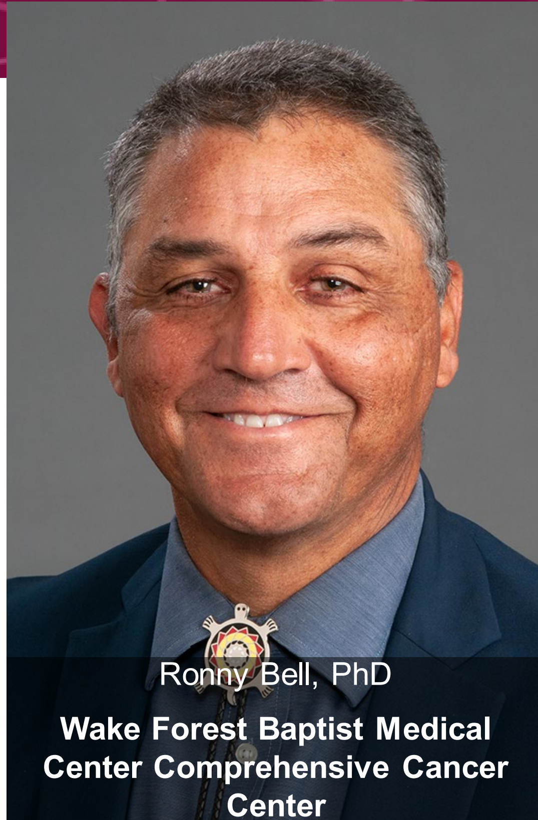
Session 3: Implementing a Sustainable Model of Financial Navigation Service Delivery into Cancer Care

Moderator: Kate Castro, MS, RN, AOCN®



Session 3 Speakers

Lessening the Impact of Financial Toxicity

Stephanie Wheeler, PhD MPH
Donald Rosenstein, MD
Lineberger Comprehensive Cancer Center
University of North Carolina at Chapel Hill

Acknowledgements

UNC Study Team

- Stephanie Wheeler, PhD, MPH
- Donald L. Rosenstein, MD
- Sarah Birken, PhD
- Cleo A. Samuel, PhD
- Arrianna Planey, PhD
- Katherine Reeder-Hayes, MD
- Michelle Manning, MPH
- Mindy Gellin, BSN
- Neda Padilla, BS
- Caitlin Biddell, MSPH, PhD student
- Victoria Petermann, RN, PhD student
- Austin Waters, PhD student

Advisory Board

- Katie Gallager, Patient Advocate Foundation
- Rachel A. Greenup, MD
- Mark Holmes, PhD
- Jennifer Leeman, MPH, DrPH, Mdiv
- Catherine L. Rohweder, DrPh MDiV
- Chris Shea, PhD
- Patient member from each partner site

Funders

UNC Health Care Center for Innovation

National Cancer Institute

Pfizer Foundation/NCCN

LIFT Objectives

- **Characterize oncology practice context (e.g., climate, structure, processes, available financial support resources, workflows, and level of readiness) to prepare for financial navigation (FN) implementation**

- **Assess FN implementation determinants and implementation outcomes in diverse oncology practices (N=9) among 700 patients**

- **Evaluate the effectiveness of FN in improving patient outcomes of care in diverse oncology practices (N=9) among 700 patients**

FN Program

Patient Recruitment

Patient Consent

BASELINE ASSESSMENT
COST Financial Distress Measure[1]

High Financial Distress
COST score (22 or lower)

Low Financial Distress
COST score (23 or higher)

Standard of Care

Visit 1

HrQOL measures,[2] Patient Experience Quest.,[3]
Baseline Financial Intake Assessment[4]
Post-visit checklist[5]

Check-In Visits
(repeat every 2 weeks as needed)

