

# FINANCIAL ADVOCACY NETWORK

## 2015 Learning Labs

### Practical strategies for improving your financial advocacy services

Cancer patients frequently experience financial burden and distress because of the high out-of-pocket costs associated with their treatments, the indirect and non-medical costs related to medical care, and the potential for lost income or employment while undergoing treatment. Studies have demonstrated that one out of every six cancer patients with high out-of-pocket costs will abandon their medication.<sup>1</sup> The cutoff for “high” appears to be approximately \$200; patients with an out-of-pocket cost greater than \$200 are at least three times more likely to not refill prescriptions than those with out-of-pocket costs of \$100 or less. Cancer patients are also at greater risk for bankruptcy, especially given that cancer is the highest costing medical diagnosis with mean out-of-pocket costs exceeding \$35,000.<sup>2</sup> Moreover, financial distress directly impacts overall suffering and quality of life among patients with advanced cancer.<sup>3</sup>

#### The ACCC Financial Advocacy Network

ACCC established the Financial Advocacy Network in 2011 to help community cancer programs implement and grow their financial advocacy and financial navigation services. To do so, the Financial Advocacy Network developed a robust array of tools, resources, and networking opportunities. In 2015 ACCC conducted a membership survey to better understand the needs around financial advocacy in the community setting. Based on these survey results, ACCC hosted a series of regional case-based workshops and conducted several on-site Learning Labs for Process Improvements at member cancer programs. Here are the results of those learning labs.

#### Learning Labs for Process Improvements

Drawing on findings from the membership survey, the Advisory Committee identified three ACCC-member programs to participate in a two-hour on-site learning lab with their financial advocate team to discuss their current financial navigation processes and key opportunities for improvement. Workshop participants included cancer program administrators, senior executive leaders, nurses, patient navigators, financial advocates, social workers, and other members of the multidisciplinary cancer care team. The goal of the workshop: to help these programs develop improvement plans to address identified gaps and barriers and implement meaningful changes that will lead to measurable quality and process improvements in the delivery of their financial navigation services. The 2015 Learning Lab participants were:

- AnMed Health Cancer Center, Anderson, S.C.
- Eastern Maine Medical Center Cancer Care, Brewer, Maine
- Virginia Cancer Institute, Henrico, Va.

During the workshop, attendees received practical education intervention, reviewed real-world case studies, shared effective practices and identified opportunities for ideas for process improvements, and explored how to proceed with implementing some of those changes. Learning lab attendees were also introduced to the Plan–Do–Study–Act (PDSA) cycle for improvement. At the conclusion of each workshop, attendees were asked to schedule a follow-up meeting to discuss and prioritize areas for improvements and corresponding action items. Accordingly, each cancer program held a follow-up meeting to outline two to three improvement plans. Programs then applied the PDSA cycle for improvement to develop specific action items, agree on progress metrics, and document the changes over a six-month period. Below are strategies from these improvement plans, including practical suggestions for cancer programs looking to grow their financial advocacy and financial navigation services. Access the PDSA Worksheet and user instructions online at: [ihi.org/resources/pages/tools/plandostudyactworksheet.aspx](http://ihi.org/resources/pages/tools/plandostudyactworksheet.aspx).

#### STRATEGY 1. Proactively Identify Underinsured New Patients

Many cancer patients have health insurance, but they may be underinsured based on their financial circumstances and the types of services and care they will need. Some cancer programs lack an efficient process for identifying underinsured patients who may be eligible to optimize their insurance coverage and avoid significant financial distress.

The Learning Lab participants agreed that they needed to be more proactive in identifying all underinsured cancer patients. Many cancer programs do not have a comprehensive, structured process to assess whether new patients are underinsured. Learning Lab participants agreed that they wanted to build an effective process to screen 100 percent of all new patients. Some even committed to performing the necessary calculations based on the Commonwealth Fund definition (see box on opposite page) in order to accurately identify patients who meet the criteria for being underinsured. Those programs that developed education resources for patients used these tools to explain the rationale and benefit of modifying insurance coverage or purchasing supplemental coverage.

