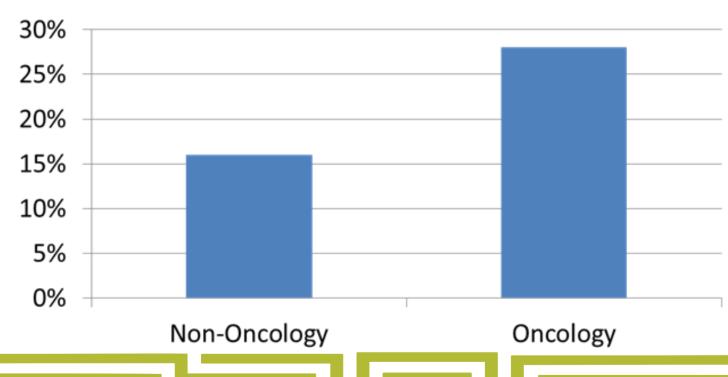
Treating Financial Toxicity in the Oncology Setting



- الا يطالح المال الطالح المالية المالية
 - ➤ Cancer patients demonstrate more anxiety over the cost of treatment than over dying from their disease. Oncology Times, August 2009
 - ➤ 42% of insured cancer patients express a significant or catastrophic financial burden. The Oncologist, 2013
 - ➤ A 2015 study found that there is a direct correlation between Cancer Related Financial Burden and qualify of life. Higher CRFB scores correlates to lower Qualify of Life scores. The Oncologist 2015
 - ➤ A recent study found that patients with high co-pays (more than \$54) where 70% more likely to discontinue treatment within 6 months. Journal of Clinical Oncology 2014
 - > 27% of cancer patients reported non-adherence to oral therapies secondary to cost. 87% of this group never filled their prescription Journal of Oncology Practice 2014

Medicare beneficiaries with Out of Pocket responsibility of greater than 20% of income



Maslow's Hierarchy of Needs

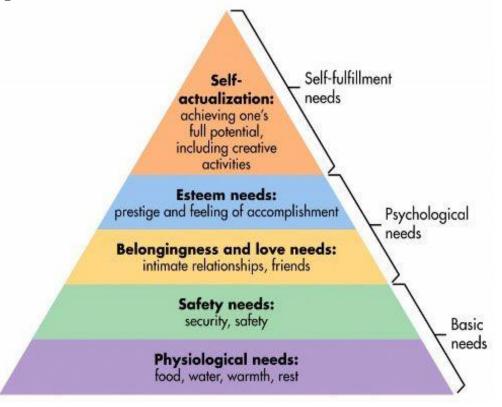
Interpersonal relationships

Ability to keep health coverage

Financial Security

Food, shelter, transportation

Health



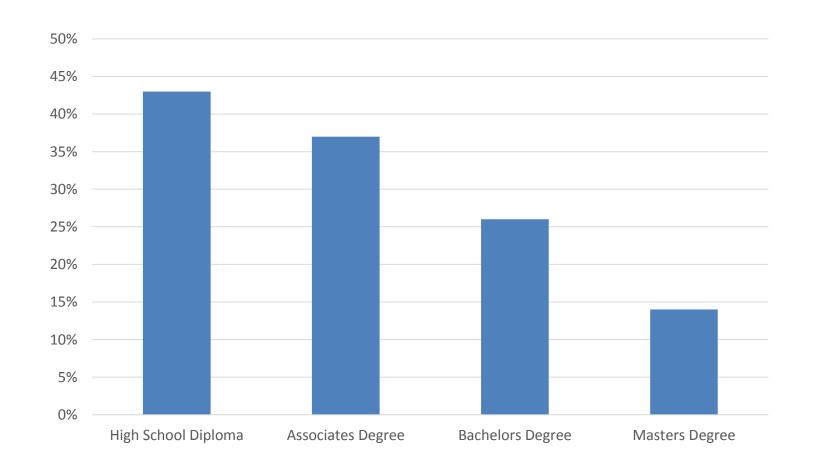
Financial Navigation and the IOM Care Management Plan

