

# Financial Navigation Learning Collaborative Findings and Impact Report

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*thank you*

**With sincere thanks to our FNLC participating organizations:**

Englewood Health  
Baptist MD Anderson Cancer Center  
Outer Banks Health Cowell Cancer Center  
Parish Healthcare Oncology  
Tennessee Oncology  
Upper Chesapeake Health Kaufman Cancer Center, University of Maryland  
UMPC Hillman Cancer Center  
Vanderbilt-Ingram Cancer Center  
Ascension St. Vincent Evansville Cancer Center  
NYC Health + Hospitals/Bellevue  
Northwell Health  
St Elizabeth Healthcare  
Duke Cancer Center  
MetroHealth Cancer Institute  
UC San Diego Health  
UCSF Health



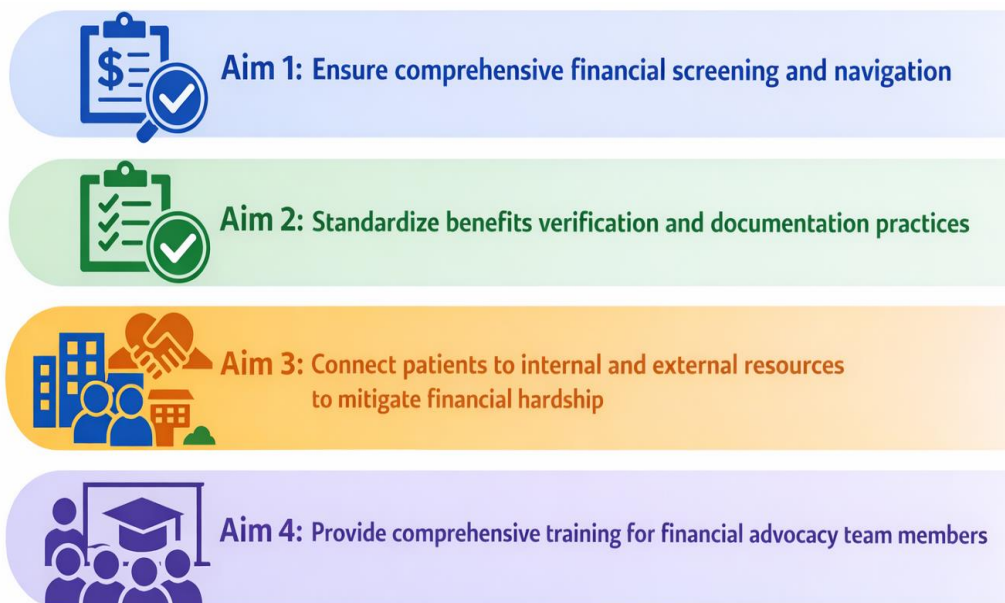
## Introduction

Financial toxicity—the financial burden experienced by patients and families during cancer care—continues to undermine treatment adherence, patient well-being, and equity in oncology outcomes. Rising costs of care, complex insurance systems, and indirect expenses such as transportation and lost income place many patients at risk for delayed or interrupted treatment. Addressing these challenges requires intentional, systematic integration of financial navigation into routine oncology practice.

Financial navigation helps identify patients at risk for financial hardship, clarify insurance benefits, connect patients to assistance programs, and reduce barriers to care. However, oncology practices often face obstacles to delivering these services consistently, including limited staffing, variable workflows, and gaps in training and infrastructure.

To bridge this gap, the American Cancer Society Leadership in Oncology Navigation (ACS LION) established the Financial Navigation Learning Collaborative (FNLC)—a 15-month initiative. Through monthly virtual designed to support oncology practices in developing and implementing robust financial navigation programs. The FNLC brought together multidisciplinary teams from participating sites to engage in structured learning, peer exchange, and continuous quality improvement meetings, expert-led sessions, and collaborative problem-solving, participants worked toward the four FNLC aims (Figure 1, see Appendix 1 for details).

**Figure 1.**  
FNLC Aims



The FNLC employed a phased, structured approach that guided participating practices from assessment and planning through implementation and improvement (Figure 2). Throughout the collaborative, ACS provided facilitation, templates, and technical assistance to support progress and sustainability.

**Through shared learning and evidence-based practice change, the FNLC sought to reduce financial toxicity, improve patient experience, and advance more equitable access to cancer care.**

Figure 2. Phased Approach of Learning Collaborative



## Experience At-A-Glance

### **At launch of the FNLC, common gaps existed across the participants:**

- Financial distress screening was inconsistent or absent; patient needs were often identified late
- Workflows were fragmented and financial navigation roles were unclear across various team members
- Staff capacity was limited and staff often had insufficient training.
- Sites had achieved minimal electronic health record (EHR) integration for financial navigation activities and lacked the ability to track referrals, outcomes, or impact
- Patients faced significant barriers related to transportation, food insecurity, and lack of awareness of assistance programs

### **During the FNLC, participant accomplishments included:**

- Implemented or strengthened standardized screening and rescreening workflows
- Built structured referral pathways, standard operating procedures (SOPs), and improved documentation for cross-team visibility
- Expanded access to financial assistance programs, transportation, meals, and community resources
- Increased navigator training and strengthened interdisciplinary collaboration
- Enhanced digital infrastructure, including EHR workflows, templates, tracking tools, early dashboards

## Experience At-A-Glance

**The FNLC was intended to help participants plan for improvements in financial navigation services in the years to come. Planned next steps reported by participants include:**

- Embed financial screening as standard of care with automated triggers and referral pathways
- Build or refine dashboards and key performance indicators (KPIs) to monitor need, impact, and equity
- Expand navigator coverage across tumor programs and care settings
- Continue workforce development in insurance literacy, communication, and resource navigation
- Strengthen partnerships with internal teams and community organizations for broader support
- Leverage automation and EHR enhancements to optimize workflow efficiency



### Overall Insights

Across cancer centers, the collaborative accelerated a shift from **reactive, fragmented** financial assistance to **proactive, standardized financial navigation** embedded within oncology care—improving access, coordination, patient support while laying the foundation for sustainable data-driven models.

## Quantitative Evaluation

The quantitative evaluation\* assessed all four aims of the learning collaborative. The evaluation included:

- 1) Standardized self-assessment of screening, benefits verification, financial navigation delivery, and training at baseline and completion of the FNLC
- 2) Metrics aligned with learning collaborative aims at baseline, mid-point, and completion



### Self-Assessment Experience

Participants found that engaging in a structured, team-based process to complete the baseline self-assessment revealed gaps and opportunities for improvement. The final self-assessment allowed teams to reflect on improvements in each of the aims and related activities at the conclusion of the collaborative, along with work yet to be accomplished. At times, participants learned of additional gaps in navigation services as the learning collaborative progressed, occasionally resulting in a final self-assessment score for a specific activity that was lower than the associated baseline self-assessment score.



### Metric Reporting Experience

Participants found the metrics to be challenging to collect due to the lack of automated systems, especially at the beginning of the collaborative. Participants were given the option of abstracting 30 records if automated data were not available. Many participant sites devoted resources to building reports through their electronic systems during the collaborative. Still, the long development timeline for automation reporting meant that some participants could not reliably report all metrics during the learning collaborative term.

\*Summary of Evaluation Findings is located on page 13

## Quantitative Findings

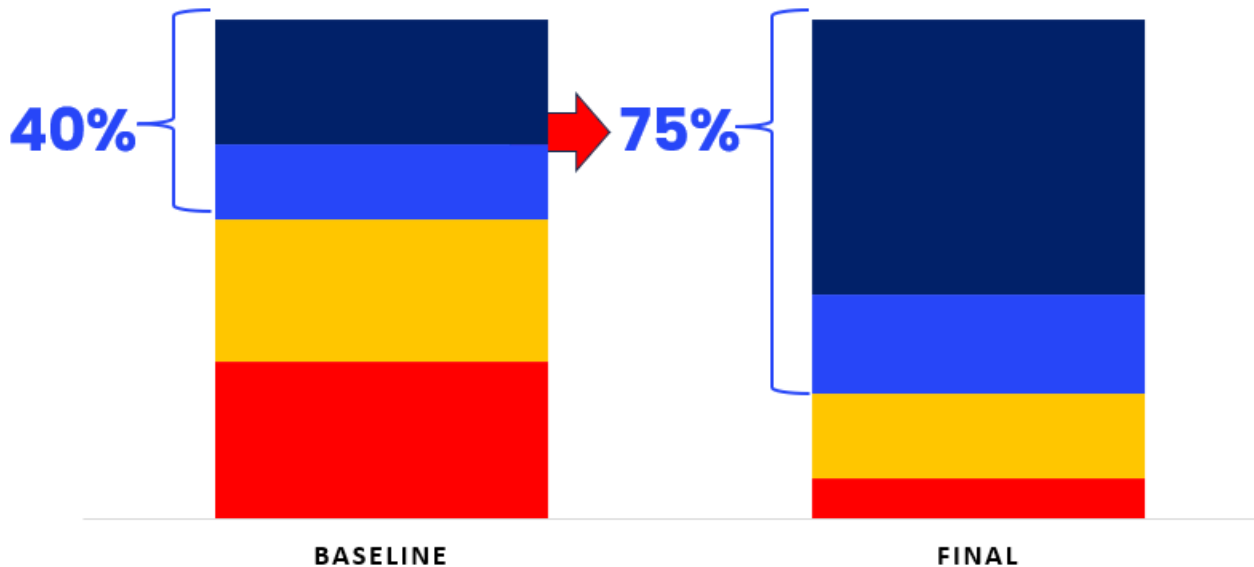
### Aim 1. Ensure Comprehensive Financial Screening and Navigation

#### Self-Assessment Impact

Change in self-assessment scores\* for Aim 1 from baseline to the end of the FNLC are shown below.

