

Empowering Cancer Patients: Reducing Financial Barriers through Pharmacist-Led Counseling (NOLA Initiative Case Study)

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INTRODUCTION

Cancer Treatment Costs: A Barrier to Care

Cancer patients often face a range of financial challenges that hinder access to treatment. These challenges include missed work, credit payments delayed, reliance on community support, and even long journeys to receive care. These financial burdens create obstacles to innovative treatments, undermining the progress made in cancer care. As we move towards personalized cancer treatment, with a shift from traditional chemotherapy to oral oncolytics and other targeted therapies, the importance of addressing 'financial toxicities' becomes evident. These financial burdens, encompassing out-of-pocket expenses, sacrifices, and time commitments, affect the majority of patients, regardless of their insurance type.

The evolving landscape of cancer treatment brings its own set of challenges, especially with the increasing use of oral oncolytics. However, it also presents opportunities to improve patient care and streamline resources. One such opportunity is medically integrated pharmaceutical dispensing, which not only benefits patients by saving them trips to the pharmacy but also creates an ancillary revenue stream for physicians. As we continue to advance in the field of cancer therapy, it is crucial to embrace solutions like these and foster the role of a collaborative pharmacy team in addressing the rising challenges.

Phase of NOLA Initiative: Access to Care

Step I At the initial visit for each new patient NOLA intake form is completed by patient

NOLA PATIENT INTAKE FORM Cancer Screening/SDOH/Cognitive Assessment			
TODAY'S DATE:		CHART NO:	
FIRST NAME:	LAST NAME:	DOB:	
1. What is your country of birth? (circle one) USA, including Puerto Rico/Other			
2. How many years have you lived in the United States?			
3. What is your race? Black/White/Hispanic or Latino/Pacific Islander/Native American/Asian/Other			
4. What is your gender? Male/Female/Other/Prefer not to identify			
5. What is your sexual orientation? Straight/Gay/Bisexual/Other/Prefer not to answer			
6. Education status			
7. Are you able to read and write?			
8. Marital status			
9. Annual income? (household)			
10. Employment status			
11. Employment field			
12. Are you a veteran?			
Access to healthcare/Transportation			
Language/Literacy/Mental health			
Are you able to communicate with your doctor in your language?			
Do you have a cell phone access to the internet? If yes, do you use for			
Do you often feel anxious, depressed, or worried?			
Are you experiencing any memory lapses or forgetfulness? Do you ever feel confused?			

Are you under care from a psychologist and/or mental health counselor?	Yes	No	o
Are you on any medications for anxiety or sleep? Do you take any regularly?	Yes	No	o
Food insecurity			
In the past 12 months has there been a point where the food you bought just didn't last and you didn't have money to get more?	Yes	No	o
Within the past 12 months, have you worried that your food would run out before you got money to buy more?	Yes	No	o
Family responsibilities for family members/friends/social support/community activity			
Are you responsible for child/care in your family?	Yes	No	o
Do problems getting childcare make it difficult for you to work/study?	Yes	No	o
Do problems getting childcare make it difficult for you to get healthcare?	Yes	No	o
Do you have support from friends or neighbors?	Yes	No	o
Housing, rent, utility services, household density			
Do you have any of these problems with your housing? Pest infestation/Mold Lead paint or pipes/Inadequate heat/Oven or Stove not working/Water Leaks/No or non-functioning smoke detector/Other	Yes	No	o
How many people live in your house/apartment?	Never/rarely/sometimes/often/always		
How often do you feel the following: I do NOT have enough money to pay for my rent and/or utilities?	Yes	No	o
Do you drink alcohol?	Yes	No	o
Do you take any recreational drugs?	Yes	No	o

Personal and Family History of Cancer			
Family Member	Cancer	Type of Cancer	Age at diagnosis
Self	Yes/No		
Brother/Sister	Yes/No		
Mother	Yes/No		
Maternal Grandmother	Yes/No		
Maternal Grandfather	Yes/No		

Mother's sister/brother	Yes/No		
Father	Yes/No		
Paternal Grandmother	Yes/No		
Paternal Grandfather	Yes/No		
Father's sister/brother	Yes/No		

