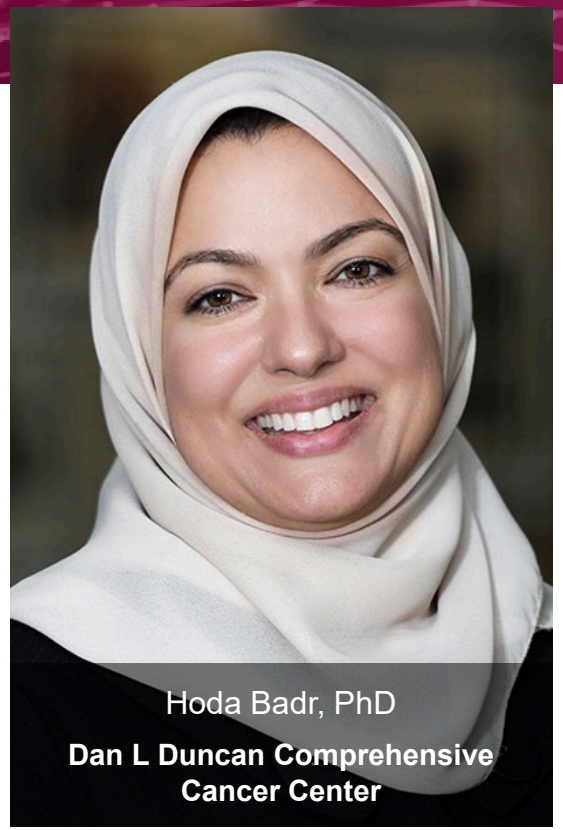
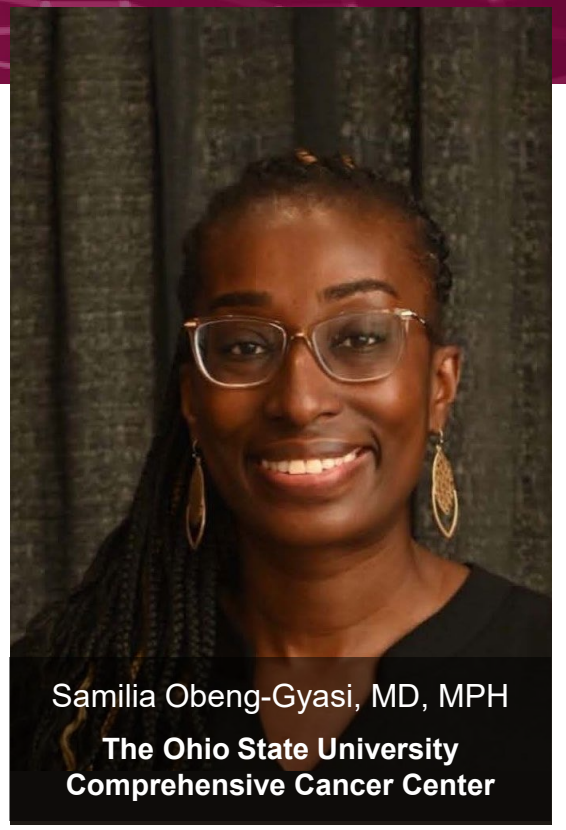
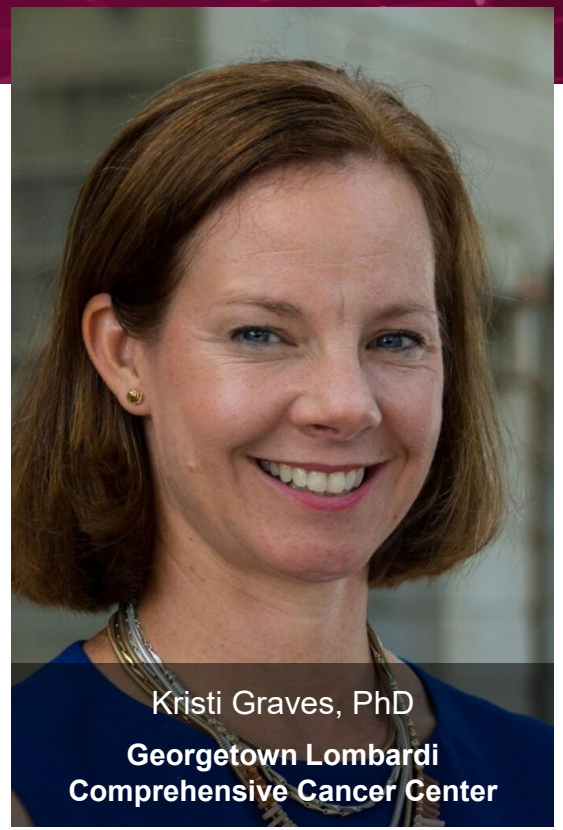
Session 1: Identifying Patients at Risk for Cancer-related Financial Hardship

Moderator: Ann Geiger, PhD, MPH







Session 1 Speakers

NATIONAL CANCER INSTITUTE
Division of Cancer Control & Population Sciences

Development of A Screening Tool to Identify Patients Experiencing Cancer-Related Financial Hardship