#### SELF-ASSESSMENT AIM 1 SCORES BASELINE & FINAL

■ Score = 0   ■ Score = 1   ■ Score = 2   ■ Score = 3



#### Measure Impact

Change in "Percentage of patients with financial distress screening completed prior to treatment initiation using a standardized questionnaire," baseline to final:

**56%** → **89%**

\*Self-assessments were scored using the following:

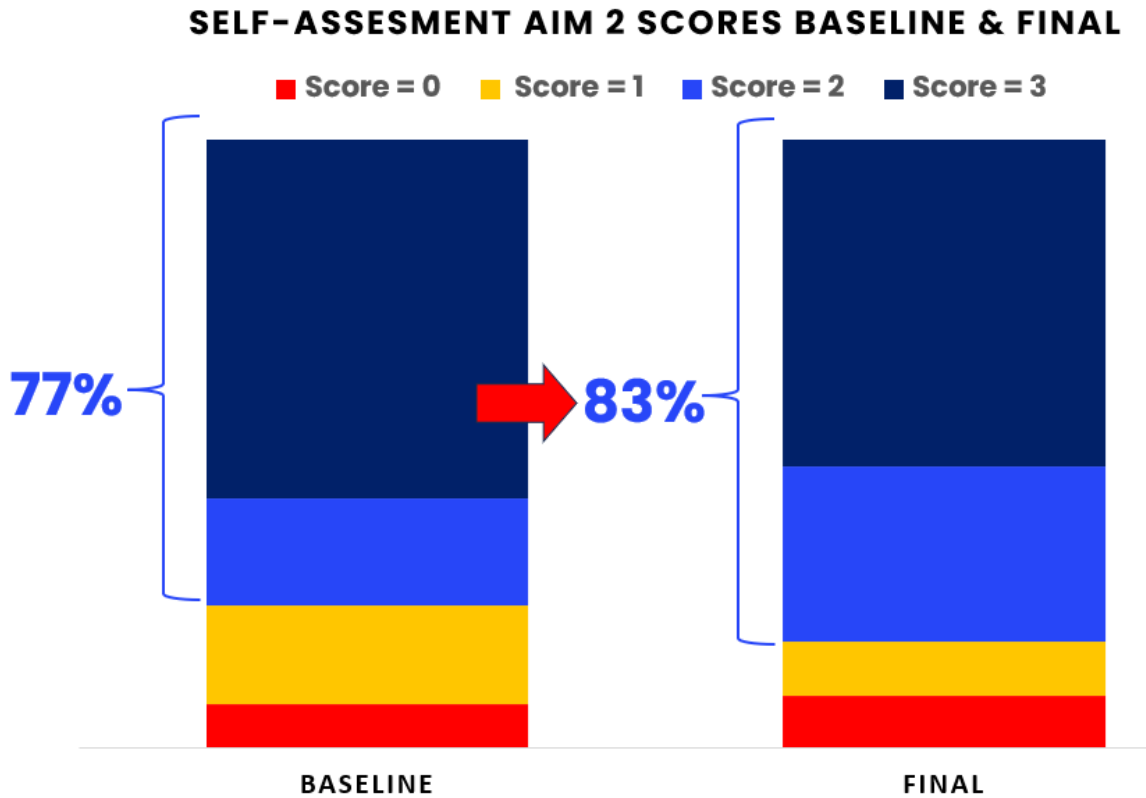
- 0 - We do not perform this activity or offer this service
- 1 - We have a process for this activity, but it is incomplete or inconsistent
- 2 - We have a process for this activity that is followed nearly all the time
- 3 - We have a process for this activity that is fully deployed across all key areas

## Quantitative Findings

### Aim 2. Ensure Benefits Verification and Documentation

#### Self-Assessment Impact

Change in self-assessment scores for Aim 2 from baseline to the end of the FNLC are shown below.



#### Measure Impact

Change in "Percentage of patients with benefits communicated prior to treatment start, including deductible, out-of-pocket maximum, and renewal date," baseline to final:

**37%** → **67%**

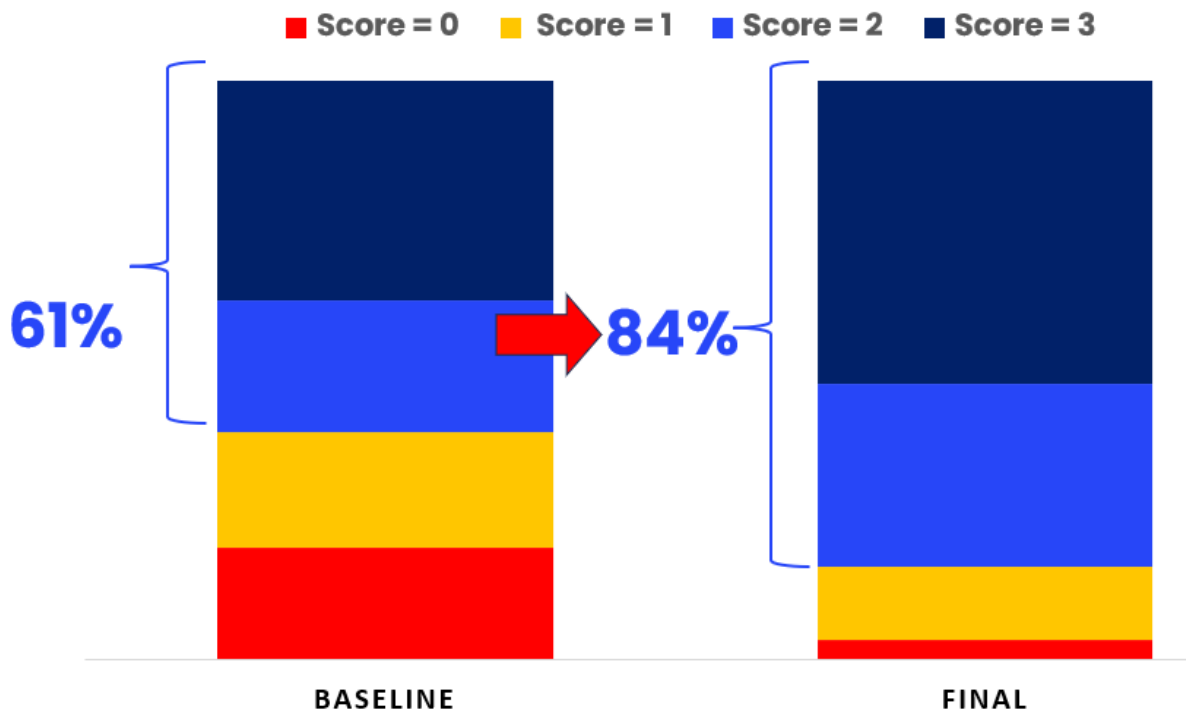
## Quantitative Findings

### Aim 3. Ensure Patients Receive Necessary Financial Navigation

#### Self-Assessment Impact

Change in self-assessment scores for Aim 3 from baseline to the end of the FNLC are shown below.