Cancer/Health Screening Assessment			
Colon Cancer Screening			
Have any of your immediate family members had colon cancer?	Yes	No	
Have you ever been screened or had a provider discussed colon cancer screening with you (ie, colonoscopy, stool FIT test, etc.)	Yes	No	
Lung Cancer Screening			
Do you smoke?	Yes, current smoker	Yes, former smoker	Never smoker
Breast Cancer Screening (women only)			
Have you ever had a mammogram?	Yes	No	
Have you ever had a breast biopsy?	Yes	No	
Prostate Cancer Screening (men only)			
Have you ever had your PSA checked?	Yes	No	
Have you ever been told your PSA is elevated?	Yes	No	

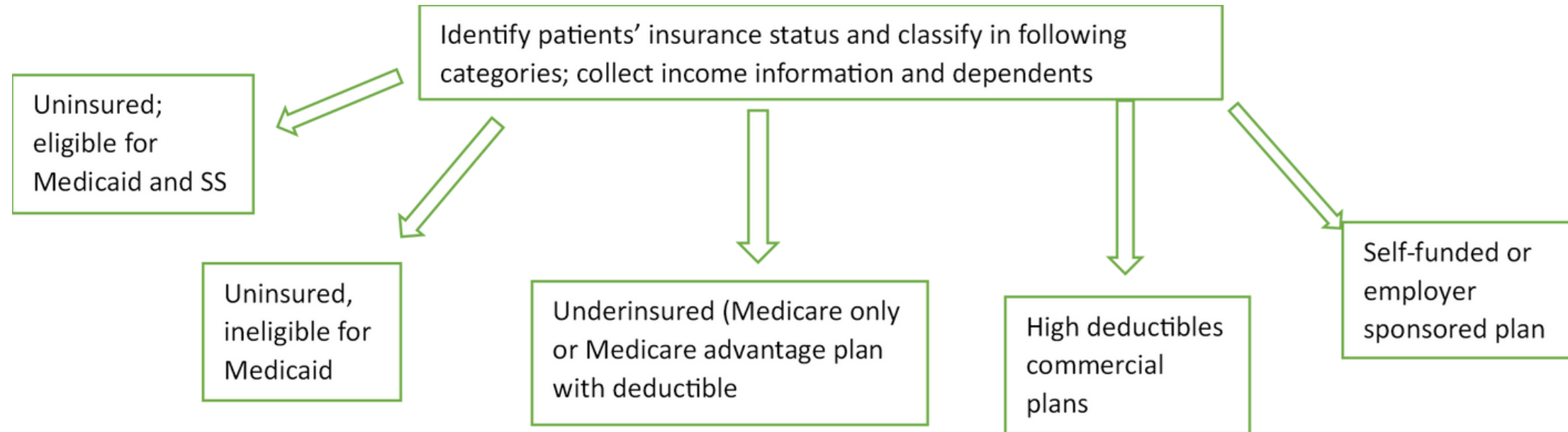
Have you or anyone in your family been tested for a breast cancer gene mutation (BRCA, etc.)?	Yes	If yes, type of mutation?	No
Cervical Cancer Screening (women only)			
Have you ever had a Pap smear?	Yes	No	N/A
Bone Density Screening (women only)			
Have you ever had a bone density (DEXA scan) to screen for osteoporosis?	Yes	No	Don't know
Prostate Cancer Screening (men only)			
Have you ever had your PSA checked?	Yes	No	N/A
Advanced Care Planning			
Do you have a living will or have you completed advance care planning?	Yes	No	
Do you want us to help you? (at no cost to you)	Yes	No	

Research: Our cancer center participates in multiple national research studies to develop understanding about cancer, how it occurs, what tests help us, how best to develop new treatments and how to bring equity, quality and better access to all socioeconomic class of individuals (all of these studies are in full compliance of regulatory agencies like Office of Human Research Protection ACT)

Would you be willing to participate in research to better understand disease process by certain tests (blood or urine)	Yes	No	If not, why
Would you be willing to participate in a research that helps develop newer drugs for cancer patients (including for you or future?)	Yes	No	If not, why

