

Financial Hardship among Native American Patients with Cancer

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Introduction

- Financial hardship is an emerging concern in oncology
- Many Native American patients are at high risk of financial hardship due to poverty, medical comorbidities, and lack of private health insurance coverage
- Areas with a higher proportion of Native American residents experience worse cancer survival than the general population, which may be related to financial challenges

Cancer Navigation Programs

- Previous studies suggest that implementation of navigation services for patients with cancer may help address financial hardship
- Reports of Native American-specific navigation programs derive from only a few cancer centers
- Existing navigation programs assist Native American patients with cancer who are referred from the Indian Health Service/Tribal/Urban Indian Health System (ITU) to cancer centers
- Successful Native American navigation (NAN) programs are community-based and focus on patient needs:
 - Barriers to accessing cancer care, cultural concerns, and education about cancer and treatment options

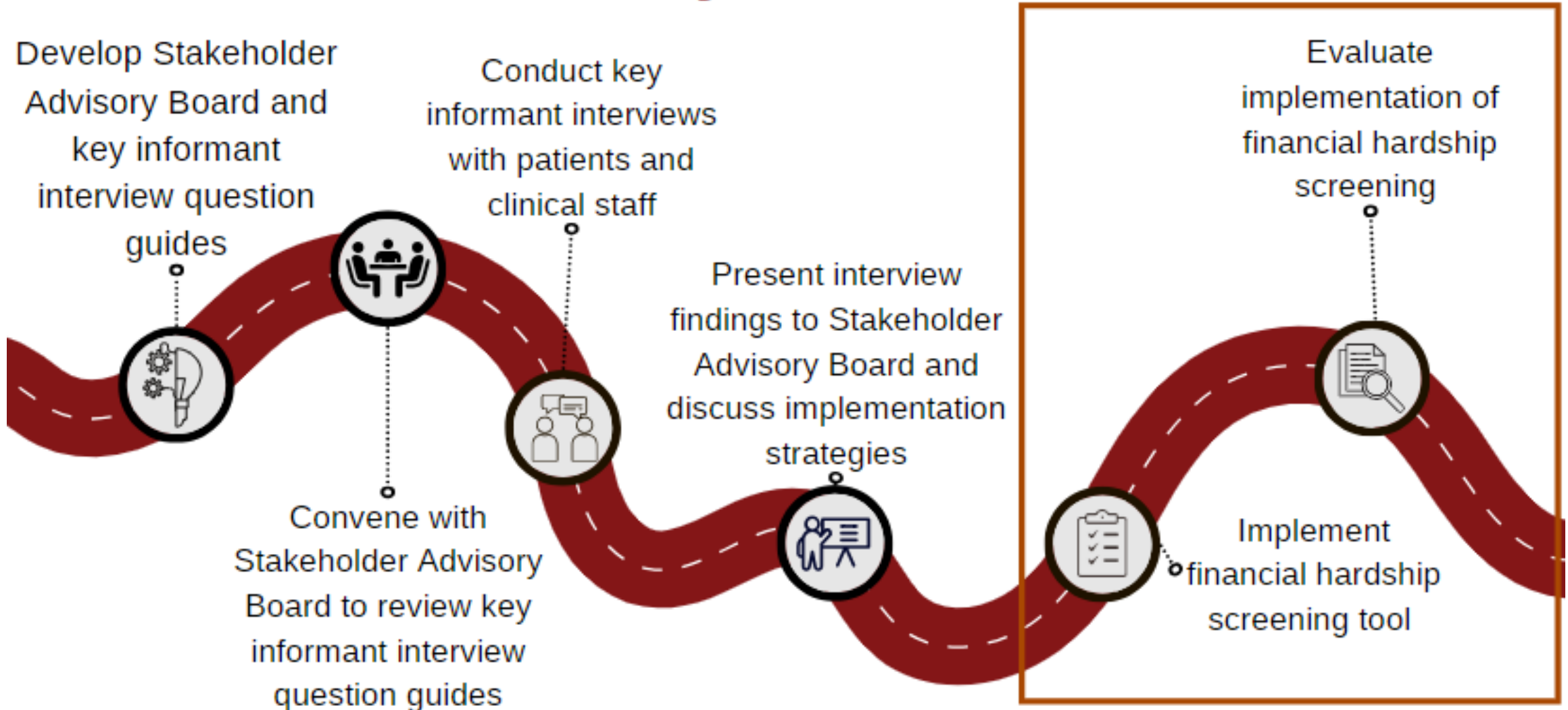
Gap in the Literature

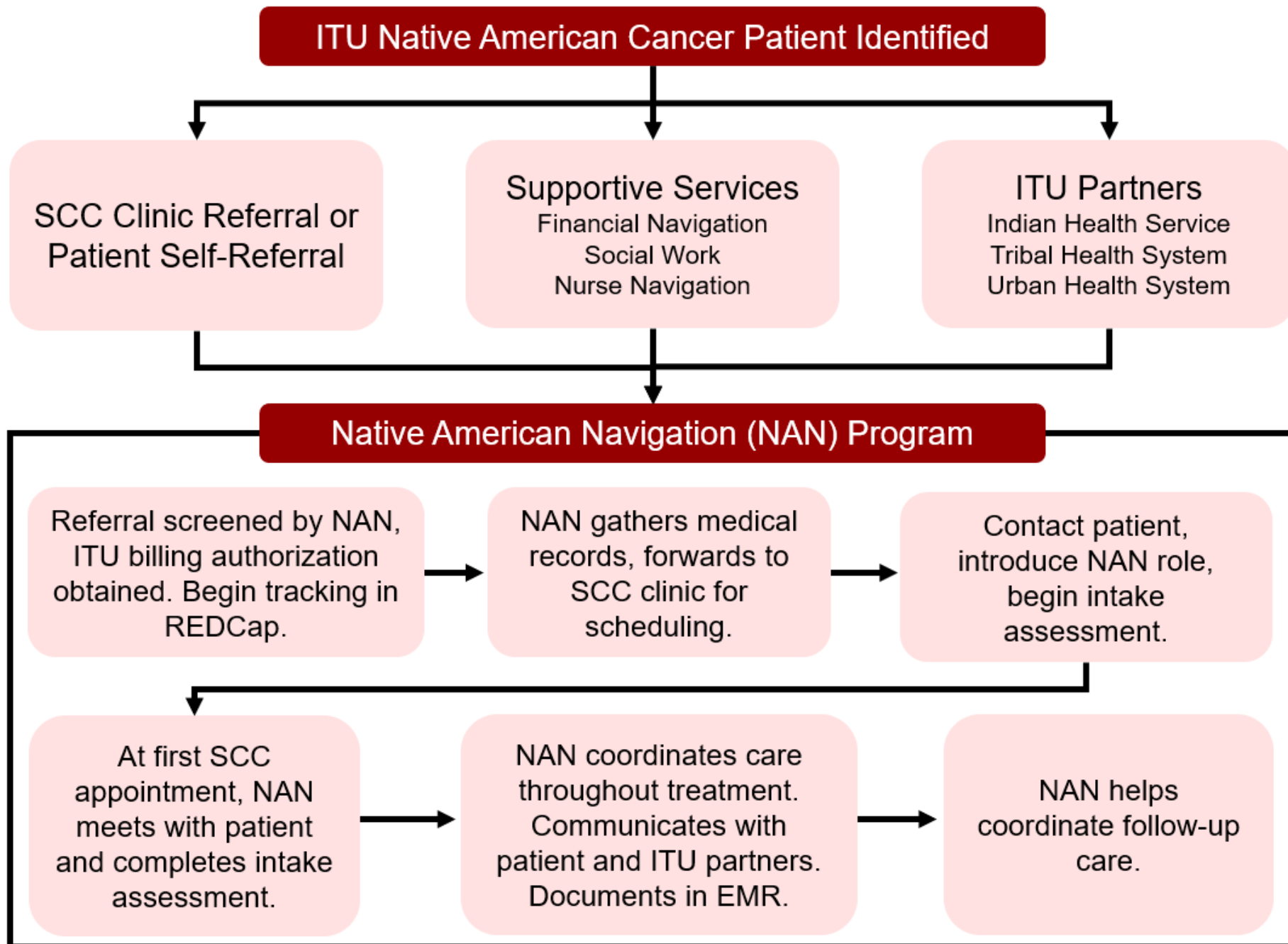
- Financial hardship screening not previously reported for cancer centers among Native American patients
- We aimed to implement and evaluate a pilot financial hardship screening program at the Stephenson Cancer Center (SCC) among Native American patients referred from an ITU facility