Hoda Badr, PhD
Baylor College of Medicine
Dan L Duncan Comprehensive Cancer Center

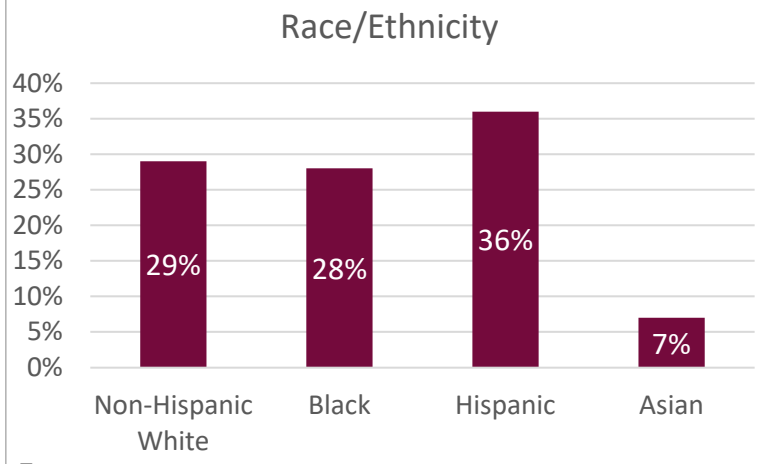
Purpose

- Several measures exist to describe patient financial burden for research purposes, but they are not easily implementable in clinical care settings.
- Practical tools to identify and monitor patients across the cancer continuum are needed.
- We sought to develop a brief screening tool to identify/monitor patients who are experiencing financial hardship that could be used to guide referrals for further assessment and intervention.

Study Setting

Houston, Harris County TX

- 4.72 million residents
- >25% of residents have no health insurance
- 20% below the Federal Poverty Line (FPL)



Dan L Duncan Cancer Center

- Matrix structure - Baylor St. Luke's Medical Center (BSLMC) and Harris Health (HH), a public safety-net system
- Opportunity to examine an insured and un-/underinsured population

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Harris Health (HH)

- Large minority population (53% Hispanic and 25% Black)
- Financial assistance program
  - Patients with income < 150% of the FPL receive $3 clinic visits and $8 prescriptions
  - Uninsured patients above this income level pay $95 for clinic visits and full price for prescriptions

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Measure Development

Item Generation

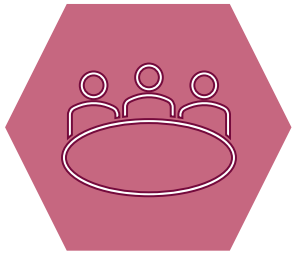
Stakeholder Interviews

- 15 patients
- 15 healthcare professionals

Item Review

32 items

- Items translated to Spanish
- Patients reviewed items for relevance, readability, and cultural appropriateness



Item Selection

Stakeholder Advisory Committee (7 members)

- Focus on direct financial impacts
- Relevant across cancer trajectory
- Link items to services/resources to facilitate triage

FINTOX Screening Measure

Please tell us how cancer costs are affecting you.		
Having cancer has made my financial situation worse.	Yes	No
I am having difficulty paying for cancer care.	Yes	No
Having cancer has made it difficult to pay for basic needs (e.g., food, housing, gas).	Yes	No
The financial stress of cancer is affecting my emotional health.	Yes	No
I am thinking about making changes to my cancer care (e.g., by cancelling medical appointments, postponing or stopping treatment, skipping taking prescription medicine) because of the cost.	Yes	No

Administration/Scoring

- Any "Yes" response triggers a referral for further assessment.
- Triage (e.g., to a financial services coordinator, social work, psychiatry, pharmacy, etc.) is based on the specific items endorsed.
- Sum of "Yes" responses = Total Score (0 to 5); Higher scores indicate greater financial toxicity.

Measure Validation

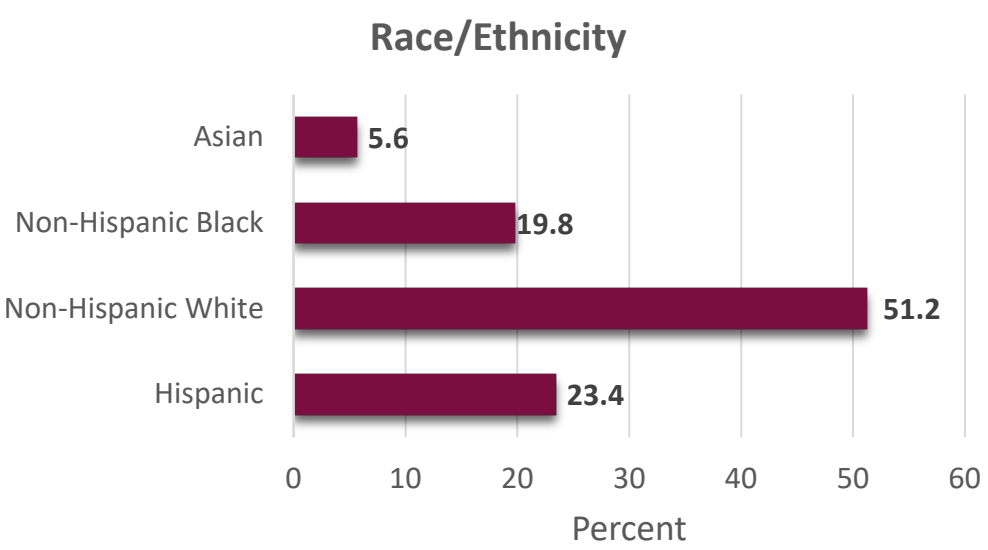
- **268 patients completed surveys**
  - Sociodemographics
  - Quality of life (FACT-G)
  - Financial burden
    - FINTOX screening measure
    - Comprehensive Score for Financial Toxicity (COST)

