

Colorado Cancer Coalition Priorities: 2016-2018

Option 6 of 10: **Diagnosis & Treatment: Financial Barriers**

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Goal 6: Consistent access to, and application of, quality diagnostic and treatment services adherent with nationally recognized standards.

Objective 6.2: Reduce financial barriers for individuals receiving quality treatment cancer treatment.

→ **Strategies**

- Identify and implement a method to assess the types and breadth of financial needs through financial assistance programs, treatment facility charity care programs or supportive service organizations.
- Educate patients, caregivers and providers on potential “financial toxicity”, or unintended financial consequences of pursuing expensive cancer treatment regimens.
- Identify financial barriers to obtaining and sustaining quality diagnostic and treatment services, including potential public and private insurance barriers post Affordable Care Act implementation.
- Educate Coloradans on insurance benefits, coverage and enrollment, including development or implementation of tools to assist with balancing personal needs and considerations when choosing a health insurance plan.
- Educate and connect uninsured Coloradans with basic needs and medical cost resources to access quality cancer treatment.
- Educate decision makers (e.g., legislators, policy makers) regarding barriers to obtaining health plan coverage, including pharmacy benefits, to access treatment services.
- Evaluate financial assistance programs to identify optimal timing, amount and length of financial support for those in active treatment.
- Engage patient navigators and care coordinators to assist patients with overcoming financial barriers.
- Implement a universal financial assistance application accepted by Colorado nonprofit organizations that offer financial support to individuals during cancer treatment.
- Increase consumer representation, in particular cancer survivors and caregivers, on boards of organizations serving cancer patients and survivors with a focus on reducing financial barriers.

→ **Measures**

	Data Source	Baseline	2020 Target
Uninsured Coloradans	2015 CHAS	6.7%	6%
Underinsured Coloradans		16.4%	13.9%
Inability to pay for basic necessities like food, heat or rent among those facing challenges in paying medical bills		36.7%	33%

→ **What we know about the problem**

- **Financial toxicity** stems from two sources: high cost treatments and work disabilities related to cancer and its treatment.
- **About 10% to 25% of cancer survivors do not return to work.** Site and stage are predictors of return to work.
- Cost of cancer treatment is becoming more out-of-reach for many patients and families as newer drugs

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and targeted agents are more expensive than conventional chemotherapy and more patients and families are insured by high deductible plans where they are responsible for a significant portion of the cost of their care.

- Approximately a quarter of families who experienced a cancer-related death in the past year report that the cost of cancer care was a financial burden.
 - A third of these families used all or most of their savings.
- **Financial burden is associated with unmet medical needs and poor quality of life.** Some suggestive evidence of lower survival rates among those who report financial burden.
- Primary data collection is required to fully address financial barriers and burden. Some secondary sources include: insurance source at diagnosis and treatment, plan characteristics (ie. high deductible), employment status at diagnosis and following treatment (part of survivorship plan).
- Expanded survivorship care planning could include information on financial barriers and rehabilitation needs of employed or formerly employed cancer survivors.
- Assessments could be conducted on treatment and survival differences by insurance type, low income residence, etc.

→ Why should CCC members prioritize this area of work?

Prioritization factors	Considerations	Notes
Likelihood of Population Impact	<ul style="list-style-type: none"> ● It is unclear how many Coloradans encounter financial barriers to screening and treatment or experience financial burden following treatment. 	
Evidence of Feasibility	<ul style="list-style-type: none"> ● Detecting cancer early, including encouraging routine cancer screenings, so that less extensive treatment could minimize the financial burden, especially for low income populations. ● Potential analysis using Colorado Central Cancer Registry (CCCR) data may also provide insight into financial burden. 	
Established Need	<ul style="list-style-type: none"> ● Exploration, data gathering and analysis needs to be done to better understand the extent of the problem in Colorado, particularly among vulnerable populations. 	
Measurability	<ul style="list-style-type: none"> ● The Colorado Health Access Survey (CHAS) provides associated information, but more direct data sources need to be explored, including the CCCR. 	
Collective Impact	<ul style="list-style-type: none"> ● Many organizations currently provide resources to fill gaps for individuals, including food, housing and clothing expenses. The CCC could provide a collective space for entities to work together and establish an efficient system for their supportive resources, in addition to 	

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	<p>bringing awareness to a problem that is little understood.</p> <ul style="list-style-type: none"> • Could initiatives/organizations earmark a portion of their resources for low income or those who need financial support to ensure that these services are spread across the continuum? 	
Identified Gaps	<ul style="list-style-type: none"> • A single organization cannot move this work forward. Efforts from many different angles are required to reach patients and families who struggle with financial burden and disability related to cancer and its treatment. 	
Opportunities for Leveraging partnerships	<ul style="list-style-type: none"> • Multiple organizations within and outside the CCC are working on this issue. Identifying a specific focus area could provide a clear direction for collaboration. 	
Political/ community support	<ul style="list-style-type: none"> • Health care reform has shifted how the medical, public health and payer communities interact. Addressing a system with complex and intertwined challenges may take time for buy in to be established. • CCC's Pediatric task force previously worked on a universal financial assistance application, could this be re-invigorated or built upon? 	

Would you or your organization commit to helping with this priority?