

Interventions to Address the Financial Burden of Cancer Care: Recommendations from the Field

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BACKGROUND

- At least one-third of cancer survivors' financial situation are affected by their cancer diagnosis and treatment.^{1,2}
- A recent systematic review notes that studies have identified risk factors and outcomes associated with financial toxicity, but interventions to mitigate financial toxicity in cancer patients are lacking.³

Objective: To ascertain and understand recommendations for addressing cancer patients' financial barriers identified by financial and social support staff at cancer centers across 7 states.

METHODS

- 7 sites from the CPCRN's rural cancer workgroup collaborated to interview cancer center staff who provide financial support services at cancer centers across the rural-urban continuum.
- 35 interviews were performed across 29 unique sites.
- Interviews were conducted in-person or by phone.
- Analysis of the semi-structured interviews was conducted by two trained qualitative researchers (RT, MV) with the following approach:
 - An initial codebook was developed based on the interview guide.
 - The codebook was pilot tested by independently coding 3 random transcripts. A revised codebook was then applied to the remaining transcripts.
 - Each transcript was independently coded. Common themes were identified by directed content and thematic analysis.

"I think the distress thermometer and having an education day that is unique to each patient has made a difference in us."
- Rural CoC-hospital

Key Findings

- Practices such as screening tools and education-specific visits may be effective in mitigating patients' financial toxicity.
- Job protection policies for patients and caregivers may reduce financial burdens.
- Clinic-based solutions such as required financial counseling for patients and financial training for staff may help reduce financial toxicity and improve processes to address financial toxicity.
- Interventions should be tested to determine evidence-based solutions to reduce financial toxicity among cancer patients.

"I think it's really short sighted not to have lay navigators or professional navigators engaging with patients, because they relate to us in a different way. We're not the white coat."
—Urban NCI Cancer Center

RESULTS

"...we're trying to put together resource lists that are specific to each patient when they're new and the type of cancer that they have."
Urban CoC Hospital

Policy Solutions Suggested by Study Participants

- Address "broken system" of policies related to health insurance and drug companies
- Improve policies related to job protection for cancer patients and caregivers

"It'd be like okay Cancer 101 class, here's this huge financial component and it'd be like a series right?... A lot of people don't know the difference between a deductible and a copay."
- Urban CoC-hospital

Current Effective Practices Identified by Study Participants

- Distress screening tools
- Patient education visits with a financial counselor
- Tailored resource lists
- Patient tracking systems
- Use of telemedicine for rural patients

"I've had a couple of patients... that the minute they got diagnosed with breast cancer, they got fired or laid off. I wish that there was protection for those people..."
- Urban CoC-hospital

Clinic-Based Solutions Suggested by Study Participants

- Required financial counseling meetings prior to treatment initiation
- Comprehensive resources and networks for financial navigation staff
- Financial training for -staff
- Engage lay navigators and community outreach specialists
- Improved transportation and lodging opportunities for patients

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This presentation was supported by Cooperative Agreement Number 5 U1CRH30539-03-00 from the Centers for Disease Control and Prevention. The finding and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