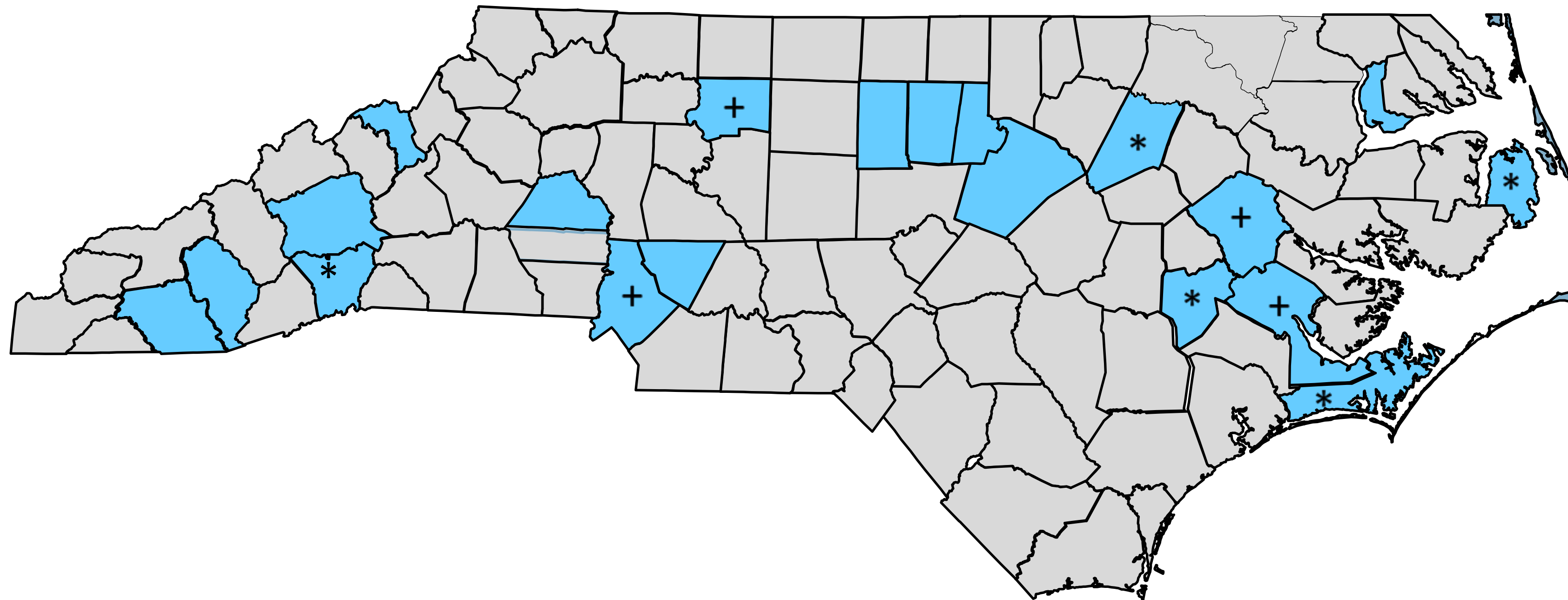
Discuss updates to applications, finances, treatment course and document in REDCap database*

Referral to Patient Advocate Foundation (if needed)

POST INTERVENTION ASSESSMENT
COST Financial Distress Measure[1]
HrQOL measures[2]
Patient Experience Quest.[3]
Patient Perspective Survey[6]

Our Oncology Practice Context:

The NC Cancer Survivorship Professionals Action Network (NC-CSPAN)



Non-Rural Community Partners

- CarolinaEast Health System
- Novant Health
- Vidant Medical Center
- Wake Forest University Health Sciences

Rural Community Partners

- Carteret Health Care Cancer Center
- Nash UNC Health Care
- The Outer Banks Hospital
- UNC Lenoir Health Care
- Pardee UNC Health Care

Blue shaded counties are counties with active NC-CSPAN sites

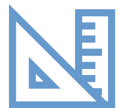
*indicates R01-engaged rural practices participating in FN through the R01

+indicates non-rural practices participating in FN through the P30 supplement

Aim 1 LIFT Preparation & Readiness Assessment

(April 2020 - April 2021)

Semi-structured interviews & surveys with 7-10 staff per site (N=78)



Process mapping (N=9 maps)

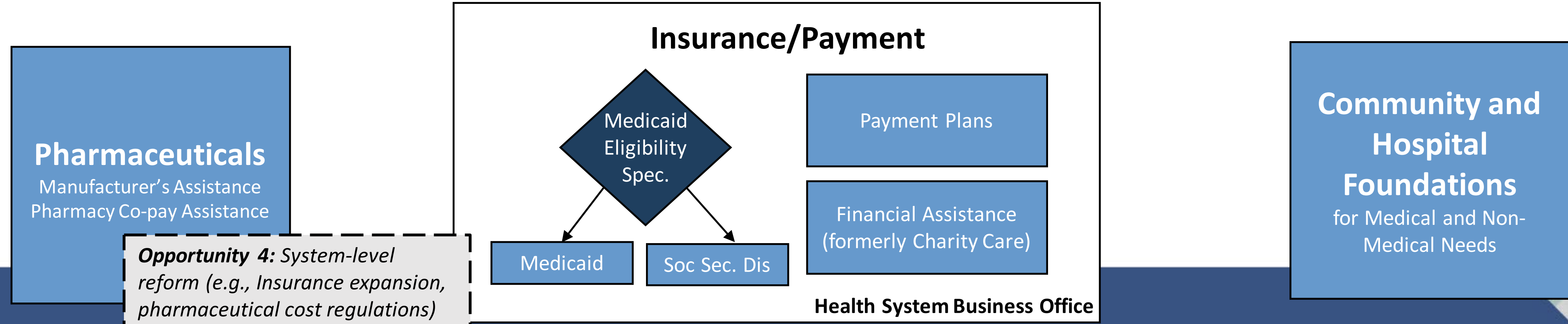
Site visits & report-backs

ORIC Survey Results

People who work here…	Overall (n = 78)	Rural (n = 47)	Non-rural (n = 31)
Change Commitment Scale [a]	% (n/N)[b]	% (n/N)[b]	% (n/N)[b]
… feel confident that they can handle the challenges that might arise in implementing this change.	88% (67/76)	89% (42/47)	86% (25/29)
… are determined to implement this change.	92% (69/75)	93% (43/46)	90% (26/29)
… feel confident that they can coordinate tasks so that implementation goes smoothly.	91% (68/75)	91% (42/46)	90% (26/29)
… are motivated to implement this change.	95% (72/76)	94% (44/47)	97% (28/29)
… feel confident that they can manage the politics of implementing this change.	83% (62/75)	87% (40/46)	76% (22/29)

