Implementing the ACCC Financial Advocacy Guidelines at Your Cancer Program or Practice
Lori Schneider
Operations Manager, Green Bay Oncology
ACCC Board Member
Angie Santiago, CRCS
Manager, Oncology Financial Advocacy
Sidney Kimmel Cancer Center at the Thomas Jefferson University Health System
Learning Objectives

• Discuss the **current landscape** of financial advocacy

• Describe the **impact** the new ACCC Financial Advocacy Services Guidelines can have for people with cancer and the broader healthcare system

• Recognize why **collaborations** between *clinical* and *operational* staff are critical to address financial hardship for patients with cancer

• Identify **tools and resources** that can be used to support implementation of financial advocacy services

• Identify strategies for **implementation** of the guidelines
Current Landscape

- **No single job title** is associated with the roles that provide financial advocacy services.
- Members of a financial advocacy team often have **diverse education and knowledge levels**, as well as other responsibilities.
- **Great variability exists** in the types of financial advocacy services that are provided by cancer programs and practices.
- **National, local, and institutional policy issues** directly impact financial hardship.
- **Standardization of services is needed** to better understand financial advocacy services’ outcomes and impacts.
- **Clear and common metrics are needed** to evaluate the success of financial advocacy programs.
History of the Guidelines

Initial set created: 2018

Guidelines revamp: 2022

• Delphi process
  • Dedicated oncology financial advocacy staff
  • Multidisciplinary cancer care team members
  • Community-based financial advocates
  • Financial advocacy subject matter experts
  • Patients and patient advocates
How We Created the Guidelines

Guiding Principles
- Patient-centeredness
- Equity
- Rigor
- Engagement
- Feasibility

Methods
- Literature scan
- Diverse, multidisciplinary experts
- Evidence-based, inclusive approach
Financial Advocacy Services
Guidelines Support:

<table>
<thead>
<tr>
<th>Health Equity</th>
<th>Policy Efforts</th>
<th>Standardization</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Recognizing patients’ right to access affordable care</td>
<td>• Advocating to address systemic barriers to care</td>
<td>• Establishing consistent services and better evaluating outcomes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sustainability</th>
<th>Career Development</th>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Demonstrating impact and return on investment</td>
<td>• Professionalizing the field and creating a path to certification</td>
<td>• Providing a common framework for multi-center studies</td>
</tr>
</tbody>
</table>
Guidelines Overview

Domain 1: Financial Advocacy Services & Functions
- Sub-domain 1.1: Patient education and communication
- Sub-domain 1.2: Benefits verification, prior-authorization, and insurance optimization
- Sub-domain 1.3: Financial distress screening
- Sub-domain 1.4: Financial assistance

Domain 2: Program Management Functions
- Sub-domain 2.1: Staffing roles and responsibilities
- Sub-domain 2.2: Staff training
- Sub-domain 2.3: Infrastructure and information exchange
- Sub-domain 2.4: Monitoring and evaluation

Domain 3: Partner Engagement Functions
Guideline Indicators

Trending toward a minimum guideline
A majority of the expert panel (60 percent to 74 percent) agreed that the guideline is a minimum service, but the consensus threshold was not met.

Minimum guideline
The expert panel reached consensus (75 percent agreement) that the guideline is a minimum service, meaning it is fundamental to reduce the risk of financial distress for people with cancer. Minimum guidelines should be feasible for most cancer programs or practices, clinics, hospitals, or health systems of any size or resource level to implement.

Split between a minimum and enhanced guideline
The expert panel reached consensus that the service is a guideline but were split between rating it as minimum or enhanced.

Trending toward an enhanced guideline
A majority of the expert panel (60 percent to 74 percent) agreed that the guideline is an enhanced service, but the consensus threshold was not met.

Enhanced guideline
The expert panel reached consensus (75 percent agreement) that the guideline is an enhanced service, meaning it goes a step beyond the identified basic services that are necessary to reduce the risk of financial distress. Enhanced guidelines may only be feasible for larger and/or well-resourced cancer programs or practices, clinics, hospitals, or health systems and/or more established financial advocacy programs to implement.
Who Can Use the Guidelines\textsuperscript{1}

**Financial Advocacy Managers**
- Develop financial advocacy program objectives, metrics, processes, and staff
- Advocate for resources to support critical services

**Financial Advocates**
- Identify opportunities for career development
- Identify and lead efforts to improve service delivery

**Administrators**
- Assess patient needs and strengths/gaps in current financial advocacy services
- Build the business case for an integrated financial advocacy program

**Multidisciplinary Clinicians**
- Build awareness of evidence-based strategies to address financial hardship
- Provide input into financial advocacy program development and identify opportunities to integrate into care planning and delivery
Who Can Use the Guidelines\(^1\)

**Patient Advocacy Organizations \& Coalitions**

- Inform patient-facing, person-centered communications to build awareness and promote use of financial advocacy services.

- Disseminate the Guidelines to partners (e.g., health systems, independent foundations) and policy makers to raise awareness and buy-in.

**Payers/Manufacturers/Tech**

- Develop policies, programs, and technologies that support the equitable delivery of financial advocacy services.

**Policy Makers**

- Build awareness of financial advocacy as a critical strategy to advance health equity.

- Use this knowledge to inform policy development to increase availability and access to financial advocacy services.
Assessing & Implementing

Evaluate current services

• Create a list to gain a clear understanding of your current services
• Ask for input from all roles in your multidisciplinary team
  • Social work, dietitian, financial advocates, patients, nurses
• Determine how often the current process is done
  • Never, occasionally, or frequently

Setting future goals

• What is the "pie in the sky" goal for your organization?
• Current process that can be optimized to get to the next step?
• What training/resources are available that can help achieve your next step?
• Set a realistic timeframe to obtain your goal
Minimum Guideline subdomain 1.1.1
- Established practice of meeting with patient upon request to answer questions about financing the cost of their cancer care.

First Goal – implement subdomain 1.1.4
- Established practice of working with patients and their families/caregivers upon referral or request to identify anticipated “other” costs, such as expenses related to transportation, childcare, partner care, eldercare, and/or lodging.

Second Goal – implement subdomain 1.1.3
- A process of maintaining contact with patients regarding the available financial advocacy services along the continuum of care and as part of the patients plan of care, schedule regular meetings or touchpoints to discuss at a minimum
  - Current and future insurance needs
  - Continued or new financial barriers
  - Patient adherence to treatment due to financial concerns
Implementation Tools & Resources

Training
- ACCC Financial Advocacy Boot Camp
- ACCC Prior Authorization Clinic
- Triage Cancer Insurance & Finance Intensive and In-Service Training
- George Washington University Financial Navigation Lesson
- The Medicare Learning Network

Resources
- ACCC Making the Business Case for Hiring a Financial Navigator
- ACCC Financial Advocacy Playbook
- ACCC Financial Advocacy Toolkit
- Triage Cancer: cancer resources
- National Patient Advocate Foundation: cost of care conversations and health needs navigation
Value of the Guidelines

- Equity (improve affordability and access)
- Sustainability
- Standardization
- Research
- Policy
- Career development
References

Thank you

Lori Schneider
lori.schneider@gboncology.com
920.884.1458
Thank you