



NATIONAL CANCER INSTITUTE  
Division of Cancer Control & Population Sciences

# Challenges and Opportunities for Addressing Financial Hardship

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Healthcare Delivery Research Program

# **Welcoming Remarks from the National Cancer Institute (NCI)**



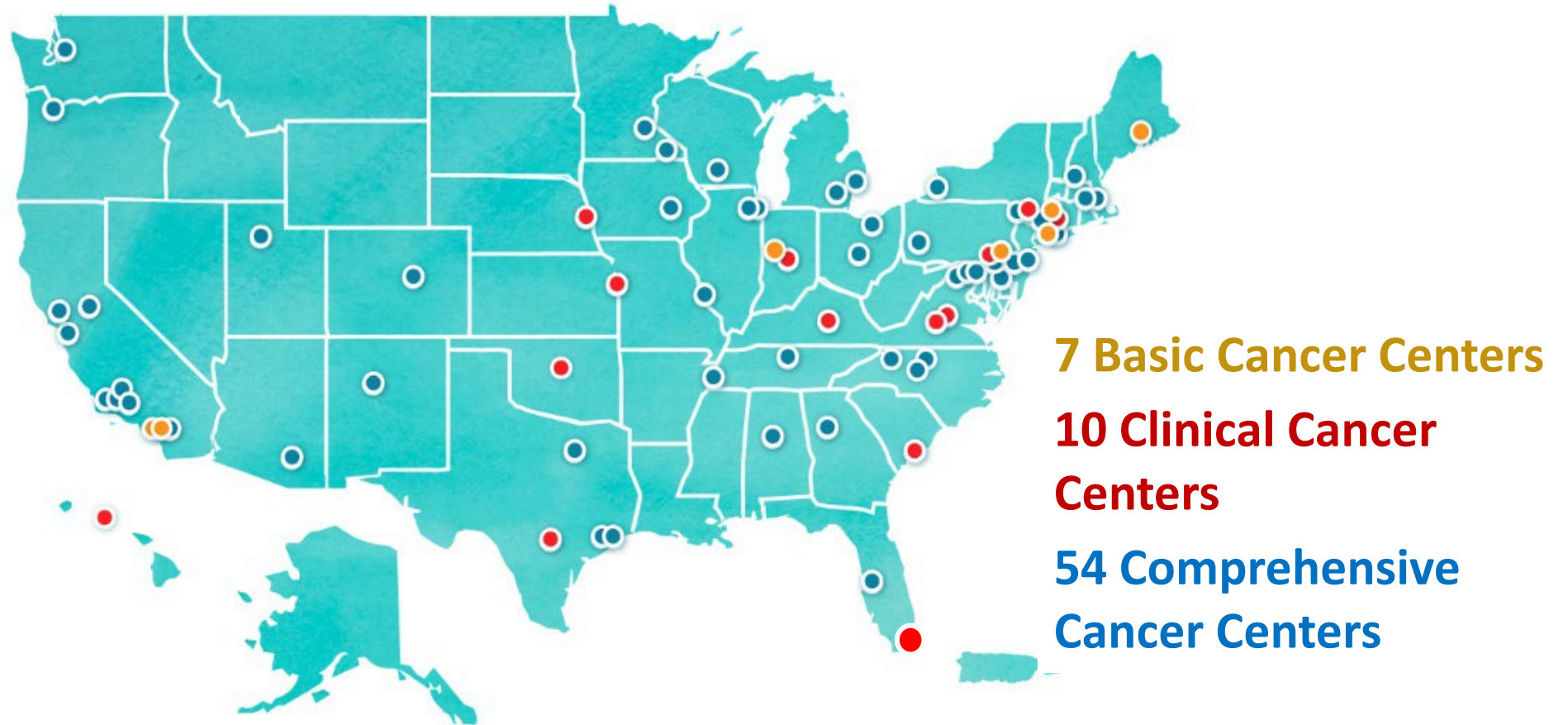
Henry Ciolino, PhD  
National Cancer Institute