Table 1. Rural vs. Non-Rural Contextual Differences

	Rural Sites	Non-rural Sites
Distress Screening	Able to check-in with patients informally, regardless of formal screening frequency	Concerns about patients “falling through the cracks”
Referrals	Less complex, more provider-activated referral pathways	More commonly had patient-activated referrals to the hospital business office
Resource Connection Points	Fewer people in resource connection roles	Staff responsible for higher patient volume
Pharmaceutical Resources	Less often had in-house pharmacies, partnered with comm. pharmacies	More often had teams dedicated to manufacturers’ assistance
Insurance Resources	Hospital business offices more likely to be in another county	More streamlined Medicaid and SSD assistance
Community/ Foundation Resources	Less local resources available in rural counties	More foundation resources available for non-medical needs

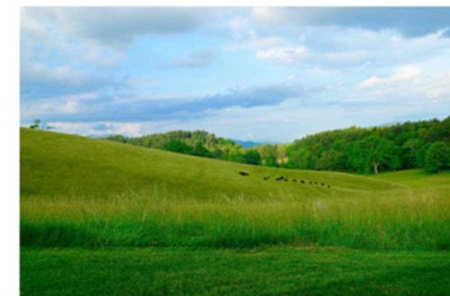


Medical Oncology
Radiation Oncology
INTAKE & NAVIGATION
New Patient
Distress Screen
Opportunity 1: More systematic, proactive and routine screening over time
If Financial Concern
New Patient
Distress Screen
Opportunity 2: Dedicated, trained staff for financial navigation
If Financial Concern
Other Clinicians
If Financial Concern
Resource Connection Points
If Financial Concern
Other Clinicians
Pharmacy Team
Opportunity 3: Development of infrastructure to track external resource availability and referrals
RESOURCES
Pharmaceuticals
Manufacturer's Assistance
Pharmacy Co-pay Assistance
Opportunity 4: System-level reform (e.g., Insurance expansion, pharmaceutical cost regulations)
Insurance/Payment
Medicaid Eligibility Spec.
Medicaid
Soc Sec. Dis
Payment Plans
Financial Assistance (formerly Charity Care)
Health System Business Office
Community and Hospital Foundations
for Medical and Non-Medical Needs

Aim 2: Assess LIFT Implementation
(Began Summer 2021)

- Implementation Support Strategies:
  - Provided comprehensive Financial Navigation training (n=24)
    - ACCC Financial Advocacy Bootcamp levels I and II ~ 7 hours
    - Additional LIFT training, including case management ~5 hours
    - Human subjects protection training ~5 hours
  - Developed a standardized operating procedures manual and resource website
  - Hosted monthly FN peer support calls
  - Hosted site-specific technical assistance calls
- Implementation Outcomes:
  - Acceptability (Clinic staff and patient)
  - Fidelity
  - Cost and Perceived Sustainability

Cancer Costs



About Us

Dr. Stephanie Wheeler and Dr. Donald Rosenstein. Meet our team. Don't hesitate to reach out

Lineberger Comprehensive Cancer Center for Community Outreach and Engagement

Meaningful engagement with the community in our cancer research, clinical care and programmatic efforts to better understand and serve the population's needs.

UNC Comprehensive Cancer Support Center

Dedicated to helping patients and their loved ones with cancer treatment, recovery, and survivorship, the CCSP offers programs and services both during and after your treatment.

Aim 3: Assess LIFT Effectiveness

(Began Winter 2021)

Survey	Description
Financial Distress (COST Scale)	**Total: 12 questions**
Patient Outcomes Surveys- PROMIS global health, emotional distress-anxiety, depression scales; illness impact	**Total: 24 questions** Asks patient about psychosocial issues, general health and symptoms over past 7 days
Patient Experience Questionnaire	**Total: 33 questions** Asks patient about employment disruption, caregiver cost burden, food insecurity, and care altering behaviors
Patient Perspective Survey	**Total: 18 questions** Asks patient about satisfaction with the program and materials

Preparing for Sustainability

- Start with addressing *the most pressing needs*
- Ensure *buy-in across all levels* from the start (e.g., site visits, ORIC, process mapping, swim-lane diagramming)
- Seek to *understand local realities & constraints* (e.g., staff turnover, workload surges, preferences about mode of communication, and challenges with connectivity and transportation access)
- Learn from and *leverage what is working well* (e.g., remote consent, changing when/how to approach patients, real-time adaptations)
- *Track costs and financial returns* of intervention implementation so you can make the business case for sustainment to stakeholders

Thank You!