### **Practical Suggestions for Improvement**

- Assign an individual to review information on all new patients who lack any form of secondary insurance or supplemental coverage. Patients who meet that initial criteria can be assigned to a financial advocate who reviews the patient's chart and discusses optimal health insurance coverage options with the patient. Financial advocates may also identify documentation errors (outdated or inaccurate insurance information) and use these opportunities to update or correct the patient's insurance information.
- Assign an individual to review information on all patients who have a diagnosis of metastatic disease and are actively working. Patients with advanced cancer may lose their ability to work and some may have unrealistic expectations about their ability to work while undergoing cancer treatment. These patients may not be aware of the different types of resources available to assist them under these circumstances; financial advocates must be prepared to guide patients through the process of finding these resources and filling out the necessary applications.

### **STRATEGY 2. Conduct Ongoing Screening for Financial Toxicity**

Cancer patients receiving chemotherapy are routinely monitored for signs and symptoms of treatment-related toxicities. However, cancer patients are often not continuously screened for financial toxicity. "Financial toxicity" is a relatively new term in oncology, but due to the economic burden of cancer, the phrase is gaining widespread recognition. Researchers have found that cancer patients often experience major financial fallout primarily driven by medical bills and high out-of-pocket treatment costs. Identifying patients who are at high-risk for financial toxicity can be accomplished through continuous check-ins, but many cancer programs only assess patients at the start of treatment and not throughout the continuum of care.

One cancer program that participated in the Learning Labs agreed that it would be important to incorporate ongoing screening "checkpoints" for patients who are receiving active treatment. Financial advocates can schedule follow-up meetings by reviewing patient appointments and making time for periodic assessments. An electronic patient scheduling

tool can send reminders to financial advocates about patient appointments and a tracking tool can help financial advocates monitor how often they meet with each patient.

Another Learning Lab participant discovered an opportunity to engage with breast cancer patients at a weekly consortium meeting. This cancer program was able to have conversations with patients who were in different stages of their treatment plans, which often included surgery, radiation, and chemotherapy. Financial advocates identified one to two patients each week from this meeting and spent time with these patients assessing financial distress and discussing possible resources and assistance programs.

### **Practical Suggestions for Improvement**

- Re-assess how often patients are being screened for financial burden. Starting with an initial financial screening assessment at the first visit provides some baseline information about the patient. Then, repeat screening after the patient has been receiving treatment for two to three months. Some financial advocates schedule the first follow-up phone call when patients receive their first medical bill.
- Optimally, financial toxicity screening should be ongoing as patients continue to receive care.
- If paper-based screening forms are used, consider ways of incorporating the information into the electronic health record (EHR).
- Consider developing or modifying the financial (or psychosocial) screening forms to include questions beyond simple yes/no questions. For example, asking, "Do you need financial assistance?" may not be sensitive enough to identify patients who are experiencing mild financial toxicity. Consider changing yes/no responses to a five-point rating scale.
- Researchers at the University of Chicago have developed a financial toxicity patient-reported outcome tool called the comprehensive score for financial toxicity (COST) measure. This 11-part questionnaire is designed to assess the risk for financial distress due to the high cost of treatment. Patients are asked to indicate their agreement with a statement like, "I worry about the financial problems I will have in the future as a result of my illness or treatment" using a five-point rating scale: not at all, a little bit, somewhat, quite a bit, and very much. Learn more and download the COST tool online at: <https://doi.org/10.1002/cncr.30369>.

### **STRATEGY 3. Reassign Roles & Responsibilities**

The evolving role of financial advocates is driving cancer programs to reassess titles, roles, and responsibilities across members of their financial advocacy team. Some cancer programs use titles like financial navigator, financial counselor, or financial advocate. Other cancer programs may have dedicated financial consultants or financial specialists who work closely with social workers and billing specialists. Given the lack of uniformity of titles and team structures across various cancer programs, it remains important to clearly outline and define the roles and responsibilities that will be assigned to each member of the financial advocacy team.

One of the cancer programs that participated in the Learning Labs had been discussing ways to reassign certain roles among their team of financial counselors to maximize efficiencies across the various tasks that are being performed. Prior to the Learning Lab, this program had a team of patient financial counselors who were each responsible for:

1. Insurance benefit verification
2. Pre-authorizations
3. Meeting with patients to identify assistance programs
4. Filling out applications for assistance programs.

Each financial counselor was spending time across all four areas and these individuals worked in multiple locations. The cancer program decided to pilot the idea of reassigning the four key duties listed above. One group of financial counselors only performed benefit verification and pre-authorizations; the second group of financial counselors focused on spending time with patients to identify assistance programs and filling out the necessary applications. After making this change, financial counselors were more effective and efficient in their respective areas of expertise. This model also allowed their financial counselors to more accurately track the number of patients who were enrolled in assistance programs. Moreover, this cancer program found that more patients were successfully enrolling in assistance programs, so it expanded this team model across more locations and added staff to their financial advocacy team.