Paul Jacobsen, PhD  
National Cancer Institute

# Speakers

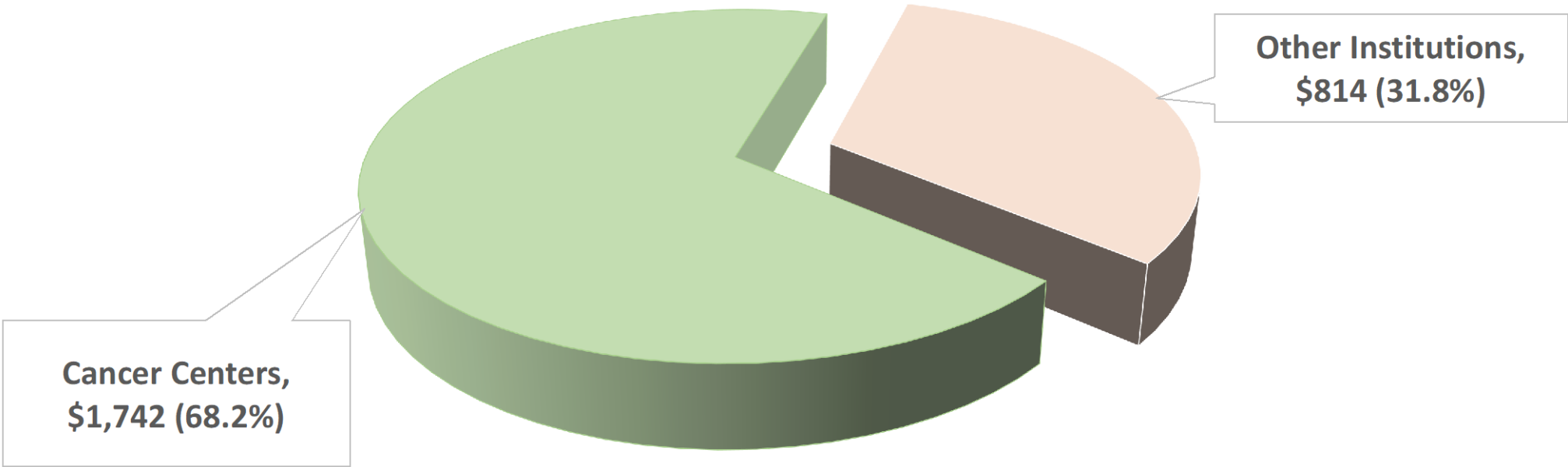
# 71 NCI-Designated Cancer Centers by State and Center Type



# DCCPS Supplements

- **HPV Vaccination**
- **Aging**
- **Cannabis Use in Cancer Patients**
- **COE and Basic Sciences**
- **Financial Hardship**
- **Persistent Poverty**
- **Telehealth Consortium**
- **Tobacco Cessation (CI3)**

Distribution of NCI Extramural Funding to NCI-Designated Cancer Centers and Other Institutions (All Mechanisms) FY2019  
(Direct Costs in Millions)



# CCSG Rebalancing

- **Phase I (FY16): Establish base awards by type of Center and bring all Centers up to the new base. Increases for 21/69 Cancer Centers**
- **Phase II (FY18 – FY22/23): Allocate new CCSG funds using the metrics of the size of the NIH cancer-relevant research base of a Center and the merit achieved in the review of its next competitive application**

# Phase 3 Funding Strategy Starting in FY23

“We should figure out a way to incentivize Centers to carry out NCI priorities.”  
—Ned Sharpless, MD

New opportunities for increases at renewal:	
Plan to Enhance Diversity:	\$200K direct costs
Clinical Protocol & Data Management	\$200K direct costs
Community Outreach & Engagement	\$250K direct costs

- These amounts are over and above what was in the previous T5 (except for Plan to Enhance Diversity)
- Ultimate funding for each will depend on the component and overall impact scores