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original contributions

EQUITY IN CANCER CARE

Financial Assistance Processes and Mechanisms in Rural and Nonrural Oncology Care Settings

Caitlin B. Biddell, MPSH[1,2]; Lisa P. Spees, PhD[1,2]; Victoria Petermann, BSN, RN[2,3]; Donald L. Rosenstein, MD[2]; Michelle Manning, MPH[2]; Mindy Gellin, BSN, RN[2]; Neda Padilla, BA[2]; Cleo A. Samuel-Ryals, PhD[1,2]; Sarah A. Birken, PhD[4,5]; Katherine Reeder-Hayes, MD[2,6]; Allison M. Deal, MS[2]; Kendrel Cabarrus, BA[1]; Ronny A. Bell, PhD[4,5]; Carla Strom, MLA[4,5]; Phyllis A. DeAntonio, MSN[7]; Tiffany H. Young, LCSW[8]; Sherry King, BSN, RN[9]; Brian Leutner, MBA[10]; Derek Vestal, MBA[11]; and Stephanie B. Wheeler, PhD, MPH[1,2]

JCO® Oncology Practice

Wheeler *et al. Trials* (2022) 23:839
https://doi.org/10.1186/s13063-022-06745-4

Trials

STUDY PROTOCOL Open Access

Lessening the Impact of Financial Toxicity (LIFT): a protocol for a multi-site, single-arm trial examining the effect of financial navigation on financial toxicity in adult patients with cancer in rural and non-rural settings

Stephanie B. Wheeler[1,2*], Caitlin B. Biddell[1,2], Michelle L. Manning[2], Mindy S. Gellin[2], Neda R. Padilla[2], Lisa P. Spees[1,2], Cynthia D. Rogers[2], Julia Rodriguez-O'Donnell[2], Cleo Samuel-Ryals[1,2], Sarah A. Birken[3,4], Katherine E. Reeder-Hayes[2,5], Victoria M. Petermann[2,6], Allison M. Deal[2] and Donald L. Rosenstein[2,7]

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Financial toxicity in Underserved NavigateD (FUND) Cancer Patients

Ronny A. Bell, PhD, MS
Associate Director of Community Outreach and Engagement and Director of the Office of Cancer Health Equity
Atrium Health Wake Forest Baptist Comprehensive Cancer Center

Acknowledgements

- **Dr. Karen Winkfield**, Meharry Vanderbilt Alliance
- **Dr. Sarah Birken**, Department of Social Sciences and Health Policy, Wake Forest University School of Medicine
- **Ms. Carla Strom**, Assistant Director, Office of Cancer Health Equity, Atrium Health Wake Forest Baptist Comprehensive Cancer Center
- **Ms. Ashley Gonzalez**, Financial Navigator, Office of Cancer Health Equity, Atrium Health Wake Forest Baptist Comprehensive Cancer Center
- UNC Lineberger LIFT Team
  - Dr. Stephanie Wheeler
  - Dr. Don Rosenstein
  - Ms. Michelle Manning

Rationale

- In the Office of Cancer Health Equity (OCHE) at the Atrium Health Wake Forest Baptist Comprehensive Cancer Center (AHWFBCCC), our mission is to advance community engagement, clinical care, and research focused on improving outcomes for everyone in our catchment area.
- A key program in the OCHE is our Population Health Navigation service, where we provide linguistically and culturally concordant care for our cancer patients:
  - *Rural*
  - *African American*
  - *AYA*
  - *Hispanic*
- There is a growing need to better understand the unique needs of cancer patients' experiencing significant financial toxicity (FT).

