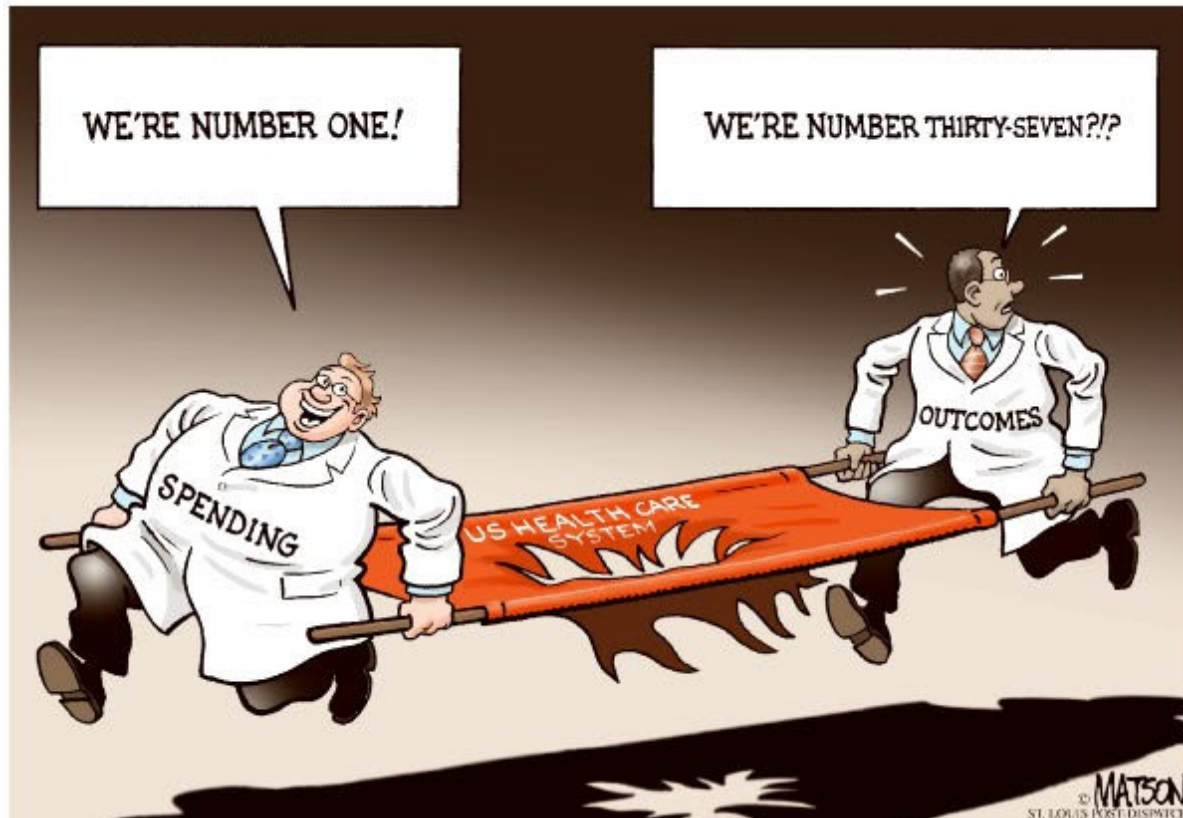


Financial Navigation: An Intervention for Reducing Cancer-Related Financial Toxicity in NC Oncology Care Settings



Michelle L. Manning, MPH

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Lineberger Comprehensive Cancer Center

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Learning Objective

Use new knowledge to support cost-effective decision-making without compromising the quality of patient care and to support patients in navigating financial impact of cancer care.



Disclosure of Conflicts of Interest

Michelle L. Manning, MPH has no real or apparent financial relationships to disclose.



Medicare Pays \$415M Annually For Breast Cancer Screenings in Women Over 75

By SYDNEY LUPKIN · Jan. 8, 2013

Share with Facebook Share



By Michelle Andrews October 10, 2011

The Washington Post

Health & Science

Cancer treatment costs can be prohibitive, even with insurance

April 9, 2016

THE WALL STREET JOURNAL.

IN DEPTH

Patients Struggle With High Drug Prices

Out-of-pocket costs for pricey new drugs leave even some insured and relatively affluent patients with hard choices on how to afford them

HEALTH

Waste in Cancer Drugs Costs \$3 Billion a Year, a Study Says

By GARDINER HARRIS MARCH 1, 2016



RELATED COVERA



The New York Times | <https://nyti.ms/OA0x88>

The Opinion Pages | OP-ED CONTRIBUTOR

In Cancer Care, Cost Matters

By PETER B. BACH, LEONARD B. SALTZ and ROBERT E. WITTES OCT. 14, 2012

AT Memorial Sloan-Kettering Cancer Center, we recently made a decision that should have been a no-brainer: we are not going to give a phenomenally expensive new cancer drug to our patients.

The reasons are simple: The drug, Zaltrap, has proved to be no better than a similar medicine we already have for advanced colorectal cancer, while its price — at \$11,063 on average for a month of treatment — is more than twice as high.



Financial Toxicity



The adverse financial impact of cancer is a source of significant harm to patients, also known as *financial toxicity*, and affects **~30%** of cancer patients (Kent et al, 2013, *Cancer*)

The financial burden of cancer has been linked to:

- Lower quality of life (Lathan et al, 2015, *JCO*; Zafar et al, 2015, *JOP*)
- Greater psychological distress (Yabroff et al, 2015, *JCO*)
- Delayed or discontinued treatment (Zafar et al, 2013, *Oncologist*)
- Bankruptcy (Yabroff et al, 2015, *JCO*; Ramsey et al, 2013, *Health Affairs*)
- Mortality (Ramsey et al, 2016, *JCO*)