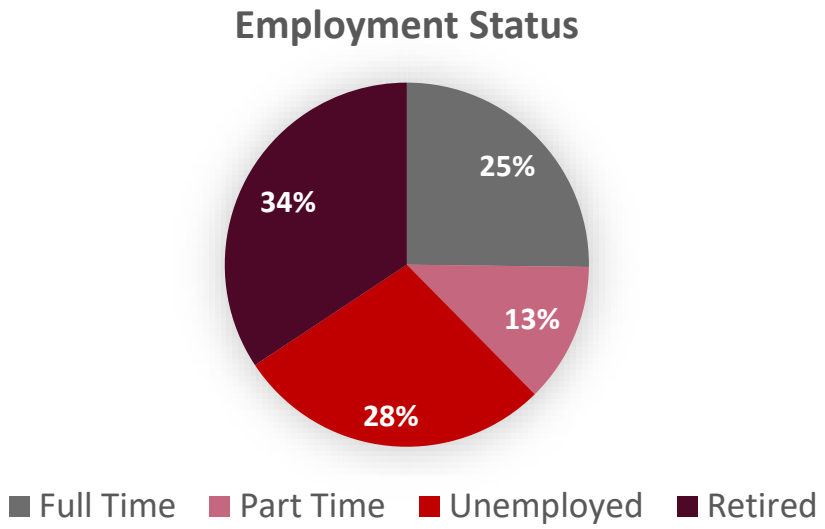
- **Validity**

  We hypothesized that FINTOX would be significantly negatively correlated with household income, the COST, and FACT-G

- **Reliability**
  - Test-retest reliability (ICC)
  - Internal Consistency reliability: Kuder-Richardson 20 (KR-20)

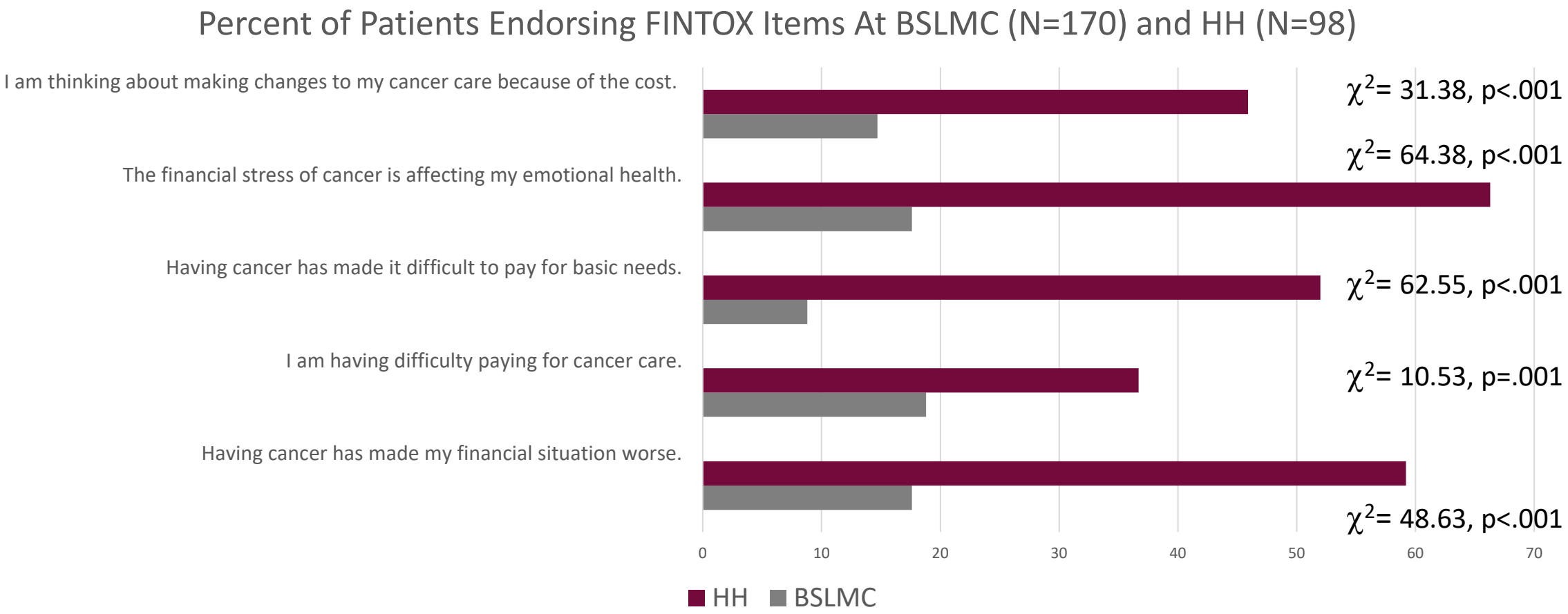
Sample Characteristics (N=268)





