

# ACS Financial Navigation Learning Collaborative Program Description



## 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](https://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](https://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.**

#### What is 'financial navigation'?

Oncology Financial Navigation (OFN) aims to alleviate financial hardship by coordinating access to financial assistance and health insurance options to reduce out-of-pocket medical costs. Various staff members within an oncology practice may be involved in providing financial navigation services. Services include:

- Helping patients understand their expenses, insurance coverage limitations, and payment plan options, aiming to facilitate timely access to necessary care (Doherty et al., 2021; Sherman, 2019; Tieu et al., 2023)
- Proactively addressing broader socioeconomic barriers by optimizing insurance coverage and reducing treatment costs, screening patients for ongoing financial distress, and facilitating access to appropriate resources (Sherman, 2017; Wheeler et al., 2022)

### **Learning Collaborative Overview**

#### Format

Throughout the year-long Learning Collaborative (LC), participants will work to achieve the Phase 1 and 2 activities listed below, with ACS support and facilitation. Teams from all participating oncology sites will meet monthly via Zoom throughout the LC term. Initial LC meetings will feature expert presentations highlighting relevant research and implementation best practices. Over time, meetings will focus more on brief progress reports from participating sites and sharing challenges, successes, and lessons learned.

#### Team Expectations

Participating organizations are expected to designate a core team to lead the financial navigation improvement activities at their site, and to identify key stakeholders and resource needs associated with these improvement activities.

- Requested core team members:
  - Senior clinical or administrative leader with resource allocation and personnel authority, who will serve as the Learning Collaborative team champion
  - Project manager, who will manage overall project implementation and reporting requirements
- Other resource needs to be anticipated are those in support of:

- Administrative functions
- Report and dashboard creation
- Review and implementation of electronic health record changes
- Coordination and integration with various teams involved in financial navigation workflows (e.g., Patient Financial Assistance; Accounts Payable/Billing; Social Work)

Along with leading local improvement efforts, the core team is expected to actively engage in the LC by participating in monthly Zoom meetings and sharing their experiences, including brief presentations of their progress and metrics.

Throughout the LC, ACS will highlight and facilitate opportunities for participating teams to engage in professional presentations of their financial navigation improvement efforts.

## **Learning Collaborative Description**

### Phase 1. Learning Collaborative Participant Preparation

ACS will provide templates and guidance to support practice participants in completing these Phase 1 activities:

- Complete a self-assessment and workflow mapping exercise; prepare a gap analysis
- Develop a customized implementation plan
- Plan for development and use of project tracking metrics

### Phase 2. Learning Collaborative Improvement Activities

After completing Phase 1 activities, participant sites will work collaboratively toward the aims below. The amount of improvement effort required per aim will vary based on the existing financial navigation practices and resources at each participating site; sites will tailor their implementation plans to focus on their own gap areas.

#### **Phase 2 Documentation Requirement:**

All LC participant sites will create and maintain lists of:

- 1) internal financial navigation services offered, with the appropriate contacts
  - 2) community/external resources for patient referral to address contributing factors to financial hardship
- The lists are formatted to 1) allow for sharing with patients/caregivers, and 2) be searchable for practice staff members. Participants will update these resources as needed during the collaborative.

## **LC Aim 1: Ensure Comprehensive Financial Screening**

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

- A process 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
  - Criteria 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,
  
- A process 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.

⇒ For Aim 1, participants will collect and share aggregated measure scores during the LC (details to be provided):

- ⇒ Percentage of new patients with initial screen completed prior to treatment initiation using a standardized questionnaire

## **LC Aim 2: Ensure Benefits Verification and Documentation**

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

- Initial benefits verification, including patients' insurance and pharmacy benefits, network status, referral and pre-authorization requirements, out-of-pocket responsibilities, deductibles, and accumulations to date (adapted, ACCC 2023)
  - A process for communicating the following to the patient prior to treatment initiation: 1) deductible and 2) out-of-pocket maximum and 3) policy renewal date
  - A process and schedule for re-verification of benefits during active treatment; at minimum, every 6 months during treatment (adapted, ACCC 2023)
    - 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.
  - Standard documentation of benefits information in the electronic health record (EHR)
    - Documentation should confirm that the initial benefits verification has occurred and that the patient has received information about their insurance benefits.
    - If the EHR does not provide a trigger for re-verification of benefits to occur, an alternative process should be used.
  - A process for appeal denials that includes internal and external appeals, depending on the patient's type of insurance (Pollitz, 2023)
- ⇒ For Aim 2, participants will collect and share aggregated measure scores during the LC (details to be provided):
- ⇒ Percentage of patients with benefits communicated prior to treatment start, including deductible, out-of-pocket maximum, and renewal date

### **LC Aim 3: Ensure Patients Receive Necessary Financial Resources**

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

- A process for all new patients to receive education about financial navigation services; this education occurs prior to initiation of treatment.
- For patients at risk for or screening positive for financial distress (per the site's defined criteria; see Aim 1), a process for ongoing communication with staff providing financial navigation services; 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.
  - 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, disability insurance, paid caregiver leave, financial management
    - This includes monitoring procedures to ensure patients are successfully connected to the resource and receive the assistance needed.
- ⇒ For Aim 3, participants will collect and share aggregated measure scores during the LC (details to be provided):
- ⇒ Percentage of patients who screen positive for financial distress who are referred to resources
  - ⇒ Percentage of patients who screen positive for financial distress who receive assistance

**LC Aim 4: Ensure Staff who Provide Financial Navigation Services Receive Comprehensive Training**

Implementation milestones: During the course of the LC, participant sites will define team roles and responsibilities related to financial navigation services, and ensure comprehensive training.

- A process to ensure that at least one team member providing financial navigation services maintains knowledge and skills in the following areas, at minimum:

- 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)
- A process to ensure all team members who provide financial navigation services are effective communicators, with specific training in areas such as cultural humility, implicit bias, empathy, how to have difficult conversations

**Financial Navigation LC Schedule Summary\***

	Q1	Q2	Q3	Q4
LC orientation				
Monthly Zoom meetings for expert presentations and sharing				
Sites conduct self-assessment; workflow analysis				
Sites prepare implementation plan and reports				
Sites conduct improvement activities				
Site presentations of progress; lessons learned				
Sites create sustainability and scalability plans				

\*A detailed schedule will be provided to participants

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