

Philanthropy: Funding Oncology Supportive Care Services

BY JAMIE ARENS, MSW, CSW-PIP



It amazes me that sometimes we do not see how great things are when they are right in front of us. That moment of realization hit me when I was speaking with other members of the Association of Community Cancer Centers (ACCC). I was speaking very casually to the group about the many programs my cancer institute has implemented because of philanthropy. Pretty quickly into the conversation, I became the center of attention and began receiving queries about my cancer program's philanthropy efforts, including questions on how to use funding from foundations to add dedicated programs and new staff to our oncology service line. Because philanthropy is second nature to me, I almost did not know how to answer. It was at that moment that I realized how lucky I am to have this type of support. More so, how lucky my patients and their families are to have access to a diverse offering of supportive care services at Avera Cancer Institute.

A Little About Avera

Avera Cancer Institute at the Avera McKennan Hospital and University Health Center has had philanthropic support since it opened in 1998. The cancer institute is located in Sioux Falls, S.D., and is the largest location of what is now known as the Avera oncology service line. This service line comprises 6 cancer centers, 45 rural chemotherapy sites, and a variety of telemedicine and physical outreach centers. The cancer program is part of Avera Health—a rural health ministry rooted in the gospel values of compassion, hospitality,

and stewardship. Because of its roots, our cancer institute offers holistic care in a healing environment, and leadership has used philanthropic efforts to ensure that these supportive care programs are always available to our patients and their families.

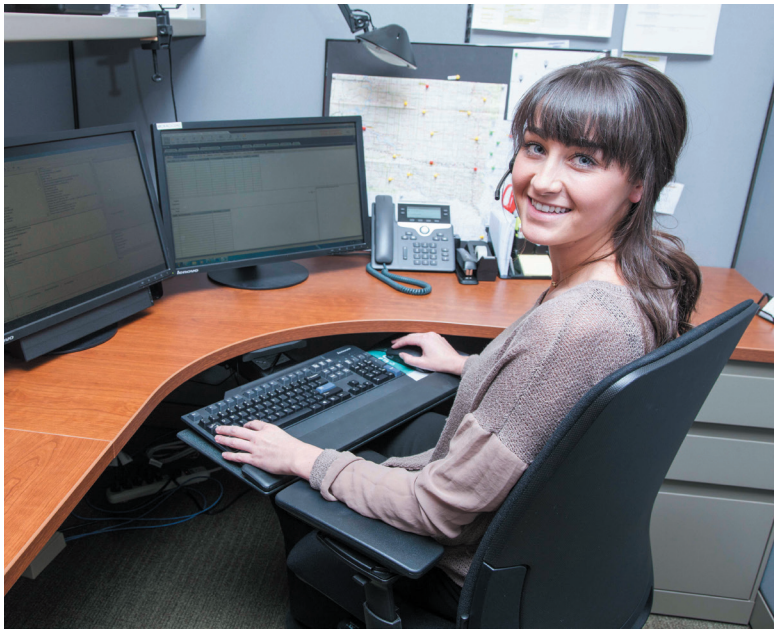
Why Philanthropy Matters

Cancer programs and practices everywhere feel the pressure of trying to do more with less these days. With the cost of cancer care in the United States reaching more than \$200 billion, we continue to see measures put in place by payers and health systems to reduce costs.¹ Ensuring coverage of the services we provide is an all-day, everyday task that is balanced between other challenges like new care delivery models, the transition to biosimilars, place of service restrictions, clinical pathways, and payer policies. On top of those tasks, we must also

