

**Developing the Minnesota Cancer Plan
Step 2: Recommend Objectives and Strategies**

Workgroup: Survivorship

Date: June 24, 2016

Objective: _To develop an inter-disciplinary model for addressing the financial and legal issues cancer patients/survivors face during and after treatment.

Desired Outcome:

At the end of five years, what would you like to accomplish? If you do not expect to achieve the objective by the end of five years, what would success look like?

At the end of five years, success will include an established and growing network of inter-disciplinary professionals (lawyers, accountants, financial planners, legislators, employers, insurers/payers, medical/law school professors, medical/law students, etc) working collaboratively to address the financial, legal, and social determinants of health that adversely affect cancer survivorship.

Alignment:

Partners currently working on this objective and type of activity:

Organization	Activity (such as PSE change, education, programmatic)
Local/Minnesota	
Cancer Legal Line	PSE change, education, program delivery of legal care
Upper Midwest Health Care Legal Partnership Learning Collaborative	PSE change, education
Angel Foundation	Education, program delivery
Pay it Forward Fund	Program delivery

Open Arms	Program delivery
Senator Al Franken	PSE change
Senator Amy Klobuchar	PSE change
Prepare and Prosper	Education, program delivery
National	
Cancer and Careers	Program delivery
National Center for Medical Legal Partnership	PSE change, education, advocacy

Stakeholders for this issue not currently working on it and potential role:

Organization	Potential role (PSE change, education, programmatic)
Health care insurance providers	PSE change, education, program
Disability insurance carriers (short and long term)	PSE change
Employers (big, medium, small)	Education
Health care systems	PSE change, education, program
Medical schools	PSE change, education, program
Law schools	PSE change, education, program
Elected officials at every level of government	PSE change, education
Lenders (mortgage, student loan)	PSE change
Twin Cities Medical Society	Education and support for PSE change
MN Medical Association	Education and support for PSE change
State and county government	Education and support for PSE change

Strategy #1:

Utilize nonprofit hospitals' current Community Health Needs Assessments (CHNA) and work to enhance language and measurement in future CHNA tools as a means of demonstrating patient need for financial support (education, counseling, and direct service) and legal care services (employment, insurance, housing, disability, powers of attorney, health care directives, guardianship, and wills) and as such, broaden the definition of who is on the cancer care team

Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):

Increased recognition of financial and legal issues as key social determinants of health; Increased number of engaged stakeholders working collaboratively to expand education and awareness of the demonstrated need for fully integrated care.

Rationale:

The CHNA is an established measure of each systems community and as such an irrefutable measure of the need their own patients have for financial support and legal care.

This is an evidence-based practice promising practice other. Please explain.

Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.

Rank this strategy for the greatest potential for traditional and non-traditional partners working together.

Rank 1 of 5 strategies

Strategies

Strategy #2:

Utilize the IRS' requirement that nonprofit hospitals demonstrate community benefit to support agencies and partnerships providing financial support and legal care services to their cancer patients in need.

Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):

Increase in funding and partnerships between health systems and local providers of financial support and legal care services.

Increase in number of cancer patients who maintain food security during their treatment.

Increase in number of cancer patients who have access to emergency financial assistance.

Decrease in number of cancer patients who file for bankruptcy.

Increase in number of cancer patients who are approved for Social Security Disability Insurance without appeals

Increase in number of cancer patients who maintain employment during cancer treatment

Increase in number of cancer patients who successfully appeal a short-long term disability insurance denial

Increase in number of cancer patients who successfully appeal a health care insurance denial of coverage

Increase in number of cancer patients who prepare both a health care directives and financial Power of Attorney.

Increase in number of impoverished cancer patients who are able to prepare guardianship documents for the care and custody of their minor children.

Increase in number of cancer patients who report reduction in stress by way of counseling and expertise conferred.

Rationale:

In order to maintain their nonprofit status, nonprofit hospitals are required to show via their annual IRS 990 filing that they confer a “community benefit” to the wide community they serve. Historically, the most common manner of conferring this benefit is through the charity care they provide to uninsured patients. With more Minnesotans insured now than ever before, theoretically less charity care will need to be provided as more care will be covered by insurance. By providing funding to support agencies who provide these services to the systems’ cancer patients, the systems are conferring not only a benefit to the community but also providing whole patient care to their specific patients in need.

This is an X evidence-based practice ___ promising practice ___ other. Please explain.

- **“Livestrong Poll Finds Nearly Half of People Living with Cancer Feel Their Non-Medical Needs are Unmet by the Healthcare System.”**
November

30, 2004, <http://www.prnewswire.com/news-releases/livestrongtm-poll-finds-nearly-half-of-people-living-with-cancer-feel-their-non-medical-needs-are-unmet-by-the-healthcare-system-75593032.html>

- **Cancer patients on average are about 2.5 times more likely to declare bankruptcy as those without cancer. Financial Insolvency as a Risk**

Factor for Early Mortality Among Patients With Cancer, Journal of Clinical Oncology, Scott D. Ramsey, Aastha Bansal, Catherine R. Fedorenko,

David K. Blough, Karen A. Overstreet, Veena Shankaran, and Polly Newcomb <http://jco.ascopubs.org/cgi/doi/10.1200/JCO.2015.64.6620>, January 25,

2016

- **Cancer patients who declare bankruptcy are nearly 80% more likely to die than does who do not. Financial Insolvency as a Risk Factor for**

Early Mortality Among Patients With Cancer, Journal of Clinical Oncology, Scott D. Ramsey, Aasthaa Bansal, Catherine R. Fedorenko, David K.