PATIENT SIGNATURE: DATE:

Step II



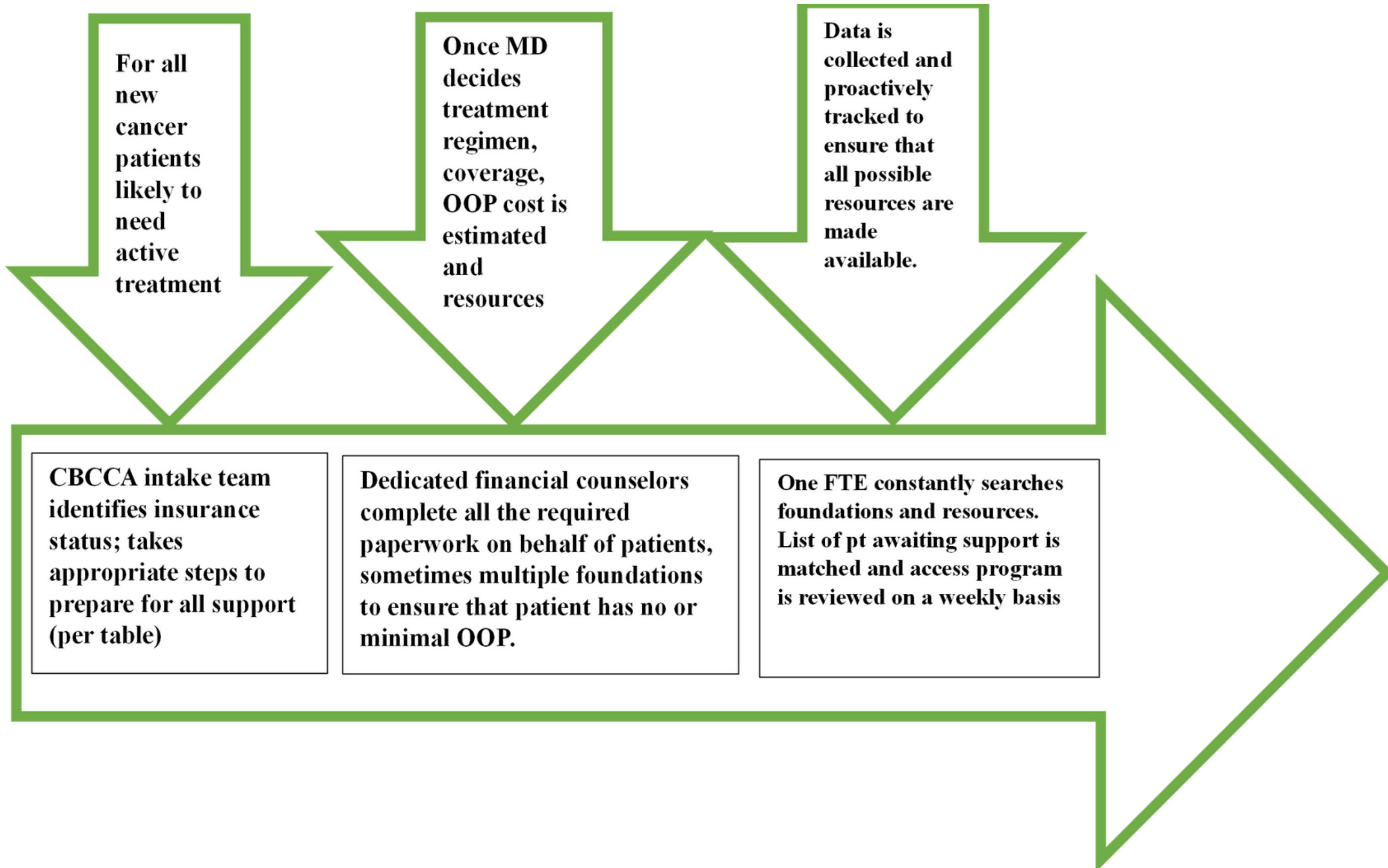
- We look at if a patient is insured or uninsured. For insured patients, our designated counsellor reviews their benefits with them and identifies unmet needs. We also collect following information to facilitate additional support outside of OOP cost
- Utility support (our local utility facilitates waiver of utility payments if patient has advanced cancer with life expectancy of less than a year)
 - Local Gym membership fees waived
 - Gas cards
 - Local county 501C3 for other support
 - Local congressional office for expediting DSS application for Medicaid eligibility for qualified applicants
 - State Medicaid office (if necessary for expediting Medicaid application)
 - Maintain list of foundations and search for grants on a weekly bases.