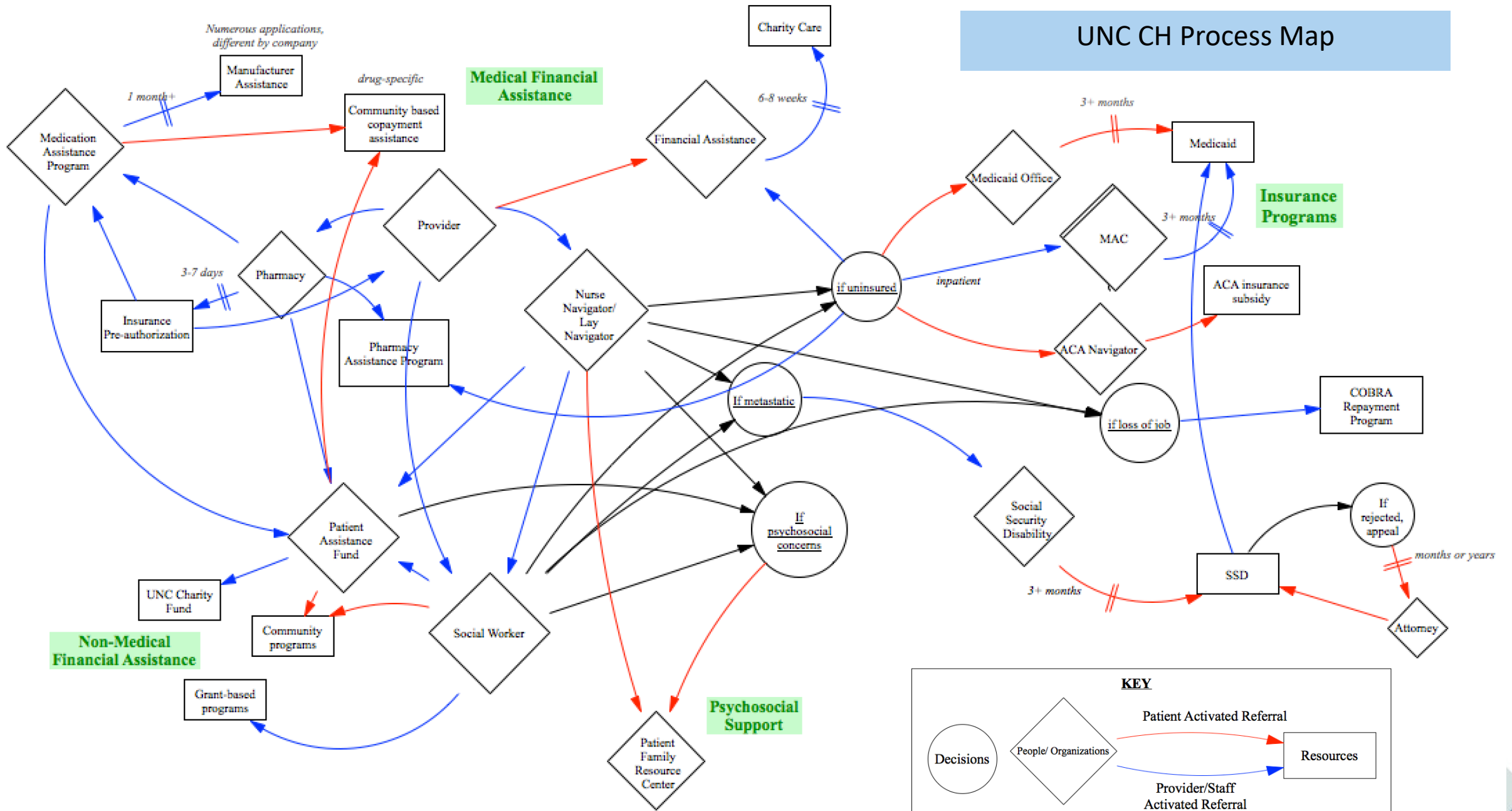


Summary of Cancer-Related Financial Challenges

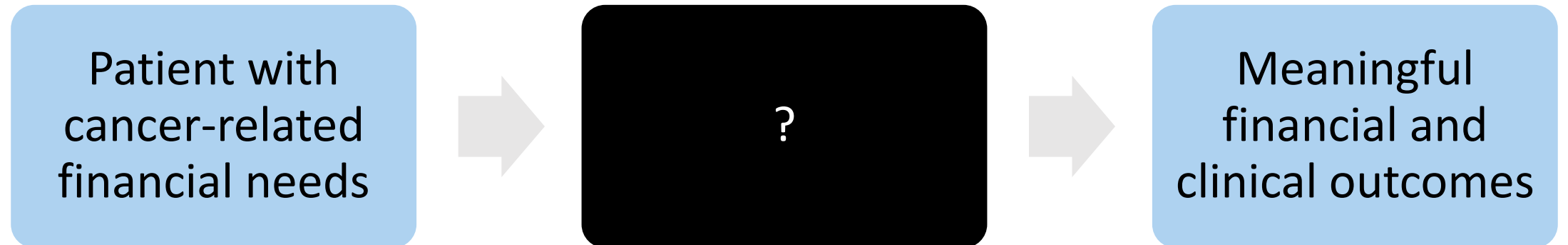
- **Heavier burden of financial toxicity** in metastatic, black, and rural populations
- Lack of **systematic and ongoing identification** of financial need
- Identifying those who report the **most distress** may not capture those with **highest material need (greater financial insecurity)**.
- Lack of **coordinated, streamlined applications** once need is identified
- Lack of resources for **underinsured**
- Lack of a **dedicated navigator** to assist patients and families through financial aspects of care



UNC CH Process Map



What should “financial navigation” look like?



UNC-CH Innovation Grant to Pilot Financial Navigation

Goal 1. To develop a financial distress screening strategy for NCCH patients

Goal 2. To design, implement, and evaluate a new financial navigation clinic for 50 NCCH patients who screen positive for high levels of financial distress

- Funded by UNC Center for Health Innovation (1 year; \$49,749)



COST (Comprehensive Score for Financial Toxicity)

	Not at All	A Little Bit	Some-what	Quite a Bit	Very Much
I know that I have enough money in savings, retirement or assets to cover the cost of my treatment.	0	1	2	3	4
My out-of-pocket medical expenses are more than I thought they would be.	0	1	2	3	4
I worry about the financial problems I will have in the future as a result of my illness or treatment.	0	1	2	3	4
I feel I have no choice about the amount of money I spend on care.	0	1	2	3	4
I am frustrated that I cannot work or contribute as much as I usually do.	0	1	2	3	4
I am satisfied with my current financial situation.	0	1	2	3	4
I am able to meet my monthly expenses.	0	1	2	3	4
I feel financially stressed.	0	1	2	3	4
I am concerned about keeping my job and income, including work at home.	0	1	2	3	4
My cancer or treatment has reduced my satisfaction with my present financial situation.	0	1	2	3	4
I feel in control of my financial situation.	0	1	2	3	4



Study Design

- Study opened Jan 5, 2019
- Eligible patients:
 - All cancer types
 - Referred by care team or social work
 - Scored less than 22 points (indicating significant FT) on the COmprehensive Score for financial Toxicity (COST) instrument
- All 50 patients approached screened positive for FT, were eligible for full navigation intervention, and enrolled within 6 months
- Outcome data collection included pre/post-intervention COST scores, patient satisfaction with the intervention, and intervention fidelity

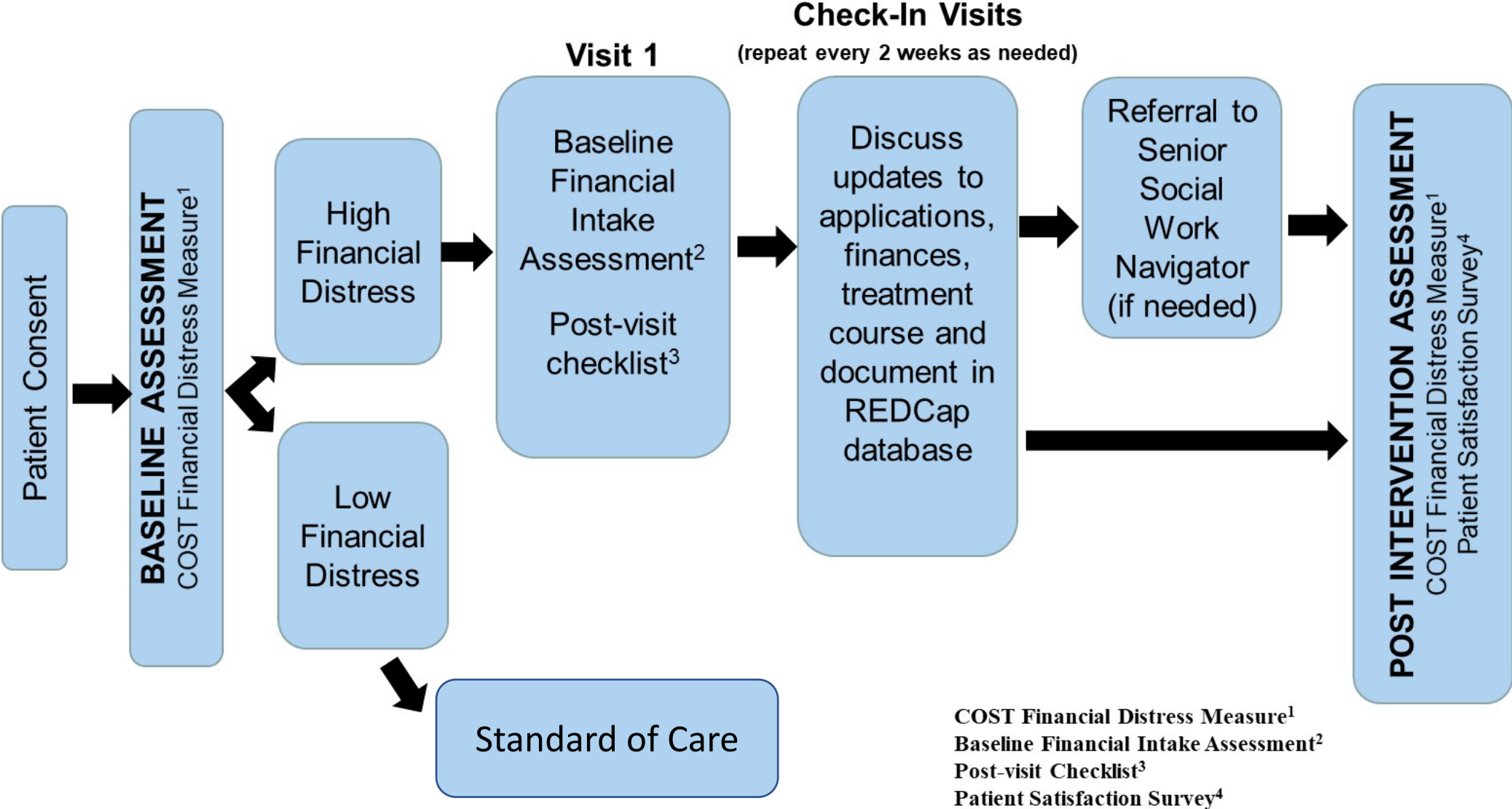


Intervention Components

- Intake assessment of financial needs and vulnerability
- Initial one-on-one consultation with a trained FN
- Triage to financial support services matching patients' needs
- Multiple follow up appointments (every 2 wks) with navigator assistance based upon:
 - Review of patients' employment status, income, assets, billing and insurance status
 - Referral to appropriate resources offered by the hospital, government, nonprofit and private corporations
 - Assistance with application completion and tracking of application status
 - Provision of checklist of resources they were eligible for and the required paperwork