#### ***Practical Suggestions for Improvement***

- Re-assess how members of the financial advocacy team currently divide their roles and responsibilities. If the team is large enough, consider allowing certain individuals to focus on becoming highly specialized in specific areas to maximize efficiencies. Look at the amount of time each person spends on certain tasks and explore whether it may be beneficial to allow staff members to focus on fewer tasks and become more specialized.
- Consider whether new job titles will need to be used to more accurately link staff members with their specific roles and responsibilities.
- Identify ways to accurately track and measure the success of these types of changes across the different roles and responsibilities.

#### **STRATEGY 4. Broaden the Scope of Financial Advocacy Services**

Cancer programs have a tremendous opportunity to broaden the types of financial advocacy services they currently offer their patients. By providing formal training and education to staff members, the financial advocacy team may be able to provide greater benefit to patients who are referred for assistance.

One of the Learning Lab participants invested in a formal education and training program for their financial advocacy staff. The trainer met with financial advocates and improved their ability to provide additional services. Financial advocates learned how to optimize insurance coverage for each patient and became more proficient at navigating the health insurance marketplace. They also discovered ways

to identify additional resources for Medicaid patients, and they were more effective when guiding patients who qualified for disability benefits. Through formal education and training, this cancer program was able to track their savings associated with the broader services offered by their financial advocates. Among the measurable results achieved during the first quarter after training, financial advocates:

- Helped two cancer patients save a total of \$16,000 in out-of-pocket costs by improving health coverage through the health insurance marketplace.
- Effectively guided patients applying for Medicaid and had four patients approved for coverage (with an estimated savings of \$32,000).
- Found external assistance programs for patients totaling \$84,000.
- Worked with their pharmacy department to help 18 patients obtain free drugs and save \$146,000 in infusion drug costs.

#### ***Practical Suggestions for Improvement***

- Consider investing in formal training and education for members of the financial advocacy team. By increasing the skills of each team member, the cancer program can offer a broader range of services to patients. Cancer programs may also identify opportunities to cross-train certain members of the team so that crucial roles are still covered when staff go on vacation.
- Implement effective ways to measure and track financial savings over time. This information can be used to expand the team and justify ongoing education and training.
- Tap into ACCC resources or attend a live meeting. Learn more at [accc-cancer.org/FAN](http://accc-cancer.org/FAN).

#### **STRATEGY 5. Improve Patient Communication & Education**

Patients who have limited literacy or understanding about their health insurance may not comprehend terminology like co-pay, co-insurance, deductible, or maximum out-of-pocket. They may also not understand what types of medical services are covered by their insurance plan. Furthermore, patients with socioeconomic barriers are most vulnerable to financial decline attributable to cancer, so providers need to know how to effectively communicate with patients about financial distress.

After the Learning Lab, one cancer program decided to improve how it educated patients about out-of-pocket treatment costs. The cancer program assembled a team to identify ways to help patients receive more education about health insurance and financial navigation. It proactively identified common questions that patients are likely to ask about health insurance benefits in their local region and assigned financial advocates to become experts in navigating the online health insurance marketplace. Prior to the open enrollment periods for Medicare and the marketplace, the cancer program posted informational signs in their offices about health insurance education sessions it was providing. During these education sessions, financial advocates explained the differences across standard Medicare, Medicare Advantage, and Medicare Supplemental Insurance (Medigap). As a result of these educa-

tion sessions, some patients made decisions to improve their insurance coverage before they started treatments.

Another Learning Lab participant assigned a financial advocate to meet with all cancer patients in the infusion room prior to treatment. It developed a pricing tool to provide estimates for out-of-pocket treatment costs when patients who required infusion therapy asked about cost. Discussions about treatment costs led to communication about financial assistance opportunities, and this program tracked improved savings in co-pay assistance programs. Over a four-month period, it received \$344,500 in co-pay assistance by working with 49 patients and helping them apply for assistance programs. The same cancer program also applied for drug replacement and received \$975,764 in gross charges for uninsured patients. By improving communication with patients and family members, this cancer program saw the patient satisfaction scores regarding billing increase from 80 percent in October 2015 to 92.5 percent in January and February 2016.