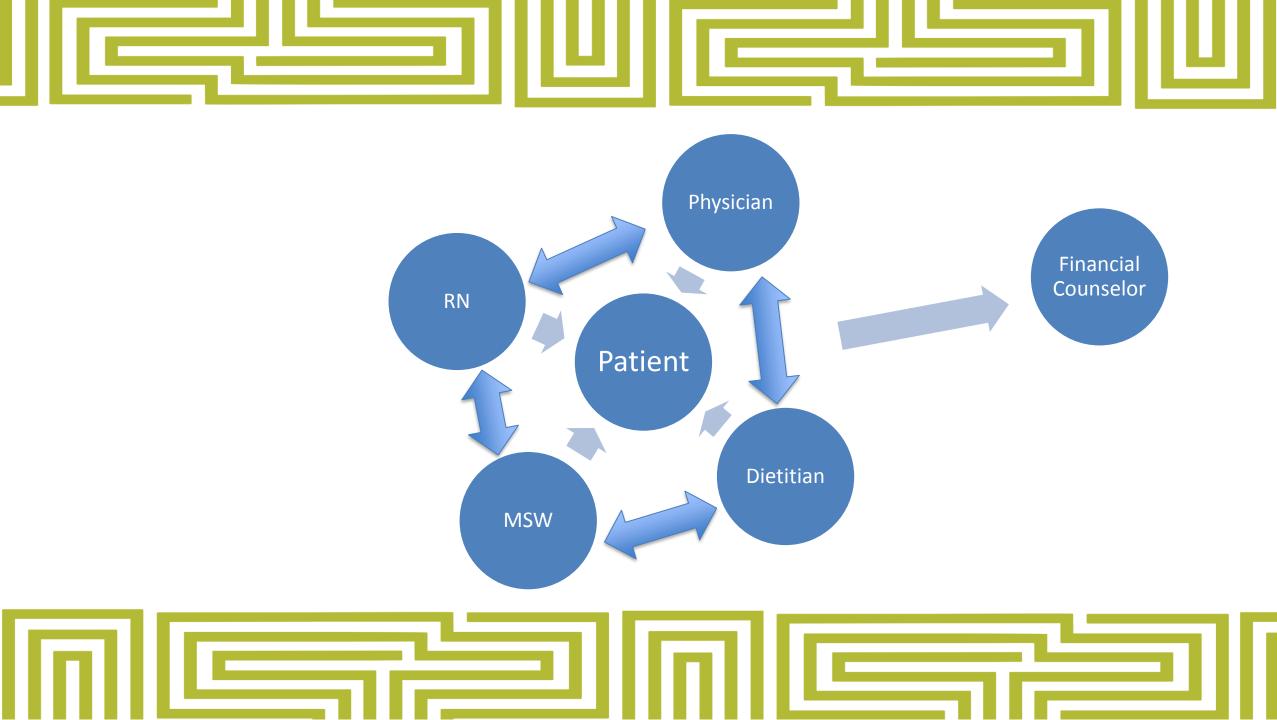
- 1. Diagnosis
- 2. Prognosis
- 3. Treatment Goals
- 4. Treatment Duration
- 5. Expected Response
- 6. Information on Quality of Life
- 7. Treatment Benefits/Harm
- 8. Survivorship Plan
- 9. Advanced Care Planning
- 10. Estimated Cost
- 11. Plan to address psychosocial needs



Financial Counselor Level of Education

Advisory Board 2014

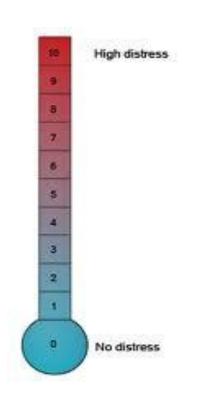




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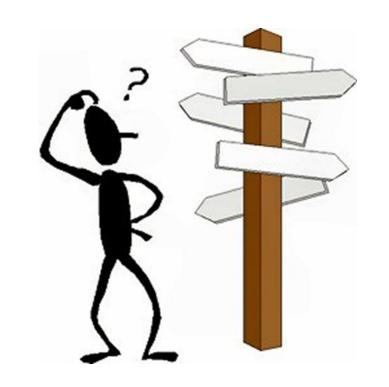
Financial Toxicity