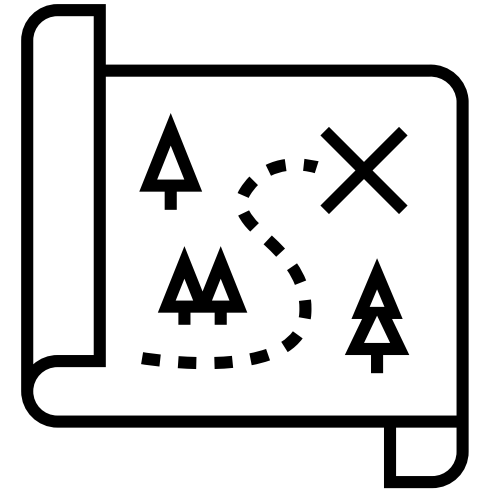


FN Pilot Intervention



Intake Form Sections

- A. Demographics and Treatment Questions
- B. Financial Information
- C. Expenses (bills/dept)
- D. Assets/Savings
- E. Employer Based Benefits/Income
- F. Health Insurance & Coverage
- G. Employer Based or Student Health Insurance
- H. Private/ACA Health Insurance
- I. Medicare
- J. Medicaid
- K. Uninsured



REDCap- Data Collection, Tracking

The screenshot shows the REDCap interface for a project. The top left features the REDCap logo and user information: 'Logged in as npadilla | Log out'. Below this are links for 'My Projects' and 'REDCap Messenger'. The main header includes the UNC School of Medicine logo and the project name 'Wheeler_Rosenstein - Rural Financial Toxicity RO1' with a 'PID 2342' tag. A green banner contains a 'Request REDCap Assistance' button and text: 'TO ADD USERS, CREATE NEW PROJECTS OR GET ASSISTANCE (Note: A request is not necessary when submitting form changes for approval or moving to production)'. Navigation buttons for 'Project Home', 'Project Setup', 'Other Functionality', and 'Project Revision History' are visible. The main content area contains a paragraph: 'The tables below provide general dashboard information, such as a list of all users with access to this project, general project statistics, and upcoming calendar events (if any)'. Below this are three tables: 'Current Users (11)', 'Project Statistics', and 'Upcoming Calendar Events (next 7 days)'. The left sidebar contains navigation menus for 'Project Home and Design', 'Data Collection', and 'Applications'.

Current Users (11)

User	Expires
amdeal (Allison Deal)	11/30/2021
cbiddell (Caitlin Biddell)	11/30/2021
cdrogers (Cindy Rogers)	11/30/2021

Project Statistics

Records in project	17
Most recent activity	11/19/2020 3:40pm
Space usage for docs	1.19 MB

Upcoming Calendar Events (next 7 days)

Time	Date	Description
------	------	-------------

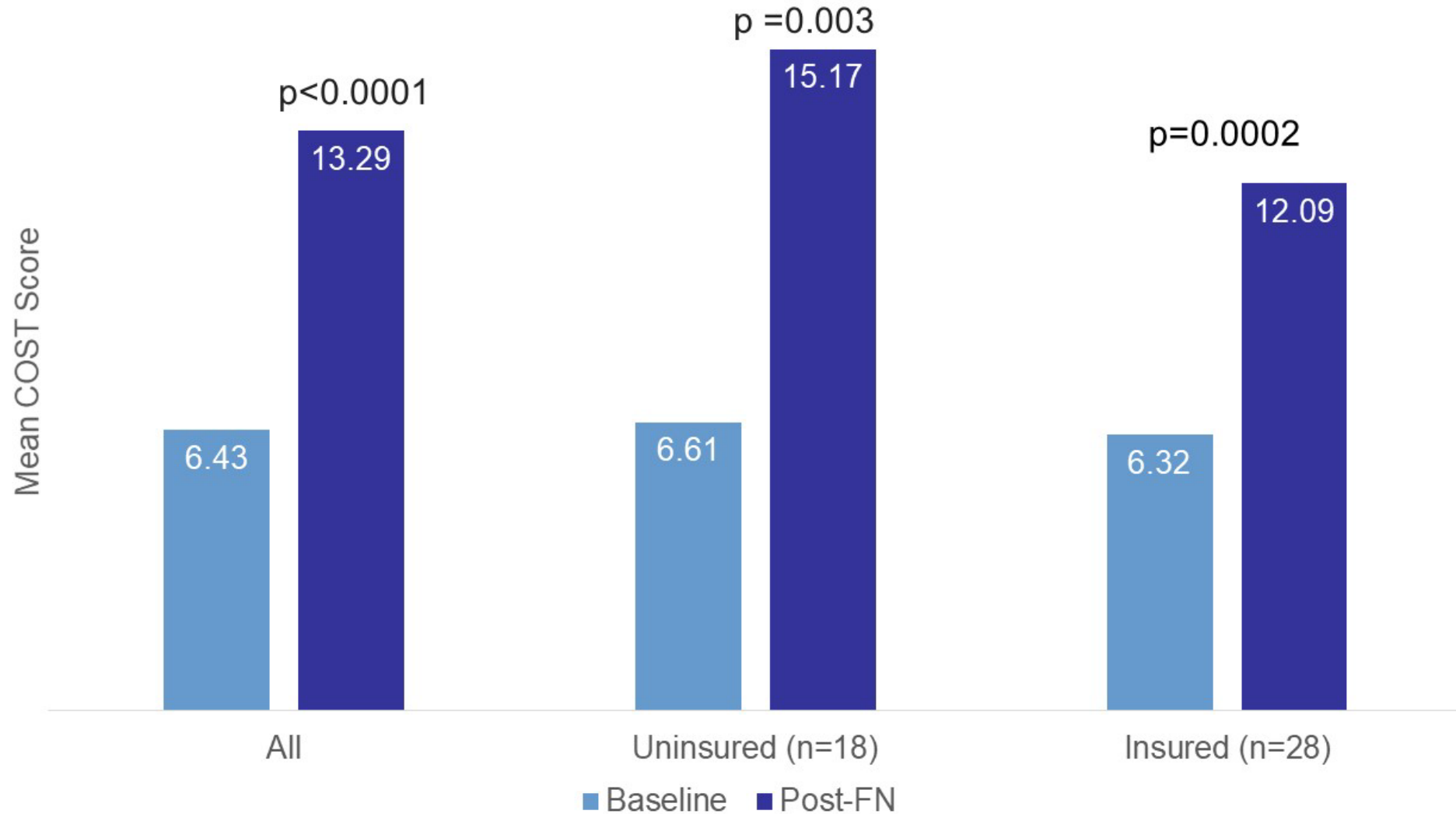


Patient Demographics (n=46)

- Mean age: 48 years old
- 61% female
- Race -61% White, 30% Black, 9% Other
- 80% less than college degree
- 85% not currently working
- Health Insurance- 39% uninsured, 28% public, 33% private
- Median monthly income: \$800