- **Age**: Mean = 56.97 (SD=12.95); Range = 19 to 87 years
- **Gender:** 70% Female
- **Income:** 38.1% < $40K
- **Cancer Stage:** Stage 1 = 26.3%, Stage 2 = 22.6%, Stage 3 = 18.4%, Stage 4 = 32.6%

Descriptive Results



Reliability and Validity

Reliability

- Internal Consistency (KR-20) = .90
- Test-Retest Reliability (ICC) = .92

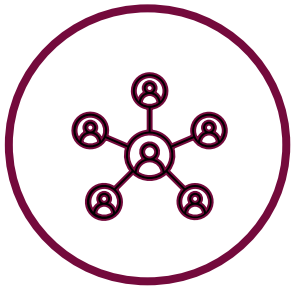
Validity

FINTOX significantly correlated with:

- Income: r = -0.43; p<.001
- COST: r = -0.62; p<.001
- FACT-G: r = -0.57; p<.001

Discussion

- We developed a stakeholder-informed rapid screening tool to assess cancer-related financial burden.
- Initial validation appears promising.
- Findings suggest that safety-net patients experience significant financial burden despite receiving care at a reduced cost.
- We are now using this tool to screen patients who are eligible to participate in interventional cancer trials at Harris Health so we can connect them to our clinical trials financial support program.



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  - Karen Riggins, MD, PhD
  - Claire Mach, PharmD, BCOP
- **Research Coordinators**
  - Ola El-Mubasher
  - Patricia Guzman
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- **Patient Participants**

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HARRISHEALTH SYSTEM

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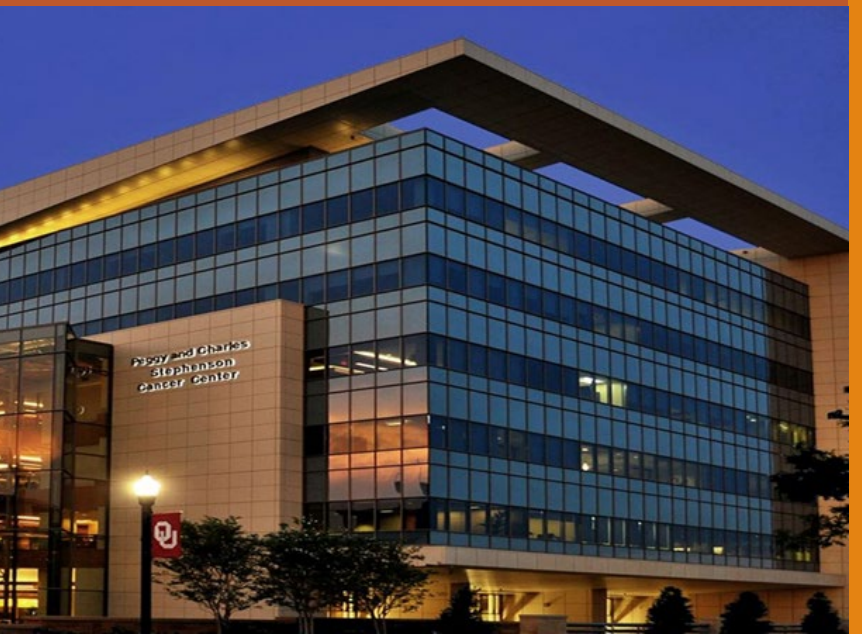
Development of Financial Hardship Screening among Native American Patients with Cancer

CHALLENGES AND OPPORTUNITIES FOR ADDRESSING FINANCIAL HARDSHIP AS PART OF CANCER CARE DELIVERY VIRTUAL CONFERENCE

OCTOBER 6TH, 2022

DOROTHY A. RHOADES, MD MPH

“Financial Hardship Screening among American Indian Cancer Patients”



Principal Investigator Robert Mannel, MD

Project Lead: Dorothy A. Rhoades, MD, MPH

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Disclosures

No financial conflicts of interest to disclose

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The study received approvals by the University of Oklahoma Health Sciences Institutional Review Board and the Oklahoma City Area Indian Health Service Institutional Review Board

Objectives

- Investigate patient, provider, and cancer clinic facilitators and barriers to financial hardship screening (FHS) for Native American men and women needing cancer treatment
- Develop a culturally informed FHS tool (process) to integrate into an established Native American patient navigation process
- (Pilot test implementation of FHS)