- > Decrease in treatment adherence
- > Decrease in overall sense of wellbeing
 - > Emotional
 - ➤ Depression
 - > Anxiety
 - ➤ Relationships
 - Physical
 - ➤ Needless suffering
 - ➤ Basic needs



Response from Providers

- ➤ Caught off guard
- ➤ Basic knowledge
 - ➤ Charity
 - > Medicaid
 - ➤ Co-Pay Assistance
- Learning by default



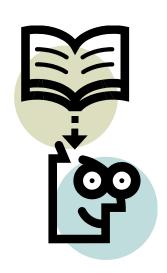
What if we focus our attention on taking a proactive approach on....

- > Developing expertise within the role
- ➤ Combining the Clinical Needs of the patient with the patients financial circumstances
- ➤ Improving financial communication between provider and patient
- ➤ Optimizing health insurance coverage
- > Optimizing external assistance programs

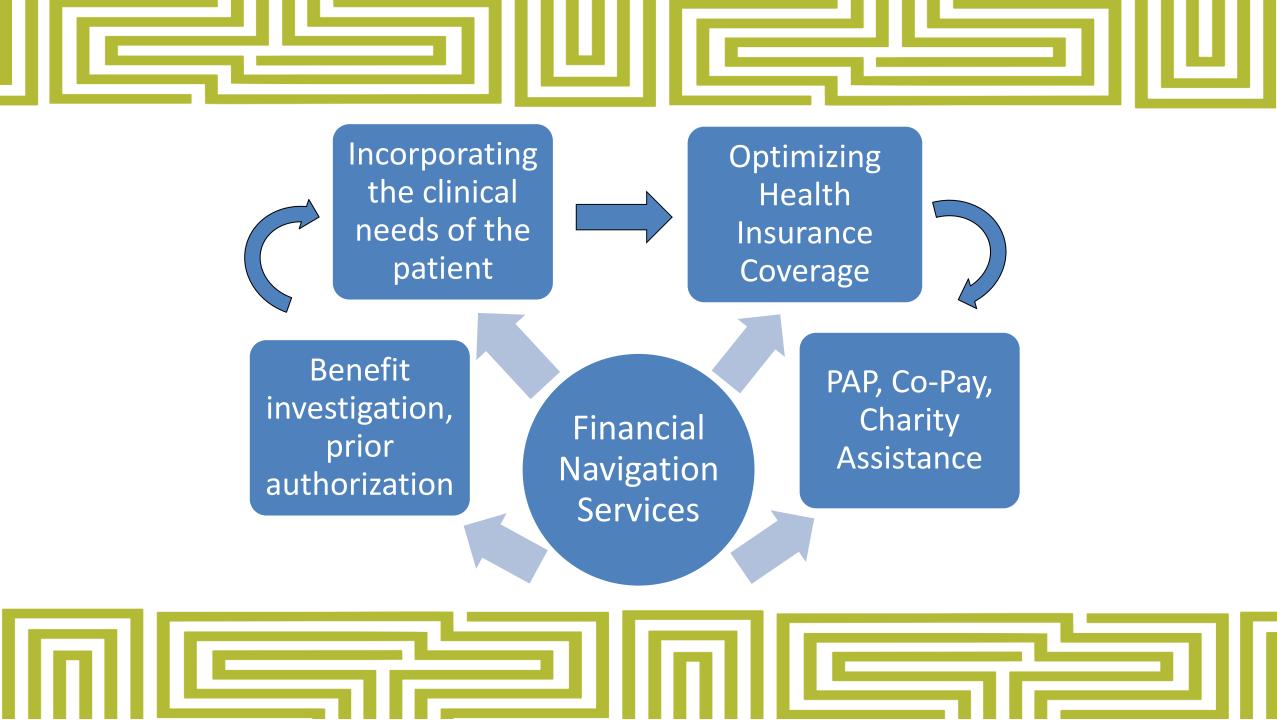


Knowledge Base

- > Essential to have knowledge of basic concepts and programs