Impact of FN Intervention on COST Score



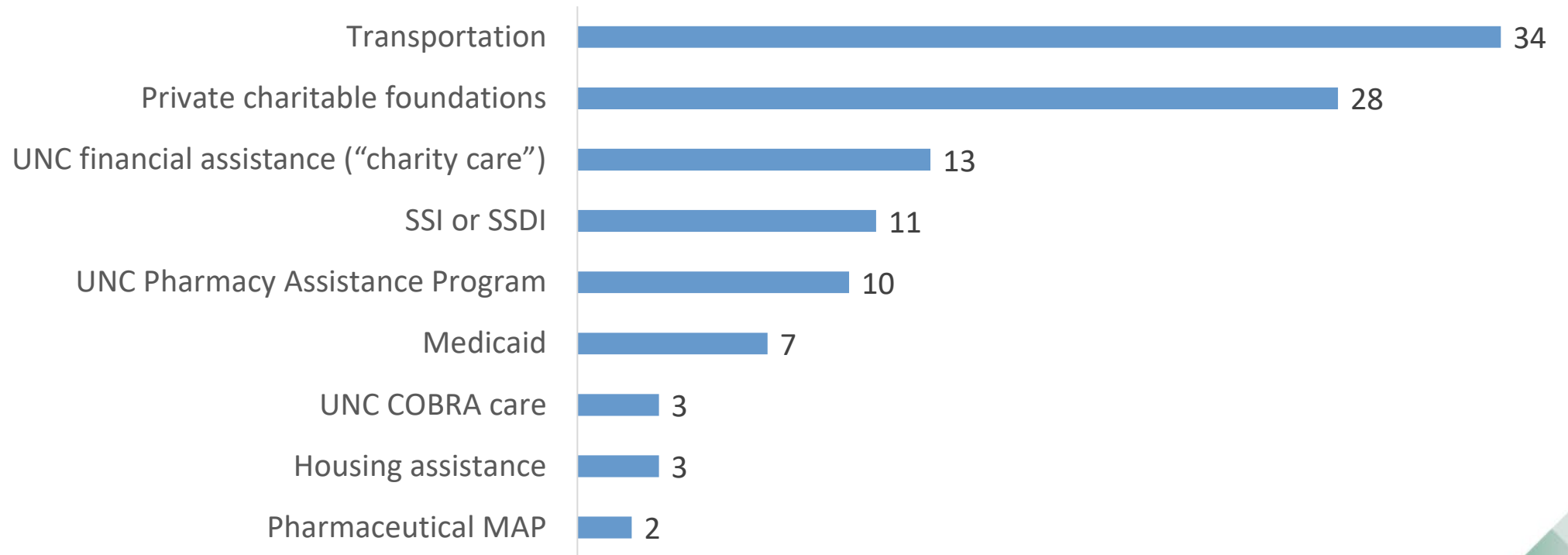
Implementation Outcomes

100% completed intake form

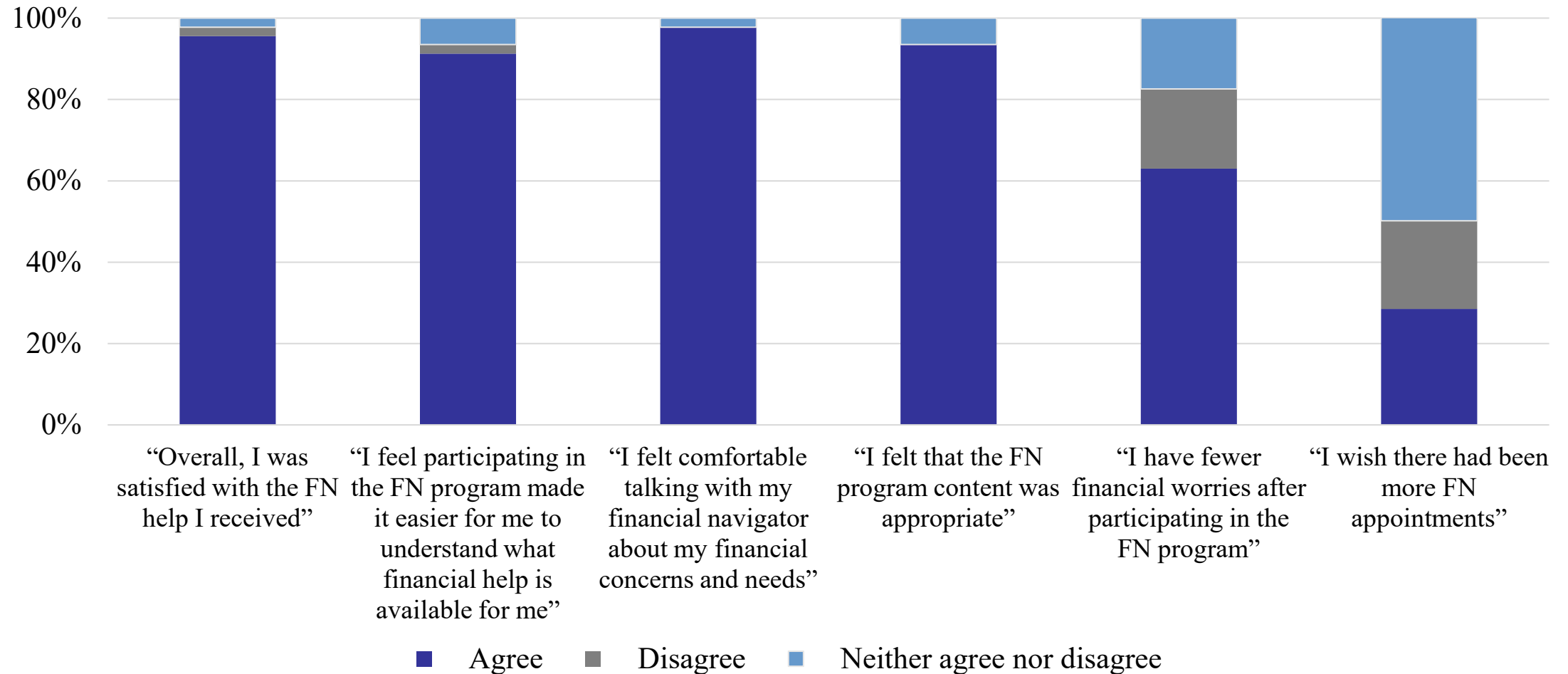
98% (n=45) applied for financial assistance

