Administrative Supplements for the NCI P30 Cancer Center Support Grants to address financial hardship during cancer treatment

**Background**
Cancer-related financial hardship, including financial toxicity due to drug costs and the other direct and indirect costs of cancer treatment, is an increasingly common experience for patients and their caregivers. Patients are responsible for an ever-growing share of the cost of their cancer care, paying more for medical appointments, imaging, tests, and procedures. Additionally, the high cost of breakthrough therapies is frequently more expensive than most patients can afford without substantial detriment to their financial well-being. Financial hardship is associated with delaying the start of recommended treatments as well as treatment non-adherence. As the costs of cancer care accumulate, patients are forced to make difficult trade-offs, including delaying or forgoing recommended care due to budget constraints. Further, financial hardship is a major source of stress, leading to poor patient outcomes and diminished quality of life. The impact of financial hardship is cumulative and long-lasting, with consequences extending well beyond the period of active treatment. The patients at greatest risk for financial hardship are often vulnerable sub-groups who already face obstacles to high quality care.

The causes of cancer-related financial hardship are multifaceted, stemming from high out-of-pocket costs, inadequate insurance coverage, missed days from work or job loss, and other related challenges. Thus, a program of services is needed to address this complex problem. A 2019 survey sponsored by the National Cancer Institute (NCI) Division of Cancer Control and Population Sciences (DCCPS) suggested that most NCI-designated Cancer Centers offer a range of financial navigation services including help applying to pharmaceutical company-sponsored patient assistance programs, financial assistance to manage non-medical costs, help applying for health insurance coverage and help understanding medical bills. However, 40% of Centers reported a lack of staff awareness about available financial navigation services and 46% reported that the pathways or workflows to connect cancer patients with existing financial services were unclear. Additionally, over 50% of Centers reported that patients were reluctant to ask for financial help when they needed it and 37% of Centers could not estimate the percentage of their patients who experience cancer-related financial hardship. Collectively, these findings suggest a need to both enhance the systematic identification of patients experiencing financial hardship and improve the coordination and delivery of financial navigation services. This supplement initiative will help Cancer Centers to develop or expand their capacity and infrastructure to deliver financial navigation services and to collect the preliminary data necessary to more broadly implement and evaluate financial navigation programs.

**Definitions:**

**Financial hardship** is an umbrella construct, encompassing (1) *material conditions* caused by high out-of-pocket costs, missed work, reduced income, and medical debt and bankruptcy; (2) the *psychological response* or worry resulting from paying medical bills or concerns about lost wages; and (3) *coping behaviors* to manage out-of-pocket medical expenditures, such as skipping medication or delaying or forgoing recommended care to save money.

**Financial navigation** refers to processes by which patients and their families are aided in affording care after a cancer diagnosis to avoid adverse financial consequences and hardship associated with cancer treatment, including education about and assistance with accessing appropriate financial programs and services.

**Medical care costs** include out-of-pocket costs for drugs, procedures, therapies, healthcare visits and hospital stays; expenses incurred as a direct result of pursuing cancer treatment (e.g., transportation to and from the hospital, family care, caregiving, special clothing, wigs, and medical supplies); and lost wages due to missed work or job loss.

**Purpose and Goals**
The National Cancer Institute (NCI), Division of Cancer Control and Population Sciences (DCCPS), announces the opportunity for supplemental funding for NCI-designated cancer centers to develop or expand their capacity and necessary infrastructure to deliver evidence-based financial navigation services. It is expected that this work will inform the development and expansion of research to inform the financial navigation program within the Cancer Center to decrease cancer-related financial hardship among patients and their families.

The short-term goal of these supplements is to provide resources to support the time and effort of teams at NCI-designated Cancer Centers to develop or expand their capacity to proactively identify patients who are at risk for, concerned about, or actively experiencing financial hardship because of the cost of their medical care and to provide appropriate financial navigation services throughout the cancer care continuum. Proactive screening can be conducted in the context of distress screening or other assessment or through the development and implementation of a new screening tool. Screening results should be used to identify patients in need and inform the delivery of appropriate services. Projects funded under this initiative may be conducted in a single clinic or among patients with a particular cancer or receiving a particular treatment. Projects may also focus on screening during a particular time point during treatment planning or care delivery.