 - ➤ STD, LTD, SSI, SSDI, FMLA, COBRA, Co-Pay, Co-Insurance, Deductible, Max out of Pocket, PAP, Co-Pay Assistance, MSP, QMB, SLMB, QI, LIS, MAPD, PD, Medigap A, B, C, D, F, G, K, L, M, N, Medicare Part A, B, C, D, HMO, PPO, SNP, HSA, Viaticals, ACA....
 - ➤ Need expert knowledge of these programs in order to apply them to the appropriate patient at the appropriate time.







Optimizing Health Coverage

> Marketplace:

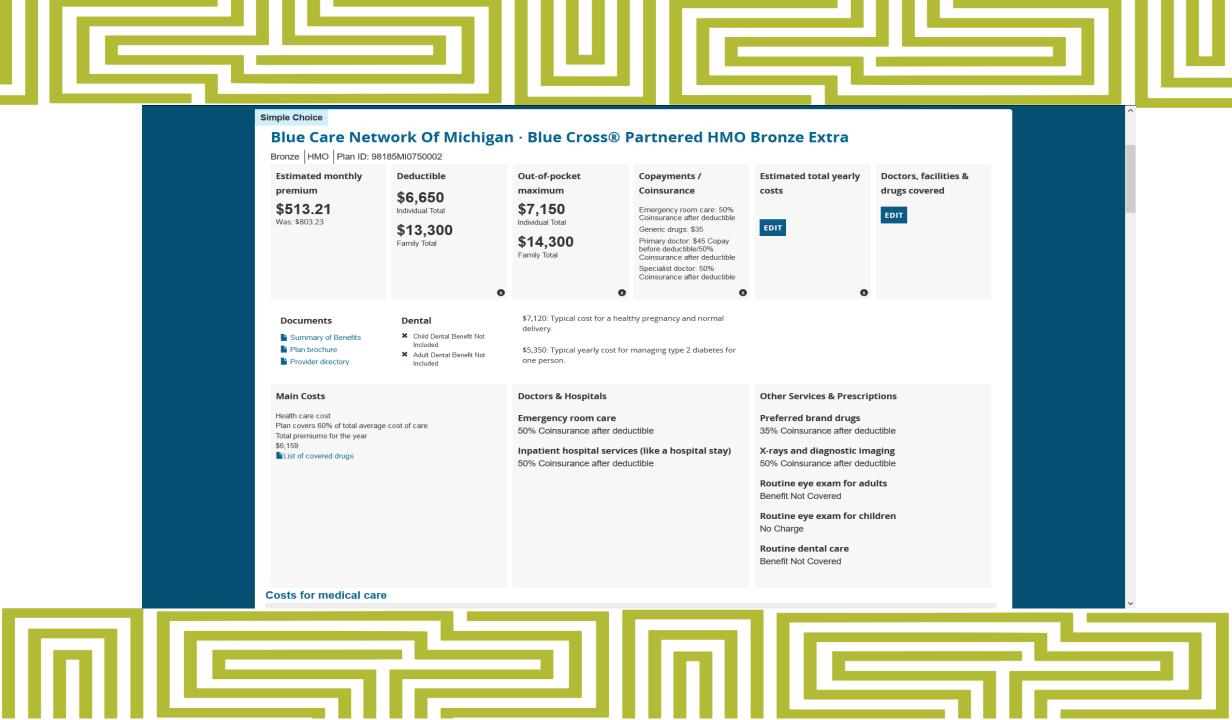
- ➤ Individuals/Families are provided federal subsidies on the monthly premium of the health insurance policy 100 400 % of FPL
 - ➤ 100-133% FPL 2% of income (No Medicaid Expansion)
 - ➤ 133-150% FPL 3 4% of income
 - ➤ 150-200% FPL 4 6.3% of income
 - > 200-250% FPL 6.3 8.05% of income
 - > 250-300% FPL 8.05 9.5% of income
 - > 300-400% FPL 9.5% of income
- > (Based upon cost of second cheapest silver plan)

