WHAT IS FINANCIAL ADVOCACY?

More than half of individuals with cancer experience financial distress, hardship, or toxicity. Financial advocacy services—including counseling and navigation—help patients access affordable, high-quality cancer care by identifying and mitigating financial distress for patients with cancer, their caregivers, and their families. ACCC’s Financial Advocacy Network establishes guidelines and develops resources to support adoption of these services in cancer programs and practices nationwide.¹

WHO RESPONDED?

95 respondents from 70 unique organizations across 31 states representing the following roles:

- Financial advocates: 47%
- Administrators: 34%
- Nurses: 13%
- Social workers: 10%
- Patient navigators: 7%
- Others*: 8%

ACCC’s Financial Advocacy Network regularly conducts a census of its members to examine trends in oncology financial advocacy programs and assess member needs. The 2023 census explored:

- Workforce and technology trends
- Practices in financial distress screening and metrics on program impact
- Common challenges and educational needs to develop knowledge and skills of financial advocates

WORKFORCE

Allocated Staff for Financial Advocacy (n = 91)

- No allocated financial advocacy roles: 34%
- 1-3 dedicated full-time equivalent staff (FTEs): 23%
- 6 or more FTEs: 18%
- 4-5 FTEs: 15%
- Hiring first advocate: 4%

Urban programs were 14 times more likely to have higher dedicated financial advocate staff FTEs (4+) compared to rural programs.

- Urban programs: 57%
- Rural programs: 4%

Rural programs were twice as likely to leverage general staff to deliver financial advocacy services rather than specifically-allocated staff.

*Others included prior authorization specialists, physicians, pharmacists, and researchers. Respondents could select more than one role. See more information about who responded at the end of this publication.

Staffing Not Sufficient To Meet Patient Demand 
(n = 91)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Always</td>
<td>13%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>48%</td>
</tr>
<tr>
<td>Never</td>
<td>39%</td>
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TECHNOLOGY

Integrated electronic health records (EHRs) allow for coordination of the following key financial advocacy functions: (n = 95)

- **73%** Communication with internal team members
- **73%** Insurance verification
- **61%** Financial advocacy note-taking
- **51%** Referrals to financial advocates
- **35%** Identification of patients who require financial distress screening
- **22%** Utilization of specialized software to track financial assistance programs

Most organizations (57%) do not use specialized software or technology to support the delivery of financial advocacy services. (n=93)

FINANCIAL DISTRESS SCREENING

Financial distress screening identifies patients who are at risk of or are experiencing financial distress and warrant further assessment.

Opportunities exist to increase the use of validated tools for financial distress screening.

When asked **what methods cancer programs use to screen** patients for financial distress, respondents reported a variety of approaches.

- **55%** National Comprehensive Cancer Network’s (NCCN) Distress Thermometer
- **41%** Informal patient interview by cancer care team members
- **27%** A screening tool developed by my organization
- **7%** The Comprehensive Score for Financial Toxicity (COST)
- **5%** An algorithm in the EHR or financial navigation software
- **5%** We do not screen for financial distress

Improvement Over Time: Census Flashback

<table>
<thead>
<tr>
<th>Year</th>
<th>% of programs not screening for financial distress</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>70%</td>
</tr>
<tr>
<td>2020</td>
<td>27%</td>
</tr>
<tr>
<td>2023</td>
<td>5%</td>
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When asked **how often patients are screened** for financial distress, timing and frequency varied. (n = 95)

- **74%** Before the start of their treatment or shortly thereafter
- **38%** When there is a change in their treatment
- **34%** Only if the patient mentions or indicates a financial concern
- **13%** At every visit
- **7%** At regular intervals (eg, every 30 days, every 6 months, each treatment cycle)

*Respondents could select more than one.*
MEASURING IMPACT
Most organizations have established at least one metric to measure the impact of financial advocacy services, with metrics that measure processes more commonly reported than those that measure outcomes.

One in six programs (17%) do not measure the impact of their financial advocacy services and one in four (25%) are in the process of developing metrics.

How Organizations Measure Impact of Financial Advocacy Services

- 52% Number of patients enrolled in foundation assistance programs
- 49% Number of patients receiving financial advocacy services
- 49% Number of patients enrolled in manufacturer-based assistance programs
- 44% Cost savings for patients through enrollment in assistance programs
- 37% Number of referrals to financial advocates
- 37% Number of patients receiving hospital/program charity care
- 21% Number of Medicaid applications completed
- 18% Cost savings for patient and facility due to choosing better insurance
- 18% Number of insurance authorizations received
- 17% Reduction in overall organization debt
- 15% Number of appeals overturned

CHALLENGES & EDUCATION NEEDS
Common Challenges When Providing Financial Advocacy Services

- 74% Lack of financial resources available to help patients
- 54% Patients’ financial health literacy
- 46% Understaffed
- 43% Providing accurate cost estimates
- 40% Complicated insurance or grant requirements
- 36% Staying up-to-date with changing insurance
- 33% Timeliness of insurance approvals
- 29% Coordination with care team members
- 29% Lack of standard internal processes
- 27% Organizational support for financial advocacy services
- 24% Burnout
- 16% Coordination with external specialty pharmacies

Improvement Over Time: Census Flashback

<table>
<thead>
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<th>Year</th>
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<td>2017</td>
<td>33%</td>
</tr>
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<td>2020</td>
<td>23%</td>
</tr>
<tr>
<td>2023</td>
<td>17%</td>
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Formal Financial Advocacy Training Completed

Formal training can help prepare financial advocates to overcome some work-related challenges.

- 64% ACCC Financial Advocacy Boot Camp
- 24% Conferences/summits
- 40% Online modules
- 23% I have not received any financial advocacy training
- 38% Training at place of employment

Top Financial Advocacy Education Needs (n = 95)

- 71% A deeper dive into financial advocacy functions and processes
- 62% Financial health literacy
- 61% Tracking and using financial advocacy metrics
- 55% Financial distress screening
- 55% Financial advocacy interventions for radiation oncology
- 44% Medicare and Medicaid
- 39% Advocating for change
- 33% Case study-based learning
- 33% Financial advocacy interventions for surgical oncology

RESPONDENT DEMOGRAPHICS

Years of Experience

- 14% Less than one year
- 21% 1-4 years
- 35% 5-10 years
- 18% 11-20 years
- 12% More than 20 years

Location

- 41% Urban
- 27% Rural
- 32% Suburban

Practice Type

- 78% Community Cancer Program or Community-Based Non-Profit
- 18% Academic or National Cancer Institute-Designated Cancer Program
- 4% Non-Profit Patient Advocacy Organizations

In partnership with:

Learn more about ACCC’s Financial Advocacy Network at accc-cancer.org/FAN.

The Association of Cancer Care Centers (ACCC) provides education and advocacy for the cancer care community. For more information, visit accc-cancer.org.

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