**SELF-ASSESSMENT AIM 3 SCORES BASELINE & FINAL**



#### Measure Impact

Change in "Percentage of patients who screen positive for financial distress and who are referred to resources," baseline to final:

**58%** → **87%**

Change in "Percentage of patients who screen positive for financial distress who receive assistance," baseline to final:

**57%** → **82%**

## Quantitative Findings

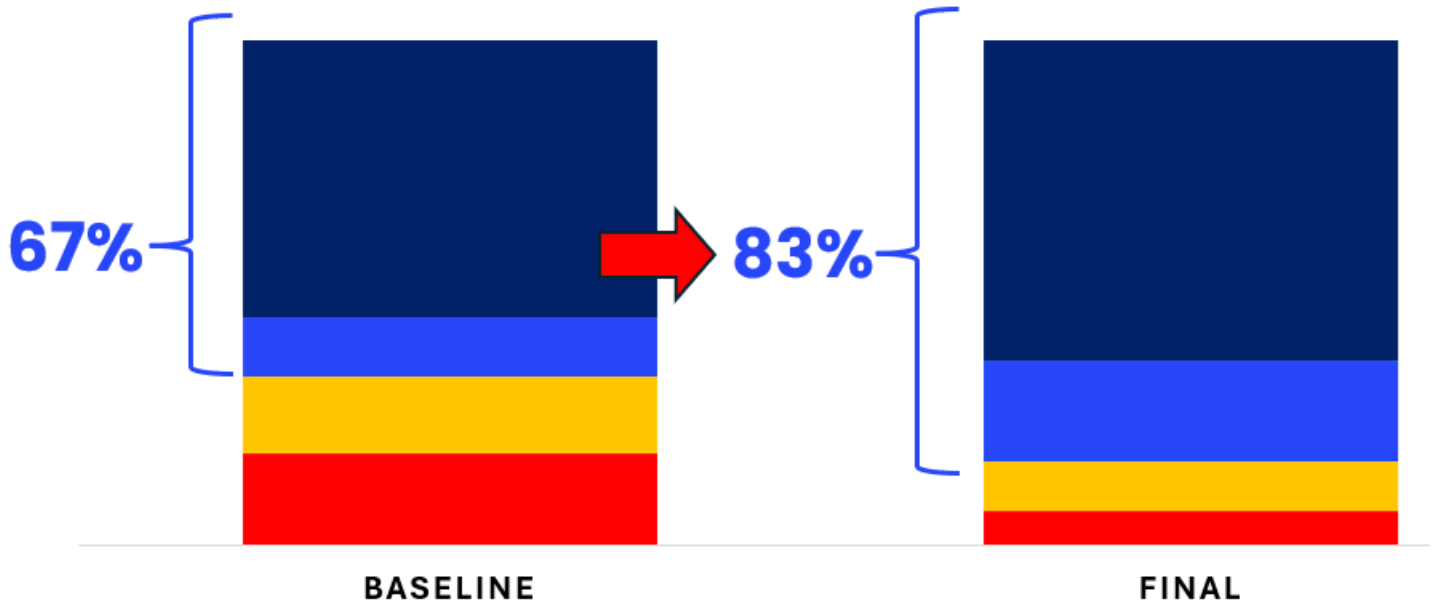
### Aim 4. Ensure Financial Navigation Team Members Receive Comprehensive Training

#### Self-Assessment Impact

Change in self-assessment scores for Aim 4 from baseline to the end of the FNLC are shown below.

**SELF-ASSESSMENT AIM 4 SCORES BASELINE & FINAL**

■ Score = 0   ■ Score = 1   ■ Score = 2   ■ Score = 3





## Summary of Evaluation Findings

We found substantive improvement for Aims 1 and 3, with clear increases in self-assessment and measure scores from baseline to the conclusion of the learning collaborative. Results for Aim 4 also revealed meaningful but more modest improvement. Aim 2 had the highest baseline self-assessment score, and the final self-assessment showed a very slight decrease; however, the related metric had a 30-percentage point improvement.

These findings are notable given that:

- Participants developed site-customized implementation plans which did not necessarily include all aims
- Once participants engaged meaningfully in FNLC activities, they sometimes discovered gaps that were not known at completion of the baseline self-assessment
- Most participant sites indicated being under-resourced to perform financial navigation services, and staff loss/changes during the FNLC were serious impediments to staying on track with improvement efforts

Together, the quantitative evaluation and participant experience comments (see **FNLC Participant Experiences and Patient/Practice Impact**) reinforce the value of the FNLC model.

## Introduction: Financial Navigation Learning Collaborative Themes

The FNLC convened teams from diverse cancer care settings to strengthen financial navigation services through structured discussion, applied project work, and peer learning. Despite differences in organizational size, setting, and resources, participants surfaced consistent themes reflecting shared challenges, effective practices, and opportunities to improve the design, implementation, and sustainability of financial navigation services.

Organizing these themes serves two purposes: to capture practical, real-world insights for future FNLC participants, and to translate collaborative learning into actionable guidance for cancer programs nationwide. As financial toxicity continues to limit equitable access to care, scalable and sustainable financial navigation models are increasingly critical. The three foundational themes are: **Financial Distress Assessment**, **Roles and Responsibilities**, and **Return on Investment (ROI)** (Figure 3).

Together, these themes provide practical guidance for advancing financial navigation services and improving the financial well-being of patients across the cancer care continuum.

Figure 3. FNLC Foundational Themes



### Financial Distress Assessment

This theme focuses on when and how to assess financial distress, how to integrate assessments into oncology workflows, and how to implement reliable follow-up processes that ensure patients are connected to appropriate financial navigation services.



### Roles and Responsibilities

This theme provides guidance on defining and aligning roles while maintaining flexibility for different organizational sizes and staffing models with the goal of shifting from reactive to proactive, standardized financial navigation centered on patient well-being.



### Return on Investment (ROI)

This theme explores how early intervention, diverse assistance programs, and strong, aligned metrics can strengthen the business case for long-term investment in financial navigation.



## Theme 1: Financial Distress Assessment in Oncology Practice

### Statement of Need

Cancer-related costs, insurance barriers, lost income, and transportation challenges contribute to financial distress for many patients. These pressures can affect treatment adherence, quality of life, and equity. Routine, standardized assessment of financial distress is a best practice that enables early identification of needs and timely connection to financial navigation services.

### Project Goal

Provide practical, evidence-informed guidance on how and when to assess financial distress and respond effectively. Recommendations address tool selection, workflows, staffing, and follow-up to support consistent and equitable screening practices.

### Key Implementation Factors

Effective financial distress assessment includes:

- Use of standardized screening tools (e.g., NCCN Distress Thermometer, COST-FACIT, or a two-step approach)
- Screening at defined care milestones, including intake, treatment changes, and periodic re-screening
- Multiple screening modalities aligned with patient language, literacy, and preferences
- Designated staff to review results, conduct outreach, and initiate support
- Timely follow-up with clearly defined resolution or case-closure criteria

### Best-Practice Workflow

High-functioning assessment processes include intake screening, referral triggers, insurance and benefits review, financial counseling, assistance coordination, and ongoing reassessment as needs evolve.

### Conclusion

Integrating standardized financial distress assessment into routine oncology workflows supports equitable care delivery. When paired with clear processes and follow-up, screening improves access to financial support, continuity of care, and patient outcomes.



## Theme 2: Financial Navigation Roles and Responsibilities

### Statement of Need

Financial toxicity is a key driver of inequity in cancer care. High-functioning financial navigation systems reduce this risk by identifying concerns early, using structured workflows, and coordinating across departments. Clear roles and communication are critical to efficient, patient-centered support.

### Project Goal

Define the core components of effective financial navigation and provide guidance on roles and workflows that reduce financial distress while remaining adaptable to organizational size, structure, and resources.

### Key Implementation Factors

Effective financial navigation systems require:

- Leadership engagement to ensure oversight, alignment, and sustainability
- Cross-department collaboration across revenue cycle, pharmacy, nursing, social work, authorizations, and financial counseling
- Clearly defined roles to reduce duplication and ensure continuity
- Standardized tools and infrastructure for screening, tracking, and documentation
- Ongoing training and quality improvement to address evolving needs

### Best-Practice Workflow

High-functioning financial navigation models include early risk identification, role clarity across teams, benefits verification, insurance optimization, assistance coordination, denial prevention, and structured communication through shared workflows.

### Conclusion

Effective financial navigation depends on collaboration, role clarity, leadership support, and adaptable workflows. When implemented well, it reduces financial toxicity, supports treatment adherence, advances equity, and builds patient trust.



## Theme 3: Demonstrating Return on Investment for Financial Navigation

### Statement of Need

Demonstrating return on investment (ROI) is essential to sustaining financial navigation services, yet many programs face challenges defining meaningful metrics and communicating impact. Clear, practical guidance is needed to support consistent measurement and reporting of value.

### Project Goal

Build on the ACS LION *Making the Case for Patient Navigation* Business Case Toolkit to provide practice-level guidance for demonstrating the financial, operational, and patient-centered value of financial navigation staffing and services.

### Key Implementation Factors

Effective ROI measurement for financial navigation includes:

- Alignment of financial navigation activities with organizational priorities
- Identification of measurable financial, operational, and patient-centered outcomes
- Collaboration with finance, revenue cycle, and clinical leadership
- Use of existing data systems to track interventions, savings, and avoided costs
- Consistent reporting to inform leadership decision-making

### Best-Practice Workflow

High-functioning financial navigation programs typically track assistance secured (copay, foundation, charity care), manufacturer free-drug enrollment, support for uninsured patients, and downstream impacts on treatment initiation, adherence, and continuity of care.