Rationale

- Stephenson Cancer Center serves Oklahoma, which has the second highest Native American population by number and proportion
- Some misperceptions that Native American patients have “free” health care
- Financial hardship may be under-recognized for Native American patients, especially those served by the Indian Health Service, Tribal health programs, or Urban Native American health programs (“ITU”)
- Implications for coordination of support services between the cancer center and ITU providers

Methods: Development Phase
Study Process

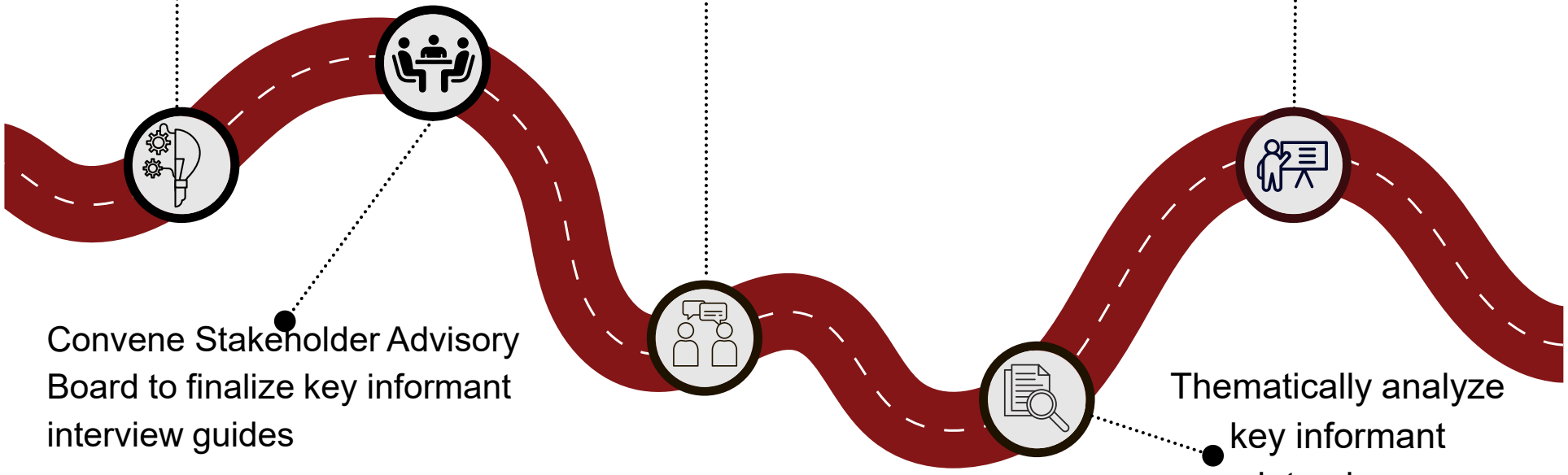
- Create Stakeholder Advisory Board
- Draft key informant interview guides

Convene Stakeholder Advisory Board to finalize key informant interview guides

Conduct key informant interviews with Patients and Clinical Staff

Thematically analyze key informant interviews

Present findings to Stakeholder Advisory Board and discuss implementation strategies



Key Informant Interview Guide

Patient Interviews

- Financial hardships related to cancer treatment
- Comfort and importance in discussing financial hardship with cancer care team
- Preferences and comfort in working with AINP Navigators

Clinician Interviews

- Comfort and processes discussing financial hardship with patients
- Resources available for assisting with patients with hardship
- Experience working with AINP Navigators

Key Interview Results

Patient perspectives		Provider perspectives
• Perceptions of health and death • Communal > personal benefit • Reduce burden on family	Native American Cultural Nuances	• Travel, lodging needs - rurality • Misconceptions of resources available for NA patients
• Referring I/T/Us – varies in degree and capacity • Family - key support	Existing Resources and Support Services	• Navigation services helpful for patients and providers
• Transportation, lodging, food insecurity, utility expenses • Unexpected financial challenges, rely caregivers for support	Challenges, Gaps in Services, and Barriers to Care	• Interfacing with I/T/U systems - electronic prescriptions, pre-authorization, orders • Staffing limitations at cancer center
• Most were interested in FHS • Preferences (modality, structure, freq) varied - discussion or questionnaire ok • Preference for timing varied	Opportunities for Improved Care and Resources	• Discomfort discussing financial hardship - requested training. • Need standardized FHS process - thorough, specific, brief

Conclusions

- Following the key informant interviews, the SAB reviewed existing tools and recommended the COST tool.
- The Stakeholder Advisory Board helped to identify issues related to our patient population that might not have been addressed otherwise
  Essential for both clinic operations and patient perspectives
- Stakeholder advisory board also helped shape the implementation
- Evaluation after implementation of FHS (using COST tool) underway
- Research proposal development to focus on improvement in supportive services coordination between the cancer center and ITU