96% (n=44) received financial assistance

Number of Patients Receiving Benefits



Patient Acceptability



Study Limitations

- Small sample size, no control group
- One site
- No data on treatment status



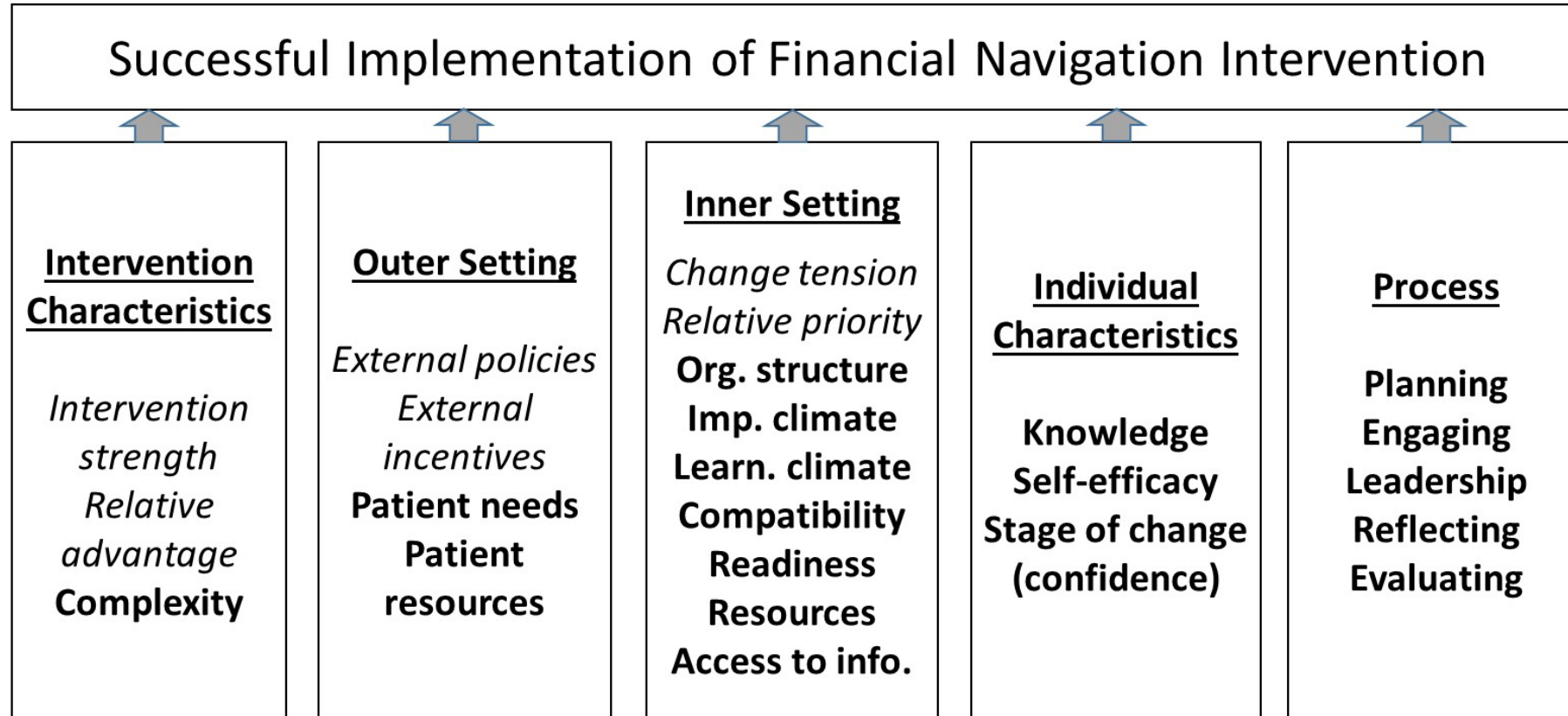
NCI R01 & P30 Administrative Supplement

- Aim 1.** Characterize rural and non-rural oncology practice context to prepare for FN implementation
- Aim 2.** Assess FN implementation determinants and implementation outcomes in rural (& non-rural) oncology practices.
- Aim 3.** Evaluate the effectiveness of FN in improving patient outcomes of care in rural (& non-rural) oncology practices.



Grant Conceptual Model

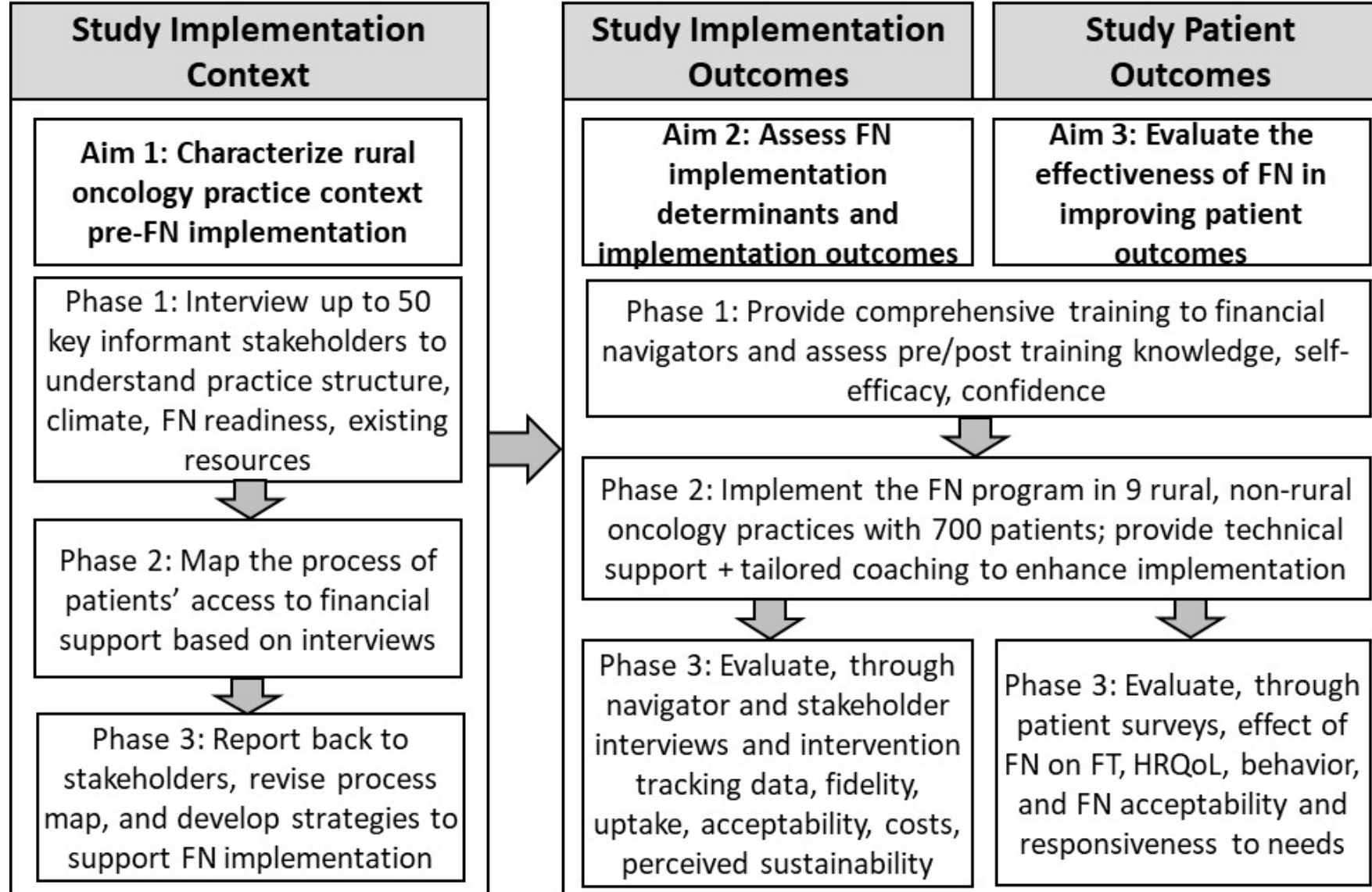
The Consolidated Framework for Implementation Research (CFIR)



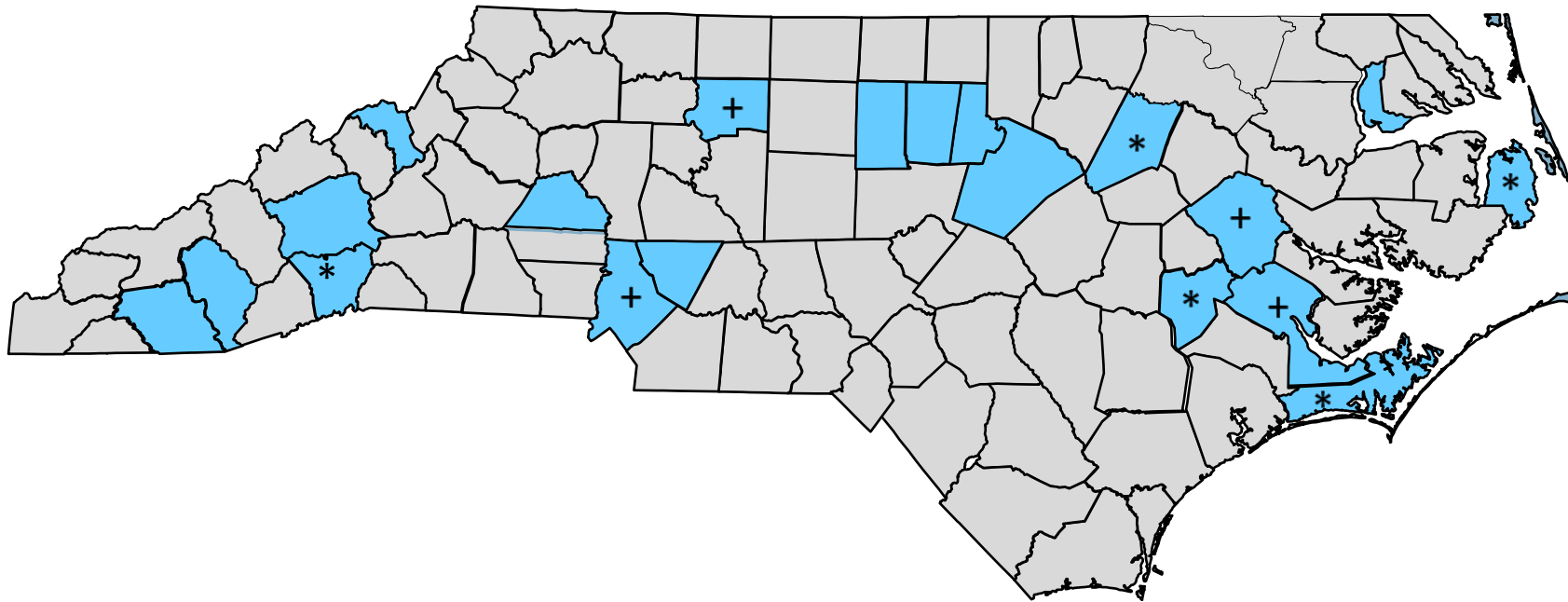
Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implement Sci.* 2009;4:50.