Step III

We implemented a robust and systematic process to ensure that every patient's treatment cost was addressed comprehensively. This process involved identifying suitable foundations, facilitating access to free drugs through voucher programs, and leveraging community resources to eliminate any concerns about the financial aspect of their treatment

No Insurance	Identify if patient qualifies for any state or federal program (i.e., Medicare, Medicaid, ACA fund; work with local county 501C3)	Help complete all forms for program. Create path for facilitation. Legislative assistance to navigate including legal funds
Medicaid Program	Verify benefits; ensure that DSS application is processed appropriately; if need be reach out to congressional office; LISS, dual eligible	Verify prescribed tests/medication(s) are approved/indicated for diagnosis;
Medicare: Eligible (disabled)	Verify eligibility; guide patients about how to enroll; seek assistance for part B premium	Verify if patient is retiring soon; If so and has Part A only, provide guidance for part B and medigap; look at dual eligibility and LISS
Medicare: Part A/ B No medigap	Identify if patient is dual eligible for Medicaid or Medicare Secondary Payer plan. If so, provide resources.	If not eligible, Foundations for medigap payment. NOLA initiative would work with local foundations to support if eligible
Medicare: Medigap	Generally, all services are covered; ensure benefits verification and Eligibility	Confirm part D; if not, guide appropriately; assistance for Donut Hole
Medicare: Advantage Plan	Go over insurance plan with patient; identify where they can save dollars (i.e., changing insurance, if applicable). Open enrollment	If changing back to Medicare, add a Part D plan and supplemental plan. If changing Advantage Plan, facilitate appropriate plan
Commercial & Insurance Exchanges	Verify prescribed medication(s) are approved/indicated for diagnosis/place in therapy and submit pre-determination or prior authorization if necessary	Identify if free medication(s) is available, when necessary; complete and submit applicable form(s). Identify patient's responsibility for prescribed medication(s).

Step IV: Operation plan to procure help and continue care.