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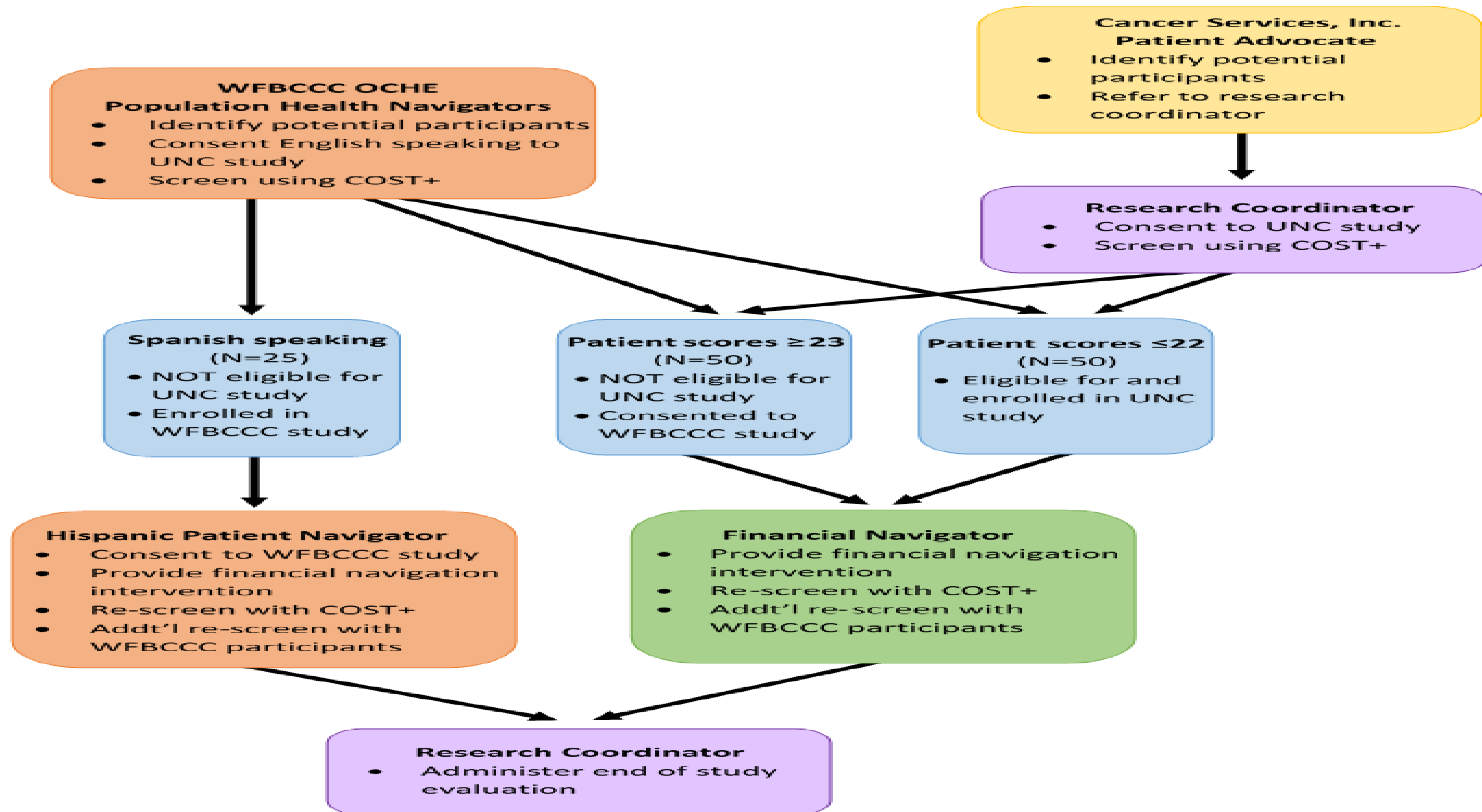
Objectives

- Explore the application of COST (Comprehensive Score for Financial Toxicity) and a FN (Financial Navigator) intervention to inform integration of financial toxicity screening and facilitate the delivery of appropriate FN services in underserved populations.
- Identify and report the core functions and forms of the FN intervention, to facilitate further refinement and adaption for additional implementation in new patient populations and contexts.
- Evaluate the impact of the FN intervention in underserved patients.

Methods



Methods

- Financial Navigator (also bilingual) was hired in OCHE Spring 2022
- For Aim 2, Dr. Birken and her team identified core functions and forms through interviews (n=8) with those responsible for LIFT's design and implementation
  - Interview questions were based on Kirk's methods for identifying core functions
  - Using a Model for Adaptation Design and Impact codebook, the team coded transcripts and identified themes related to how LIFT engaged cancer program staff in FN and decreased FT

Results

- A total of 17 LIFT accruals to date have been completed
- Aim 2 findings

Table 1. Intervention Core Functions	
Core function: The "how" – features driving LIFT's effects	Example forms: The "what" – method/tool used to accomplish the core function
1.Catalogued knowledge, structures, and programs to reduce cancer-related financial hardship	•Comprehensive intake forms and tracking
2.Tracked patient information to informs eligibility for knowledge, structures, and programs to reduce cancer-related financial hardship and application status	•Comprehensive intake forms and tracking
3.Used patient-specific needs to guide coordination of access to resources	•Using patient needs to direct when meetings are scheduled, which resources are prioritized, etc.
4.Developed strong 1-on-1 relationship between navigators and patients as the cornerstone of financial navigation and the success of the intervention	•1-on-1, synchronous calls •In-person sessions
5.Offers ongoing opportunities for patients to receive dynamic assistance with applications	•Reviewing current patient needs and circumstances/ status of applications at the beginning of each session
6.Removed common barriers to accessing resources	•Providing application completion assistance

Table 2. Implementation Core Functions	
Core function: The "how" – features facilitating LIFT's implementation	Example forms: The "what" – strategies used to accomplish the core function
1.Engaged facilities that had the resources necessary to implement FN	•Existing social and financial assistance programs that were separate from revenue and mechanisms for screening and referral
2.Developed financial navigators' capability to implement FN	•Training •Tailored coaching calls •Online peer communication
3.Provided a comprehensive case management system to enable financial navigators to efficiently and effectively coordinate and track resource access	•Comprehensive intake process and detailed tracking mechanisms
4.Engaged facilities that were willing to implement FN	•High organizational readiness
5.Connected financial navigators with peers	•Online peer communication

Wheeler et al, ASCO Quality Care Symposium, Chicago, IL, September 30 – October 1, 2022

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Conclusions and Lessons Learned

Hiring and training FN

Changes in project leadership

Challenges executing inter-institution agreements

Integration with Levine Cancer Institute

FN taking on Hispanic patients with departure of Hispanic navigator

Thank you!