## Coming to your Center soon?



*“We are living in a golden age of research and discovery.*

*We can end this terror, and all of us have a role to play.”*

First Lady Dr. Jill Biden  
February 2, 2022

**VCU Massey (Feb 2021)**  
**Hollings (October 2021)**  
**Mays UTSA (Feb 2022)**  
**St. Jude (March 25 2022)**

**Albert Einstein (October 2021)**  
**Moffitt (Feb 2022)**  
**Arizona (March 2022)**  
**Columbia (Sept 2022)**

## **Columbia – September 2022**

**Stop #1: Theme: Community Outreach and Engagement and “Who We Are.” Key Topics:**

- **HICCC’s Catchment Area**
- **Cancer Health Disparities in Catchment Area**
- **HICCC’s Community Outreach and Engagement (e.g., programs, community health workers), YES In The Heights**
- **Visual Supplement: Full Catchment Area map plus the map of the neighborhood catchment area (without numbers and data)**

**Stop #2: Theme: HICCC’s Community-Based Clinical Trials and Efforts to Promote Diversity in Clinical Trials, with a Patient Testimonial. Key Topics:**

- **NCI MU-NCORP Program,**
- **Pfizer initiative/national clinical trial training program Clinical Trial Patient Navigation Patient Story**

**Stop #3: Theme: Global Cooperation on Cancer Research. Key Topics:**

- **Research Partnerships with Spain and Dominican Republic**

# Opening Remarks

Paul Jacobsen, PhD



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# Challenges and Opportunities for Addressing Financial Hardship: Overview and Introductions

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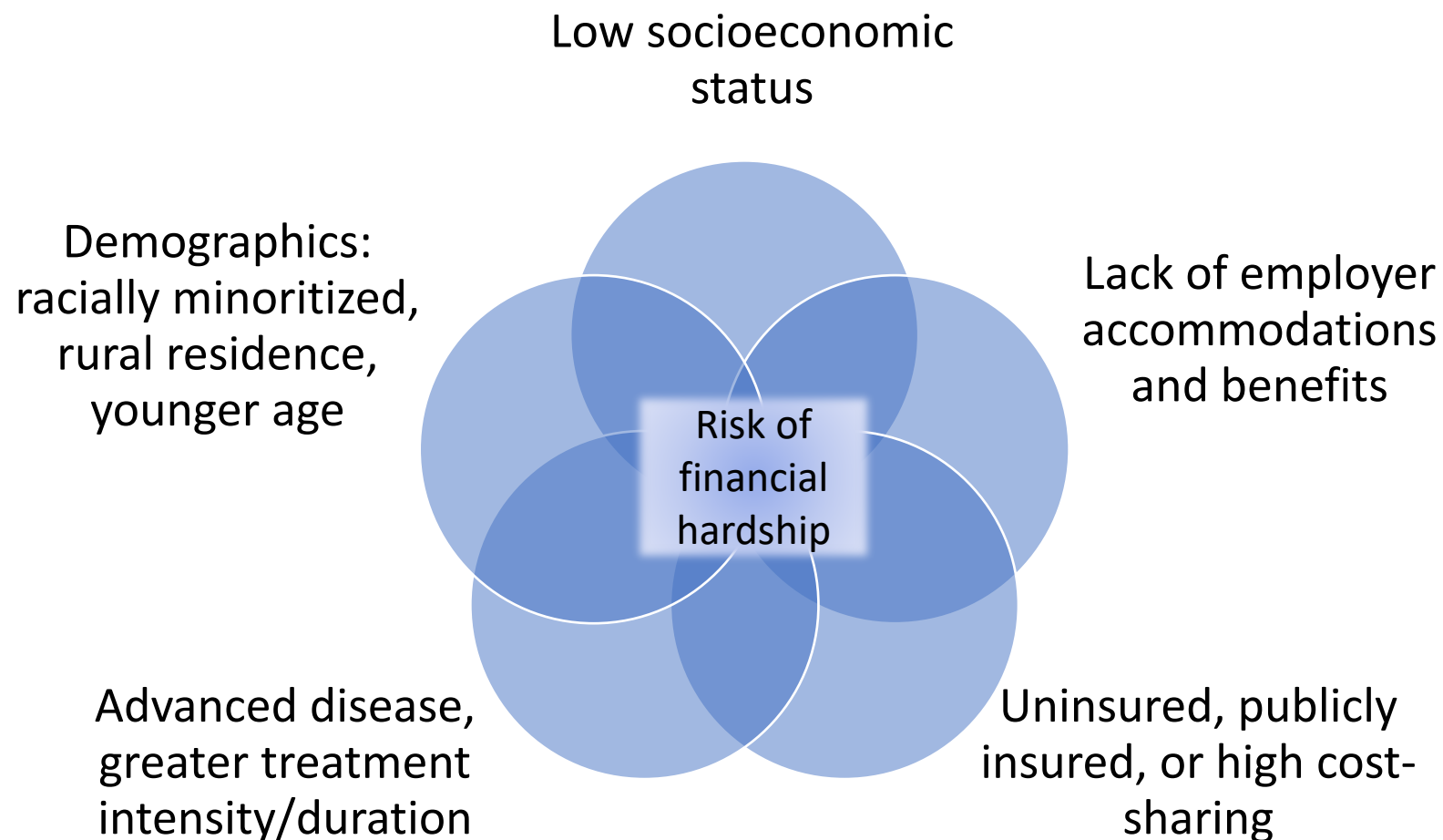
Janet S de Moor, PhD, MPH, Deputy Associate Director, Healthcare Delivery Research Program