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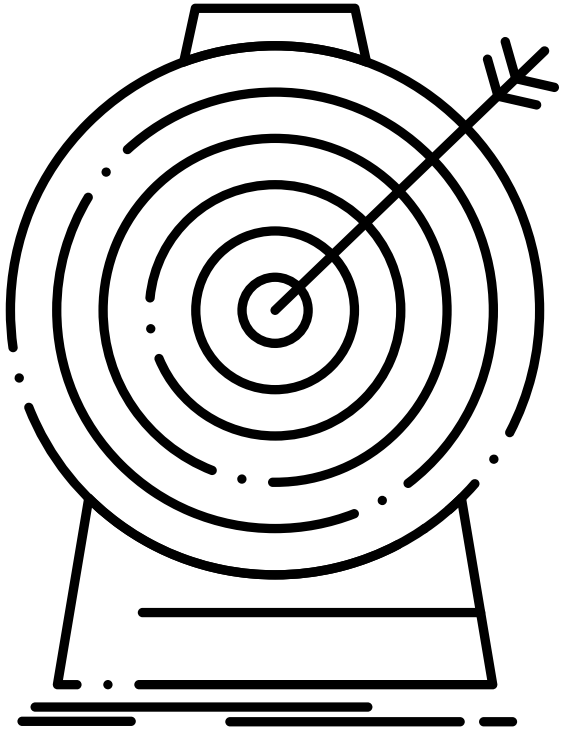
Implementation of Financial Hardship Screening Using the Electronic Medical Record

Samilia Obeng-Gyasi, MD, MPH

Study Aims

- Identify patients with breast cancer, lung cancer or hematologic malignancies experiencing financial hardship
- Optimize clinical pathways to connect patients experiencing financial hardship with social workers, patient navigators or financial counselor



Setting and Study Population

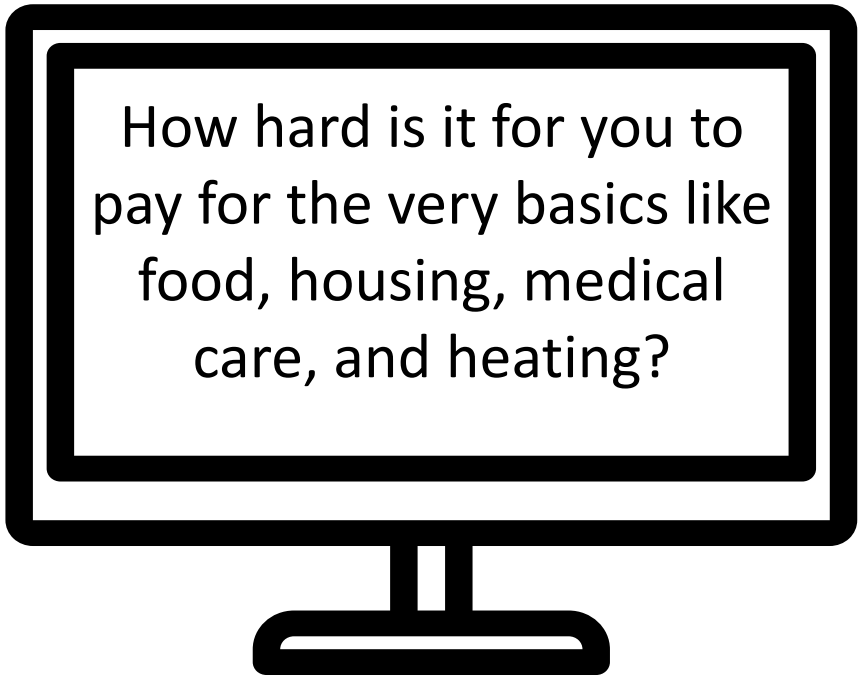
Settings

- Comprehensive Cancer Center
- Three clinics
  - Breast cancer clinic (surgical oncology)
  - Hematologic malignancies (medical oncology)
  - Lung cancer (medical oncology)
- There was no system in place screening patients for financial hardship in the three clinics.

Study Population

- Any patient with a diagnosis of breast cancer, hematologic malignancy or lung cancer.
- New patients or return visit

Workflow (take 1)



Intake nurse will ask screening question → Patient Response

Patient Response → Yes → Social worker → Referral to appropriate resources

Patient Response → No → Continue with treatment

Intake Nurse Will Ask Screening Question

Challenges

- Awareness about and location of the questions in the EMR was low
- Increase workload for intake nurse
- Standardization of screening process

Solutions

Stakeholders (nurse managers and nurses) buy in before initiating the project

Data review from EMR quarterly

Meeting with nurse managers to reassess process, uptake and troubleshoot

Referrals for Positive Screening

Challenges

- Who should put in the referral—nurses, APP or physician?
- How should the referral be placed? consult order, phone call, email, secure message or multiple modalities
- Who should follow-up on the referral and when?
  - Did not have confirmation process once the referral was initiated
  - How to confirm patients need had been addressed in EMR notes?