### Conclusion

Demonstrating ROI strengthens the case for financial navigation sustainability. Consistent tracking of interventions and outcomes highlights the value of early financial support, reinforces organizational impact, and supports long-term program investment.

## FNLC Participant Experiences and Patient/Practice Impact

For the final meeting of the FNLC, participants were asked to reflect on the impact of the collaborative on practice operations and patient experience.

The following pages capture patient stories, key accomplishments, next steps and quotations about the collaborative experience submitted by the participant teams.

### ACS Financial Navigation Learning Collaborative Participant Locations



## Patient Story

When Maria, a 52-year-old single mother, was diagnosed with triple-negative breast cancer, her world turned upside down. Living with her teenage daughter and working part-time as a home health aide, Maria was already stretched financially. Her high-deductible insurance left her worried about affording treatment—and what would happen if she couldn’t work.

Early in treatment planning, Maria was connected with a financial navigator who listened to her concerns and completed a comprehensive assessment using advanced navigation technology. This proactive approach identified major cost barriers and opportunities for support.

The team secured foundation funding to cover initial co-pays and deductibles, obtained manufacturer co-pay assistance for chemotherapy, and connected Maria to a local transportation grant for radiation appointments. Working with her employer and social worker, the navigator also helped her apply for short-term disability benefits so she could maintain income during treatment. Throughout her care, the navigator managed renewals, follow-ups, and documentation to ensure no assistance lapsed. With financial stress reduced, Maria could focus on what mattered most—her health and her family.

Financial navigation isn’t just about numbers; it’s about removing barriers so patients like Maria can access lifesaving care without the burden of financial worry.



### Impact

- Avoided treatment delays
- Maintained consistent adherence to her care plan
- Reduced stress
- Improved communication
- Single point of contact for financial concerns
- Measurable improvement in identifying and intervening early

## Key Accomplishments

- Integrated a **financial navigation technology platform** into Englewood Health’s oncology program to streamline financial assistance identification and tracking.
- Created a **centralized referral and tracking workflow** to ensure all patients with potential financial need are evaluated and supported.
- Implemented an **internal financial assistance program** for non-insured and underinsured patients, reducing care delays.
- Developed and delivered **navigator and staff training** to improve financial literacy and awareness of available support programs.
- Established **partnerships with community-based organizations and foundations** to secure alternate financial support for patients who do not qualify for internal or manufacturer programs.
- Improved **data analytics/reporting capabilities** to monitor referral volume, program outcomes and fund utilization.

## What’s Next

- Implement a standardized financial distress screening tool at diagnosis or treatment planning to ensure early identification.
- Integrate the screening tool into the EHR to trigger automated referrals to financial navigation based on screening results.
- Develop key performance indicators (KPIs) to track time-to-intervention, patient satisfaction, and financial toxicity reduction.
- Expand financial navigation coverage to additional tumor sites (Breast, GI, GU, GYN) and infusion centers across the Englewood Health Network.
- Continue staff education and cross-department collaboration to embed financial navigation as a standard of care.



“Englewood Health’s participation in the Financial Navigation Learning Collaborative enhanced our financial navigation processes and expanded assistance resources. As a result, more patients receive the support they need to continue treatment without delay.”

## Patient Story

When Lucia arrived at Baptist MD Anderson Cancer Center, she was facing more than a recurrence of metastatic breast cancer. At 70, she and her husband had recently relocated to Florida to be closer to their son, stretching their fixed retirement income so thin that their son was helping cover basic expenses. With a major move and a new diagnosis, Lucia felt overwhelmed and financially vulnerable.

During intake, Lucia completed the COST-FACIT financial distress screening and scored a 0—the lowest possible score—triggering an immediate referral to Social Services for financial navigation. In her first meeting, she shared fears not only about cancer, but about affording treatment, deductibles, and mounting medical bills.

The Oncology Social Worker reviewed her insurance benefits, coordinated in-house charity assistance with Patient Financial Services, and connected Lucia to Qualified Health to help secure support for infusion-related costs. Together, they applied for multiple charitable grants to offset co-payments and expenses, while providing budgeting tools and ongoing bill review support. With these resources in place, Lucia felt relief, regained a sense of control, and expressed deep gratitude for the guidance and care that allowed her to move forward with treatment.



## Impact

- Reduced Lucia's financial stress, allowing her to stay fully engaged in treatment.
- Enabled seamless support through collaboration among financial navigation, patient financial services, and social work.
- Removed financial barriers that could have disrupted or delayed her care.
- Improved her overall quality of life during treatment.
- Demonstrated how coordinated support strengthens patient outcomes beyond clinical care.

## Key Accomplishments

### Robust internal financial resources

- Patient Financial Advocates: Meet with all patients prior to their first appointment to review benefits
- Assists patients with applications for FL Medicaid and SSDI
- Oral Chemo Coordinators: Connect patients with co-pay assistance through foundations or manufacturer free drug programs for oral medications
- Qualified Health: Connect patients with co-pay assistance through foundations or manufacturer free drug programs for IV treatments

### Patient Education Resources

- General and Disease-specific flyers have been developed
- Available to send to patients through Epic messaging by any Provider

## What's Next

- Integrate COST-FACIT and Automated Referral Process into EPIC
- Embed monitoring for referrals—particularly those indicating severe financial distress—and ensure timely follow-up by the appropriate team members.
- Track Emerging Trends: Analyze patterns in patient financial strain to inform workflow enhancements and resource allocation.
- Assess Role Expansion: Evaluate the need and feasibility of creating a dedicated Financial Navigation position to strengthen support for patients experiencing financial hardship.



“The ACS Financial Navigation Learning Collaborative has helped us expand and streamline our financial navigation services, strengthening early identification of patient needs and create clearer pathways for timely intervention.”

## Patient Story

Peter was just 47 when glioblastoma multiforme upended his life. When the disease and its complications made it impossible for him to work, he was approved for Social Security Disability Insurance—the family’s only stable income. In June 2025, an MRI confirmed disease progression. His treatment plan changed, bringing new medical, emotional, and financial strain.

Distress screening flagged growing psychosocial concerns, prompting a referral to the oncology social worker. At the time, Peter’s wife was providing near-constant care, managing the household, and stretching their SSDI income to cover basic needs and medical bills. Community assistance they once relied on had lapsed.

By the time Peter arrived for his first MVASI infusion, he and his wife had separated, and he had moved in with his mother, now his full-time caregiver. Another distress screen led to a social work referral, where his mother shared her fears: a \$14,000 out-of-pocket maximum, mounting bills, and overwhelming paperwork.

The Oncology Financial Navigator walked her through Peter’s coverage, coinsurance, and what reaching the out-of-pocket maximum meant. She provided written summaries, discussed supplemental options, and helped reapply for community assistance.

Weeks later, Peter’s mother returned with good news—approvals were in place, easing immediate costs. Since then, she checked in at every infusion to review bills and ask questions.

For Peter’s mother, financial navigation wasn’t just about dollars. It brought clarity, confidence, and the ability to focus on what mattered most: caring for her son.



## Impact

Financial Navigation plays a crucial part in supporting patients with advanced cancer and their families. Through proactive intervention, education, and collaboration with social work and billing teams, financial navigation can help reduce financial toxicity, empower caregivers, and ensure continued access to care.

## Key Accomplishments

- **Universal distress screening:** 100% of oncology patients screened (204, Jan–May 2025).
- **Financial navigation embedded:** Financial Navigator added to distress screening work queue with social work and leadership for timely follow-up.
- **Financial insights established:** Of 38 new patients, 25% screened positive; 18 referred externally; 20 (53%) engaged by Financial Navigator—QI baseline set.
- **Proactive authorization oversight:** OBH work queues at 1, 3, and 14 days pre-treatment; DAR tool flags expiring or invalid authorizations.
- **Earlier denial resolution:** Incorrect denials overturned through coding collaboration and early Power BI dashboard alerts.
- **Medication access ensured:** Partnered with Medication Access Program to secure drugs when coverage is denied.
- **Patient & caregiver impact:** Education on coverage, coinsurance, and OOP maximums empowered caregivers to manage bills and focus on care.

## What's Next

- Standardize FN touchpoints: Meet every new patient at treatment start; rescreen at 2–3 months—Navigation Spreadsheet created
- Expand to radiation oncology: Add navigation steps to rad onc consistently
- Improve scripts: Clarify FN vs. social work roles in patient conversations.
- Keep denials prevention strong: Maintain 1/3/14-day auth checks, use DAR daily
- Sustain medication access: Continue weekly coordination to avoid coverage delays and medication coverage in general
- Track Patient Journey to show how FN assists a patient in their cancer journey.



“Participating in the ACS Financial Navigation Learning Collaborative helped us turn good intentions into a reliable, patient-centered workflow. By embedding financial navigation into distress screening and authorization reviews, our teams now identify cost barriers earlier, coordinate support faster, and give patients and caregivers clearer paths through treatment. This collaboration has accelerated our expansion to radiation oncology and strengthened partnerships across social work, billing, and medication access.