Methods

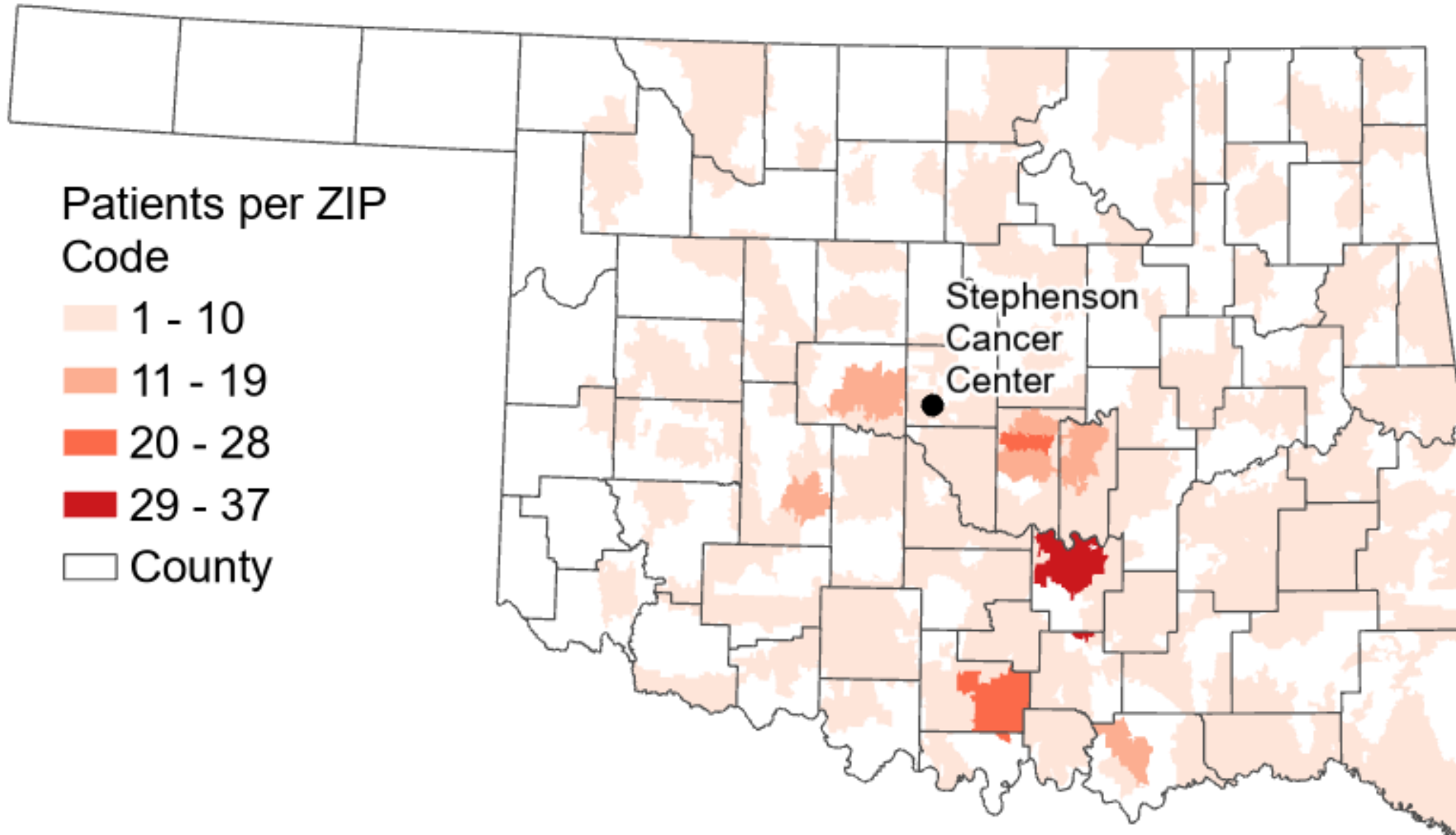
- Patients referred to the cancer center from an ITU (n=42)
- Patients completed FHS screening with the COmprehensive Score for financial Toxicity (COST) – Functional Assessment of Chronic Illness Therapy tool
 - Moderate/Severe Hardship: score <25
 - Mild/No Hardship: score of 25-44
 - Chi-square test was used to assess differences by financial hardship status
- Interviews with ten patients who participated in FHS and four clinical staff involved in the FHS implementation were transcribed and thematically analyzed
- MAXQDA[®] and SAS v. 9.4 were used for analysis