RESULTS

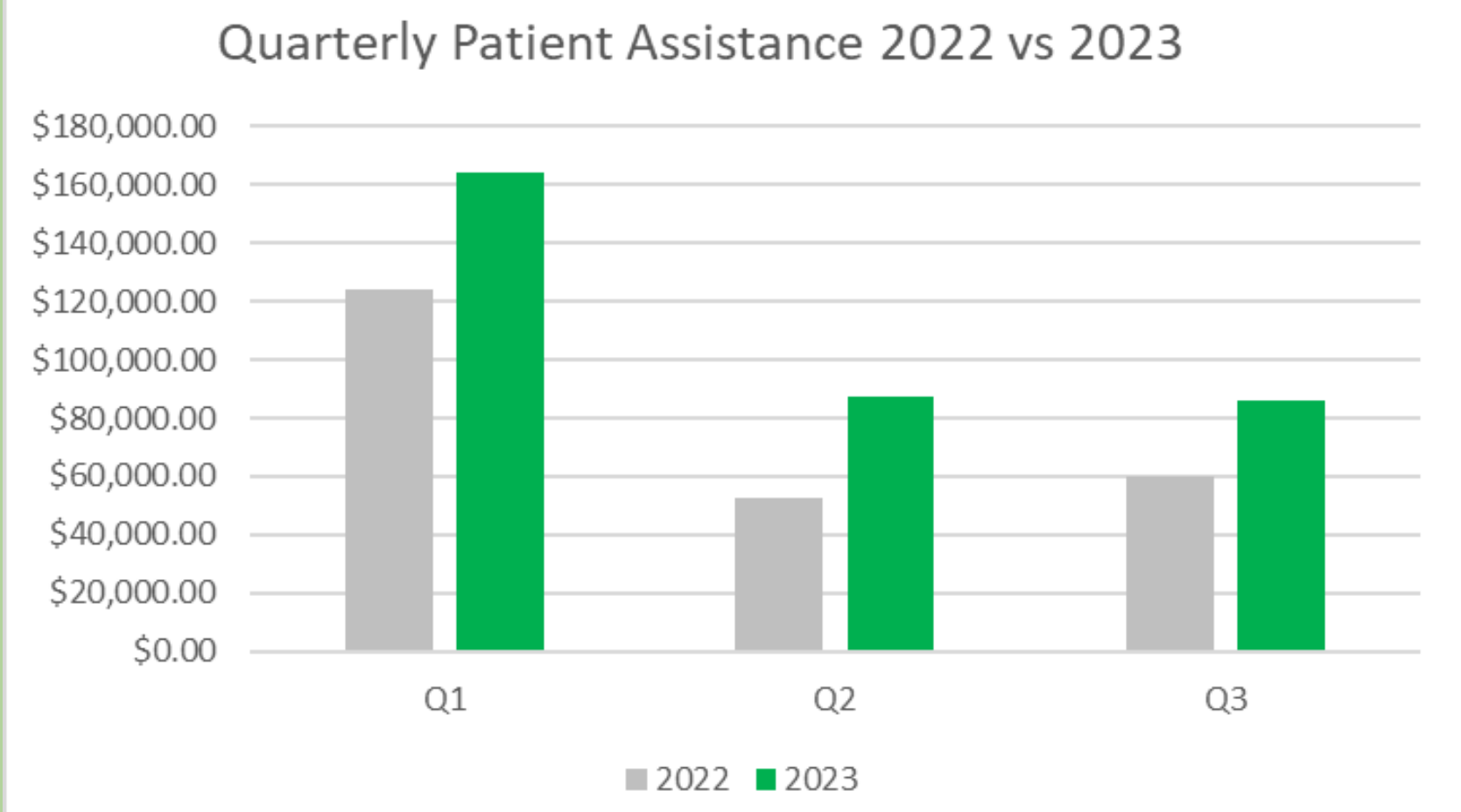
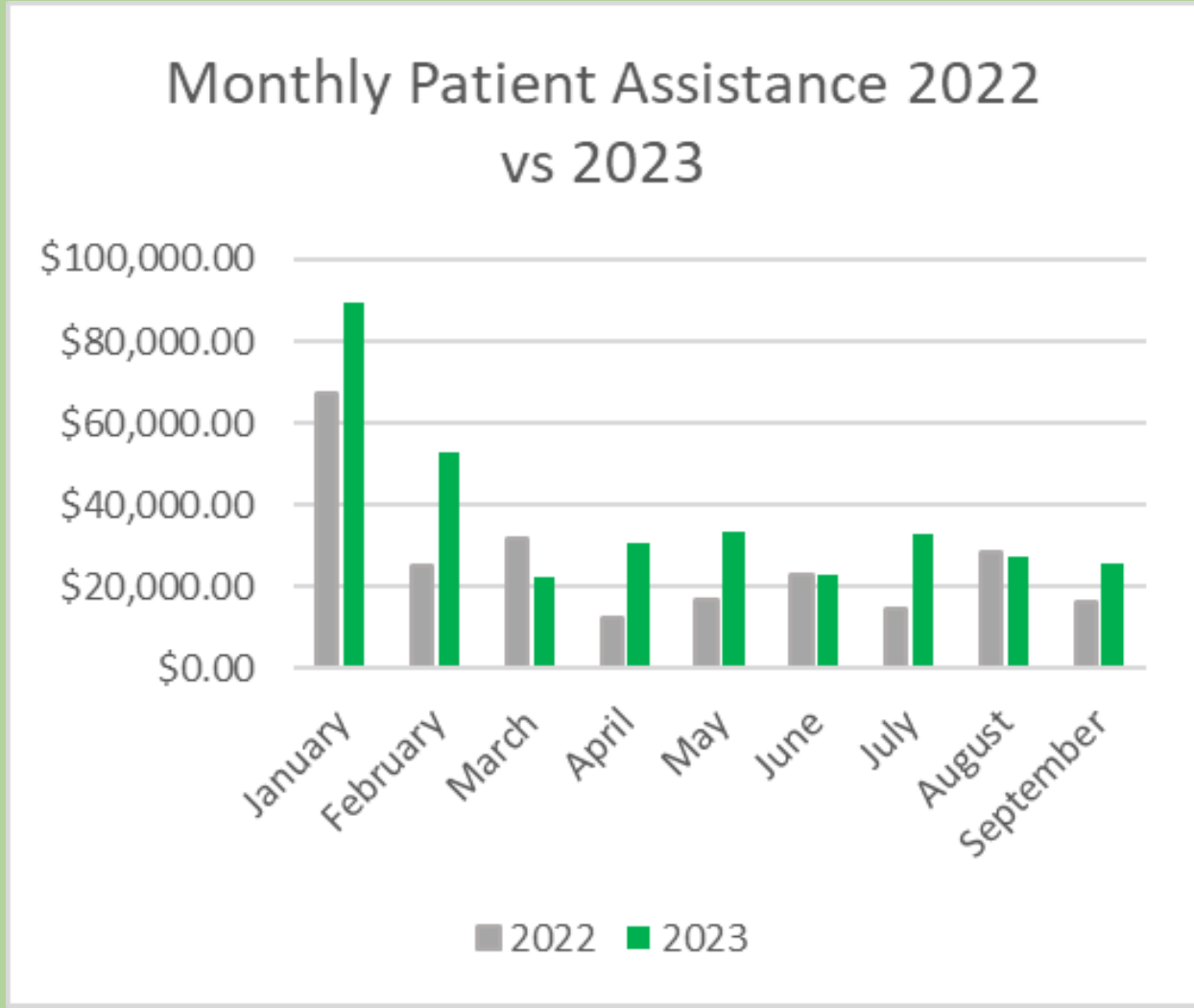
Results of Pharmacist led Financial Assistance Program: Support from foundation for IV Drugs