## Patient Story

At 70, Nadene was diagnosed with grade 2 invasive ductal carcinoma and chose a bilateral mastectomy followed by chemotherapy. Living on a fixed income with a Medicare replacement plan, she worried about how treatment costs might affect her budget. The financial navigation team began working as soon as her treatment plan was finalized, quickly securing authorizations so chemotherapy could begin without delays or surprise bills—providing stability during an overwhelming time.

Midway through chemo, Nadene received a letter stating her trusted oncologist might be going out of network. The possibility of switching doctors and infusion centers mid-treatment was alarming, and she immediately called the clinic, anxious about what this meant for her care.

The financial navigation team stepped in right away, reviewing her insurance, contacting the payer, investigating contract changes, and gathering cost estimates. Over the following weeks, they stayed in close contact to provide updates and reassurance.

By mid-October, the team delivered welcome news: her oncologist and infusion center would remain in network. Their persistence prevented a major disruption in care and relieved the financial uncertainty weighing on her.

For Nadene, financial navigation meant more than managing costs—it provided advocacy, clarity, and peace of mind, allowing her to focus on healing.



## Impact

Nadene trusts our team and values the support she receives—not only in her care but in navigating the financial challenges of treatment. Her story is a reminder that collaborative efforts from the providers, the financial and care navigators, and infusion nursing teams provide Healing Experiences For Everyone All The Time®.

## Key Accomplishments

- **Dedicated Financial Navigation Team** established to manage prior authorizations, financial assistance applications, and treatment-related tracking.
- **Screening Tools Selected:** NCCN Distress Thermometer and FACIT-COST.
- **Standard Operating Procedures** define screening intervals:
  - NCCN Distress Thermometer at every provider visit.
  - FACIT-COST after chemotherapy regimen determination and every 6 months thereafter.
- **Integration into EMR:** NCCN Distress Thermometer documented in EMR; original copies shared with Oncology Care Navigator and Social Worker. FACIT-COST currently scanned into patient records.
- **Automated Reporting Enhancements** implemented for NCCN screening and referral tracking to Care Navigation and Social Services.
- **Cost Estimates** provided earlier in the authorization and scheduling process.

## What's Next

- All new patients will now:
  - Meet with an RN Care Navigator
  - Tour the facility
  - Have an in-person introduction to a member of the financial navigation team during a provider visit prior to starting treatment
- Patient guidebooks are in development to include:
  - Comprehensive contact information for support services
  - Details on financial assistance available onsite
  - A directory of local social services and resources



“The Learning Collaborative has been essential in improving our financial navigation program. With a dedicated team, consistent screening, and enhanced EMR reporting, we can address financial needs sooner and more efficiently. We’re excited to expand this progress by introducing every new patient to financial navigation in person and offering comprehensive guidebooks on available services.”

## Patient Story

Jessica, a 56-year-old woman newly diagnosed with Stage III lung cancer, was facing one of the hardest periods of her life. Unemployed and without stable housing, she was living in a friend's unreliable car. With her basic needs unmet, cancer treatment felt completely out of reach.

Jessica came to the team's attention during a post-diagnosis education session with a nurse. When asked about treatment planning, she shared that she had no insurance, no way to pay for care, and no transportation to appointments. She also lacked food security and a reliable support system. Recognizing the urgency, the nurse connected Jessica with the financial navigation team, who helped her secure a Hardship Award through Tennessee Oncology, making treatment possible. Still, she needed support to manage daily needs and get to care.

Through community partnerships, the team arranged dependable transportation and daily meals—support Jessica said she would not have had otherwise.

For the first time since her diagnosis, Jessica felt a sense of stability. She expressed deep gratitude not only for access to treatment, but for the compassion and practical support she described as going “above and beyond,” helping her navigate both cancer and daily survival.



### Impact



Jessica faced countless hurdles beyond her medical treatment. During this incredibly difficult time, we were able to surround her with care and kindness, letting her know she wasn't alone and that we were here to support her.

## Key Accomplishments

### Strengthen Financial Distress Screening

- Implement updated NCCN Questionnaire with direct questions on food insecurity.
- Engage patients in follow-up conversations when food insecurity is identified.
- Launch and monitor Food is Medicine pilot program at select clinics.

### Verify and Document Benefits

- Conduct thorough benefits checks during counseling to confirm absence of secondary insurance.
- Document verification outcomes consistently for audit and follow-up.

### Deliver and Track Financial Resources

- Record all resources provided in Assist Point for transparency and tracking.
- Set automated reminders in Assist Point to ensure timely patient follow-up.

### Equip Staff with Comprehensive Training

- Certify financial navigation team members through specialized training.
- Deploy trained counselors and advocates to pilot PIN services at designated clinics.

## What's Next

Our current priorities are twofold:

1. Strengthen and scale our Food Is Medicine initiative to ensure patients have access to nutritious meals that support their treatment and overall well-being.

2. Expand the TO-AST fund to provide greater financial assistance, helping to reduce the economic burden of care and improve quality of life for those we serve.

By advancing these efforts, we aim to address both the nutritional and financial challenges faced by patients, creating a more holistic support system during their cancer journey.



"We at Tennessee Oncology truly believe that caring for Cancer patients is a privilege. It's been insightful to hear about other processes during this collaborative. We strive to better serve our patients daily and will continue making changes to improve."

## Patient Story

When Cindy arrived at Kaufman Cancer Center’s Breast Cancer Clinic, she carried more than a diagnosis of invasive ductal carcinoma. At 60, she was the primary earner, supporting herself and her disabled husband on SSDI. At check-in, Cindy completed the NCCN Distress Thermometer, noting emotional distress, work concerns, and financial strain. Through tears, she shared fears about managing treatment costs, time off work, and transportation—responsibilities she had always handled alone.

During her visit, Cindy met the supportive care team: the nurse navigator, oncology social worker, and patient financial advocate (PFA). The nurse navigator quickly recognized Cindy’s distress and insurance confusion around high-cost medications and engaged the PFA. Together, the team reassured Cindy she wasn’t alone. The PFA reviewed her benefits and identified support through a state grant, an oral chemotherapy copay program, and hospital financial assistance, while the team helped her prioritize next steps and explore disability options.

When Cindy later lost her job and insurance, her first call was to the nurse navigator. Within hours, the team mobilized—guiding her through Medicaid enrollment via Maryland Health Connection and securing additional support for utilities, housing, food, transportation, and meals.

Through proactive coordination and ongoing check-ins, Cindy moved through treatment with a safety net she never knew existed—making survival not just possible, but manageable.



### Impact

Financial navigation helped this patient overcome barriers to care and receive timely treatment. Cindy’s emotional concerns were validated, and we allowed her to focus on healing through treatment, instead of worrying about her finances. This case is especially meaningful because we have been by her side from initial diagnosis throughout her treatment journey.

## Key Accomplishments

**Implemented 6-month financial distress re-screening** for patients who:

- Screen positive for insurance/financial concerns
  - Are referred to or flagged by PFAs for high balances
- PFAs set EPIC reminders, provide inbox coverage, and rescreen as needed throughout treatment or with new orders.

**340B benefits review:**

- Insurance Authorization reviewed verification processes
- Patients receive treatment estimates uploaded to the EHR

**Improved patient communication and access:**

- Ongoing outreach based on screening results
- Financial navigation resources available at checkout and in waiting rooms
- PFAs attend Chemo Education Classes to introduce services

**Established Financial Navigation Workgroup (PFAs + Insurance Authorization):**

- Quarterly meetings to share resources and address barriers (e.g., denials, high OOP costs)
- Partnering with IT to enhance EPIC reporting, flowsheets, and tracking

## What's Next

As we continue to strengthen our financial navigation program, our primary goal is to ensure every patient receives timely information about available financial navigation services before starting treatment. We will maintain close collaboration with the IT department to identify opportunities to enhance workflows in EPIC, including exploring options for a financial navigation dashboard and electronic treatment estimates. Additionally, we plan to sustain our Financial Navigation Workgroup meetings to foster collaboration, share best practices, and provide training resources to team members.



"The Financial Navigation Learning Collaborative was insightful, allowing us to concentrate on focused tools for patient financial navigation. We successfully enhanced our program with a six-month re-screening process, moving beyond initial support to offer proactive, continuous financial navigation. This essential step ensures we tackle the dynamic nature of financial toxicity so patients experience relief and can focus entirely on their treatment."

## Patient Experience Summary

Throughout the patient journey, our team meets with individuals who are uninsured, experiencing insurance challenges, or beginning new treatment regimens. During these conversations, we review copays, deductibles, out-of-pocket costs, and identify any additional financial assistance that may be needed. Our financial team also provides targeted support for patients facing high copays for oral medications.