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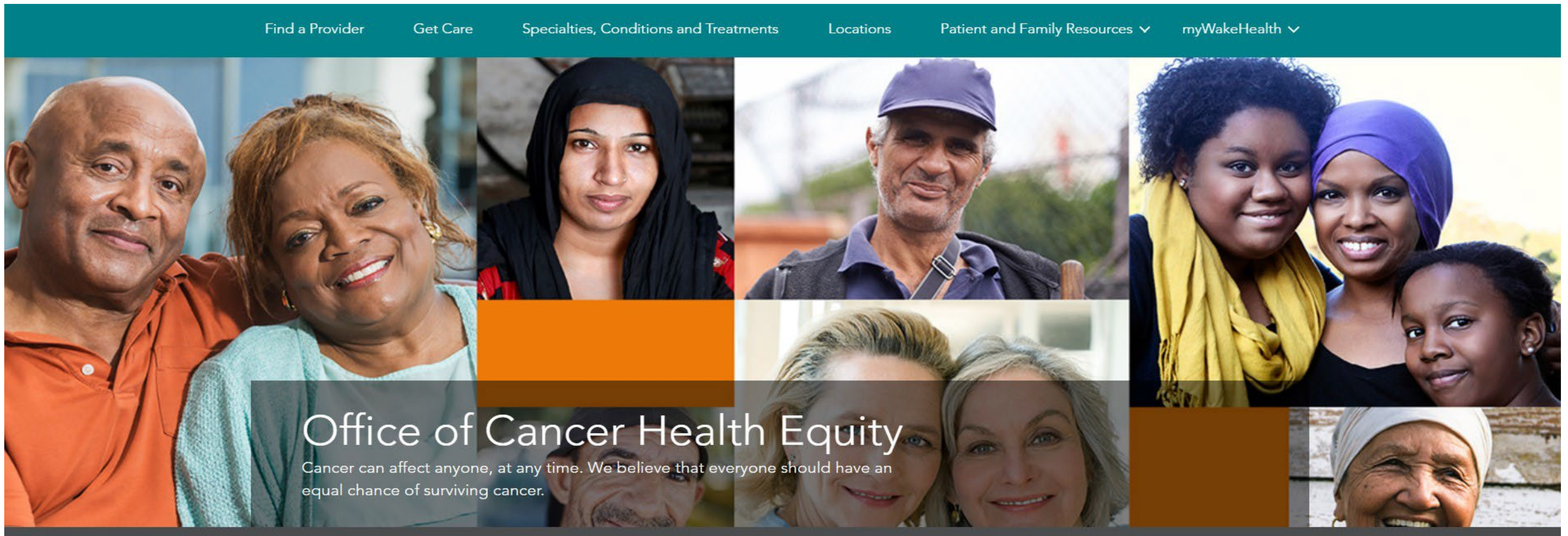

https://www.wakehealth.edu/locations/facilities/comprehensive-cancer-center/office-of-cancer-health-equity

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Coverage and Cost-of-Care Links: A Novel Financial Navigation Intervention to Address Financial Toxicity among Hematologic Cancer Patients and their Caregivers

Jean Edward, PhD, RN
Associate Professor and Assistant Dean for Diversity, Equity and Inclusion, College of Nursing, UK
Nurse Scientist, Markey Cancer Center, UK Healthcare

Acknowledgements

- Research Team
  - Laurie E. McLouth, PhD, Department of Behavioral Health, College of Medicine, University of Kentucky
  - Mary Kay Rayens, PhD, College of Nursing, UK
  - Lori P. Eisele, JD, Patient Financial Experience, UK HealthCare
  - Tani S. Davis, RN, Division of Hematology and Blood and Marrow Transplants, Markey Cancer Center
  - Gerhard Hildebrandt, MD, Ellis Fischel Cancer Center, Missouri University Health Care
  - Joan Scales, MSSW, LCSW, Markey Cancer Center, UK HealthCare
  - Mark Evers, MD, FACS, Markey Cancer Center, UK HealthCare

- Funding
  - NCI's *Administrative supplements for P30 Cancer Center Support Grants to Address Financial Hardship During Cancer Treatment* (3P30CA177558-08S4)

- Other support
  - Behavioral and Community-Based Research Shared Resource Facility of the University of Kentucky (UK) Markey Cancer Center (P30CA177558). Laurie McLouth was supported by KL2TR001996.

