

Background

The American Cancer Society Leadership in Oncology Navigation (ACS LION™) provides standardized training and credentialing for navigators, and support for stakeholders in the implementation, evaluation, and sustainability of cancer patient navigation. For more information, visit cancer.org/LION.

The Financial Navigation Learning Collaborative is the newest offering of the ACS LION implementation support programs. We will open the application process in September 2024, with a goal of enrolling 15-20 oncology practices for a kickoff in November 2024.

Any type of organization providing cancer-directed therapy (medical or radiation therapy) is eligible to apply. For eligibility criteria and application details, see cancer.org/LION.

What is a learning collaborative?

In a learning collaborative, we convene teams from oncology practices to work together in a facilitated process toward a shared vision and set of aims. As the convener, the American Cancer Society (ACS) provides education and implementation resources to empower participants to act as champions within their own practice settings. Practice representatives engage in structured improvement activities at their own sites throughout the collaborative and share challenges, success, and lessons learned with other participants. This open exchange allows all practice sites engaged in the learning collaborative to make improvements more efficiently and effectively than otherwise possible.

Why focus on financial navigation?

About half of people with cancer experience financial toxicity, defined as the personal economic burden associated with the disease and its treatment (Smith et al., 2022). Much of the research and discussion around cancer-related financial toxicity has focused on the high cost of care; however, proactively addressing the financial impact of a cancer diagnosis can improve patient adherence to treatment plans, decrease stress and anxiety, and improve outcomes (Smith et al., 2022; Yeager et al., 2022). Financial navigation assists patients with maintaining health insurance coverage to access quality health care, paying for out-of-pocket medical expenses, and balancing health care responsibilities and work.

Unfortunately, patients and their caregivers do not consistently receive the financial navigation support they need during their cancer journey. We seek to address this gap during the learning collaborative, working toward a shared vision:

All people with a cancer diagnosis should receive proactive financial navigation that includes ongoing assessment and referral to appropriate resources.

o Administrative functions

LC Aim 1: Ensure Comprehensive Financial Screening

Implementation milestones: During the course of the LC, participant sites will define expectations for:

Aprocess for financial distress screening, using a validated questionnaire, for all new patients prior to initiation of treatment

The validated questionnaire covers material, psychological, and behavioral hardship, as well as key social needs or social determinants of health (adapted, ACCC 2023)

Criteria to identify patients at risk for or experiencing financial distress

 Oriteria are based on scoring from the validated questionnaire and/or patient self-referral and/or internal staff referral

Standard documentation of financial distress screening in the electronic health record (EHR)

 Documentation should confirm that screening occurred and denote that a patient screened positive for financial distress,

Aprocess for re-screening all patients in active treatment; at minimum, prior to treatment regimen changes and every 6 months

- Exceptions include maintenance or ongoing therapies in which standard of care requires less frequent visits, e.g., yearly. In those cases, screening can occur at the visit frequency.
- If the EHR does not provide a trigger for re-screening, an alternative process should be used.

Initial benefits verification, including

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A process to connect patients with internal and external, treatment-related financial assistance programs, including grants, co-pay assistance, pharmaceutical assistance resources, insurance-related assistance programs, and other relevant resources (adapted, ACCC 2023)

 This includes procedures for tracking patient assistance applications until a determination is made.

A process to connect patients with internal and external, non-medical financial assistance resources, e.g., transportation, food, and housing assistance programs

 This includes monitoring procedures to ensure patients are successfully connected to the resource and receive the assistance needed.

A process to connect patients to community resources to address other factors contributing to financial hardship, e.g., employment

- Health care billing, insurance, and patient assistance options, including benefits verification, internal and external appeals, applicable federal and state programs, ADA regulations and workplace accommodations, FMLA, and equivalent state laws
- Impact of cancer on patients and families, especially regarding financial toxicity
- Referral processes for additional services (e.g., psychosocial support, social needs navigation, legal and financial navigation, occupational medicine)

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