Study Schema



Our Network- NC Cancer Survivorship Professionals Action Network (NC-CSPAN)



blue shaded counties are counties with active NC-CSPAN sites

*indicates R01-engaged rural practices participating in FN; +indicates non-rural practices participating in FN through the new supplement



Study Partners (n=9 sites)

Rural Community Partners

- Carteret Health Care Cancer Center
- Nash UNC Health Care
- The Outer Banks Hospital
- UNC Lenoir Health Care
- Pardee UNC Health Care

Non-Rural Community Partners

- CarolinaEast Health System
- Novant Health
- Vidant Medical Center
- Wake Forest University Health Sciences





Lessening the Impact of Financial Toxicity

Stephanie Wheeler, PhD MPH

Donald Rosenstein, MD

Lineberger Comprehensive Cancer Center
University of North Carolina at Chapel Hill

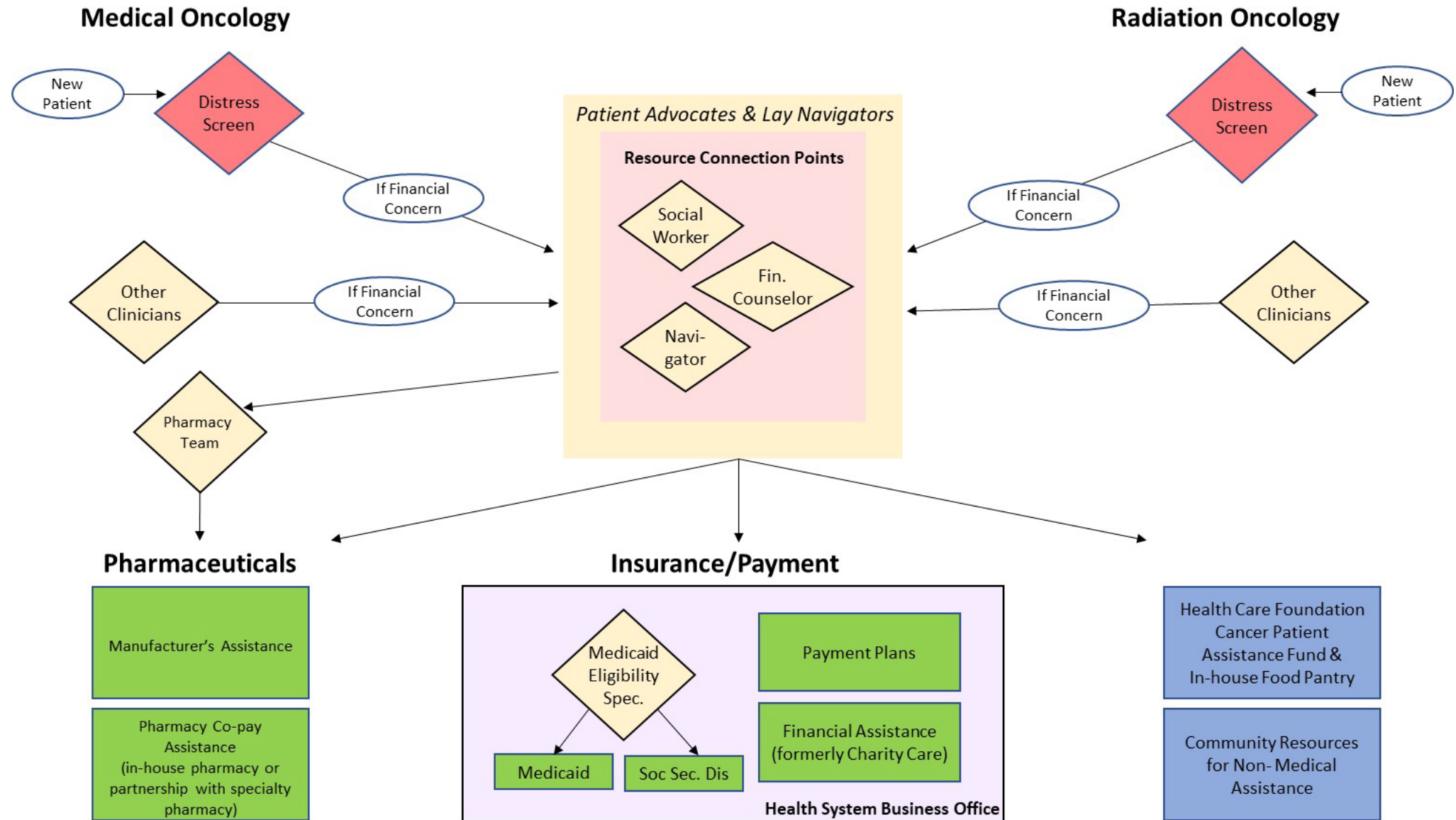


Aim 1: Characterizing the Sites

- Aim 1 Measures (navigators and stakeholders):
 - ☑ Stakeholder interview guide
 - ☑ Organizational readiness survey (ORIC)
 - ☑ Organization-specific process map
- Aim 1 Results:
 - 9 process maps
 - 78 Organizational Readiness for Implementing Change (ORIC) individual surveys across sites
 - 76 interviews over Zoom (transcribed and analyzed)



Aim 1: Process Maps



Aim 1. Organizational Readiness for Change

People who work here...	Overall (N = 71)	Rural (N = 41)	Non-rural (N = 30)
Change Efficacy Scale	n (%) Agree/Somewhat Agree		
... feel confident that the org. can get people invested in implementing this change.	93% (64/69)	95% (39/41)	89% (25/28)
... are committed to implementing this change.	93% (63/68)	95% (38/40)	89% (25/28)
... feel confident that they can keep track of progress in implementing this change.	93% (64/69)	93% (38/41)	93% (26/28)
... will do whatever it takes to implement this change.	94% (65/69)	95% (39/41)	93% (26/28)
... feel confident that the organization can support people as they adjust to this change.	88% (60/68)	98% (40/41)	74% (20/27)
... want to implement this change.	93% (64/69)	95% (39/41)	89% (25/28)
... feel confident that they can keep the momentum going in implementing this change.	91% (62/68)	93% (37/40)	89% (25/28)

NOTES:

Scaled responses were dichotomized into 'agree/somewhat agree' and 'disagree/somewhat disagree/neither agree nor disagree'.

Missing values excluded from percentage calculation.



Aim 1. Organizational Readiness for Change

	Overall	Rural	Non-rural
People who work here...	(N = 71)	(N = 41)	(N = 30)
Change Commitment Scale	n (%) Agree/Somewhat Agree		
... feel confident that they can handle the challenges that might arise in implementing this change.	88% (61/69)	90% (37/41)	86% (24/28)
... are determined to implement this change.	93% (63/68)	95% (38/40)	89% (25/28)
... feel confident that they can coordinate tasks so that implementation goes smoothly.	91% (63/69)	93% (38/41)	89% (25/28)
... are motivated to implement this change.	96% (66/69)	95% (39/41)	96% (27/28)
... feel confident that they can manage the politics of implementing this change.	83% (57/69)	88% (36/41)	75% (21/28)

NOTES:

Scaled responses were dichotomized into 'agree/somewhat agree' and 'disagree/somewhat disagree/neither agree nor disagree'.

Missing values excluded from percentage calculation.



Aim 1. Intervention Fit

Several factors positively influenced the fit of the financial navigation intervention at oncology clinics:

- (1) Intervention is in alignment with clinic's values
- (2) Universal enthusiasm for an additional mechanism to help patients
- (3) Presence of existing structures and communication pathways to assist patients with financial needs



Aim 1. Intervention Fit- Values & Enthusiasm

- Staff expressed a universal desire to help patients:

*“I think we have a fantastic team, and they're very committed to this, committed to our patients, you know, people here love their work. The program is growing rapidly, we have a fabulous medical staff...that...you know, so **wholeheartedly support our patients, and our community, and our team.**” (Clinic 2)*

- Staff routinely expressed excitement about the FN intervention:
 - Help to reach more patients & reduce burden on staff currently helping patients
 - Ensure that patients follow-through with FA applications by having a single person dedicated to patient financial needs



Aim 1. Intervention Fit-Existing Structures

Existing systems will provide structure within which to implement the FN intervention.