Financial Hardship Screening Study Process





Distribution of NA Navigation patients with cancer referred to the SCC, July 2022-June 2023



Financial Hardship Screening Results

- Most patients had cancer of the gastrointestinal system (57%) followed by lung, pancreas, and other
- Three-quarters of participants reported moderate or severe financial hardship (n=32, 76%)
- Despite small sample size, persons experiencing financial hardship were more often unemployed or of lower income

Characteristics of Financial Hardship Screening participants

	Severe/Moderate Hardship (n=32) N (%)	Mild/No Hardship (n=10) N (%)	p-value
Gender (n=41)*			0.67
Female	17 (54.8)	4 (40.0)	
Male	14 (45.2)	6 (60.0)	
Age Group (n=40)			0.20
18-64 years	24 (77.4)	5 (55.6)	
65 or older	7 (22.6)	4 (44.4)	
Insurance (n=39)			0.60
IHS only	9 (31.0)	4 (40.0)	
IHS and other coverage	20 (69.0)	6 (60.0)	
Employment Status (n=42)			0.03
Employed	7 (21.9)	6 (60.0)	
Unemployed	17 (53.1)	1 (10.0)	
Retired	8 (25.0)	3 (30.0)	
Marital Status (n=41)			0.50
Married/Cohabiting	18 (58.1)	7 (70.0)	
Not Married/Cohabiting	13 (41.9)	3 (30.0)	
Income (n=39)			0.02
≤ \$25,000	18 (62.1)	2 (20.0)	
> \$25,000	11 (37.9)	8 (80.0)	
Education (n=41)			0.31
> High school education	16 (51.6)	7 (70.0)	
≤ High school education	15 (48.4)	3 (30.0)	

*Missing values excluded from table

Key Informant Interview Findings

Provider Perspective

Patient Perspective

INTERVENTION PERCEPTIONS AND EXPERIENCES

- Expressed satisfaction in the screening tool
- Financial situation of patients was better understood at the completion of the intervention

- Favorable feedback on screening tool, including content, length, and comfort
- Health-related financial challenges identified through screening

SCREENING EFFICACY AND EXPANSION OPPORTUNITIES

- Interest in identifying and addressing financial hardships using the screening tool
- Increased staffing, screening location, and leadership support required for program success

- Preference of screening timing varied from diagnosis to after treatment plan establishment.
- Participants felt their financial situation was adequately understood by the screening tool.

CULTURAL NUANCES AND PATIENT-RELATED FACTORS

- Adequate time, privacy, and patient health were identified as critical aspects of FHS success.
- Better ITU care coordination needed to address patient needs.

- Cultural considerations (e.g., privacy) were identified by participants
- Participants expressed importance of screening given financial challenges

Conclusions

- The majority of included participants were experiencing moderate/severe financial hardship
- Providers face a number of challenges related to FHS and require training for adequate implementation
- Cancer centers need to develop clear organizational structures and processes for FHS and assessment (e.g., integrate into electronic medical record)

Strengths and Limitations

- Strengths
 - Working with Native American Navigation program
 - Collection of both qualitative and quantitative data
- Limitations
 - Recruitment challenges
 - Institutional change during implementation
 - Recruitment during COVID-19 pandemic

Future Directions

- Wider implementation of FHS among Native American patients; enhanced patient navigation is currently in progress
- Establish clinical workflows for communicating and responding to FHS
- Assess clinical perceptions of implementation facilitators and barriers
- Evaluate the need and potential to integrate FHS across all patients at the cancer center
- Evaluate the impact of enhanced patient navigation that includes a nurse navigator and “huddles” between the SCC and ITU facilities to address referral and communication issues between the clinics

Questions?

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