



## Ways to Get Help Navigating the Costs of Cancer Treatment

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**Andrew Schorr:**

Hello, and welcome to Patient Power. I'm Andrew Schorr. Increasingly, we're hearing this term "financial toxicity" when it comes into play related to those of us who are impacted by cancer. Not toxicity from the medicines, but toxicity from the cost, and joining me is someone who thinks about that a lot—Dan Sherman, who is an oncology financial navigator in Grand Rapids, Michigan. Dan, thanks for being with us on Patient Power.

**Dan Sherman:**

Oh, thank you for the invitation. It's a great honor to be here speaking with you.

**Andrew Schorr:**

So, Dan, financial toxicity—this is a big deal now as far as the stress on patients. There are some surveys about that, aren't there?

**Dan Sherman:**

There's been a lot of research on this topic in the last about 10 years. Financial toxicity is certainly high on the list now of a lot of our patients that are going through oncology treatments. And so yeah, research is pretty clear that financial distress is the number one or number two stressor of oncology patients at this point.

**Andrew Schorr:**

Wow—here you are, hoping to survive or beat the cancer and you have to worry about, are you going to lose your house, or pay your rent, or have enough to eat?

Then also, it's great breakthroughs in medicine, where many medicines are oral therapies now that you can take at home, but they're often covered by insurance differently than if you had a needle stuck in your arm at the clinic or the hospital, and—so that becomes increasingly complicated. The benefits are different. So, how does someone get assistance? What should they be asking for at the clinic or the hospital level to find out if there's somebody who can help sort it out?

**Dan Sherman:**

So, once the diagnosis has occurred and the treatment plan has been put together, then it would be very wise of the patient at that point to ask to speak to a financial advocate, financial navigator or social worker. There's a different term for this position. Sometimes we can significantly decrease the cost burden for the patient if we take a very proactive approach on addressing the problem.

And so, unfortunately, in our healthcare system, many times we take a reactive approach. The patient comes in for treatment, the bill comes their way, and now the effective solutions might not be available. And so, the earlier you as a

patient is addressing this issue and requesting assistance, the better it is to try to solve the problem.

**Andrew Schorr:**

Wow, okay. So, the doctor gave you the bad news of a cancer diagnosis and you're reeling from that. But you or a family member, you need to catch your breath and ask, "Are there people who can help sort this out?"—at the institution, ideally. Now, some of it is taking a close look at the insurance you have, right? I understand sometimes that can be tweaked so that you're better positioned for the care you're about to embark on. Is that right?

**Dan Sherman:**

Right, and so we got to remember that when an individual is diagnosed with cancer, sometimes one of the consequences of that is a decrease of income coming into the home. So, if you're working, you have cancer, you're not able to work anymore—that income goes down. And sometimes that can have implications on public programs that are out there. If it's Medicaid, if that's—that's one solution.

However, another example would be somebody in a marketplace policy. So, if they have an ACA policy, and let's say they fell at 300 percent of the federal poverty level based upon their income, and that policy that they have is based upon their income.

Now they have a significant decrease of income coming into the home. They might now be at 150 percent of the federal poverty level, which means that the out-of-pocket responsibilities of the marketplace policy technically should go significantly down, because you get cost-sharing subsidies if you're below 250 percent of the federal poverty level. It's complicated, but having somebody proactively address that issue and contact the marketplace—the out-of-pocket responsibility in a marketplace policy can easily go from a 7,900-dollar responsibility all the way down to a 1,500, maybe 2,500. So, there's a significant drop in out-of-pockets. That's what I mean about tweaking insurance. Sometimes you can do that with individuals.

**Andrew Schorr:**

So, see if there's someone you can talk to who can look at your situation and analyze it and see if things can be changed based on your situation...

**Dan Sherman:**

Right.

