



National Community Oncology  
Dispensing Association, Inc.  
PASSION FOR PATIENTS

# Passionate Financial Support - An Antidote for Financial Toxicity

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## Passionate Financial Support —An Antidote for Financial Toxicity

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**F**inancial toxicity has become an urgent issue in the field of oncology due to the ever-growing number of patients having difficulty paying for their complex oncolytic treatments. This financial toxicity can lead to a decrease in adherence to cancer therapy. In a study of 10,508 patients with Medicare and commercial insurance, the abandonment rate of newly-initiated oral oncolytics was 10 percent. In addition, claims with cost sharing greater than \$500 were four times more likely to be abandoned than claims with cost sharing of \$100 or less.<sup>1</sup> With the average monthly cost of new oral oncolytics approaching \$12,000, cancer programs must create strategies to minimize the impact of high out-of-pocket costs and remove the financial barriers to patients' access to these medications. In January 2013 Hematology-Oncology Associates of Central New York (HOACNY), East Syracuse, N.Y., made the decision to focus on its patients' oral medication needs by establishing a physician dispensing platform. HOACNY's vision was simple: to be the best physician dispensing service for patients in community oncology. To execute and operationalize this vision, practice management afforded the pharmacy team generous lead time to develop and implement all the necessary foundational elements to better ensure success.

### Planning & Implementation

Development of The Patient Rx Center (TPRxC) began with the creation of a formulary that revolved around oral oncolytics, supportive medications, and

neutraceuticals. Next, the TPRxC team created a mission statement that provided the framework necessary for programmatic success (see box on page 64). One of the main tenets of this mission statement is the provision of financial support to patients.

During the planning phase of TPRxC, our team met with representatives from every pharmaceutical company that manufactures an oral agent to gather:

- Relevant clinical data
- Dosing and administration information
- Information on adverse event management
- Medication-specific, patient-centered tools and resources
- Information about financial support for patients, including co-pay savings cards, patient assistance programs, and foundations and non-profits.

With this information, the TPRxC team was able to create a database that we use internally to better serve our patients. (This database is updated as elements change within the oral oncolytic marketplace.)

### Passionate Financial Support

Faced with the ever-growing cost of oral chemotherapy, our TPRxC team is passionate about securing financial support for our patients. In fact, one of the main responsibilities of our dispensing nurse navigator and certified pharmacy technician is to work closely with patients and their families to ensure oral adherence is not interrupted due to the high cost of their therapy. To do so, the TPRxC team

proactively pursues every resource available to financially assist our patients before we dispense a medication; we call our efforts Passionate Financial Support.

So how do you go about providing Passionate Financial Support? One option is to research and identify a grant that has open funding for a patient's specific diagnosis. Our TPRxC team works closely with numerous foundations, including the Patient Access Network (PAN) Foundation, the Patient Advocate Foundation Co-pay Relief, Patient Services Inc., the HealthWell Foundation, and the Good Days from CDF. Eligibility depends largely on a patient's household size, income, cancer diagnosis, and medication.

Another option is the free medication programs and co-pay assistance cards that are available from most pharmaceutical manufacturers. A good resource to find information about these pharmaceutical patient assistance programs is ACCC's annual Patient Assistance and Reimbursement Guide ([www.accc-cancer.org/PatientAssistanceGuide](http://www.accc-cancer.org/PatientAssistanceGuide)).

A last option for our patients who are in need of financial assistance is our employee-sponsored and funded Pot of Gold program. This program is an extension of HOACNY's Fun Committee, which raises money through creative programs, such as holiday and sporting event raffles, and by selling HOACNY apparel. When our team has exhausted all other options available to the patient, our Pot of Gold can provide assistance up to a maximum of \$200.

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### Tracking Our Financial Support

