



Addressing Financial Toxicity Among Rural & Urban Patients at Cancer Care Programs

Background

We conducted interviews with staff from cancer care programs across different geographic settings to (1) determine how care teams assess and address financial distress in cancer patients, (2) evaluate resources available to cancer patients across the rural-urban continuum, and (3) understand perceptions of rural/urban differences in cancer patients' experiences of financial toxicity.

Methods

Seven research teams within the CPCRN interviewed staff who have a role in connecting cancer patients with financial assistance services from cancer care programs across program types and rural/urban classifications. We identified themes using descriptive thematic analysis.

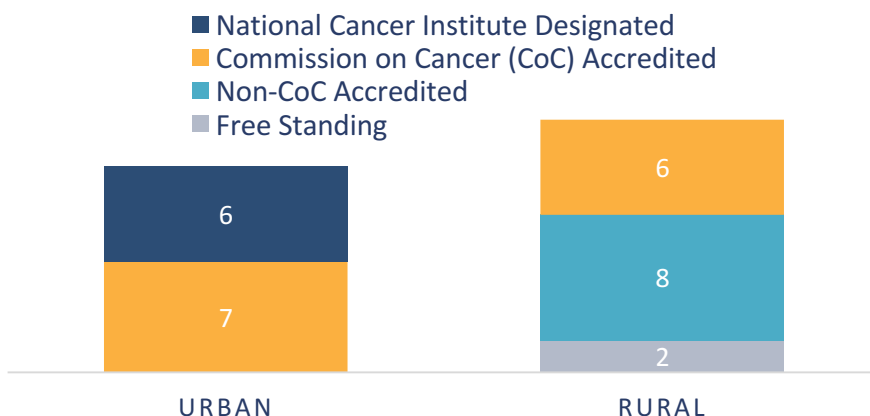
Results

We interviewed 35 participants across 29 cancer care programs in seven states, with nearly half of respondents from rural cancer care programs. Participants identified transportation and housing costs as primary financial stressors for rural cancer patients. Urban participants were less likely than rural participants to report rural/urban differences in patients' experiences of financial toxicity. Respondents had difficulty identifying resources specifically for rural patients to help them overcome financial barriers. Insufficient staffing was a barrier to addressing both rural and urban patients' financial concerns.

Conclusion

Future interventions should enhance how cancer care programs assess financial hardship in patients, improve how programs connect patients with financial assistance resources, and expand financial navigation services to serve rural cancer patients.

Cancer Care Programs (n=29)



1. Navigators assess and address financial distress by...

Assuming patients have financial concerns.

Using screening tools and other methods to identify patients with financial concerns.

Assessing financial need through new patient consultations.

Assessing patients who were referred by other staff or providers.

Using insurance status as an indicator for financial need.

Using treatment type as an indicator for financial need.

Using alternative avenues to identify patient concerns or educate patients.

"A patient can come into our offices, we can receive them from phone calls, we can get information from one of the nurses if a patient is expressing financial concern prior to an appointment" (Rural Non-COC)

"...to see where they are emotionally, family issues, practical issues, financial, insurance, transportation...if a patient scores above a certain level, we rescreen them and readdress those issues with them until...resolved." (Rural Non-COC)

"...with the orals, simply because we pretty much know...their copays are gonna be very expensive...we'll broach the subject because we're looking at their insurance and we're looking at what the cost is going to be." (Rural COC)

"We use the stress thermometer and we do have them complete that [and]...that goes to our social worker, so it's kind of a group effort." (Rural COC)

2. External resources available to urban and rural cancer patients

External Urban Resources



National cancer societies and associations



Financial assistance for gas and transportation



Financial assistance with utility bills, rent/mortgage, food

External Rural Resources



Financial assistance programs at churches



Pharmaceutical patient assistance programs



Assistance from the Department of Social Services

3. Staff's perceptions of rural-urban differences in patients' experiences of financial toxicity

Rural patients' experience greater financial burden.

Greater socioeconomic disadvantage

"I guess my own sense of things is just that urban areas have been economically growing in recent years and rural areas have been economically shrinking, so I kind of have this overall, sort of general sense that things are getting harder in rural areas, a lot of times, from maybe what they were 20 years ago." (Urban NCI)

Transportation costs

"People are coming an hour...to get to the closest treatment facility, which is here. And if you start thinking about what that looks like when you have radiation every day, just for 15 minutes, but for 6 weeks, 5 days a week, trying to get here...a 15-minute appointment still takes up the whole day." (Urban COC)

Rural patients face challenges accessing resources.

Limited financial assistance resources

"I would say access to resources. I feel that in an urban setting, there is a wider variety of community resources to potentially tap into." (Rural COC)

Patients have limited phone, computer, internet access

"Then, there's other...rural things such as we don't have phone service every part of our county. Sometimes you just can't get hold of someone on the phone, you can't. I live in a place where you can't call me." (Rural COC)

Patients with lower health literacy, lack skills to seek help

"I do notice that our rural folks have less healthcare understanding, which is understandable especially if you just don't have exposure. Not that they're not teachable, but it's just that they don't have an understanding." (Urban COC)

Patients have cultural/language barriers

"Yes, the rural community, they really struggle with language resources. A lot of times we have a bigger ethnic group coming from those areas, and there are very little...interpreter services in the smaller communities." (Urban COC)

