

Financial Support Models

A case for use of financial navigators in the oncology setting

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BACKGROUND: Financial toxicity causes significant psychological and practical distress for patients and can affect their ability and willingness to undertake optimal treatment. Although different models of financial support are typically available to patients undergoing cancer treatments, not all models can offer equal amounts of support and effective solutions, particularly to those patients at the highest levels of risk for this toxicity.

OBJECTIVES: This article discusses the two most prevalent models available to healthcare institutions to provide financial support (financial counseling and financial advocacy) and makes recommendations for implementation of a more comprehensive, proactive financial navigation model.

METHODS: This article reviews current and emerging financial support models.

FINDINGS: Financial toxicity is on the rise, and the financial navigation model shows promise in decreasing the number of patients experiencing financial hardship.

KEYWORDS

out-of-pocket costs; health insurance; financial toxicity; financial navigation

DIGITAL OBJECT IDENTIFIER

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NEW TREATMENT OPTIONS, SUCH AS TARGETED THERAPIES and immunotherapies, are showing great promise in extending the lives of patients with advanced-stage cancer, but these advances come with a high price tag. By 2020, healthcare costs associated with cancer will increase to a range of \$173 billion to \$207 billion (Tran & Zafar, 2018). These costs are increasingly being transferred to the patient through increased health insurance premiums, deductibles, coinsurance, co-pays, and out-of-pocket responsibilities (McCarthy-Alfano, Glickman, Wikelius, & Weiner, 2019). In addition, many patients with cancer also undergo multiple treatment modalities, such as surgery and radiation therapy, which increases the cost of care and often limits patients' ability to maintain their prediagnosis income level (de Boer, Taskila, Ojajärvi, van Dijk, & Verbeek, 2009; Ekwueme et al., 2014). These direct medical costs, in combination with the many indirect costs of cancer, create an environment that promotes financial toxicity as an additional patient burden. Financial toxicity is a term coined to describe the adverse effects of out-of-pocket healthcare costs on the well-being of patients with cancer (Zafar, 2015). This article provides a history of patient financial counseling and advocacy services in the healthcare setting and proposes a proactive model of financial navigation that better addresses patients' financial toxicity needs.

Current Financial Support Models

Traditional financial counseling services have been offered in the hospital setting for decades. In general, the counselor in this role assists patients to apply for Medicaid and the hospital charity program and will often assist patients to estimate the cost of proposed care and to explore payment options. They may also help patients enroll into credit programs that secure payment to the provider. In most hospital systems, the financial counselor is located in a different area in the building from the clinical oncology setting where patients receive treatment, limiting access. This can result in counselors reacting to—rather than being proactive about—patient issues, as well as a disjointed delivery of counseling services.

In contrast to the financial counseling model of service, a financial advocacy model has emerged as a response to the limitations created by the counseling model. Clinical social workers, pharmacy staff, and other advocates within the oncology service line have attempted to deal with the