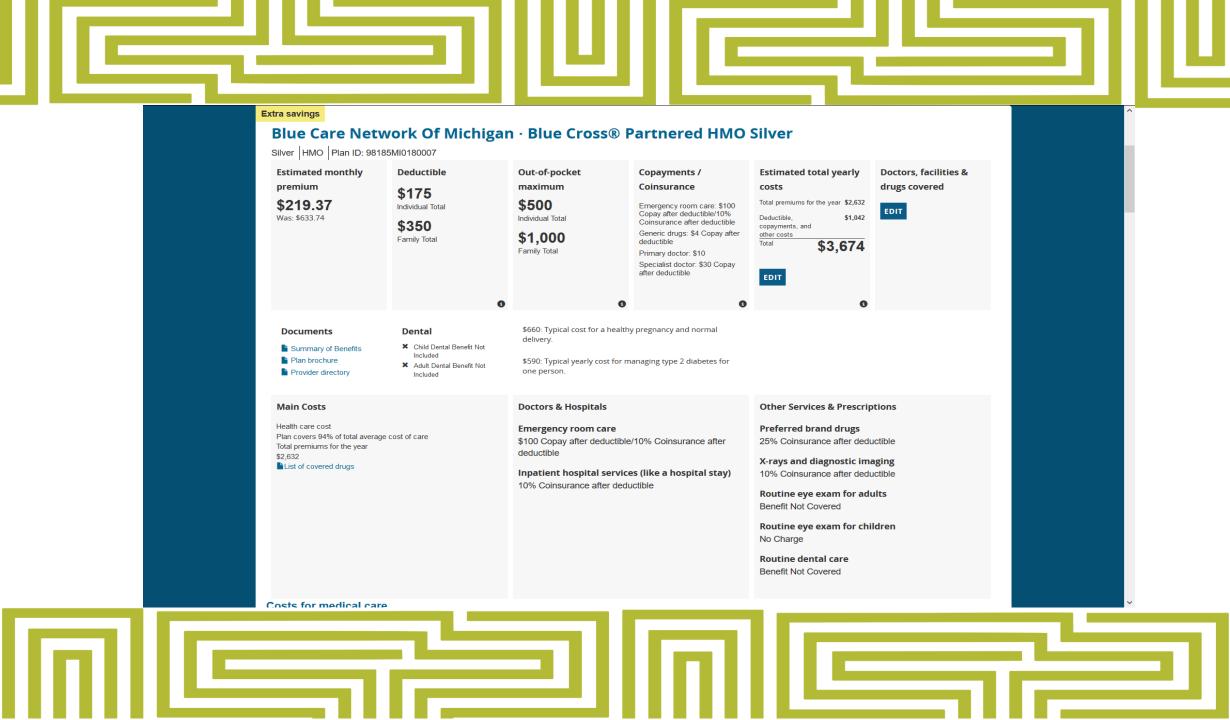
Optimizing Health Coverage

> Marketplace:

➤ Individuals/Families with income between 100% -250% of FPL will be provided cost sharing subsidies (Silver plans only)

| FPL | AV | 2018 OOP |
|-------------------------|---------|--------------------|
| ➤ Under 100% 7 | 70% \$7 | ,350 / \$14,700 |
| ➤ 100% -150% | 94% | \$1,250 / \$2,500 |
| ➤ 150% – 200% | 87% | \$2,250 / \$4,500 |
| > 200% − 250% | 73% | \$5,700 / \$11,400 |
| ➤ Over 250% | 70% | \$7,350 / \$14,700 |