University of Kentucky College of Nursing

HealthCare MARKEY CANCER CENTER An NCI-Designated Cancer Center

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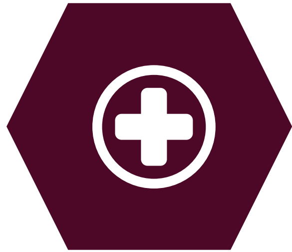
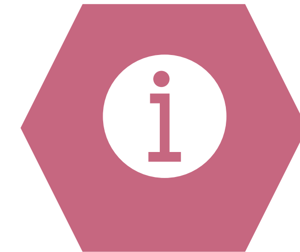
Background & Objectives



Bone marrow transplants [BMT], lengthy hospital stays, prolonged intensive follow-up, graft versus host disease

$200,000 for chronic leukemias to more than $800,000 for acute leukemias in first 36 months of treatment



Lack of oncology financial navigation (OFN) programs to meet unique needs of patients and caregivers, especially in inpatient settings

Objectives: Design, implement and test the feasibility, acceptability, and preliminary impact of a novel OFN intervention for hematologic cancer survivors and their caregivers, *Coverage and Cost-of-Care Links (CC Links).*

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Methods

- Single-arm feasibility and acceptability trial- Division of Hematology and BMT at an NCI-designated Cancer Center (NCT05465577)
- April 2021 - January 2022, patients ≥ 18 years of age screened for financial toxicity
- Inclusion Criteria:
  - Screened positive for financial toxicity: *COST* ≤ 24 and/or scores >4 on the DT with selection of financial or insurance issues on the problem list
  - Read/write in English
- Exclusion Criteria
  - Non-hematologic cancer diagnosis
  - Undergoing Chimeric antigen receptor (*CAR*) *T-cell therapy*

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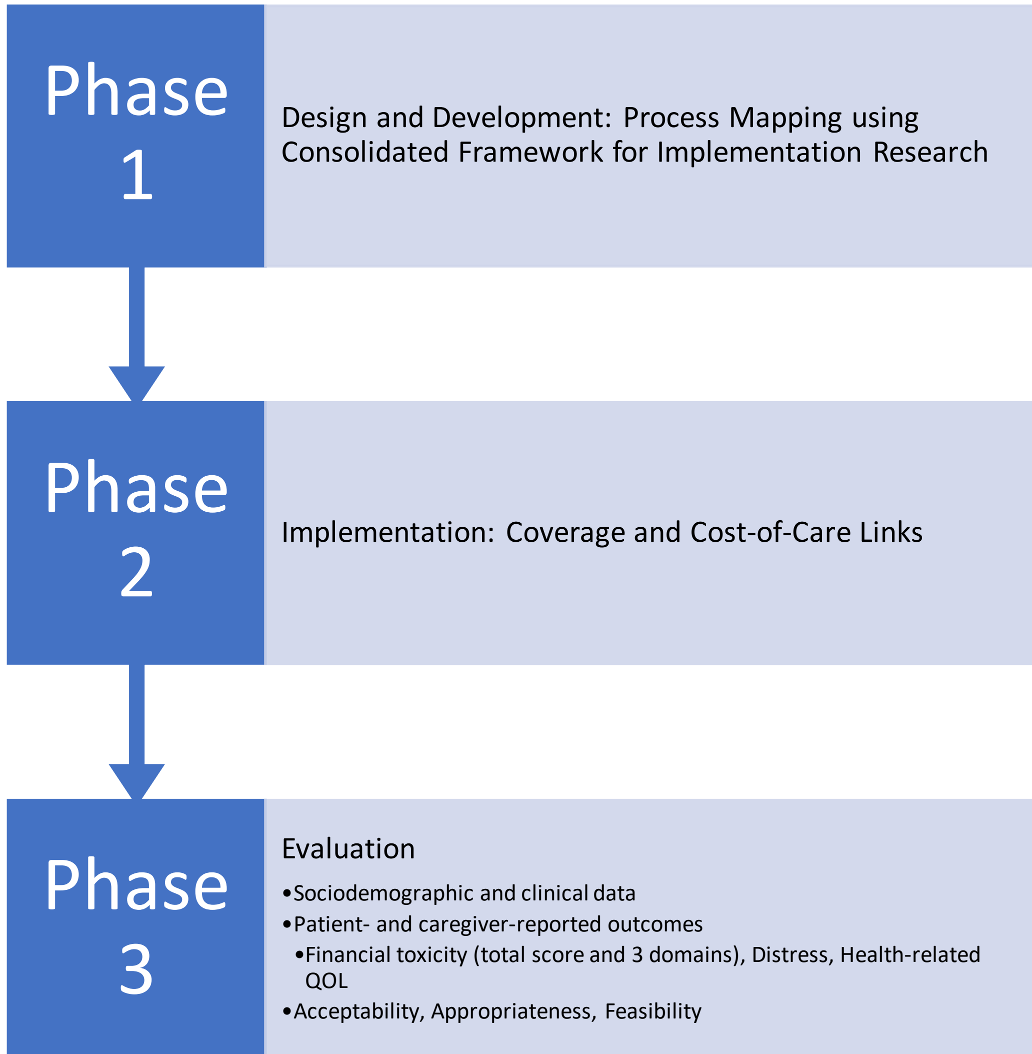
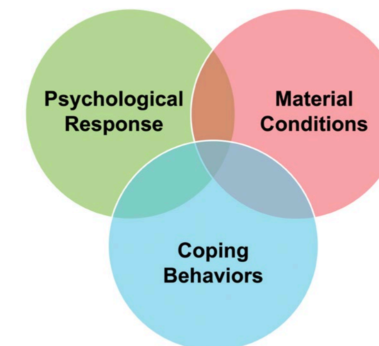
Methods cont.



