This material is protected by U.S. copyright law. Unauthorized reproduction is prohibited. To purchase quantity reprints, please e-mail reprints@ons.org or to request permission to reproduce multiple copies, please e-mail pubpermissions@ons.org.

## Insurance-Related and Financial Challenges Reported by Managed Care Enrollees With Breast Cancer

Rachel Klimmek, BSN, RN, OCN®, Denise Snow, JD, RN, CNM, NP, and Jennifer Wenzel, PhD, RN, CCM

Cancer survivors in the United States often encounter significant challenges in obtaining and paying for medical care. Multiple research studies have examined these issues in Medicare and Medicaid populations and the underinsured, but very little is known about insurance-related challenges encountered by cancer survivors enrolled in private insurance programs such as managed care. This secondary analysis of data explored the insurance-related and financial challenges reported by women enrolled in a managed care organization during cancer treatment and early follow-up. The researchers reviewed semistructured interviews with 14 women with breast cancer near the time of diagnosis, midway through treatment, and after treatment completion. Most women reported considerable stress related to performance of insurance-related tasks during or immediately after treatment, which resulted in negative emotional and psychological experiences. This article presents recommendations for how oncology nurses can intervene to assess and address these challenges and their effects. Future research should examine best practices related to nursing management of insurance-related and financial challenges during cancer.

ancer survivors in the United States and their families often encounter tremendous challenges in obtaining and paying for medical care (Himmelstein, Warren, Thorne, & Woolhandler, 2005; Mathews & Park, 2009; Ward et al., 2008). Of late, national attention has focused on insurance reform, the increasing costs of medical care, and the impact of an economic recession that resulted in a national poverty rate of 13.2% in 2008, the highest in 11 years (Morello & Keating, 2009).

Associations between lack of health insurance or inadequate insurance and lower rates of cancer survival are well established (Ward et al., 2008), but studies also have pointed to the substantial burdens and negative outcomes experienced by patients with cancer who are adequately insured (Rosenthal, 2009; Sherwood, Donovan, Rosenzweig, Hamilton, & Bender, 2008). Some patients go bankrupt because of out-of-pocket costs, whereas others buckle under the stress of financial strains, insurancerelated administrative tasks, delayed or denied authorizations, or fear of losing coverage (Himmelstein et al., 2005; Meropol et al., 2009; Wenzel & Steeves, 2008). A study of 6,602 cancer survivors interviewed from 2003-2006 found that cost kept 7.8% of survivors from seeking care they considered necessary (Weaver, Rowland, Bellizzi, & Aziz, 2010). Sherwood et al. (2008) found that survivors of breast and ovarian cancer, despite "feeling lucky" to have had their treatment covered by insurance, often made trade-offs between paying for care and paying for other family expenses. As costs of cancer care continue to rise and

## At a Glance

- Women with breast cancer who receive health insurance through managed care organizations (MCOs) may experience considerable stress as a result of insurance-related or financial challenges during and after breast cancer treatment.
- Challenges include interacting with MCOs, understanding written information from MCOs, obtaining authorizations for care, paying bills and planning for the costs of care, and obtaining assistance with insurance-related tasks.
- Nurses can address the needs of patients and families who are experiencing insurance-related or financial challenges with thorough assessments, direct interventions, and provision of appropriate referrals.

Rachel Klimmek, BSN, RN, OCN®, is a PhD candidate in the School of Nursing at Johns Hopkins University in Baltimore, MD; Denise Snow, JD, RN, CNM, NP, is a clinical associate professor in the School of Nursing at Stony Brook University in New York and a staff attorney at Nassau/ Suffolk Law Services Committee Inc. in Hempstead, NY; and Jennifer Wenzel, PhD, RN, CCM, is an assistant professor in the Department of Acute and Chronic Care in the School of Nursing at Johns Hopkins University. (First submission December 2009. Revision submitted February 2010. Accepted for publication March 2, 2010.)

Digital Object Identifier:10.1188/10.CJON.598-606