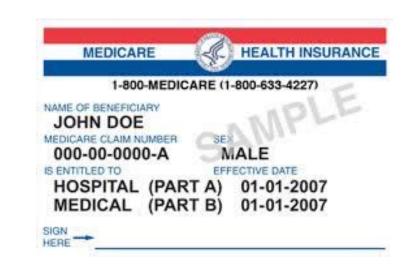


50% of Medicare beneficiaries fall below 200% of FPL. KFF 2014



Optimizing Health Coverage

- ➤ Medicare A and B only
 - Medigap
 - > MAPD
 - > MSP
 - > LIS
- ➤ Medicare Advantage Plans (MAPD)
 - > LIS
 - > Yearly Open Enrollment
 - > 5 star rule





Optimizing Health Coverage

- Medicare part D
 - ➤ Initial coverage \$3,750
 - > Coverage Gap \$5,000
 - ➤ 65% discount (Brand)
 - > 56% discount (Generic)
 - > 85% counted toward CG
 - > Cat. coverage 5%
 - > LIS
 - Below 150% of FPL (\$18,210 single / \$24,690 married)
 - > Assets below \$14,100 single / \$28,150 married



Walgreens #15466

Rite Aid Pharmacy 01519

Mail Order Pharmacy

Walgreens #15466 - Preferred Retail Cost Sharing

| | | | Drug Costs During Coverage Levels | | |
|------------------------------------|----------------------|---------------------|-----------------------------------|-----------------|-----------------------------|
| SELECTED DRUGS | FULL COST OF DRUG | Refill Frequency | Initial Coverage Level[?] | Coverage Gap[?] | Catastrophic Coverage[?] |
| Fentanyl Transdermal DIS 50MCG/HR | \$52.70 | Every 1 Month | \$23.19 | \$23.19 | \$3.35 |
| Imbruvica CAP 140MG | \$14,360.98 | Every 1 Month | \$4,739.12 | \$5,026.34 | \$718.05 |
| Lantus Solostar INJ SOLOSTAR | \$383.22 | Every 1 Month | \$42.00 | \$134.13 | \$19.16 |
| Ondansetron ODT TAB 8MG ODT | \$7.15 | Every 1 Month | \$7.00 | \$3.15 | \$3.35 |
| Zolpidem Tartrate Er TAB 6.25MG | \$88.20 | Every 1 Month | \$38.81 | \$38.81 | \$4.41 |
| MONTHLY TOTALS: | \$14,892.25 | | \$4,850.12 | \$5,225.62 | \$748.32 |



Estimated Monthly Drug Costs

Walgreens #15466

Rite Aid Pharmacy 01519

Mail Order Pharmacy

Monthly Costs for the Rest of the Year (based on enrollment today)

N/A #2.002 #021 #021 #021 #021 #021 #021

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Walgreens #15466

Rite Aid Pharmacy 01519

Mail Order Pharmacy

Walgreens #15466 - Preferred Retail Cost Sharing (Cost includes extra help)

| | | | Drug Costs During Coverage Levels | | |
|------------------------------------|-------------------|---------------------|-----------------------------------|---------------------------------|-----------------|
| SELECTED DRUGS | FULL COST OF DRUG | Refill Frequency | Initial Coverage Period | Post-Initial Coverage Period | Catastrophic[?] |
| Fentanyl Transdermal DIS 50MCG/HR | \$52.70 | Every 1 Month | \$3.35 | \$3.35 | \$0.00 |
| Imbruvica CAP 140MG | \$14,360.98 | Every 1 Month | \$8.35 | \$8.35 | \$0.00 |
| Lantus Solostar INJ SOLOSTAR | \$383.22 | Every 1 Month | \$8.35 | \$8.35 | \$0.00 |
| Ondansetron ODT TAB 8MG ODT | \$7.15 | Every 1 Month | \$3.35 | \$3.35 | \$0.00 |
| Zolpidem Tartrate Er TAB 6.25MG | \$88.20 | Every 1 Month | \$3.35 | \$3.35 | \$0.00 |
| MONTHLY TOTALS: | \$14,892.25 | | \$26.75 | \$26.75 | \$0.00 |



