



# Patient Power

## Cancer Is Expensive, Help Is Available

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**Andrew Schorr:**

Hello. I'm Andrew Schorr from Patient Power, and I'm so excited to have back with us Dan Sherman, who is really an expert oncology financial navigator, helping patients. He joins us from Grand Rapids, Michigan, where his day job is at Mercy Health Saint Mary's and the Lacks Cancer Center there in Grand Rapids, and he consults with practices all around the country. Dan, welcome back.

**Dan Sherman:**

Oh, thank you for having me, Andrew.

**Andrew Schorr:**

Okay, Dan. We're going to buzz through a bunch of key issues for people facing cancer, patients and family members. So, first of all, what are your top tips for cancer patients so that they can get access to the care they need?

**Dan Sherman:**

That's a good question. When you think about oncology patients and going through care, the expense of this care is overwhelming a lot of people. And so one of the top issues that I run into is patients feel like they're alone in regards to this financial barrier, like we're the only ones that are struggling with this, and so they're embarrassed about it and don't want to bring it up.

And so I think it's important for the listener to understand that this is a problem that is occurring with a majority of our patients. So if we can get past that initial barrier by going I need help with access to care from a financial standpoint, I think that's one big hurdle to start with.

**Andrew Schorr:**

So the first tip, speak up, this is expensive, I need help.

**Dan Sherman:**

Right. I would suspect that 60 to 80 percent of all patients going through cancer care should be requesting some form of assistance to start with.

**Andrew Schorr:**

So the first tip, speak up. This is expensive, I need help.

**Dan Sherman:**

Right. I would suspect that 60 to 80 percent of all patients going through cancer care should be requesting some form of assistance on their treatments from a financial standpoint.

**Andrew Schorr:**

Okay. I do have a related question to that. So do you have to be just destitute to qualify for any kind of assistance, or can a broader brush of people facing a cancer diagnosis qualify for some level of assistance.

**Dan Sherman:**

Yeah, this is a broad issue. It's not just for the low income population. So these new drugs that are coming out to treat specific cancers are easily costing 100,000, 150,000, \$200,000 a year, and depending on the type of insurance you have, those out-of-pockets can become quite significant. So you could be making \$100,000 a year and still desperately need this help. And even though you're making \$100,000 a year help is out there, and it's available even for that population.

**Andrew Schorr:**

So there are programs where they say, well, what is your income, and it's listed on some form or you, as a financial navigator, help communicate that, and it doesn't mean that they say 100 K, that they're disqualified. There could be some level of support.

**Dan Sherman:**

Absolutely. Happens all the time.

**Andrew Schorr:**

When—and I'm a cancer survivor, twice—when you're diagnosed you are like totally in a bad place, maybe physically, mentally as well. So what is the role of a family member, a care partner, a best friend who's trying to assist you in speaking up and helping figure out what financial assistance there could be?

**Dan Sherman:**

Family plays a critical role in this whole issue of getting help for their care. Often when I'm meeting with patients I request that family is present when I'm meeting with them because they are critical once again to really be helping here. Patients, as you've already mentioned, are overwhelmed with a lot of issues, and so when I start talking about financial issues and start pouring out numbers, many times it's too much for them.

And so it's very beneficial that family's there so we can get specific answers to some specific questions as well as giving help by getting me possibly some income documentation, bank statements, sometimes I need those things, and helping with filling out forms for the patients. And we can get all that taken care of so the patient doesn't need to worry about it.

**Andrew Schorr:**

So will the family then, that family member or friend, would they have to sign some form or the patient would...

**Dan Sherman:**

No.

**Andrew Schorr:**

...empower them.

**Dan Sherman:**

Yeah, the family doesn't sign forms or friends don't. Usually in the practice that I do, I do everything I possibly can to fill out everything possible for the patient so the patient doesn't (?) with us, but sometimes I need specific information that only either the patient or family member can provide me, and it's critical that they're there.

