

## FINANCIAL ADVOCACY NETWORK

# ACCC Financial Advocacy Learning Labs

## Improving Processes to Better Serve Patients

As innovative therapies continue to revolutionize cancer treatment, costs for cancer care are rising in tandem, creating a ripple effect of financial burden on patients. Cancer programs and institutions continue to seek effective strategies to assist their patients affected by cancer-related financial hardship, which can lead to devastating “financial toxicity.”<sup>1</sup>

For 2019 the projected total annual cost of cancer care in the U.S. was between \$173 billion to \$207 billion.<sup>2</sup> Over recent years, costs have increasingly shifted to patients through higher deductibles, co-insurance, co-payments, and out-of-pocket expenses—all of which, studies have shown, can negatively affect patient outcomes, quality of life, psychosocial health, and treatment adherence.<sup>1,3</sup>

### The ACCC Financial Advocacy Network

Since 2012, the Association of Community Cancer Centers (ACCC) has led national efforts to provide practical education, training, tools, and resources through its Financial Advocacy Network initiative. As the need for financial advocates is increasingly recognized, the role of these cancer care team members continues to evolve. Ongoing education is critical not only for financial advocates, but also for the cancer programs and practices in which these services are embedded. Led by an advisory committee of professionals experienced in financial advocacy for patients with cancer, ACCC’s Financial Advocacy Network continues to develop education in this critical area. Over the past three years, ACCC has launched a series of case-based regional workshops, on-site Learning Labs at member

cancer programs, and online training through the Financial Advocacy Boot Camp ([accc-cancer.org/boot-camp](http://accc-cancer.org/boot-camp)).

ACCC conducted its most recent series of Learning Labs on-site at two member programs in late 2018 and early 2019. Through an application process, the following programs were selected to participate in the Learning Labs: Nebraska Medicine, Fred and Pamela Buffett Cancer Center, Omaha, Nebraska and Vanderbilt University Medical Center, Vanderbilt-Ingram Cancer Center, Nashville, Tennessee.

### How the Learning Labs Work

For the recent Learning Labs, member programs with demonstrated interest in ACCC’s Financial Advocacy Network were invited to apply to participate by completing a comprehensive application describing the current financial advocacy resources in place at their cancer programs. Based on pre-determined criteria, including utilization and experience with Financial Advocacy Network resources, two programs were selected as Learning Lab sites from the applicant pool. Before the workshop, these programs completed a questionnaire to give ACCC insights into their specific educational needs. ACCC and the Financial Advocacy Network faculty then customized the workshops based on the information provided.

### Inside the Labs

The following members of the ACCC Financial Advocacy Network Advisory Committee served as faculty and facilitators, traveling to the cancer programs for the Learning Labs:

- Angie Santiago, CRCS-I, Lead Financial Counselor-Oncology, *Thomas Jefferson University Health System, Sidney Kimmel Cancer Center*
- Clara Lambert, BBA, OPN-CG, Oncology Financial Navigator, *Advocate Good Samaritan, Borhade Cancer Center*
- Lori Schneider, Business Office Manager, *Green Bay Oncology.*

Each Learning Lab opened with a half-day interdisciplinary session. Faculty helped participants focus in on understanding their organization's issues regarding financial advocacy care coordination and communications to assist the organization in devising strategies to help patients overcome financial barriers to care.

To make the most of the Learning Lab experience, ACCC required participation from each cancer program's financial advocacy team and any other staff who play a key role in the financial advocacy and navigation process. Interdepartmental communication is often siloed in organizations; the Learning Lab format is designed to engage cross-department stakeholders in discussion that centers on how the oncology team can better address patients' financial barriers to care. The Learning Lab process is a unique opportunity to align staff around a comprehensive, shared understanding of the multiple drivers of financial toxicity for patients with cancer and their caregivers, and to collaborate on strategies to mitigate these barriers.

Across both Learning Lab sites, participants included financial navigators, patient navigators (lay and clinical), social workers, as well as managers and leadership from research and clinical trials, cancer services, billing services, patient access, medical oncology, radiation oncology, infusion services, pharmacy, nursing, patient care services, finance, business, and administration. Such multidisciplinary, collaborative effort is often crucial to a financial advocacy program's success and sustainability.

These teams worked with ACCC faculty facilitators to review the financial advocacy systems in place at their institution with a view toward the following three goals:

- Identifying institutional gaps in financial advocacy within diverse healthcare settings and patient populations
- Devising strategies for coordination and communication among members of the multidisciplinary cancer care team to optimize financial advocacy for patients

- Developing strategies to engage patients to actively participate in shared decision-making with members of their cancer care team.