# The financial burden of cancer is considerable

- The patient cost of cancer care in the US, including out-of-pocket and time costs exceeds **\$21B**.<sup>1</sup>
- Over **41%** of cancer survivors make extended employment changes due to cancer.<sup>2</sup>
- Transportation costs, dependent care expenses, special clothing and wigs, and other household expenses all contribute to the financial burden of cancer and its treatment.
- More than **50%** of working age survivors report at least one material, psychological or behavioral domain of financial hardship.<sup>3</sup>

<sup>1</sup> Yabroff KR, et al. *J Natl Cancer Inst.* 2021 December; 113(12): 1670–1682. <sup>2</sup> de Moor JS, et al. *J Natl Cancer Inst.* 2021 May; 113(5): 641-644. <sup>3</sup> Han X, et al. *Cancer Epidemiol Biomarkers Prev* (2020) 29 (2): 308–317.

# Populations vulnerable to financial hardship



# Financial service availability and access

- **Nearly universal (>95% of cancer centers)**
  - Help applying for pharmaceutical assistance programs, medical discounts, assistance with non-medical costs, health insurance coverage
- **Widely available (60-95%)**
  - Help understanding medical bills, referrals for financial navigation or foundations, direct financial assistance, counseling about medical debt management
- **Less common (<60%)**
  - Guidance about legal protections, detailed discussion about the cost of treatment options



- **Staffing**
- **Unclear pathways and workflows**
- **Administrative challenges**
- **Out-of-pocket cost transparency**
- **Cost communication challenges**

# Administrative supplements and meeting objectives

- Administrative supplements awarded to 11 NCI-designated cancer centers to conduct research to develop or expand their capacity and infrastructure to deliver financial navigation services to cancer patients and their families.

## Objectives

- Share findings from funded studies
- Simulate conversation about the challenges and opportunities for research to address cancer-related financial hardship



# Agenda

- **Session 1:** Identifying patients at risk for cancer-related financial hardship
- **Session 2:** Integrating financial hardship screening and service delivery into cancer care
- **Session 3:** Implementing a sustainable model of financial navigation service delivery into care

[https://events.cancer.gov/hdrp/P30\\_financialhardship/agenda](https://events.cancer.gov/hdrp/P30_financialhardship/agenda)