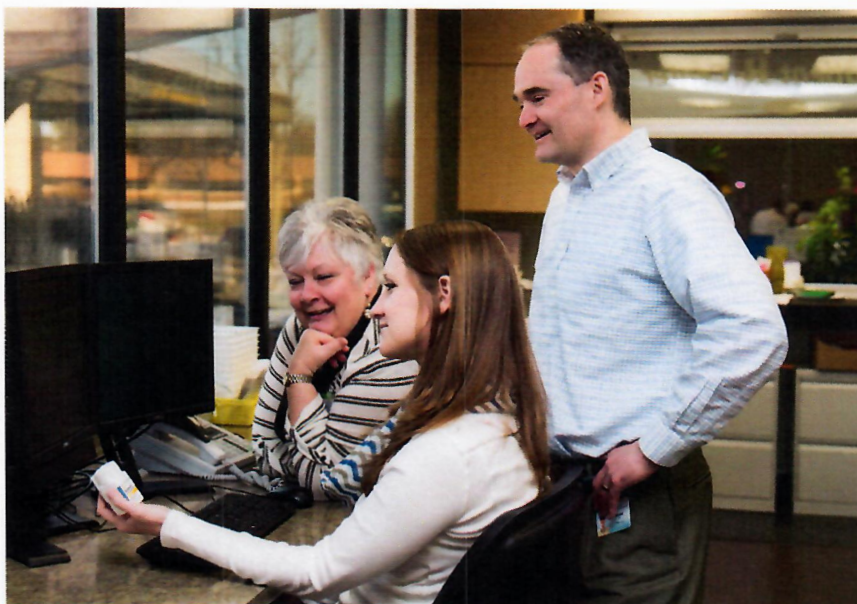
Our Passionate Financial Support is tracked through our electronic health record (EHR)—not only by TPRxC, but by the practice as a whole. Departmental teams, such as the Patient Advocate Team, the Social Work Team, and TPRxC Team, monitor this information to ensure that patient funds are not exhausted or expired while patients are still on therapy. If the patient's treatment is discontinued by the provider or funding is no longer needed, the TPRxC team contacts the appropriate foundation to cancel the grant so that funding may be available for others.

Shortly after TPRxC opened its doors, our team created an Excel spreadsheet for tracking financial assistance provided to patients. This tracker captures all of the financial assistance secured through various foundations, non-profits, or pharmaceutical manufacturer programs. Data has revealed that our team has secured more than \$2.1 million in Passionate Financial Support for our patients since TPRxC opened its doors in April 2013.


Our team uses these metrics to demonstrate to multiple stakeholders the value (and commitment!) TPRxC delivers. Specifically, TPRxC uses this data to help develop a value proposition for all internal (physicians, administration, co-workers) and external (employers, payers, advocacy groups, pharmacy benefit managers) stakeholders.

With a focus on continuous improvement, TPRxC developed a patient satisfaction survey to help refine our mission and our processes. An important survey component centers on the financial assistance services TPRxC provides to its patients. While patient feedback has been very favorable, as a team we strive to improve our services and how we engage our patients.

Accordingly, in October 2014, HOACNY implemented a Patient Assistance Committee where practice leaders and the TPRxC team convened and developed a plan of action to better understand the practice's internal processes and how it meets the needs of its patients and caregivers. The committee has



made great strides, enhancing our existing communication and tracking systems so that we can better address financial toxicity in our patient community.

Our TPRxC team, in concert with every department within the HOACNY family, will continue to work passionately to address the financial concerns of our patients. By eliminating the uncertainty our patients have in understanding where and how to secure funding for their cancer treatment, Passionate Financial Support has indeed proven a trusted antidote for our patients' financial toxicity. 

*Michael J. Reff, RPh, MBA, is manager, TPRxC, Hematology-Oncology Associates of Central New York, East Syracuse, N.Y., and founder of the National Community Oncology Dispensing Association, Inc. (NCODA), a grassroots, not-for-profit organization focused on addressing the growing needs of dispensing cancer clinics to improve operations at the pharmacy level in order to deliver quality and sustainable value to the many stakeholders involved in the care of cancer patients receiving oral therapy. Learn more at [www.ncoda.org](http://www.ncoda.org). Hannah B. Peabody, CPhT, is Pharmacy Technician Certification Board's 2014*

*Pharmacy Technician of the Year and is pharmacy technician, TPRxC, Hematology-Oncology Associates of Central New York. Deborah R. Walters, RN, OCN, is dispensing nurse navigator, TPRxC, Hematology-Oncology Associates of Central New York. Read more about TPRxC in the May/June 2014 Oncology Issues available to members only at: <http://mynetwork.accc-cancer.org/>.*

### References

1. Streeter SB, Schwartzberg L, Husain N, Johnsrud M. Patient and plan characteristics affecting abandonment of oral oncolytic prescriptions. *J Oncol Pract*. May 2011; 7(3 Suppl): 46S-51S; doi: 10.1200/JOP.2011.000316.

### TPRxC Mission

Our team mission is to be a valuable resource to patients and HOACNY staff in a convenient, patient-centered environment. We are committed to maintaining the highest level of care by accurately and efficiently dispensing medications, and providing educational and financial support, while enhancing patient compliance.