Patients consistently express appreciation for financial navigation services and are willing to engage with a financial navigation counselor. We help ease discomfort around sharing financial information and connect patients with available support and assistance. Many patients have shared heartfelt gratitude for the financial relief these services provide.



### Impact

Patients across all three of our rural, community-based locations are treated with the utmost empathy.

Without our financial assistance, we know that some of our patients would not receive the care they need due to their financial situation.

## Key Accomplishments

### Financial counseling for chemotherapy

- Goal: Meet with 100% of new starts to review out-of-pocket costs, deductibles, and coinsurance (currently ~90%).
- Ongoing effort; priorities may shift, but goal is met most days.

### Screening documentation

- Screening results documented in EMR or other HIT systems.
- EPIC transition underway; staff continue entering patient-reviewed information.

### Benefits verification

- Insurance benefits and patient receipt documented in EMR/HIT.
- EPIC upgrade in progress; staff maintain notes on reviewed details.

### Support for uninsured patients

- Financial counselor meets with patients at check-in.
- Provides referrals to insurance agents specializing in coverage assistance.

### Support for underinsured patients

- Financial counselor assists with alternate or supplemental coverage options.
- Shares resources and insurance agent contacts.

## What's Next

### EMR Upgrade Focus

During the EPIC transition, documentation workflows are being refined to improve consistency and visibility of financial navigation activities.

#### Focus areas:

- Financial distress screening: Documentation of screening completion and results
- Benefits verification: Standardized capture of insurance details reviewed with patients
- Patient receipt of benefits information: Confirmation that cost and coverage information was shared

#### Current practice:

- Staff continue documenting patient-reviewed details in the EMR to maintain continuity during the transition



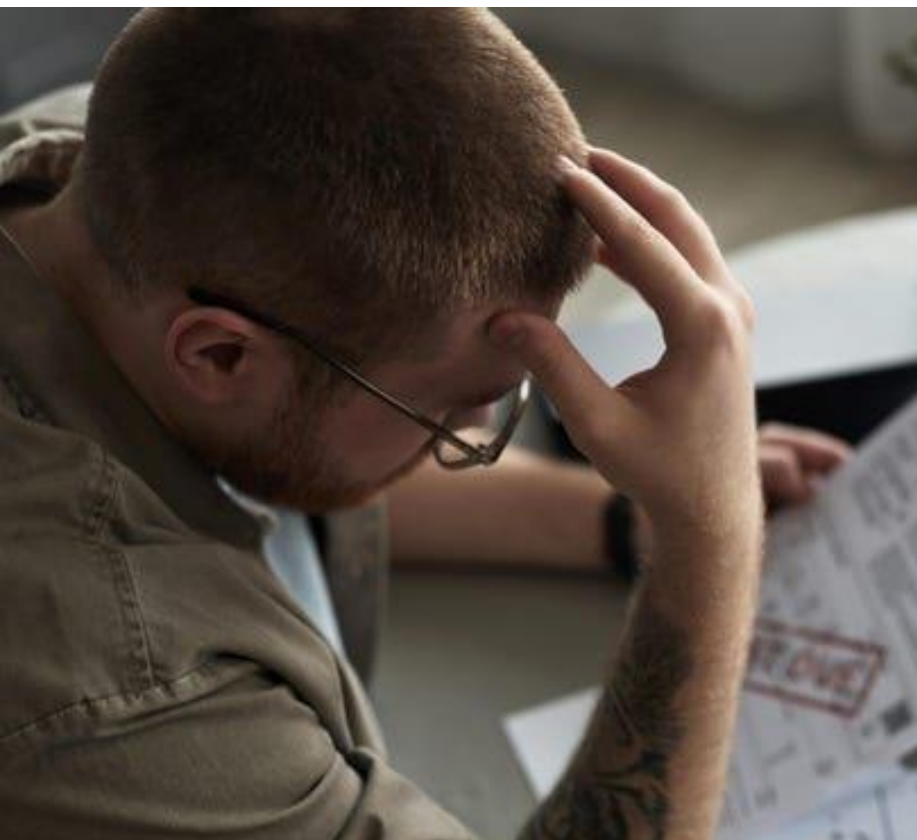
“Collaboration with multiple organizations has provided further resources and critical thinking to different ways of helping our patients with financial needs.”

## Patient Story

Sam was the primary provider for his family of five when he was diagnosed with cancer. Self-employed and used to supporting his household independently, he suddenly found himself unable to work. With his spouse managing her own health issues, the loss of income quickly put housing stability and basic needs at risk, and food insecurity became a daily concern. By the time he connected with the oncology nurse navigator, the strain was unmistakable.

Recognizing his distress, the nurse navigator referred Sam to an LCSW for a comprehensive psychosocial and financial assessment. Sam shared feelings of deep shame—after years of being the provider, asking for help felt like failure. The LCSW reassured him that financial assistance exists to support patients facing serious illness.

Financial counselors helped review his insurance and enrolled him in the VUMC financial assistance program to ease medical costs, while social work connected him to food resources and community support for non-medical expenses. Over time, Sam's distress eased. Financial navigation didn't just reduce bills—it restored stability and dignity, allowing him to focus on treatment without the constant fear of failing his family.



## Impact

Every patient in our organization carries a story shaped by emotional strain, stress, and loss. Sam's experience highlights the transformative impact of our financial navigation program. Through this support, he found meaningful relief—underscoring not only how the program addresses financial barriers, but also how it helps ease the emotional burden that often accompanies treatment.

## Key Accomplishments

- Developed an **automated screening tool** that triggers upon treatment plan initiation to streamline patient identification.
- Designed and implemented **standardized patient education materials**, enabling electronic delivery and continuous availability.
- Established a **centralized repository** for standardized information to ensure easy access, version control, and timely updates.
- Produced a **house-wide educational video** to communicate available resources and train financial counselors effectively.
- Created **reporting KPIs** to track patient engagement and measure potential savings and support impact.
- Delivered **comprehensive training** for all financial counselors on resource utilization and support processes

## What's Next

In the second phase, we will expand to include surgical oncology and radiation patients. Our team will review the survey engagement tool and analyze responses to identify barriers and unmet needs. Additionally, we will integrate these findings into the Principal Illness Navigation (PIN) workflow and implement billing using the new PIN codes.



“Participating in the Learning Collaborative really catalyzed work we had begun to do in financial navigation. Bringing these groups together helped us put into place more practical tools to support our patients in their financial needs.”

## Patient Story

When John arrived at the Ascension St. Vincent Evansville Cancer Center, he spoke little. At 87, newly diagnosed with liver cancer, he sat quietly as his wife described their situation. They lived in a rural community, relied on a Medicare replacement plan, and had limited financial reserves. As the care team reviewed the treatment plan—including IV therapy with significant out-of-pocket costs—it was clear the financial burden weighed as heavily as the diagnosis.

Knowing cost could prevent treatment, the care team engaged Financial Navigators (FNs) early. After a full financial assessment, the FNs identified immediate support and secured funding through Cancer Care that covered John's entire \$8,358 out-of-pocket medication cost—removing the primary barrier to care.

At his first infusion, the FNs met again with John and his wife to confirm the assistance in place and address additional needs. They connected the couple to in-home senior support services, a cancer support community, transportation assistance through gas cards, and the hospital's charity care program to help with remaining medical expenses. With these supports, John was able to proceed with treatment.

Several months later, after John passed away, his wife returned to the Cancer Center and asked to speak with the financial navigator who had helped them. Through tears, she shared her gratitude, explaining that John would not have pursued treatment without the financial support—and that the time they gained together because of it meant everything.



### Impact

John's story exemplifies our ministry's mission to care for all individuals, no matter their circumstances or ability to pay. It also highlights the importance of financial navigation in cancer care. Due to the high costs of treatment, patients might decide to forgo treatment due to concerns for financial toxicity. Our program was able to help a patient get the treatment they needed.

## Key Accomplishments

### Benefits Verification and Documentation

- **Proactive Benefits Verification**

Financial navigators receive alerts regarding patients' out-of-pocket expenses prior to the chemotherapy education session. They research available financial assistance options and review these resources with all new chemotherapy patients during the session.

- **Unified Documentation Platform**

Financial navigators have adopted the same documentation system as the oncology navigation team, improving communication and collaboration across the multidisciplinary care team.

### Financial Navigation Resources

- **Medication Assistance Tracking**

A new spreadsheet tracker ensures timely follow-up on all copay, free drug, and grant applications.

- **Standardized Documentation**

The use of a consistent documentation platform has enhanced patient tracking and streamlined processes.

- **Comprehensive Training**

Financial navigators report increased confidence and knowledge in their roles, supported by education and access to valuable resources (e.g., Triage Health). Key accomplishments include:

- Completion of the Oncology Patient Navigator Training
- Participation in ≥80% of Learning Collaborative webinars

## What's Next

- Conduct ongoing audits to maintain compliance
- Create and implement a workflow for patient rescreening



“The resources provided in this learning collaborative have been instrumental in enhancing our financial navigation process. With improved organization and clearer internal processes, we have been able to assist a greater number of patients and implement a more meaningful workflow for both patients and staff.”