**Andrew Schorr:**

...embarking on cancer care. Okay, that's one. The other is, is that there are assistance programs as well that can be called upon, perhaps, given your situation, either from drug manufacturers or from nonprofit foundations, right?

**Dan Sherman:**

Right. So, when I work with patients and I try to analyze the situation, the first thing that I do is what we've already talked about—is the insurance optimization. Can we make the insurance better? Sometimes you can't do that, and so then you go and start looking for external assistance programs, so copay assistance programs, copay assistance foundations, or even free drug from the manufacturer. And sometimes it's very appropriate to do that to help mitigate the financial burden that the patient has.

Unfortunately, especially in the Medicare world, for individuals who have Medicare, they have to rely on foundation support, not the pharmaceutical copay programs, and those programs open and close on a regular basis. And so, for example, a patient with non-small cell lung cancer—if they want to get foundation support, those programs are usually open for about two hours, and then they're closed for another two months.

And so, having an advocate on your side who's looking for these programs, and then as soon as it opens up, they rush to the computer and enroll them is very important.

**Andrew Schorr:**

Wow. Okay, one other thing I wanted to ask you about, Dan, is many of the people who are affected by cancer are not at the poverty level and have never had any kind of assistance at all. If anything, they may be the people donating at church or in their community. They're givers and they're not accustomed to be takers, if you will, and maybe that's the wrong word. But from your experience, should people have any shame about asking for what assistance is available to them as they go through today very expensive cancer care?

**Dan Sherman:**

Well, let me try to answer that with giving a couple of statistics. So, 27 percent of oncology patients are what we call non-adherent to their therapies, meaning that they're skipping doses, not filling the prescription. They're doing something that's not what's been recommended for the individual. And it's been proven that the reason for that non-adherence is for the financial distress that they're in. So, it's affecting patients from a treatment standpoint, where they're not seeking the treatment.

Another statistic is 27 percent of oncology patients suffer from clinical depression because of the financial toxicity that they're experiencing. 24 percent of patients have relationship issues because of their financial toxicity.

One more thing that I want to say about this, and that is, I have a full-time job addressing the issue of access to care and dealing with financial distress. That means my caseload is extremely high. I'm very busy. So, there's just so many patients that are needing this help. It's not just one individual or the low-income individuals that are struggling with this. It's a high number of patients.

There was one research study that showed that 42 percent of oncology patients express having a significant or catastrophic financial burden. So, you're approaching half of your patient population. So, you're not alone. There are so many patients that are struggling with this. I would argue that probably close to 80 percent of the patient population would benefit from talking with a financial advocate, a financial navigator to see if there's something that can be done to help lessen the financial burden.

**Andrew Schorr:**

So, I like to tell people to advocate for yourself related to testing and treatment to get the medical care you need and deserve. And I think what Dan is saying is, is that you deserve to understand your financial situation with a professional and see what programs and adjustments can be made that can help you. You deserve that, right, Dan?

**Dan Sherman:**

Right. And there are just so many different solutions out there, not just one. It's not just, "Hey, let's apply for Medicaid and see if that solves your problem." That helps 20 percent of the population. It's the remaining 80 percent—what can we do here to lessen that burden? There are just so many different solutions out there, and it requires somebody with a higher level of expertise to be able to address these very complicated problems that our patients are dealing with.

**Andrew Schorr:**

Well, I think our listeners can see that you're such an expert. So, Dan has made it his business now to be going around the country and doing public speaking and consulting to help all of oncology raise that level, and Dan, I want to thank you for your dedication to that. And hopefully, while this process goes on, all of us as cancer patient consumers seek out these resources so that you get what's right for you. Dan Sherman in Grand Rapids, Michigan—thank you so much for being with us on Patient Power.

**Dan Sherman:**

Thank you, Andrew. I appreciate the questions.

**Andrew Schorr:**

I'm Andrew Schorr. Remember, knowledge can be the best medicine of all.

**Andrew and Esther.**

Right. Bye-bye, everyone.

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