- Structured referral processes (i.e., distress screening)
- Multiple opportunities for staff to discuss or assess patient needs (due to small size of cancer center)

“So, there’s lots of avenues of helping the patients as far as getting their treatments. But it starts from the very beginning of when we get the referral.” (Clinic 2)



Aim 1. Intervention Success Factors

Patient Considerations

- Sensitivity needed in approaching patients about finances
- Patients can have difficulties balancing the stress of their diagnosis and finances
- Flexibility

Organizational Considerations

- Identifying physical space in clinic for navigator
- Clearly define roles
- Ensure leadership and staff are supportive of FN



Aim 2: Assess FN Implementation Determinants/Outcome

- Provided Comprehensive Financial Navigation Training (n=21)
 - ACCC Financial Bootcamp Levels I and II ~ 7 hours
 - Study-specific training ~5 hours
 - 3 day model
 - 5 day model
 - Human subjects training ~5 hours
- Developed a SOP manual
- Monthly Peer Support Calls and Site-Specific Technical Assistance Calls
- Pre/Post Interviews/Surveys with navigators and other stakeholders



LIFT Website (cancercosts.org)

LIFT: Lessening the Impact of Financial Toxicity

LIFT About Us Contact Us

Cancer Costs



About Us
Dr. Stephanie Wheeler and Dr. Donald Rosenstein. Meet our team. Don't hesitate to reach out.

Lineberger Comprehensive Cancer Center for Community Outreach and Engagement
Meaningful engagement with the community in our cancer research, clinical care and programmatic efforts to better understand and serve the population's needs.

UNC Comprehensive Cancer Support Center
Dedicated to helping patients and their loved ones with cancer treatment, recovery and survivorship, the CCSP offers programs and services both during and after your treatment.

Cancer Costs
Add Mission Statement

LIFT Financial Navigator Forum

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LIFT: Lessening the Impact of Financial Toxicity

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LIFT

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Lessening the Impact of Financial Toxicity

Financial hardship and cancer are challenging enough on their own. Combined together they lead to financial toxicity—the high cost and cost-related psychosocial burden that cancer care places on patients and their families.

We're thrilled to have you partner with us on LIFT: Lessening the Impact of Financial Toxicity. Visit the [Navigator Information](#) tab to get started.

This project is funded by the National Cancer Institute (1-R01-CA21992-01). The NCI is part of the National Institutes of Health.

About Us
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Cancer Costs
Add Mission Statement

Contact Us
Email:
Phone:
Address:



LIFT Website (cancercosts.org)

FN Forum

PAF Referral

Study Background & Training

Pt. Resources

FORMS TO ANNOUNCE THE PROGRAM TO PROVIDERS & PATIENTS (ALSO IN REDCAP)



PUBLICITY FORMS:

- [Class Recruitment Script](#)
- [Email Announcement for Site Providers](#)
- [Financial Navigation Flyer Template](#)
- [Educational Resource Handout Template](#)
(Financial Resources for All Patients)
- [Phone Script for Participant Recruit](#)

PATIENT FORMS: SITE SPECIFIC CONSENT & HIPAA FORMS



[sp_easyaccordion id="1882"]

+ CarolinaEastHealthSystem_Consents&HIPAA

+ Carteret HealthCare_Consents&HIPAA

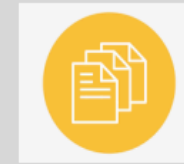
+ NashUNCHHealthCare_ConsentsandHIPAA

+ NovantHealth_ConsentsandHIPAA

+ OBXHospital_ConsentsandHIPAA

+ UNCLenoirHealthCare_ConsentsandHIPAA

PATIENT FORMS (ALSO IN REDCAP)



PATIENT FORMS:

Baseline Assessment Forms:

- Pt. Consent Form Documentation Survey
- [LIFT Patient Quick Reference Study Guide](#)
- *add your own contact info to this*
- [Cost Survey](#)
- [Patient Outcomes Survey](#)
- [Pre-Patient Experience Questionnaire](#)

Initial Appointment Forms

- [Financial Intake Form survey](#)
- [Initial Appointment Summary](#)



Patient Resources

QUICK GUIDE TO FINANCIAL RESOURCES

HERE AT UNC: all services listed below are free of charge. Check with your financial assistance coordinator, social worker, or our webpage which has the most up to date information: <http://unclineberger.org/patientcare/support/ccsp/finances>

<p>The Comprehensive Cancer Support Program (CCSP) Patient Assistance Coordinator and N.C. Cancer Hospital Social Workers can help you find resources that may help lessen the financial burden of cancer including federal, state, and local government benefits and services, and private foundation support. Ask your health care provider for a referral to our outpatient social work and patient assistance team who can assess your eligibility for services.</p>	<p>UNC Pharmacy Assistance Program: Pharmacy financial assistance requires a separate application. See the pharmacy counselor at the main pharmacy, located on the ground floor of the NC Cancer Hospital to get an application.</p>
<p>UNC Onsite Financial Counselors If you do not have insurance, or are concerned about paying for your medical bill, please contact the onsite financial counselors at 984-974-8143</p>	<p>Resources, Information and Referrals: Visit the Patient and Family Resource Center on the ground floor of the NC Cancer Hospital for more information on a variety of cancer-related topics or call them at 984-974-8100.</p>
<p>Counseling and Support: The Comprehensive Cancer Support Program's group of counselors, psychologists and psychiatrists provide compassionate support for the challenges that often come with a cancer diagnosis. If you or your loved one is interested in speaking with a member of our counseling team, call 919-966-3494.</p>	<p>Questions about your bill? Customer Services Representatives are available to handle all of your questions Monday-Friday, 8 am - 5 pm at 800-594-8624 (toll-free) or locally at 984-974-2222. If you have trouble reaching them, you can also call the Onsite Financial Counselors at 984-974-8143 and ask to talk to someone about billing issues.</p>
<p>The UNC Cancer Pro Bono Legal Clinic This free service helps cancer patients and their caregivers to prepare legal documents that are important to future health care planning. Specially trained law students and volunteer attorneys help patients with preparing Advance Directives (Living Wills), Health Care Powers of Attorney and Durable Powers of Attorney. Call 984.974.8112 make an appointment.</p>	<p>Transportation: If you have Medicaid, call your local Department of Social Services office to arrange for transportation to your medical appointments.</p> <p>Public transportation/bus schedules:</p> <ul style="list-style-type: none"> Chapel Hill Transit: 919-969-4900 Orange Public Transit: 919-245-2008 Triangle Transit Authority serving UNC from Durham, Orange, Chatham and Wake counties: 919-485-RIDE, www.ctransit.org Piedmont Authority for Regional Transportation (PART) serving UNC from Gifford and Alamance counties: 336-883-7278 <p>The American Cancer Society's "Road to Recovery" program may be able to provide assistance or information on other transportation resources specific to your area/zip code. Call 1-800-227-2345</p>










Please visit our website <http://unclineberger.org/patientcare/support/ccsp/finances>

Handout

Financial and Legal Assistance

A cancer diagnosis can affect so many parts of our lives, including finances. We all know that even without cancer finances can cause stress in our lives. Many people have unplanned expenses related to their care. Let us help you find ways to address these concerns.*

FOR MORE INFORMATION CHOOSE FROM THE OPTIONS BELOW:

 <p>Here at UNC</p>	 <p>Health Insurance</p>	 <p>Housing Assistance</p>
 <p>Legal</p>	 <p>Medication & Treatment Cost Assistance</p>	 <p>Organizations that can Help</p>
 <p>Seniors & Caregivers</p>	 <p>Transportation/Travel</p>	 <p>Work</p>

*This list is meant to be used as a guide and is not comprehensive. The information provided was the most current information available at the time of the publication. Some material may change or become dated. The sponsors and individuals listed assume no responsibility for time