## Patient Story

Eve, a 52-year-old small business owner in New York City, had already faced more than her share of challenges. After surgery for early-stage gastric cancer, recovery was anything but simple. Eating became a daily struggle—just a few bites left her feeling full, uncomfortable, and often nauseated. These symptoms made it hard to keep up with work and daily life, and over time she grew weaker and increasingly worried about what lay ahead. As her medical team worked to manage her symptoms, another concern loomed: the cost of care. Treatment and follow-up visits added up quickly, and with her health limiting her ability to run her business, the financial stress became overwhelming. Eve shared with her care team that she wasn't sure how much longer she could afford the care she needed.

That's when the financial navigation team stepped in. After listening to Eve's concerns and completing a financial assessment, they identified that she qualified for NYC Care, a program offering comprehensive, affordable healthcare based on income. With their guidance, Eve enrolled and gained access to needed services—without the constant worry of how to pay for them.

For Eve, this support was life-changing. It allowed her to focus on healing rather than choosing between her health and financial stability. Her story is a powerful reminder that financial navigation isn't just about numbers—it's about removing barriers so patients can truly access care.



### Impact

Eve's story shows how financial navigation can transform care. During a time of physical discomfort and uncertainty, reducing financial barriers allowed her to stay engaged in treatment. As a small restaurant owner in Chinatown, Eve embodies resilience—continuing to share her culture and joy through food despite health and economic challenges. Thanks to this support, she could focus on recovery while keeping her business and spirit alive.

## Key Accomplishments

- **Identified a critical gap in financial distress screening:** Most patients report little financial stress at diagnosis, but significant distress often emerges mid-treatment due to lifestyle changes and ongoing costs.
- **Expanded barrier assessments across care transitions:** Instead of screening only at diagnosis (e.g., for breast cancer patients), we now include assessments at multiple stages and across additional clinical services to capture evolving needs.
- **Acknowledged operational challenges:** Increased patient volume and staffing shortages highlight the need for workflow improvements. With leadership support, we are exploring strategies to integrate these assessments more efficiently into structured processes.

## What's Next

- Strengthen collaboration with finance teams: Partner more closely with financial navigators to identify and address barriers to patient care.
- Increase barrier assessments: Move from one-time screenings to assessments at multiple points and across more services to capture changing needs.
- Expand access to financial resources: Connect a diverse patient population to programs that help reduce financial stress.
- Use insights for improvement: Apply data and learnings to refine workflows and strengthen support systems across the organization.



"Financial navigation has become an essential part of high-quality oncology support because cancer treatment is not only medically complex—it is financially complex. This learning collaborative has provided us with a unique opportunity to understand the many toolsets that exist to enhance our financial domain. It highlights Bellevue's mission to **provide the highest-quality care to New Yorkers**, delivering healthcare to *every patient with dignity, cultural sensitivity, and compassion — regardless of ability to pay.*"

## Key Accomplishments

- Established a clear understanding of the **role and impact of financial navigation in patient care**.
- Identified the presence of a **dedicated financial services team** and recognized limitations in service delivery due to staffing constraints.
- Collaborated with the revenue cycle team to enhance processes for **providing accurate cost estimates** to patients.

## What's Next

This program has significantly increased awareness of financial navigation and provided valuable insight into practices across the ACS collaborative. While the initiative did not unfold as originally expected due to the Epic go-live, we plan to collaborate closely with our navigation and social work teams to strengthen and expand these services.

At present, financial constraints prevent us from hiring a dedicated financial navigator; however, in the future, we intend to leverage what we've learned from this collaborative to build a strong financial ROI case for such a position.

Additionally, our efforts during this collaborative focused primarily on our largest center. Moving forward, we will conduct a more detailed review of processes across our 10+ other sites, assessing how needs vary based on geographic location and the unique communities they serve.



“The ACS Learning Collaborative connected us with a national network of peers and experts, fostering an invaluable exchange of best practices. This collaborative environment has empowered our team to refine our processes, implement innovative solutions, and ultimately elevate the standard of care we provide to every patient.”

## Key Accomplishments

### Discrete Documentation

- Implemented early to streamline financial counselor (FC) workload.
- Enables report generation for daily prioritization and simple tracking of workload and funds received.

### Financial Counselor Dashboard & Reports

- Tailored dashboard supports both FC and program needs.
- Flexible reporting powered by discrete documentation allows data analysis across multiple care aspects.
- Enhances alignment with cancer program strategies and improves prioritization.

### Collaboration with Multidisciplinary Care Team

- Ongoing effort to strengthen relationships with care team members.
- Plans to co-locate FCs for closer collaboration.
- Launching a quality improvement initiative to refine roles and optimize team performance.

## What's Next

### Collaboration with the Multidisciplinary Care Team

This remains a work in progress, but our FCs are actively strengthening relationships with various members of the care team.

We plan to position them physically closer to these teams to foster deeper collaboration. Additionally, we have launched a broader internal quality improvement initiative focused on multidisciplinary care. This project will empower frontline team members to identify strategies for enhancing collaboration and clarifying roles, ensuring that all care team members can work to the top of their licenses.



## Patient Story

When 51-year-old Casey was diagnosed with Stage III colon cancer, her life changed overnight. What began as an emergency rectal surgery quickly turned into an aggressive treatment plan requiring her to stop working for four weeks—and then start chemotherapy immediately. To keep up with treatment and manage her declining energy, Casey quit her second job and reduced hours at her primary job, causing a steep drop in household income. The timing could not have been worse. Within the past year, Casey lost both parents and stepped in to take custody of her two young grandchildren—a five-year-old and a six-month-old—who now depended on her completely. By the time she entered cancer care, Casey was grieving, financially strained, and overwhelmed by the responsibility of parenting two small children alone. The team acted quickly: after a psychosocial assessment, she was connected to a Patient Navigator who became her steady guide. Together, they prioritized financial stability. The navigator linked Casey to food banks and holiday support programs, but the most critical step was helping her secure a grant to cover her mortgage. When the approval came through, Casey broke down in tears. The financial navigation was transformative – it allowed Casey to remain engaged in care without the constant fear of losing her home. With the navigator’s ongoing support, Casey completed treatment, stabilized her finances, and began planning to return to work. Her story shows how financial navigation can be as vital to cancer care as medical treatment—removing barriers so patients can focus on healing.



### Impact

- Maintained engagement with treatment despite substantial life stressors
- Stabilized housing and reduced financial crisis
- Improved emotional coping through counseling and holistic supportive care
- Strengthened ability to care for young grandchildren during treatment

## Key Accomplishments

### Implemented Pilot in Melanoma Clinic

- Proactive referrals for Financial Care Counselor, Social Worker, Patient Navigator and Pharm Techs for high-risk financially distressed patients
- Patient volumes able to be absorbed by current resources

### Medical Debt Screening Process

- Implemented January 1, 2025 as part of Healthcare Access and Stabilization Program
- 3 questions: Medicaid, Public Assistance Programs, Homelessness
- Moving to income-based screening January 1, 2026

### Pharmacy Assistance Process

- Pharm techs proactively work with pharmacists at time of prescribing, evaluate free drug programs available
- Without this program, patients may not receive treatment or Duke would absorb drug cost

### Collaboration and Sharing of Multi-Disciplinary Team

- Resources, lessons learned and new ideas shared across team members
- New report looking 3 weeks ahead for 'out of network' insurance patients

## What's Next

- Evaluate the growing volume of patient assistance requests and ensure appropriate staffing (Social Work vs. Patient Navigator)
- Expand proactive financial risk assessment processes informed by Distress Screening
- Explore additional automated Epic workflows to deliver patient education and resources
- Implement tracking of patient leakage, no-show rates, and treatment completion outcomes linked to financial navigation support



"We have learned a ton from this collaborative, and it has re-energized our Financial Navigation efforts across our institution. We are currently working on business case proposals for 2 new positions to add to our Financial Navigation team to meet the growing patient demand."

## Patient Story

When Jane, 45, was diagnosed with breast cancer, her life felt unstable. She lived with her elderly mother and teenage son, relying on modest wages, SSI, and government assistance. The household had only one vehicle, which her mother could drive only short distances. Even before treatment began, Jane worried about how she would get to her appointments, keep food on the table, and prevent the utilities from being shut off. Job insecurity added to her stress—frequent absences for medical appointments had her employer hinting she was a “liability.”

During her first visit, Jane minimized her concerns, but a follow-up call from the nurse navigator changed that. Once Jane shared her challenges, the team acted quickly: social work arranged transportation and food resources, addressed employment concerns, and connected her to financial assistance. A grant paid her overdue gas bill, and Medicare enrollment stabilized her insurance.

