Background

Over the past 10-15 years rising healthcare cost and cost shifting to patients and employees has caused damaging effects on the health and financial stability of cancer patients. Higher premiums, deductibles and out of pocket costs along with the high cost of novel therapies cause cancer patients to declare bankruptcy 2x more likely than an average person. Delayed therapy or dose reduction occurs as well due to lack of financial ability to cover or support these costs. We have built a program that is in part a safety net to manage financial toxicity and also operationally the right process to ensure the patient is receiving the right care at the right place.

Approach

The Cleveland Clinic (CC) Cancer Institute has been building and evolving a program to help manage financial toxicity for over 15 yrs. Our journey started in the 1990’s with the initiation of cost shifting by payers. The hiring of financial counselors and specialists improved authorizations, increased co-pay assistance, and educated patients on out of pocket costs. With the increasing volumes, the creation of narrow networks and costs related to higher premiums and deductibles we formally created a structured program in 2014. The program includes financial counselors, financial specialists, finance navigators and weekly huddles that managed access and out of network patients. Our huddle team consists of clinical, administrative, and revenue cycle staff, a multidisciplinary approach for access and financial toxicity.

Initiatives

- 1990 hired financial counselor; secured authorization, collections and educated patient on out of pocket costs
- 2000 hired finance specialist; medication authorization, co-pay assistance and drug replacement
- 2014 initiated access and out of network huddles; new patient access within 7 days management of out of network
- 2015 hired financial navigator; Price transparency, co-pay and drug replacement, connect with community advocacy for financial assistance and barrier resolution i.e. mortgages, utility bills and transportation
- 2018 added 7 more navigators
- 2019 increased huddles to 2x a week-created a navigation database

Results

By managing a patient’s personal needs around access and finance we improve the psychosocial and clinical outcomes. Through our huddle process patients help us determine site of care needs, whether its coming to the CC for care or an in network provider to receive the same quality of care with minimal financial impact. As providers and payers investigate new reimbursement models it will be extremely important to keep the patients voice and financial needs at the forefront of these efforts.