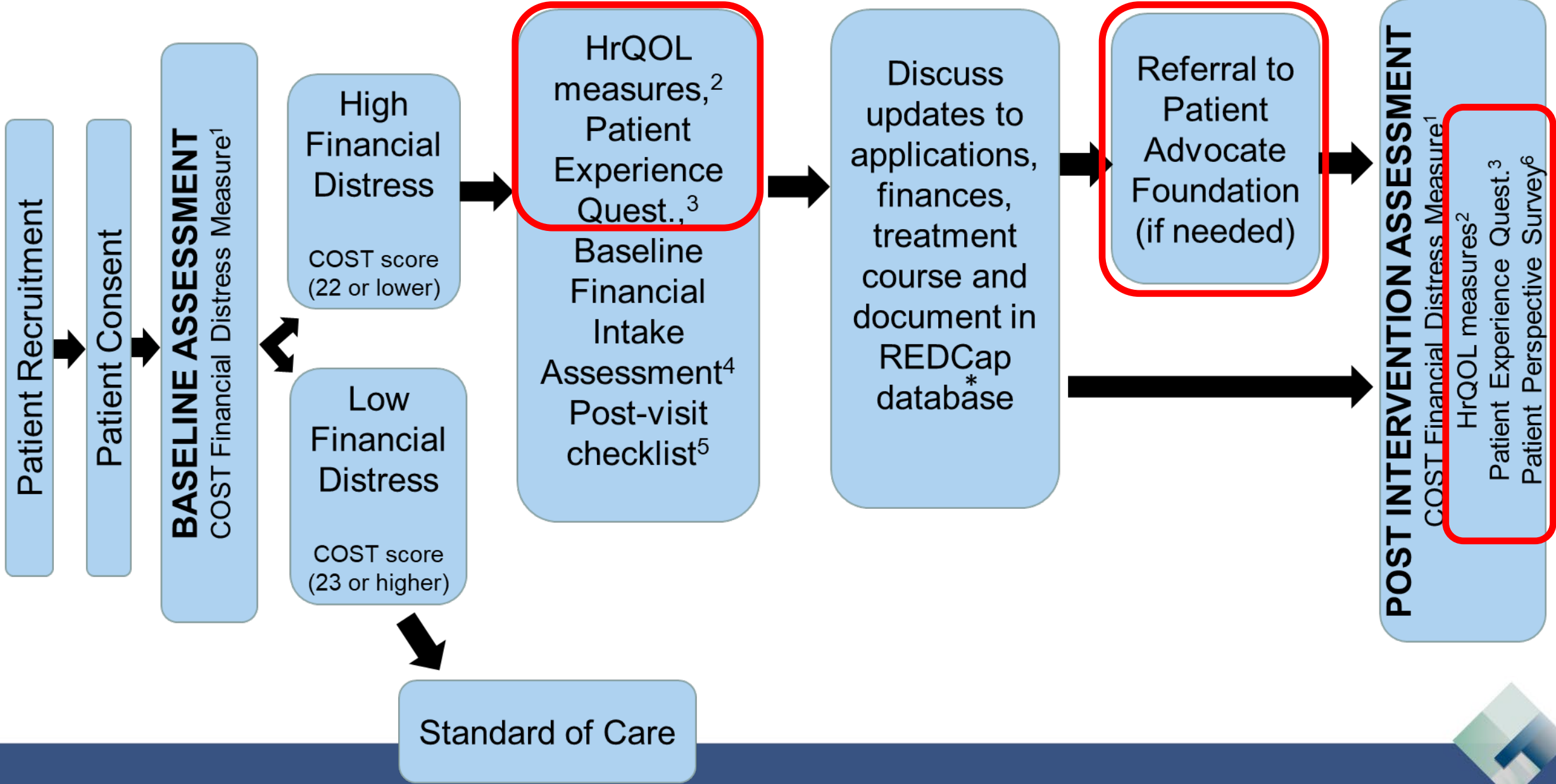
Website



FN Program

Check-In Visits

(repeat every 2 weeks as needed)



Aim 3: Patient Outcome Surveys

Survey	Description
Patient Outcomes Surveys- PROMIS global health, emotional distress-anxiety, depression scales; psychosocial illness impact scale	Total: 24 questions Asks patient about psychosocial issues, general health and symptoms over the last 7 days
Patient Experience Questionnaire	Total: 33 questions Asks patient about employment disruption, caregiver cost burden, food insecurity, and care altering behaviors
Patient Perspective Survey	Total: 18 questions Asks patient about satisfaction with the program and materials



REDCap- Data Collection, Tracking

The screenshot shows the REDCap interface for a project. The top left features the REDCap logo and user information: 'Logged in as npadilla | Log out'. Below this are navigation links for 'My Projects' and 'REDCap Messenger'. The main header includes the UNC School of Medicine logo and the project name 'Wheeler_Rosenstein - Rural Financial Toxicity RO1' with a 'PID 2342' tag. A green banner offers a 'Request REDCap Assistance' link with the text 'TO ADD USERS, CREATE NEW PROJECTS OR GET ASSISTANCE' and a note: '(Note: A request is not necessary when submitting form changes for approval or moving to production)'. Below the banner are four navigation buttons: 'Project Home', 'Project Setup', 'Other Functionality', and 'Project Revision History'. The main content area contains a paragraph: 'The tables below provide general dashboard information, such as a list of all users with access to this project, general project statistics, and upcoming calendar events (if any)'. There are three tables: 'Current Users (11)', 'Project Statistics', and 'Upcoming Calendar Events (next 7 days)'. The 'Current Users' table lists three users: Allison Deal, Caitlin Biddell, and Cindy Rogers, all with expiration dates of 11/30/2021. The 'Project Statistics' table shows 17 records in the project, most recent activity on 11/19/2020 at 3:40pm, and 1.19 MB of space used for docs. The 'Upcoming Calendar Events' table is currently empty.

REDCap
Logged in as npadilla | Log out
My Projects
REDCap Messenger

Project Home and Design
Project Home · Project Setup
Designer · Dictionary · Codebook
Project status: Development

Data Collection
Survey Distribution Tools
- Get a public survey link or build a participant list for inviting respondents
Scheduling
- Generate schedules for the calendar using your defined events
Record Status Dashboard
- View data collection status of all records
Add / Edit Records
- Create new records or edit/view existing ones

Applications
Alerts & Notifications
Calendar

UNC SCHOOL OF MEDICINE
North Carolina Translational and Clinical Sciences Institute
University of North Carolina at Chapel Hill
Translational and Clinical Sciences Institute

Wheeler_Rosenstein - Rural Financial Toxicity RO1 PID 2342

[Request REDCap Assistance](#) TO ADD USERS, CREATE NEW PROJECTS OR GET ASSISTANCE
(Note: A request is not necessary when submitting form changes for approval or moving to production)

Project Home Project Setup Other Functionality Project Revision History

The tables below provide general dashboard information, such as a list of all users with access to this project, general project statistics, and upcoming calendar events (if any).

Current Users (11)	
User	Expires
amdeal (Allison Deal)	11/30/2021
cbiddell (Caitlin Biddell)	11/30/2021
cdrogers (Cindy Rogers)	11/30/2021

Project Statistics	
Records in project	17
Most recent activity	11/19/2020 3:40pm
Space usage for docs	1.19 MB

Upcoming Calendar Events (next 7 days)		
Time	Date	Description



The Patient Advocate Foundation

- The Patient Advocate Foundation (PAF) is a national 501 (c)(3) non-profit charity that, for 25 years, has provided patient navigation and direct financial support to patients with chronic, life-threatening and debilitating diseases to help access recommended treatment regardless of their income or insurance status.
- PAF will provide external complex case management services for patients in the LIFT study, patients with severe and complex access to care and/or financial needs that extend beyond what can be supported by existing financial resources that you have tried.



Aim 3. Evaluate Effectiveness

- COST screener to determine level of FT
- Patient outcomes surveys (health related QOL)
- Financial Intake Form
 - Includes patient-specific data: Individual financial situation, employment status, monthly income, billing information, insurance status, resources, referrals and benefits
- Initial Appointment Summary
 - Re-cap of eligible benefits/referrals along with paperwork needed
- Mid-Program Check-In Form (every 2 weeks re: progress)
- Patient Outcomes Surveys again with Pt. Perspective Survey (acceptability and satisfaction) surveys



How It's Going...

- Started recruiting patients in Dec 2021/Jan 2022
- Recruitment ends June 2023
- 12 patients enrolled so far
- Patients are appreciative
- The intervention is time intensive
 - Consent/Baseline Surveys
 - Intake Process
- Navigators like the intervention structure



Conclusions

- Health insurance expansion is *necessary, but insufficient* to address cancer-associated financial burden.
- Additional interventions, such as *financial navigation* (Shankaran, 2017, JCO), to prevent and mitigate financial harm are urgently needed.
- Important to identify patients with *psychosocial distress, high material burden, and potentially harmful coping strategies (not just one dimension of FT)*



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