The other thing to factor in here, as I've already discussed the psychological implications of this, the patient is struggling psychologically. Sometimes they are embarrassed, but sometimes they are also feeling a tremendous amount of guilt, and so it's important that the family member is there, the son or the daughter saying, dad, you're worth this. We're going to do everything we can to help you, with the understanding that the financial navigator is there rescuing the situation and finding programs that will lessen the financial burden for the patient.

**Andrew Schorr:**

Right. Dan, I know you're very active there at Mercy Health and the Lacks Cancer Center, but people go to clinics all over the country, all over the world, and they know they're seeing a doctor or maybe a doctor and a nurse, but who

should they ask for or ask about, what can they do to make sure they're connected with someone who can help them with these financial issues?

**Dan Sherman:**

Well, the oncology community is finally starting to recognize that this is a major issue and a problem, and so what they should be asking for is specifically ask, do you have a financial advocate or a financial navigator in the cancer center. Many times hospitals have financial counselors, but they're not trained and usually don't have the ability to address this issue. You want somebody that specializes in oncology.

If they don't have one, they should be asking, why don't you? And if they don't have one if you're in a city where there are multiple competitors in the hospital systems, you know, it's worth it to give them a call and say do you have this service, and request it because hospitals and oncology providers really need to have this service because it's such a huge barrier to care.

**Andrew Schorr:**

Right. Well said. Now, of course, obviously, hopefully people have insurance, but sometimes the doctor is going to say, well, here's the treatment plan that I believe is right for you, and it's run by insurance and they're balking at it. So first of all, do appeals with insurance work?

**Dan Sherman:**

Oh, absolutely. We should never give up. If we get a no from the insurance company and the oncologist is feeling strongly, here are the reasons why this treatment is necessary for this patient, then the provider really should be going after that insurance company and convincing them that this treatment is appropriate.

I would add, though, to this conversation that it's very powerful that the patient also calls the insurance company. They can hear the real story, the suffering that is going on. I don't think that it's the patient's responsibility to convince the insurance company to pay here because I think the provider should be doing that, but the patient can add a lot of power to this by communicating with the insurance company as well.

**Andrew Schorr:**

Okay. Now, pharmaceutical companies make drugs that are being prescribed, and many of them have various assistance programs, sometimes free drug programs. So should the patient or family member call a pharmaceutical company directly...

**Dan Sherman:**

Absolutely.

**Andrew Schorr:**

...when they learn that's the medicine that their doctor believes is right for them?

**Dan Sherman:**

Yeah, and many times the pharmaceutical companies also have resources to help with the appeals process. If that is finally denied and they're just like we have to—we're going to move beyond this, then many pharmaceutical companies will say, okay, you got your second appeal denied, we're going to offer the drug for free. Once again, the financial advocate or financial navigator are the ones that many times are navigating this, but those options are available in many circumstances.

**Andrew Schorr:**

Okay. So, Dan Sherman, just so sum up, people are dealing with the scariest diagnosis they've ever had, the family is dealing with it, and they have a hope that there can be a cure or a long life and a good life. Do you believe today that with the help of someone such as yourself, an oncology financial navigator, that some of the burden of the finance can be taken off them if only the patient and the family will speak up?

**Dan Sherman:**

Absolutely. You know, this role of a financial navigator in the oncology setting is starting to take off, and so more and more hospital systems are recognizing this. And why is that? Well, it's because so many people are struggling with this. And so it's just so important that people are speaking up.

It's important that organizations like yours is bringing attention to this as well because once again, I've said this several times, hospitals need to start taking responsibility and saying this stuff is complex, and we need specialists in the area to address this.

**Andrew Schorr:**

Okay. Well, Dan Sherman, we want to clone you and have you at every cancer center around the country, and I know you're consulting with many to make that happen. I want to thank you for being with us on Patient Power once again. Dan Sherman, you're doing great work for the families you help in Grand Rapids. And the people who are hearing your words are going to speak up now is get the right resources and not be ashamed to speak. Dan, thanks for being with us.

**Dan Sherman:**

Thank you for having me.

**Andrew Schorr:**

I'm Andrew Schorr from Patient Power. Remember, knowledge and speaking up can be the best medicine of all.

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