NCI will consider requests for supplements for the following types of activities:

- Analyses of local data focusing on identifying opportunities to improve financial navigation interventions.
- Implementation of evidence-based tools and approaches that could be used to identify patients at risk for, concerned about, or experiencing financial hardship.
- Orienting medical or non-medical personnel to the scope of available services available within the Cancer Center to address aspects of financial hardship, and how to access those services.
- Evaluating the reach of financial hardship screening and the impact on patient and care delivery outcomes.
- Analyzing existing staffing models, clinic processes, infrastructure, and patient needs to identify strategies to improve and document the delivery of financial navigation services.
- Developing and pilot testing new pathways/workflows to connect patients with financial navigation, social work and other assistance within the Cancer Center.
- Developing standards for documenting screening results in the EHR to facilitate research and practice improvement.
- Building capacity within Cancer Center IT systems to track patients’ financial hardship over time, referrals for and utilization of financial navigation services, and patient outcomes.

The long-term goal is to build or expand the infrastructure needed to sustain a financial navigation program beyond the length of the supplement. It is expected that Cancer Centers will build upon their supplement project, gather preliminary evidence, and apply for future funding to support research to inform the expansion or scale-up of proactive screening for financial hardship and service delivery as well as test new models of financial navigation and counseling and evaluate patient outcomes.

Eligibility and Budget

- This opportunity is open to all clinical and comprehensive P30 Cancer Center Support Grants.
- Only one supplement request per center will be considered.
- Supplement requests may not exceed $150,000 total costs, and the project period is for one year.
- Cancer centers whose P30 Cancer Center Support Grant will be in extension at the time the award is made in FY20 are not eligible for this supplement.
- It is anticipated that awards for this supplement opportunity will be made in September 2020.

Application Submission Format
Applications should be submitted as a signed, scanned PDF to Janet de Moor (janet.demoor@nih.gov) and Stacey Vandor (stacey.vandor@nih.gov) no later than COB May 4, 2020.

Email confirmation of application receipt from Stacey Vandor must be obtained to be officially considered and evaluated.

Requests must include the following:
- The Standard PHS 398 Face Page
- A detailed budget and budget justification
- NIH biographical sketches for key personnel proposed in the supplement
- Summary of the project (not to exceed 5 pages) (references are excluded from the 5-page limit; no appendices, please)

The 5-page summary must:
- Describe how the proposed project will leverage existing services or resources offered in the Cancer Center to address financial hardship and the staff involved in delivering those services.
- Provide a rationale for the clinic or patient population in which the work will be conducted.
- Describe the process that the project team will use to develop or expand and implement financial hardship screening and delivery of financial navigation services. This should include:
  - how the project will address potential patient, provider, and clinic barriers to proactive screening and subsequent service delivery;
  - the types of services that may be offered, tested, expanded, or adapted;
  - how the activities within the proposed project will inform the organization’s ability to fit services into existing provider and/or administrative workflows; and
  - how staff will engage patients, at what points during treatment and survivorship care; and how and by whom follow-up will be conducted and monitored.
- Outline a work plan that provides a timeline for development and implementation of the project (such as staff involved, staff training and hiring plans, IT integration). It should include milestones for tracking the progress of the work in the one year of the supplement.
- Provide an evaluation plan for the project including primary and secondary outcomes at the patient, provider, and system level.
- Describe plans to collect preliminary data for future research proposals or pilot projects to improve the delivery financial navigation services.
- Describe the qualifications for the identified lead(s) of the program.
- Include funding to attend an in-person grantees meeting to discuss lessons learned from the project.

NCI Evaluation of Supplement Requests
Administrative supplements do not receive peer review. Instead, NCI staff with expertise in cancer prevention and control will evaluate supplement requests to determine overall merit. Proposals will be reviewed for quality and for responsiveness to application criteria outlined in the requirements for the five-page summary described above.

Reporting Requirements
As part of the progress report for the parent Cancer Center grant, information must be included on what has been accomplished through the administrative supplement (e.g., program details such as conceptual framework; approaches developed and implemented; workflow incorporation; progress on timeline tasks; and results from the evaluation of screening and service delivery outcomes), as well as progress on the Cancer Center’s work.

Pre-Submission Informational Webinar:
An informational webinar will be held as noted below:
The registration link is as follows:
https://cbiit.webex.com/cbiit/onstage/g.php?MTID=efd5d082d707e740d9e21c3b1a67209c1

Dial-in information:

Call-in toll number (US/Canada)
1-650-479-3207

Meeting Number/Access Code: 739 299 805

Event password: J2d5pEBZw$6

Questions
For technical inquiries (including eligibility), please contact your cancer center grant administrator or your NCI program director. For inquiries about the scientific objectives and goals, please contact Janet de Moor (janet.demoor@nih.gov).