Immersed in The Treatment Team:

Indiana Oncology Society
Oncology Practice Summit
August 11, 2023

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The Beginning of Financial Navigation at GVH

“I can’t afford my co-pay”

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

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

• 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 willing 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.
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
Multi-disciplinary Tumor Board


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:

Medicare Savings Program

Sherman
Level of Expertise Needed for Financial Navigation:

*This slide is not all inclusive and does not constitute specific recommendations.*
Level of Expertise Needed for Financial Navigation:
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

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


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.

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.
- 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)
Thank you!!!!

Questions??
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