Solutions

Breast clinic—RN puts order in EMR then follows-up with a phone call or email

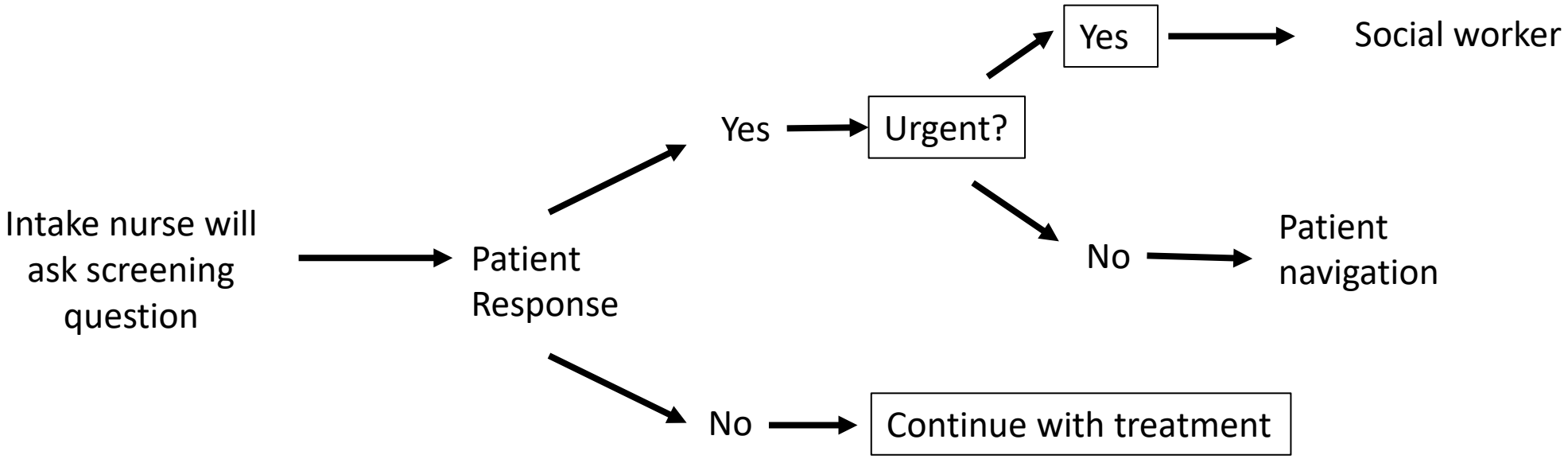
Lung and Heme—MD or APP places the order, then nursing team follows-up (email or phone call)

Weekly reports of patients who reported financial hardship

Creation of an SDH dot phrase for social work and patient navigation notes

Patient navigation will review the weekly list and follow-up with patients

Workflow (take 2)



Take Away

- Need strategies to increase awareness about SDH questions in EMR
- Stakeholder buy-in is essential to success
- Referral initiation and follow-up process need to be established prior to initiation of screening
- EMR needs to be optimized to easily retrieve this data

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Financial Hardship Screening into Financial Navigation and the Cancer LAW Project

October 6, 2022

MedStar Health

GEORGETOWN UNIVERSITY
HEALTH JUSTICE ALLIANCE
Cancer LAW

Team Members and Acknowledgments

Georgetown Lombardi:

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- Lisa Kessler, MBA Health Justice Alliance Director of Operations
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MedStar Health

GEORGETOWN UNIVERSITY
HEALTH JUSTICE ALLIANCE
Cancer LAW

Objectives & Rationale

- Identify, integrate and expand strategies to screen for financial hardship, including addressing patients' legal needs related to finances
- Implement screening and referral protocols
- Evaluate initial outcomes related to reach and effectiveness

Reduce financial hardship and mitigate 'health-harming legal needs' by connecting patients to resources through navigation and legal services

The Medical-Legal Partnership (MLP):

- an inter-professional healthcare delivery model
- embeds legal services in healthcare settings
- helps providers address social determinants of health that have a legal remedy (i.e., health harming legal needs)

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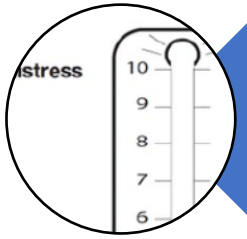
Screening for Financial Concerns: Methods and Population



Distress Thermometer

- Problem Checklist Item
- Practical Problems (e.g., insurance/financial, housing, transportation)

Intake Process

- Formal questions during intake
- Informal discussions during billing / insurance processing

