

The Cost of Care: Financial and Social Factors in Cancer Management

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It is known among clinicians, including advanced practitioners (APs), that non-medical factors will influence health outcomes and contribute to health disparities. Factors such as socioeconomic position, access to health-care and education systems, and living conditions impact whether a patient will be provided similar treatment, care, or resources as others with the same condition. These are referred to as social determinants of health (SDOHs), and negative social factors lead to patients experiencing deleterious outcomes (Pinheiro et al., 2022).

Today, I reflect on this topic as I complete pharmacy prior authorization request forms, schedule peer-to-peer phone calls with insurance companies, and fill out paperwork so that a patient does not have their electricity shut off because they cannot afford to pay the bill. Most APs have first-hand experience with SDOHs and health-care costs interacting with their ability to manage the care of patients. The adverse financial effect of cancer treatment is an aspect of care that cannot be ignored for our patients coming from diverse socioeconomic backgrounds.

FINANCIAL TOXICITY

High out-of-pocket costs of cancer-associated care in the United States continue to grow, and no one is immune. Financial health is a measurable component of SDOHs and, for people living longer than ever with their cancer diagnosis, financial toxicity (FT) becomes highly relevant.

Compiled of objective costs of care and a person's subjective burden, FT screening is an important component of survivorship and cancer care, but it is not always assessed throughout the disease trajectory. Advanced practitioners and the multidisciplinary team may focus on the needs of patients with known low socioeconomic status based on information captured in the electronic medical record or when patients bring hardship or costs to their attention. All too often, a person with seemingly stable finances may now be shifted into a lower income bracket due to life-altering changes such as loss of employment, high copays for specialist visits, lab/imaging copays, or other cumulative costs, and their needs are not addressed.

In this issue, Harris and colleagues published their quality improvement project focused on the importance of screening for FT in

an urban practice. I enjoyed reading this paper and found their example of standardizing an FT screening and care coordination program can be replicated by others. Each member of the multidisciplinary team can address FT, yet discussions may not occur for various reasons. It is critical that the team assess, acknowledge, and intervene when the financial strain of a cancer diagnosis is present. A similar model may be useful in your practice.

JADPRO has published papers in the past few years regarding disparities in cancer care, clinical trial accrual, and SDOHs. In addition, members of the Advanced Practitioner Society for Hematology and Oncology (APSHO) have collaborated with organizations such as the Association of Community Cancer Centers (ACCC) to define the AP role in equitable care to bridge the gap between different populations and equitable care delivery (Dimarco et al, 2022; Hoffner et al, 2022). Perhaps you have an innovative idea or model to implement in your practice. If so, feel free to share your quality improvement or research project with us.

IN THIS ISSUE

In addition to the article by Harris and colleagues on FT screening, read a variety of AP-focused articles in this issue. A quality improvement project used a chemotherapy documentation template to improve compliance with national chemotherapy administration standards. An AP-led pilot study assessing the effect of reducing radiation dose in children with brain tumors provides years of interesting follow-up data on quality of life and disease outcomes. A helpful review of safety and efficacy of intratumoral injections for solid tumor cancers can also be found in this issue. Detailed case studies on managing advanced prostate cancer illustrate best practices in using the first-in-class oral gonadotropin-releasing

hormone antagonist, relugolix. Sexual health and intimacy are often left out of provider discussions; the Practice Matters article underlines ways APs can integrate this topic within their routine clinical practice. The Diagnostic Snapshot article highlights common MRI sequences and their utility

ANNOUNCING ONLINE FIRST

On another note, I am thrilled to announce the launch of exclusive online first articles in *JADPRO*. In the fast-paced world of oncology, it has been essential to keep up with the latest advances in the field. With online first publication, articles undergo the same rigorous process of double-blinded peer review, copyediting, and proofing. They are then published and available online in an expedited timeframe. You can get a sneak preview of their first page in this issue, then visit us at JADPRO.com to access the full articles. Be sure to check often as new articles are published. I look forward to discussing the latest articles with you on social media using #JADPRO or tag us at @AdvPract on Facebook or @JADPRO on X. ●

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