Each workshop included a presentation by the ACCC facilitators, which outlined the model financial advocacy program that they helped design at their institutions. Throughout each session, participants shared ideas and recommendations for advancing their financial advocacy programs and processes, and then voted on priority action areas for the coming months. Facilitators emphasized the importance of recognizing the value of incremental improvements and that setting short- and long-term goals is integral to building out comprehensive financial advocacy services. (For example, some recommendations and/or objectives have foundational steps that will need to be completed first, such as collecting metrics to have data to support the need for additional staff.)

The Learning Labs wrapped up with a discussion of timelines and task delegation. This included finalizing the site's customized action plan, to be completed in the Plan-Do-Study-Act (PDSA) format and implemented during the following three-month period. Facilitators then conducted an informal program evaluation and debrief to address any additional questions. Over the next six months, ACCC followed up with both Learning Lab sites through scheduled telephone check-in calls, supporting each program's PDSA progress, connecting participants to the Learning Lab faculty, and providing resources as requested. At three months post-Learning Lab, ACCC conducted follow-up interviews with both sites to offer additional support, identify any further takeaways, track progress, and obtain feedback on the process.

### A Common Thread

The primary challenges identified by the Learning Lab participants revealed some common themes:

- A lack of dedicated human resources
- Delayed or inconsistent assessment and delivery of supportive services and resources (often a result of communication gaps)
- Ineffective data tracking and metrics reporting.

The gaps each group identified often overlapped, which highlighted common challenges in providing optimal resources and

supportive services for all patients. For example, participants agreed that obtaining buy-in from leadership for additional staff is difficult without quantifiable reporting measures in place to document need.

The groups also determined that the proper assessment and delivery of patient financial advocacy resources was hindered by inadequate transparency among teams, which indicated siloed work processes both among departments and within organizational electronic health records (EHRs). As an example, EHR access varies across departments. Thus, dashboards available through the EHR may differ.

After participating in the Learning Labs, the two participating cancer programs implemented the following strategies to improve coordination and delivery of financial services to their patients.

### **Challenge 1: Lack (or Insufficient Number) of Dedicated Human Resources**

At the Fred and Pamela Buffett Cancer Center, the financial advocacy team knew metrics were necessary to justify hiring more financial navigators with experience and knowledge specific to the economic challenges that patients experience along the cancer care continuum. The organization's existing model divided financial navigation services among multiple medical specialties, creating confusion and bottlenecks, with no clear or meaningful metrics.

The team at Vanderbilt-Ingram Cancer Center identified the need to gather additional data to justify the additional staff.

After the Learning Labs, it became clear to participants that the current financial navigation models they had in place were not adequate. As a result, stakeholders from both programs began working to involve key players in a redesign of their entire financial navigation program to better meet patient needs.

The leadership attendance at the on-site Learning Labs increased their exposure, knowledge, and awareness of the issues brought forward. At Vanderbilt-Ingram Cancer Center, for example, that awareness has already had an impact on reducing departmental siloes and increasing cross-departmental discussion.

At the conclusion of each Learning Lab, participants were instructed to gather and present relevant data to their leadership to document a case for more dedicated financial navigation resources and infrastructure improvements to support patients.

"We have drafted a future state model for our financial navigation program: What do we envision? How should this work?" said Cody Tyler, clinical business coordinator at Vanderbilt-Ingram Cancer Center. Leadership is looking to the care team on the front line to help determine how to design and build a program equipped to address the growing need for financial resources for their patients—and to enable the cancer care team to deliver them successfully at every stage of the care continuum.

### **Challenge 2: Delayed or Inconsistent Assessment of Patient Financial Needs**

The primary goal of the team at Vanderbilt-Ingram Cancer Center is to reach patients at the beginning of their cancer journey and help them navigate the entire course of their care. Staff already

### **Access Free ACCC Financial Advocacy Resources**

As the healthcare landscape continues to change and the role of oncology financial navigator evolves, the ACCC Financial Advocacy Network offers peer-curated resources to assist programs in strengthening their financial advocacy services.

- Read more takeaways from the Learning Lab participants at [acc-cancer.org/FANLearningLabs](http://acc-cancer.org/FANLearningLabs)
- Check out the updated resources in our Toolkit at [acc-cancer.org/financial-advocacy/toolkit](http://acc-cancer.org/financial-advocacy/toolkit)
- Download the Financial Advocacy Services Guidelines are available at [acc-cancer.org/financial-advocacy/guidelines](http://acc-cancer.org/financial-advocacy/guidelines)
- Enroll in the Financial Advocacy Boot Camp on-demand learning! This dynamic, online curriculum provides the key knowledge and strategies necessary to succeed in the increasingly essential field of oncology financial advocacy. New modules added in 2019! The Financial Advocacy Boot Camp is FREE to all ACCC members as a benefit of membership at [acc-cancer.org/boot-camp](http://acc-cancer.org/boot-camp).