Estimated Monthly Drug Costs

Walgreens #15466

Rite Aid Pharmacy 01519

Mail Order Pharmacy

Optimizing Health Coverage

- > LIS
 - Creates open enrollment for:
 - > Part D
 - > MAPD plan



Case Study

A 71-year-old married male diagnosis with stage IV colon cancer. Monthly household gross income is \$1,590 and they have \$10,000 in assets. He has Medicare A, B and D only.

Treatment regimen included surgery followed by bevacizumab, Oxaliplatin (twice monthly) and oral capecitabine for 12 months, along with anti-nausea and pain medications. He will also need palliative radiation treatments. He is struggling with affording his oral medications.

Total treatment cost for one year estimated to be around \$350,000

Patient responsibility estimated to be around \$40,000

Case Study

Optimizing Insurance Coverage

- > LIS
- Medicare intervention (Medigap vs. MAPD)

Optimizing External Assistance Programs

- > PAN \$7,500
- ➤ MSP \$3,216

Estimated Savings to the Patient \$43,000 Estimated Savings to the Provider \$40,000

Optimizing External Assistance Programs

- Patient Assistance Programs
- Co-Pay Assistance Programs
- Premium Assistance Programs



Optimizing External Assistance Programs

- Software
 - AssistPoint
 - > TailorMed
 - > Vivor



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Screening patients

- ➤ Does patient distress screening work?
- > Focus on specific patient populations
 - > Self pay
 - Medicare only
 - ➤ New to Medicare patients
 - ➤ High out of pocket Medicare Advantage Plans
 - ➤ Medicare beneficiaries with no part D coverage
 - > ACA with advanced stage disease
 - ➤ Advanced stage disease with commercial coverage
 - ➤ High out of pocket commercial







How do we get there?

> Training







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Currently Viewing:
Supplements The Patient
Assistance Safety Net: How Many
Need Help? How Many Are
Helped?

Currently Reading
Impact of Trained Oncology
Financial Navigators on Patient
Out-of-Pocket Spending

Todd Yezefski, MD; Jordan Steelquist, BA; Kate Watabayashi, BA; Dan Sherman, MA; and Veena Shankaran, MD

Supplements > The Patient Assistance Safety Net: How Many Need Help? How Many Are Helped? — Published on: March 06, 2018

Impact of Trained Oncology Financial Navigators on Patient Out-of-Pocket Spending

Todd Yezefski, MD; Jordan Steelquist, BA; Kate Watabayashi, BA; Dan Sherman, MA; and Veena Shankaran, MD

Hospitals that used trained financial navigators were able to provide financial assistance for their patients with cancer, providing access to care that would otherwise be unaffordable.

ABSTRACT

Objectives: Patients with cancer often face financial hardships, including loss of productivity, high out-of-pocket (OOP) costs, depletion of savings, and bankruptcy. By providing financial guidance and assistance through specially trained navigators, hospitals and cancer care clinics may be able mitigate the financial burdens to patients and also minimize financial losses for the treating institutions.

Study Design: Financial navigators at 4 hospitals were trained through The NaVectis Group,

How do we get there?

- > Training
- > Timing
- > Trust
 - ➤ Professionalism
 - ➤ Competency
 - ➤ Goal of intervention





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Resulting in:

- ➤ Reduction financial toxicity
- ➤ Reduction in bad debt/charity
- > Reduction in stress / workload for social work departi
- ➤ Increased Patient Satisfaction Scores
- > Average \$500 in savings/increased revenue for ev oncology patient seen in your clinic



