

# Identifying Patients in Financial Need: Cancer Care Providers' Perceptions of Barriers

**Maria Mathews, PhD, and Amanda D. Park, MSc**

Some eligible patients with financial hardship may not be referred to assistance programs because cancer care providers do not know the full extent of patients' needs. This article describes barriers cancer care providers face in identifying patients who have financial concerns by using qualitative data from 21 interviews with providers from one Canadian province. Interviews were audio recorded, transcribed verbatim, and analyzed with a thematic approach. Four major themes emerged: no standardized approach existed for assessing needs, family members rather than patients may have better awareness of financial concerns, patients may not be forthcoming about financial concerns, and financial concerns may change over time. Adopting a standardized assessment protocol that routinely screens patients at multiple times during their care, educating patients about out-of-pocket costs, and educating providers to identify and assess financial need may enable more patients to access available financial resources. Although the Canadian and U.S. healthcare systems are different, concerns about out-of-pocket costs may be similar.

**O**ut-of-pocket costs for cancer care can pose substantial financial burden for some patients. Although Canada's universal public health insurance covers the costs of all medically necessary cancer care provided in hospitals and physicians' offices, patients may still incur substantial out-of-pocket expenses related to their care. For example, the cost of prescription and over-the-counter drugs and medical supplies provided outside the hospital setting, travel, and wigs and prostheses are not covered. Canadian studies have estimated the costs that patients can accumulate from travel, drugs, and other care-related expenses (Grunfeld et al., 2004; Longo, Deber, Fitch, Williams, & D'Souza, 2007; Mathews, Buchler, & West, 2006) and have shown that financial concerns can create stress and influence treatment choices (Lauzier et al., 2005; Lightfoot et al., 2005; Longo, Fitch, Deber, & Williams, 2006; Mathews, West, & Buchler, 2009). Studies from the United States, United Kingdom, and Australia have reported similar findings (Arozullah et al., 2004; Guidry, Aday, Zhang, & Winn, 1998; Houts et al., 1984; Moore, 1998, 1999; Pearce, Kelly, & Stevens, 2001; Schwartz, Claxton, Martin, & Schmidt, 2009; Wagner & Lacey, 2004).

Several government, institutional, and charitable organizations offer programs to alleviate financial concerns through direct financial subsidies, reduced costs, or in-kind contributions (Lightfoot et al., 2005; Mathews et al., 2006). However, many patients are unaware of these programs and, as a result, are unable to benefit from assistance. For example, a survey in Newfoundland and Labrador, Canada, found that only 25% of patients were aware of the provincial medical travel subsidy program (Mathews et al., 2006). Cancer care providers may not know the full extent of patients' financial concerns and,

## At a Glance

- ◆ Implementing a standard process and assessment tool that is given to patients at multiple points during their care may address many barriers that cancer care providers face in identifying patients with financial concerns.
- ◆ Ongoing professional education will help cancer care providers develop skills to detect patients' financial concerns.
- ◆ Patients and family members should be educated about the potential financial impact of a cancer diagnosis.

therefore, may not refer patients to assistance programs (Wagner & Lacey, 2004).

This article uses qualitative data to describe barriers cancer care providers face in identifying patients who have financial concerns. The authors suggest strategies providers can use to improve assessment of patients' financial need. This article is based on a larger study that described out-of-pocket costs for cancer care and the impact on patient and provider treatment decisions (see Mathews et al., 2009).

---

Maria Mathews, PhD, is an associate professor of health policy/health-care delivery in the Division of Community Health and Humanities and Amanda D. Park, MSc, is a medical student, both in the Faculty of Medicine at Memorial University of Newfoundland in St. John's, Canada. (Submitted March 2009. Accepted for publication May 20, 2009.)

Digital Object Identifier:10.1188/09.CJON.501-505