

Patient Assistance Programs

Easing the burden of financial toxicity during cancer treatment

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BACKGROUND: As the cost of cancer treatment escalates, patients with cancer are facing an increased financial burden because of their financial obligations for coinsurance, deductibles, and co-payments.

OBJECTIVES: This article describes how clinical nurses who are supporting patients on their cancer journey are positioned to offer guidance to help alleviate financial burden associated with drug costs by enrolling patients in patient assistance programs (PAPs).

METHODS: Details are provided about how PAPs work and how a basic knowledge of healthcare coverage terminology, assessment tools, interview techniques, and interprofessional collaboration can contribute to successfully accessing PAPs.

FINDINGS: PAPs are sponsored by multiple sources and can be identified using web-based resources. For patients who meet eligibility criteria, assistance in the form of PAPs can reduce the impact of financial toxicity related to cancer treatment.

KEYWORDS

health insurance; patient assistance programs; co-payment assistance; financial obligation

DIGITAL OBJECT IDENTIFIER

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AS CANCER TREATMENT CONTINUES TO ADVANCE with the expansion of targeted cancer therapies, many new cancer drugs can cost more than \$100,000 per year, with an average yearly out-of-pocket cost for one drug estimated at \$12,000 (Rimer, 2018). By the time a patient is in the treatment phase of cancer, he or she may have already incurred the costs of diagnostic testing, visits with specialists, and, in some cases, surgery, and is facing a potentially high-cost treatment. Financial toxicity is defined by the National Cancer Institute ([NCI], n.d.) as problems related to the cost of medical care; patients with cancer are more likely to have financial toxicity than individuals without cancer. The burden of paying for cancer care has caused a multitude of problems for many Americans who, by choosing to pursue treatment, may be forced to spend their retirement accounts, sell their homes, or declare bankruptcy (Tran & Zafar, 2018). Many clinical oncology nurses on the frontlines of this crisis have not been adequately prepared to guide patients through the maze of financial assistance options.

Assessing for financial toxicity or burden (NCI, n.d.) has become an essential component of constructing a plan of care for a patient starting cancer treatment. Proactively addressing financial issues related to treatment should be the goal. Ideally, all new patients should meet with a financial counselor before starting treatment (Saullet, 2014). In the absence of dedicated staff who provide one-to-one financial counseling, clinical nursing staff can take on the responsibility of assisting patients with financial issues.

Several online tools are available to measure financial toxicity and burden, and many of these are listed in the *Oncology Nurse Navigator Toolkit* (Oncology Nursing Society, n.d.). Some assess quality-of-life issues related to financial toxicity rather than the dollars and cents of financial toxicity. For example, the Comprehensive Score for Financial Toxicity (COST) is a patient-reported outcome measure that asks questions related to out-of-pocket costs, monthly expenses, and emotions, such as stress and frustration. The COST tool demonstrated reliability and validity in measuring financial toxicity for patients with stage IV disease; therefore, some of the questions may not be applicable to patients who are just starting treatment (de Souza et al., 2017).

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Patient assistance programs (PAPs), which are sometimes referred to as medication assistance programs, are sponsored by charitable foundations,