### Practical Suggestions for Improvement

- Assess how financial advocates are currently explaining health insurance to patients. Identify ways that this information may be presented more effectively. Consider the use of printed forms and brochures that include visual aids. Look at opportunities to provide patient education in group settings, especially before open enrollment periods.
- Identify common questions and misconceptions that patients are likely to have. Although patients may not always verbalize these thoughts, financial advocates can proactively address them and guide patients to make more informed decisions. For example, many patients may not understand the difference between Medicare Advantage and Medicare Supplemental Insurance.
- Utilize tools like the Health Literacy Tool Shed at: [healthliteracy.bu.edu](http://healthliteracy.bu.edu), an online database of health literacy measures funded by the U.S. National Libraries, or download a glossary of health coverage and medical terms at: <https://www.cms.gov/CCIIO/Resources/Files/Downloads/uniform-glossary-final.pdf>.
- By making greater efforts to improve communication with patients, financial advocates may find more opportunities to identify and apply for assistance programs. Be sure to track the savings associated with these programs.

### Looking Ahead

As the landscape of cancer care continues to evolve, cancer programs will need to look for ways to strengthen the financial advocacy services they provide to their patients. By adopting a culture of continuous process improvement, financial advocacy teams can find ways to make incremental

improvements and pilot new ways of delivering services to meet the growing needs of their patients. ACCC remains committed to sharing effective practices and providing ongoing education and resources for cancer programs that are looking for ways to develop and strengthen their financial advocacy services. ACCC held additional Regional Workshops and Learning Labs in 2016. Further, in 2017 ACCC launched the Financial Advocacy Boot Camp, dynamic online training for any member of the cancer team involved in addressing issues of financial toxicity for patients. ACCC will continue to provide opportunities for adopting and formalizing process improvement strategies to enhance financial advocacy services.

*Joseph Kim, MD, MPH, is president of Xaf Solutions, a healthcare quality improvement consultancy.*

### Defining the Term “Underinsured”

In the 2014 Commonwealth Fund Biennial Health Insurance Survey, 51 percent of underinsured adults reported problems with medical bills or debt and 44 percent reported not getting needed care because of cost.<sup>4</sup> The Commonwealth Fund defines someone as “underinsured” if:<sup>4</sup>

- Out-of-pocket costs, excluding premiums, over the prior 12 months are equal to 10 percent or more of household income; or
- Out-of-pocket costs, excluding premiums, are equal to 5 percent or more of household income if income is under 200 percent of the Federal Poverty Level; or
- Deductible is 5 percent or more of household income.

### References

1. Gleason PP, et al. Oral oncology prescription abandonment association with high out-of-pocket member expense. *J Manag Care Pharm*. 2010;16:161-162.
2. Himmelstein DU, et al. Illness and injury as contributors to bankruptcy. *Health Affairs*; 2005. Available online at: [content.healthaffairs.org/content/early/2005/02/02/hlthaff.w5.63.full.pdf+html](http://content.healthaffairs.org/content/early/2005/02/02/hlthaff.w5.63.full.pdf+html). Last accessed June 1, 2016.
3. Delgado-Guay M, et al. Financial distress and its associations with physical and emotional symptoms and quality of life among advanced cancer patients. *Oncologist*. 2015;20(9):1092-1098.
4. The Rise in Health Care Coverage and Affordability Since Health Reform Took Effect: Findings from the Commonwealth Fund Biennial-Health Insurance Survey, 2014. Available online at: [commonwealthfund.org/~media/files/publications/issue-brief/2015/jan/1800\\_collins\\_biennial\\_survey\\_brief.pdf](http://commonwealthfund.org/~media/files/publications/issue-brief/2015/jan/1800_collins_biennial_survey_brief.pdf). Last accessed June 7, 2016.

The **Association of Community Cancer Centers (ACCC)** is the leading education and advocacy organization for the multidisciplinary cancer team. ACCC is a powerful network of 25,000 cancer care professionals from 2,100 hospitals and practices nationwide. ACCC is recognized as the premier provider of resources for 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, and read our blog, ACCCBuzz.

The **ACCC Financial Advocacy Network** is the leader in providing professional development training, tools, and resources that will empower providers to proactively integrate financial health into the cancer care continuum and help patients gain access to high quality care for a better quality of life.