With each intervention, Jane’s sense of crisis lessened. What started as fear—fear of losing her job, fear of missing treatment, fear of not feeding her family—slowly shifted into a plan. Supported by a team focused on identifying financial distress early and addressing it head-on, Jane entered chemotherapy with reliable transportation, stable utilities, and food assistance in place. The stress didn’t vanish, but with coordinated financial navigation, it became manageable.



### Impact

Jane’s story reflects the reality for many of our patients and shows how accessible support can transform their experience. With additional resources and an expanded focus on financial navigation, we can make an even greater impact—helping patients move from fear to stability and ensuring they can complete treatment without sacrificing basic needs.

## Key Accomplishments

### Implemented standardized screening protocols

- Successfully integrated consistent SDOH and NCCN screenings—including financial distress/need assessment—along with a standardized operating procedure for accurate documentation in the EMR.

### Enhanced operational standards and competencies

- Developed new SOPs and updated annual competencies to include financial distress monitoring and defined screening time points, ensuring continuity and quality of care.

### Strengthened community partnerships to support vulnerable patients

- Expanded collaborations to address financial and practical needs through partnerships with Hope Lodge, The Gathering Place, Greater Cleveland Food Bank

### Secured grant funding for transportation assistance

- Obtained an ACS grant to provide transportation support for oncology patients. Currently, approximately 65% of our patient population relies on transportation assistance to maintain continuity of cancer care.

## What's Next

We aim to strengthen staff education, expand patient support, and refine processes to ensure ongoing assessment throughout the cancer care continuum. Currently, there is a gap between initial evaluation and follow-up reassessment, even with consistent new-patient screening. Closing this gap is a priority for improving continuity of care.



"Our organization has seen meaningful gains through our participation in this learning collaborative. Together, these efforts have advanced our ability to guide patients through financial challenges with greater consistency and effectiveness."

## Patient Story

Tina was just 50 when ovarian cancer forced her to confront challenges far beyond treatment. A single mother of two teens, she had been unable to work for years and relied on \$1,800 a month in SSDI, with Medicare as her only coverage. Every copay and prescription mattered, and financial strain was constant. During distress screening, Tina shared fears not only about her diagnosis but about losing her home—her landlord required her to move, and she couldn’t afford relocation alongside rising medical costs. The stress began affecting her medications, appointments, and mental health.

Her care team responded quickly. Nurses reviewed her distress scores, explained her coverage, and referred her to financial counseling and social work. Counseling helped her explore Medi-Cal as secondary insurance, while social work and patient navigation connected her to grants, food and housing resources, transportation assistance, and emotional support. As housing instability became imminent, the team coordinated additional support, including nonprofit medical fundraising that protected her benefits and pharmacy copay assistance. Through ongoing collaboration, Tina was able to stay engaged in treatment, stabilize basic needs, and regain a measure of security during an extraordinarily difficult time.



### Impact

- Linked Tina to copay assistance and later Medi-Cal, reducing out-of-pocket costs
- Connected her to internal and external resources for financial relief and basic needs
- Supported initiation of medical fundraising to help cover moving expenses
- Continued distress screenings show decreased financial and emotional distress and improved well-being
- Enabled Tina to prioritize care—no missed appointments and near-perfect medication adherence

## Key Accomplishments

- **Screening & Alignment:** Launched an SDOH workgroup with inpatient, primary care, nursing, and clinic leadership to implement financial distress screening in outpatient oncology.
- **Patient Support:** Created a Financial Benefits Worksheet for new Gynecologic Oncology patients and streamlined Social Work referrals for timely support.
- **Resource Integration:** Expanded partnerships with community organizations (e.g., Family Health Center, Mama’s Kitchen) and made resources available through Patient Resource Centers.
- **Team Enablement:** Leveraged interdisciplinary collaboration and team training to identify financial distress and connect patients to internal and external resources.

## What’s Next

- **Screening:** Use CMS AHC-HRSN criteria to identify financial distress; re-screen every 6 months if negative, annually if positive and connected to support. Document SDOH screening in EPIC.
- **Education:** Present Financial Support in-service to Gynecologic Oncology pilot team, sharing collaborative resources and Social Work recommendations.
- **Patient Resources:** Provide Financial Benefits worksheet to all new UC San Diego Health Cancer Care patients.
- **Process Alignment:** Meet with Financial Counseling and Revenue Cycle leadership to share resources, streamline patient referrals, and explore additional support opportunities.
- **Ensure benefits verification and insurance details are accessible in EHR or other health IT systems.**



“The Financial Navigation Learning Collaborative gave our team the opportunity to keep patient needs at the center of our work while exploring new resources and collaborating to strengthen financial navigation. Through this process, we streamlined our referral approach and built a more cohesive system to support patients throughout their care journey.”

## FNLC Participant Experience Summary

Collectively, these reflections from the FNLC participants highlight how organizations identified gaps, implemented changes, and strengthened financial navigation workflows through shared learning and collaboration. The patient cases illustrate how timely financial navigation interventions addressed financial distress, reduced barriers to treatment, and supported care continuity.

Combining practice-level improvements with patient-centered stories provides a comprehensive view of how financial navigation strengthens cancer care delivery (Figure 4). It reinforces the critical role of financial navigators as part of the care team and underscores why continued support for these services is essential to advancing equitable, high-quality cancer care.

**Figure 4.**  
Summary of  
FNLC  
Participant  
Experiences  
and Patient  
Cases



## Appendix 1 – FNLC Aims and Related Activities

### AIM 1: Screening

- All patients prescribed a new anti-cancer treatment are screened for financial distress, using a standardized questionnaire/tool, prior to treatment start
- There is defined criteria to identify patients with financial distress based on screening results
- Patients who screen positive for financial distress are rescreened every six months
- Documentation of screening and the result of screening are documented and available in the electronic health record or other readily available HIT system

### AIM 2: Benefits Verification

- The following benefits information is determined and documented: (Insurance and pharmacy benefits, network status, referral requirements, prior authorization requirements, deductibles, out of pocket maximum)
- The following are communicated to the patient prior to treatment initiation: (Plan year deductible, plan year out of pocket maximum, plan renewal date, estimated cost per treatment)
- Benefits are re-verified at minimum every six months during active treatment and prior to new plan year
- Denials are appealed (to include both internal and external appeals)
- Benefits verification and patient receipt of insurance benefits information are available in the electronic health record or other readily available health information technology system
- Patients who are uninsured are supported in obtaining medical insurance whenever possible
- Patients who are underinsured are supported in obtaining alternate or additional medical insurance whenever possible

## Appendix 1 – FNLC Aims and Related Activities

### AIM 3: Financial Navigation Delivery

- All patients receive education about financial navigation prior to the initiation of new treatment
- Patients who screen positive for financial distress receive ongoing communication regarding financial navigation services every six months
- Patients who screen positive for financial distress related to treatment costs are referred to internal and external financial assistance programs
- Patient assistance applications are tracked until a determination is made
- Patients who screen positive for financial distress related to non-medical costs are referred to internal and external resources
- Referrals are monitored to ensure patients successfully connect with internal and external resources and receive support
- Patients are referred to additional community, state, and national resources as needed
- Referrals are monitored to ensure patients successfully connect with community, state, and national resources and receive support

### AIM 4: Training

- Healthcare billing, insurance, and patient assistance options, including benefits verification, internal and external appeals, federal and state programs, workplace accommodations, FMLA, and ADA regulations
- Impact of cancer on patients and families, especially regarding financial toxicity
- Referral processes for additional services (e.g., psychosocial support, social needs navigation, legal and financial navigation, occupational medicine)
- A process to ensure all team members who provide financial navigation services are effective communicators, with specific training in areas such as cultural humility, implicit bias, empathy, and how to have difficult conversations

## Appendix 2 – Resources

### [Understanding Financial Toxicity](#)

*The resources included here will assist you in learning more about the causes, impact, and possible solutions to address financial toxicity*

### [Screening for Financial Distress](#)

*The resources included here will assist you in learning more about the tools available to screen for financial toxicity/financial distress*

### [Building a Financial Navigation Program](#)

*The resources included here will assist you in learning more about how to build or enhance a comprehensive financial navigation program*

### [Understanding Insurance Types and Components](#)

*The resources included here will assist you in learning more about the various types of insurance*

### [Benefits Verification and Authorization](#)

*The resources included here will assist you in learning more about benefits verification topics and best practices*

### [Patient Resource Guide](#)

*The information included here will assist you in learning more about the resources available to support patients experiencing financial distress*

### [Staff Training and Communication Resources](#)

*The resources included here will assist you in identifying opportunities for education staff on financial distress and navigation and building communication skills*

### [Making the Case for Patient Navigation Toolkit](#)

*The resources included here will assist you in articulating a clear, evidence-based argument for the adoption and integration of patient navigation services.*