Blough, Karen A. Overstreet, Veena Shankaran, and Polly Newcomb <http://jco.ascopubs.org/cgi/doi/10.1200/JCO.2015.64.6620>, January 25, 2016

- **30% of women diagnosed with breast cancer who are working at the time they were diagnosed are no longer working four years later. Impact**

of adjuvant chemotherapy on long-term employment of survivors of early-stage breast cancer, Cancer, Reshma Jagsi MD, DPhil 1,* , Sarah T.

Hawley PhD 2 , Paul Abrahamse MA 2 , Yun Li PhD 3 , Nancy K. Janz PhD 4 , Jennifer J. Griggs MD 5 , Cathy Bradley PhD 6 , John J. Graff PhD 7 , Ann Hamilton

PhD 8 and Steven J. Katz MD 2, Volume 120, Issue 12, pages 1854–1862, 15 June 2014

- **Studies show that 30 to 50% of all cancer patients fall below the poverty line during, and often as a consequence of, their treatment and that**

16.5 percent are unable to work compared to 5% of the general population. doi: 10.1200/JCO.2006.06.7207 JCO November 10, 2006 vol. 24 no.

32 5149-5153

- **62% of personal bankruptcies filed are due in part to a significant piece of medical debt. Of these, 78% had health insurance. Medical**

Bankruptcy in the United States, 2007: Results of a National Study, The Journal of American Medicine, David U. Himmelstein, MD, Deborah

Thorne, PhD, Elizabeth Warren, JD, Steffie Woolhandler, MD, MPH,

- **After a cancer diagnosis, the probability of a patient being employed drops by almost 10%. Employment and income losses among cancer**

survivors: Estimates from a national longitudinal survey of American families, Cancer, Volume 121, Issue 24, 15 December 2015, Pages:

4425–4432, Anna Zajacova, Jennifer B. Dowd, Robert F. Schoeni and Robert B. Wallace. Version of Record online : 26 OCT 2015,

DOI: 10.1002/cncr.29510

- **14% of Minnesotans are insured by high deductible insurance plans—nearly twice the national average. More Minnesotans driven to choose high-deductible health insurance: The state ranks second in use of such health insurance plans, which critics say save costs, but at a price.** Star Tribune, Jim Spencer, June 6, 2012, <http://www.startribune.com/more-minnesotans-driven-to-choose-high-deductible-health-insurance/156469135/>

Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.

Yes, see above.

Rank this strategy for the greatest potential for traditional and non-traditional partners working together.

Rank 2 of 5 strategies

Strategy #3:

Advocate for local and national legislation to enhance and protect financial security when facing cancer (for example, mandatory paid sick leave for employees, changes to Social Security Disability Insurance cash benefits and Medicare coverage to begin at finding of eligibility not after a waiting period of 5 and 29 months respectively).

Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):

Increase in number of elected officials at every level of government supporting such legislation.

Rationale:

If cancer patients can maintain their income, or even a part of it, while out on leave for the treatment, or immediately following a determination of total disability, they stand a better chance of maintaining their housing, food security, insurance status, and adhering to their treatment protocol.

This is an ___ evidence-based practice ___X___ promising practice ___ other. Please explain.

Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.

Yes, by addressing this economic barrier, fewer cancer patients will become impoverished because of their cancer diagnosis and treatment.

Rank this strategy for the greatest potential for traditional and non-traditional partners working together.

Rank ___4___ of ___5___ strategies

Strategy #4:

Include financial support and legal care services to be included in oncology care bundled payments.

Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):

Increase in number of patients in need who receive financial and legal care as part of their overall cancer care.

Rationale:

If recognized as integral part of overall cancer care and treatment, funding for the provision of financial support and legal care services will make it possible for those in need to receive those services.

This is an ___ evidence-based practice ___X___ promising practice ___ other. Please explain.

Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.

Rank this strategy for the greatest potential for traditional and non-traditional partners working together.

Rank ___3___ of ___5___ strategies

Strategy #5:

Develop a short course curriculum for both medical and law students to be educated together on the social determinants of health

Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):

Increase in number of graduating medical and law students who are trained on the social determinants of health

Increase in number of graduating medical students who can seek out/recognize a health harming social determinant of health in their patients and feel better equipped to locate supportive services for patients

Increase in relationships between members of medical and legal professions

Rationale:

Working to create mutual regard between the professions of medicine and law with respect to the social determinants of health, better health and comprehensive cancer care will be possible.

This is an ___ evidence-based practice ___X_ promising practice ___ other. Please explain.

Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.

Rank this strategy for the greatest potential for traditional and non-traditional partners working together.

Rank __5_ of _5_ strategies