Foundation/Copay Card	No of Patient Enrolled	Paid By Foundation
Copay card A	4	\$7,389.31
Copay card B	2	\$15,377.08
Copay card C	2	\$5,264.81
Copay card D	6	\$20,186.62
Copay card A	1	\$2,174.62
Copay card A	2	\$2,187.62
Copay card A	5	\$8,708.84
Foundation	9	\$23,355.58
Copay Card	2	\$5,068.34
Copay Card	22	\$11,415.80
Leukemia & Lymphoma Society	2	\$1,577.66
Copay card A	1	\$178.51
Copay card A	8	\$23,638.01
Copay card A	1	\$7,860.89
Copay card A	1	\$1,218.21
Copay card A	2	\$80.00
Copay card A	1	\$3,308.00
Patient Advocate Foundation	3	\$7,958.19
Patient Access Network Foundation	4	\$9,313.50
PNH foundation	1	\$6,953.60
Copay card A	7	\$16,994.21
Copay card A	11	\$8,368.76
Copay card A	4	\$2,533.98
Copay card A	1	\$2,258.59
Copay card A	1	\$3,600.00
Total	110	\$196,970.73

Details of free drugs

Procedure code	Dosage	No of units	Cost per unit	Total Cost	No. pts
Drug A	1200 MG	1200	\$12.73	\$15,276.00	1
Drug B	10900 MG	1090	\$66.90	\$72,921.00	2
Drug C	12050 MG	12050	\$4.71	\$56,695.25	2
Drug D	1800 MG	1800	\$20.77	\$37,386.00	1
Drug E	11500 MG	460	\$12.58	\$5,786.80	2
Drug F	11400 MG	1140	\$84.19	\$95,976.60	2
Drug F	15000 MG	1500	\$73.90	\$110,853.75	2
Drug G	2100 MG	210	\$40.50	\$8,505.00	1
Drug H	10500 MG	10500	\$1.09	\$11,445.00	7
Drug I	22400 MG	22400	\$51.33	\$1,149,736.00	14
Drug I	67.5 MG	9	\$103.70	\$933.30	2
Drug K	2000 MG	200	\$22.32	\$4,463.50	2
Drug l	24 MG	48	\$182.38	\$8,754.00	1
Drug m	1200 MG	1200	\$55.89	\$67,071.00	2
Drug n	840 MG	840	\$13.35	\$11,216.10	1
Drug O	3600 MG	360	\$67.77	\$24,397.20	1
Drug P	1800 MG	180	\$34.23	\$6,161.40	1
Drug Q	2120000 KU	2120	\$8.10	\$17,172.00	4
Drug R	2000 MG	200	\$82.83	\$16,566.00	2
Drug S	3800 MG	380	\$45.91	\$17,445.80	1
Drug T	1560 MG	1560	\$58.66	\$91,509.60	2
Drug U	390 MG	390	\$11.30	\$4,407.00	1
Drug V	10800 MG	1080	\$77.54	\$83,743.20	1
Drug W	12420 MG	1242	\$46.44	\$57,678.48	2
Drug X	78 MG	156	\$176.96	\$27,605.76	3
Drug CY	600 MG	600	\$21.37	\$12,822.00	1
Drug z	54 MG	108	\$168.80	\$18,230.40	2
TOTAL				\$2,034,758.14	63

Financial assistance for oral drugs: Results comparing oral pharmacy led assistance program comparing 9 months in 2022 and 2023 2022 (January – September) \$236,604; 2023 (January – September) \$337,783



SUMMARY & DISCUSSION

Total No of patients receiving free drugs: 63 with financial value of \$2,034,758.14

- Total number of patients receiving financial assistance: 110 (included co pay cards and foundation support) amt; \$196,970.
- Total amount of financial help for oral drugs (2022): \$236,604 (9 months)-annualized at \$314,683.
- Net total amount of financial assistance between oral drugs, iv drugs and free drugs: \$2,546,411
- The total number of patients receiving cancer treatment was 419. Essentially nearly 50% of patients needed some type of help for the out-of-pocket support.
- Not a single patient was turned away for treatment irrespective of their ability to pay

Cost to CBCCA:

During phase 1 of NOLA, CBCC incurred direct costs of approximately \$250,000 for additional staff hired and program-related resources. Indirect costs incurred were approximately \$60,000 in excess physician time, additional 1,000 hours of study and research, and 200 hours of other staff time, including business office time calculating out-of-pocket costs for patients based on the treatment they were receiving.

- We incurred a cost of \$250,000 in direct cost for the FTE and other logistics. Indirect cost includes \$60,000 MD time (Dr. Patel), an additional 1000 hours of study time and research and 200 hours of other staff (including business office for calculation for the OOP cost for individual beneficiary depending on the regimen).
- These results do not include support for oral cancer and oncolytic drugs as we are in a process of streamlining patient assistance programs for the same.

Discussion

During the last two decades we have seen great progress against cancer in the United States. Overall cancer death rate is declining. The immense burden of cancer is not shouldered equally by all segments of the U.S. population. The adverse differences in cancer burden that exist among certain population groups, are one of the most pressing public health challenges that we face in the United States Racial and ethnic minority populations are among the U.S. population groups. These groups have long experienced cancer health disparities. Despite this progress, however, striking disparities in cancer incidence and death persist for racial and ethnic minority groups in the United States.

Our catchment areas and counties that we serve typically represent the most vulnerable and marginalized and impacted by the disparities. We therefore decided to start a pilot with an idea to serve as a roadmap that can be shared by multiple other practices. Instead of working in silos, we decided to partner with multiple stakeholder groups including local non for profits, congressional offices, state DHHS and Medicaid team and others to create a collaborative effort. In conclusion a well thought plans to include multiple team members and cross train them to lead a pharmacy operation with multiple pharmacy technicians and support staff including financial counsellor can definitely minimize impact of financial toxicities and provide equitable cancer care irrespective of ability to pay as well as reduce risk of bankruptcies.

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