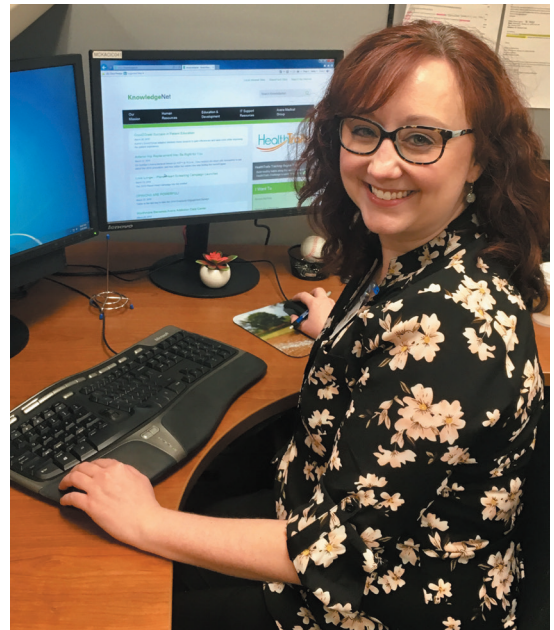
continue to meet accreditation standards and to provide quality interdisciplinary care—even though many of the services required to deliver this level of care are not reimbursed. Philanthropy is a way to support some of these needed services.

Several of our cancer institute's most impactful philanthropy efforts include coaching oncology staff to direct grateful patients to our foundation colleagues, who then have the opportunity to get to know the potential supporters of our programs. Other efforts include events like the Avera Race Against Cancer, which raises more than \$300,000 annually for our wig program and integrative medicine services. Additional efforts occur in capital campaigns. One such campaign occurred alongside the building of our new \$93 million Avera Cancer Center in 2010, which included funding for patient supportive care services like a beautiful





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Melanie Mattern, MSW, OSW-C, is an oncology social work navigator at Avera Cancer Center.

mind-body studio, meditation room, walking labyrinth, wig salon, and integrative medicine clinic. Avera leadership has also used donor funds to introduce new positions to the oncology service line, such as chaplains and music therapists. Furthermore, a \$2 million campaign funded a new navigation center—a 24-hour oncologic support center for the entire service line. The navigation center is not only a huge patient satisfier but a mechanism to appropriately educate and triage our patients in line with the cancer institute's efforts to reduce emergency department visits and hospital admissions. In just 10 years (2009 to 2019), Avera Cancer Institute raised more than \$31.4 million for oncology services, and some of these monies have been used to offset treatment-related costs for our patients.

Getting Started

Now, you may ask, how do you get started? The three simple steps below will help you begin and grow philanthropy efforts for your cancer program or practice.


1. Make friends with the fundraising staff at your institution. If you do not have fundraising development professionals at your institution, you should hire at least one dedicated staff member. You want to make sure that this point person understands the

care your institution provides to patients, so they can take these conversations back to the foundation and the public. It also helps to connect any grateful patients or caregivers to your institute's point person and/or team of professionals, so they can hear firsthand about your new program and identify whether these grateful patients want to give back to the cancer program financially.

2. Know the needs and priorities of your cancer program and be able to speak on these priorities from the patient's perspective. You and your fundraising team must know what you are raising money for, so the story of the need and potential impact can be told to others with open ears.

3. Create a long-term plan. At Avera, we do not start a new position or program using philanthropy monies until we have three years of funding in place. We set clear goals of what the new position or program is to achieve. For example, a steering committee identified the initial concept of the 24-hour navigation center, which was to provide support to anyone affected by cancer. But first we needed to develop a variety of metrics to prove the navigation center's efficacy. We track many metrics, including call volume, physical reach, barrier and intervention monitoring, types of callers,

and downstream revenue generated from those callers. Metrics like these tell the story of your new program's impact, which then support and show how pivotal the program is to patients' care. These data are helpful in proving the need to continue to fund the program permanently if philanthropic efforts end.

If you have implemented a new program or staff position using philanthropy dollars and run out of money, consider monitoring your downstream revenue, market share impact, and patient quality of life to justify transitioning that role or program into your institution's operating budget. Because patients with cancer need so many different supportive care services that may not be reimbursable, cancer programs and practices need to think about philanthropy as an important funding source. 

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Reference

1. National Cancer Institute. Cancer trends progress report: life after cancer. Updated July 2021. Accessed February 11, 2022. progressreport.cancer.gov/after/economic_burden#:~:text=National%20costs%20for%20cancer%20care,services%20and%20oral%20prescription%20drugs