FN Roles and Responsibilities

Screening for financial hardship to identify unmet financial needs (COST tool)	Initiating cost of care conversations	Providing cost of care estimates
Ensuring adequate health insurance coverage and assisting with applying for additional coverage (Healthcare.gov, Medicare, Medicaid, etc.)	Assisting with internal financial assistance program applications	Connecting survivors/caregivers with disease specific resources and other external financial assistance programs
Coordinating financial assistance services as patients, survivors and caregivers navigate cancer care in the ambulatory setting.	Referring patients/survivors to social workers and other staff/resources as needed	Being available to patients and caregivers via phone and in-person



Domains of Financial Hardship

Results

- Participant Enrollment
- CC Links Delivery and Process
  - $124,600 financial benefits patients
- Demographics
- Primary Outcomes
- Feasibility, Acceptability & Appropriateness

Total pa

Scre

Medicare/Medicaid	38 (64.4%)	15 (45.4%)
TRICARE	1 (1.7%)	0 (0.0%)
None	3 (5.1%)	3 (9.1%)

Table 3. Paired t-tests of study outcomes for the patient and caregiver samples.

Variable	Patients (n = 64)			Caregivers (n = 32)		
	Mean (SD) of (pre-post)	|Paired t| (p value)	|Effect size|	Mean (SD) of (pre-post)	|Paired t| (p value)	|Effect size|*
Total FT Score	0.062 (0.29)	1.53 (.13)	0.21	0.13 (0.34)	2.13 (.041)	0.37
FT: Psychological response (COST)	-2.30 (6.96)	2.42 (.019)	0.33	-2.97 (6.90)	2.43 (.021)	0.43
FT: Material Condition	0.15 (1.50)	0.76 (.45)	0.10	0.63 (1.57)	2.25 (.031)	0.39
FT: Coping Behaviors	0.078 (1.26)	0.44 (.66)	0.062	-0.28 (2.71)	0.59 (.56)	0.10
Distress	-0.23 (3.11)	0.53 (.60)	0.072	0.53 (3.26)	0.90 (.38)	0.16
PROMIS Physical	0.19 (7.53)	0.19 (.85)	0.025	-1.29 (5.18)	1.39 (.18)	0.25
PROMIS Mental	-1.61 (8.28)	1.43 (.16)	0.19	-1.18 (4.90)	1.35 (.19)	0.24
PROMIS Anxiety	1.12 (7.83)	1.05 (.30)	0.14	1.05 (10.68)	0.55 (.59)	0.097
PROMIS Depression	0.37 (9.00)	0.30 (.76)	0.041	1.79 (9.73)	1.02 (.31)	0.18

· 4 pa

· 4 patients a

· 90% of

· 94% of

** Percentages add to more than 100% since patients could have more than one caregiver

FPL= Federal Poverty Level; COST = COmprehensive Score for Financial Toxicity; DT = Distress Thermometer

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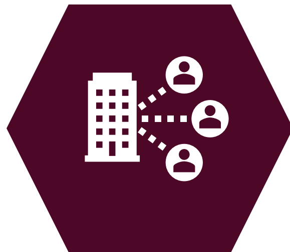
Implications



Integration process

- Buy-in from stakeholders
  - Demonstrating ROI
- Screening: inpatient and outpatient settings
  - In-person vs. remote

Specific population related challenges

- Inpatient vs. Outpatient
  - Low enrollment

Comparing CC Links to FINassist

- Pediatric hem/onc OFN
- Higher enrollment, financial needs resolved

Conclusions

- One of the first to evaluate the feasibility, acceptability, and preliminary outcomes of an OFN intervention for hematology cancer patients <u>and</u> caregivers
- High levels of baseline financial toxicity, distress, anxiety and depression among those who enrolled in the *CC Links* intervention
- Financial navigator's services helped secure $124,600 in financial benefits
- High acceptability ratings and retention rates
- CC Links could decrease financial toxicity among patients and their caregivers

Thank you!

For questions or comments: jean.edward@uky.edu

Meeting Wrap Up

Janet de Moor, PhD, MPH

Thank You

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Challenges and Opportunities for Addressing Financial Hardship

Healthcare Delivery Research Program