Access the full suite of ACCC Financial Advocacy Network resources at [acc-cancer.org/financial-advocacy](http://acc-cancer.org/financial-advocacy)

provides cost-of-care estimates, but only to new patients and patients in the Oncology Care Model (OCM). The team has processes in place to provide facility charge estimates to patients with out-of-network insurance. There is also a process for patients without insurance. The team aims to take a more proactive approach reaching out to patients prior to their first treatment appointment to mitigate any financial barriers in advance for this high-cost scenario.

At the Vanderbilt-Ingram Cancer Center Learning Lab, participants assessed their roles and teams to create a roadmap that would illustrate the full range of services they provide. This roadmap would be a useful tool for educating providers and team members about the work they do. They also outlined their workflow processes and worked to improve coordination across teams. Since the Learning Lab, Vanderbilt-Ingram Cancer Center has found that sharing standardized information and documentation across teams has enabled better transparency for coordinating efforts between the billing department and financial counselors and navigators.

During the course of the workshop, the team decided that patients who do not qualify for assistance under current guidelines should nevertheless have an opportunity to speak with financial navigators, who may be able to identify needs and help direct patients to available resources if necessary. The team is also developing a plan to keep patients apprised of the status of financial assistance applications (e.g., to manufacturer patient

assistance programs or for foundation assistance) and to decrease wait times for financial assistance.

The Learning Lab at the Fred & Pamela Buffett Cancer Center revealed some confusion over what staff member was responsible for which tasks, for example, who would reach out to patients if free drug was available. The team created a “communication matrix” spreadsheet that defines key roles and responsibilities. This step has already helped to improve care by opening communication channels, which in turn has reduced delays in access to care.

### Challenge 3: Ineffective Process for Tracking Results of Financial Advocacy

At the Fred & Pamela Buffett Cancer Center, the Access Team reviews bad debt, charity percentages, point-of-service collections, and drug assistance enrollment organization-wide. The team captures productivity and quality metrics on each financial counselor, but there are no oncology-unit-specific metrics captured.

For this team, varying levels of EHR access in Epic presented obstacles to communication and patient information, for example, users would not necessarily be able to view the same screen in the EHR. In turn, this affected initial contact and follow-up with patients regarding treatment costs.

Since the Learning Lab, the team has created an Access Services Team and an accountability spreadsheet, and it now has specific meetings to discuss process improvements and areas where the team (or process) may be falling short.

The team continues to evaluate how best to measure and report outcomes, working with their IT department to determine which metrics to track and how to gather the data in Epic. Among the metrics staff would like to collect are number of patients assisted, increased revenue/savings to the facility, and direct patient benefit.

Post-Learning Lab at the Vanderbilt-Ingram Cancer Center, the team began implementation of a tracking tool to monitor patients who sign up for co-pay assistance and cost-savings programs. Learning Lab participants are also working with the pharmacy billing team to collect these metrics, which include cost-savings for the patient. The team is also adding metrics to gauge

cost-savings realized by the organization as a result of their financial advocacy efforts.

### Next Steps Post-Learning Labs

Looking ahead, the Vanderbilt-Ingram Cancer Center team intends to provide more robust training and education on financial navigation and distress to enable all staff members to understand the implications of financial toxicity for patients and the importance of adopting a team approach to mitigating the economic impact of cancer.

At the Fred & Pamela Buffett Cancer Center, Learning Lab participants report a better understanding among staff of the complexities involved in financial advocacy. Meeting across teams to unpack and clarify financial advocacy processes has presented opportunities for growth and improvement.

Throughout this process, it has become increasingly clear to the team that achieving a robust financial advocacy program will take a multidisciplinary effort across teams. Learning Lab participants agreed that pharmacy, access, and nursing teams all need to work together to achieve the best outcomes for patients. A standing meeting to address workflow and communication is now on the team’s calendar keeping a focus on clearly defining processes and continually working to streamline them.

### Next Steps for Your Program

Could your cancer program or practice benefit from an on-site ACCC Financial Advocacy Network Learning Lab? Apply to participate in the 2020 workshops. Details are available on the ACCC website at [acc-cancer.org/FAN](http://acc-cancer.org/FAN). ●

### References

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Funding and support provided by Lilly Oncology.



The **Association of Community Cancer Centers (ACCC)** is the leading education and advocacy organization for the cancer care community. Founded in 1974, ACCC is a powerful network of 25,000 multidisciplinary practitioners from 2,100 hospitals and practices nationwide. As advances in cancer screening and diagnosis, treatment options, and care delivery models continue to evolve—so has ACCC—adapting its resources to meet the changing needs of the entire oncology care team. For more information, visit [acc-cancer.org](http://acc-cancer.org) or call 301.984.9496. Follow us on Facebook, Twitter, and LinkedIn; read our blog, ACCCBuzz; and tune in to our podcast, CANCER BUZZ.

The **ACCC Financial Advocacy Network** is the leader in providing professional development training, tools, and resources to proactively integrate financial health into the cancer care continuum and improve patient access to care for a better quality of life.

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