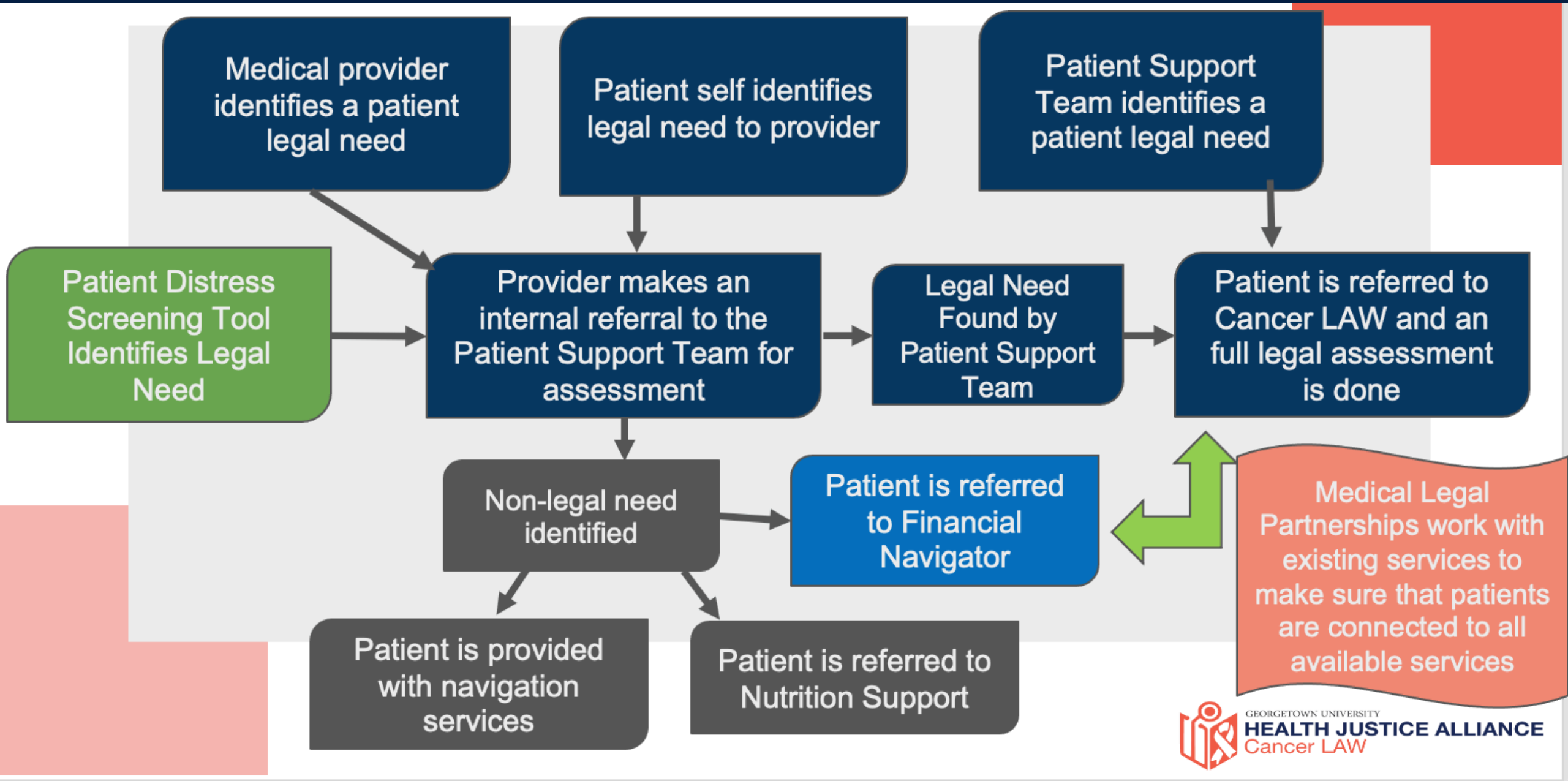
Clinical Interactions

- Formal questions through Patient Support Services
- Informal discussion during clinical encounters

Urban Cancer Center: 53% Female; 7% Latino/Hispanic; 54% NH White; 34% Black; 7% Asian

Cancer Types: 17% Gastrointestinal, 15.1% Breast, 15.1% Prostate, 9.4% Thyroid, 8.6% Lung, 8% Gynecological; 5% Kidney, 5.6% Hematological; 2.7% Liver

Screening for Health-Harming Legal Concerns: Methods



Results to Date

Financial Navigation

Snapshot September 2020
~50 patients referred:

- Established RedCap Database
- Tracking of referral source, financial support source

Snapshot Aug. to Sept. 2022
380 patients referred:

- Insurance / billing
- Medical co-pays
- Transportation
- Food
- Housing costs

Cancer LAW

Between April 2020 to June 2022:

- 195 patients referred
- 162 intake appts; 154 served
- 314 Legal issues identified
  - Social Security benefits
  - Estate planning
  - Housing
  - Public Benefits
  - Consumer Debt
- 271 legal issues resolved
- $449,814 total financial benefit to patients

Conclusion: Lessons Learned and Patient Experiences

Process Outcomes

- Combination of screening for **financial needs** and **health-harming legal needs** working well
  - **Cancer LAW Project** located in the Cancer Center
  - Close **collaboration** between financial navigator and attorneys
  - **Attorneys** work with provider teams to help them learn about:
    - Types of legal issues patients face
    - How the legal team can help
    - How to identify and refer for patients' legal needs
- Continue to **formalize** universal financial hardship screening in electronic medical record

Patient Outcomes

"Since fleeing Afghanistan, everyone has been so nice. I'm so thankful we were referred to you. The rules for Social Security for refugees are complicated, but you made them so easy to understand. We hope once approved we can use the funds to help my brother be more independent and find a job."

"Knowing that I can't be kicked out of the home I've lived in for five years takes a huge weight off my shoulders. No one plans for cancer or a pandemic, but here we are- having folks like you is such a blessing."

"Without the attorney's expertise and diligence I might still be trying to navigate the maze of confusion that I encountered in my efforts to secure public benefits."

Session 1 Discussion