to the public health emergency. The county has started to send out renewals again which will need to be completed by a deadline. This will be a gradual process over the next 12 months.

Grand View Health Oncology Financial Navigator is available to assist with this process and is available to answer questions. When you receive your renewal letter, please reach out to Aimee Hoch at 215-453-3212 or ahoch@gvh.org

MEDICAID AND CHIP RENEWALS ARE COMING

If you get health coverage through the state, **you must renew** your coverage each year.

Find your renewal date:

- dhs.pa.gov/COMPASS
- myCOMPASS PA App
- Call: 1-866-550-4355



<https://www.dhs.pa.gov/PHE/Pages/Stakeholder-Resources.aspx>

GVH Financial Navigation Program Improvement Projects 2023

End of PHE and Medicaid Unwinding

Palliative Care Referrals

Cancer Rehab Referrals

Food Insecurity

Financial Navigation: Proactive and Long Term

2019- Patient with NSCLC Stage III. HH2. Working. Commercial Employer Based Insurance. Primary income in household. Caregiver

2020- Pandemic- Lost employment/insurance ends August. COBRA \$600+ . Collecting UC. On immunotherapy.

- Manufacturer Patient Assistance Program- Immunotherapy in September.
- Foundation COVID-19 COBRA premium program opened (October, November, December)
- In December- COBRA increases \$1,000+

2021 - Marketplace insurance. Needs low premium in case premium assistance isn't extended. Bronze plan (high deductible and MOOP)

Financial Navigation: Proactive and Long Term (cont'd)

- Discussion with Medical Oncologist. Appointment moved from 12/31/20 to beginning of January 2021.
- Manufacturer Co-pay Assistance Card for Manufacturer. Met deductible and MOOP in one visit. Full coverage for 2021. Foundation COVID-19 program opens again and now reimburses for insurance premium.
- Loss of income end of 2021.

2022- Eligible for Medical Assistance (Expansion program). Effective date 1/1/22. Move from ACA plan to Medicaid for 2022. Immunotherapy. Applies for SSDI 2022

Financial Navigation: Proactive and Long Term (cont'd)

- Mid-2022 change in treatment from immunotherapy to chemotherapy. Hospitalization and additional follow up with specialists. Continues MA. Full coverage.
- Mid 2022- Awarded SSDI. Increase in income.
- Considerations: Will this impact Medical Assistance eligibility? What is the next step? Go back to ACA? **NO**- PHE continues, Medicaid continues, monitor PHE.
- Although awarded SSDI in 2022, SSA determines disability goes back. Eligible for Medicare January 2023. Enroll in MC A, B, D and Medigap. LIS
- Secured a foundation to help with insurance premiums for 2023
- PCP, Pulmonary, Palliative, Home O2, Imaging, Follow-up

Financial Navigation: Ending of PHE and Unwinding

Patient diagnosed with Breast Cancer, Stage IV. HH1. Copay assistance and Charity Care Initially commercial employer-based coverage and STD income. Loss of both.

- Approved for Medicaid (Expansion program/under 65)
- Applied for SSDI. Anticipate approval (Compassionate Allowance List)
- Contacted CAO- re-enrollment date is August 2023. Anticipate packet.
- Other: SNAP and OSW Household/Basic need grants

Considerations:

Anticipate being ineligible for Medicaid based upon SSDI award amount
Health Insurance Marketplace vs. Breast and Cervical Medicaid Program (BCCPT)

Outcome: Re-enrollment early. BCCPT

Association of Community Cancer Centers Financial Advocacy Network Financial Advocacy Guidelines (19)

Sign Up

Download the Guidelines

Download this Publication
(All Fields are Required)

Email Address *

First Name *

Last Name *

Title *

Organization *

Do you have a financial advocacy program implemented in your organization or a financial advocate(s) on staff? *

Yes No

Are you looking to use the Guidelines to assist in the development and implementation of a formal financial advocacy program in your organization? *

Yes No

Submit

Explore What's Inside

TABLE OF CONTENTS

Introduction	1
Why Now?	2
Why?	3
What's Inside?	4
How to Use the Guidelines?	5
Appendix A	6
Appendix B	7
Appendix C	8
Appendix D	9
Appendix E	10
Appendix F	11
Appendix G	12
Appendix H	13
Appendix I	14
Appendix J	15
Appendix K	16
Appendix L	17
Appendix M	18
Appendix N	19
Appendix O	20
Appendix P	21
Appendix Q	22
Appendix R	23
Appendix S	24
Appendix T	25
Appendix U	26
Appendix V	27
Appendix W	28
Appendix X	29
Appendix Y	30
Appendix Z	31

Thank you!!!!

Questions??

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