

Living Beyond Cancer Podcast Transcript

Navigating Financial Resources After a Cancer Diagnosis

Guests: Erin Bradshaw and Patricia Policicchio

Episode 2 of 2

Lauren Hixenbaugh (00:00):

Welcome to Living Beyond Cancer. I'm Lauren Hixenbaugh, the Coalition Manager for Mountains of Hope. Living Beyond Cancer is a series of podcasts created for cancer patients, survivors, and their caregivers. This series is sponsored by the West Virginia Cancer Coalition Mountains of Hope and is produced by the WVU Cancer Institutes, Cancer Prevention, and Control. Today we are recording in multiple locations. So please forgive any of our tonal differences. It is important to note that this podcast produced such great information, that we decided to break it up into two episodes. The first introduces the experts from the Patient Advocate Foundation and the WVU Cancer Institute, and they discuss how financial challenges associated with cancer care impacts the lives of their patients before, during, and after treatment. Their conversation goes beyond the basics and includes how to look for policies you didn't know you had, tips to consider when exploring supplemental insurance and key things to have prepared when seeking SSI and SSDI. So without further ado, please enjoy part two of this two-part series.

Lauren Hixenbaugh (01:04):

Hello, and welcome to part two of our series. I would like to introduce our speakers today, Erin and Patricia. Erin is the Chief of Mission Delivery for Patient Advocate Foundation and she is responsible for the oversight and management of their case management division. Patricia Policicchio is an Oncology Quality Coordinator with the newly created survivorship program at the WVU Cancer Institute. She was also an oncology social worker in the outpatient cancer center for about 18 years. Its great to have both of you today. One of the things that Patricia mentioned earlier was the phrase financial toxicity. And I know some people may not know specifically what that is, and I think Patricia will define that for us a little bit, but also talk about one of the things that often happens is that there's this lack of communication with patients and physicians and the clinical staff some ways to combat that and how we overcome those situations.

Patricia Policicchio (01:31):

It's actually a great question and I really cannot stress enough how important communication is with your whole entire healthcare team. And that is one reason why at the outpatient center where I work, we really try to work toward a model where when new patients came in, we had a multi-disciplinary clinic where you would not only meet your medical oncologist and your radiation oncologist, but you would also try to meet members of what they refer to as your ancillary staff. So your social workers and possibly your dieticians and everything to know who was available and who can help you with what aspect through your cancer, experience, and your cancer journey. But one thing I would tell patients is that it's really important to be your own advocate. Even though you have advocates such as your social workers and maybe a patient navigator, your facility who helps advocate for you, it's really important to also be your own advocate and really at the very beginning of your cancer diagnosis, as you're meeting with all of

your team, is if there're any concerns or questions that you have at all about finances or insurance, those should be brought up initially. And I know when there's a cancer diagnosis, especially for those maybe who obviously most people, we all know somebody with a cancer diagnosis and sometimes it's hard. We don't think of ourselves in that room. So when it happens, sometimes it happens very quickly. So there's a lot of things thrown at you and there's a lot of stresses going on, but it's really important that especially someone who hasn't navigated to the health care system much or knows as much about their insurance, that very early on you link with members of the healthcare team that are there to help you with that.

Patricia Policicchio (03:14):

But number one, being that you're an advocate means at the initial discussion with your physician is saying, "I have a lot of questions outside of my cancer diagnosis in terms of financial and what's available, who is the best person or persons that I can speak to about this? Because a lot of times physicians, they know they're experts. They know a lot about the cancer diagnosis and the treatment and all of that, but in terms of navigating financial aspects of your cancer experience, usually your social worker, financial counselor or institution has that billing department, all of those, or maybe if your institution has patient navigators too that help direct and link you, that is probably the best place to start. And to ask for somebody at that facility who can help navigate you through that system. And I tell patients it's really important. It is overwhelming. A lot of these are terms, acronyms. This is very commonplace for us. Many of us have been working in the healthcare system in oncology for many years, whereas this is brand new for the patient and their family and their loved ones. So it's important, especially in the beginning. Bring a notebook with you. Before you go to your appointments, have a list of questions that you want to make sure they're answered before you leave or ask the physician and the healthcare team, "Is it okay if I tape record this session," because it's hard for me to absorb all this during the appointment and I need to go home and look through this information again." And usually, there's not an issue with that. I think a lot of times patients are uncomfortable sometimes maybe to talk about this because they feel like the doctor, their healthcare providers, they're so busy. There's a lot of patients. Their focus is to talk about my cancer diagnosis and how to treat it and everything. So they feel like they should be focusing on treatment-related care and maybe not the financial aspects of the diagnosis, but it's important to know that all comes in together and it's important for you to understand what that's going to entail for you to feel a little bit less anxiety about going through this to know, "Okay, I understand it's going to be expensive. I understand I have insurance. It's probably not going to cover everything. I just want to know that there're options."

Patricia Policicchio (05:27):

And usually, there are a lot of options out there to help you, whether you have commercial insurance or government insurance. It's just knowing who to go to, to help you manage some of those concerns and questions that you may have because oftentimes, really a lot of times physicians go in the room, they don't even have any idea what insurance that patient has. They may have been told, "Oh, run a PET scan and because they have Medicare, there's this two-week turnaround to get it looked at." They have very general information possibly about the patient. They really don't know much about your insurance or what insurance you even have. So really that's relying on the staff who are more knowledgeable and experts in that realm.

Patricia Policicchio (06:09):

So what I really stress for patients and their families and caregivers is one, to very early on, ask to speak with a social worker at that facility, any financial counselors, and also to call the billing

department, because I know what a lot of cancer centers, hospitals, even if you have insurance, they have programs where if you're able to pay whatever your balance is in full, sometimes they'll give you a percentage off of that if you're able to pay that in full. There are programs or benefits that you may not be aware of and sometimes we don't do a great job of giving you all that information at the beginning, especially because we're focusing on your diagnosis and your treatment and your appointments and your lab visits and all of that. So that sometimes falls a little bit by the wayside. So really those three, I always said was the perfect trifecta. Trifecta is the social workers, financial counselors, billing department, and really talking to all of them, whether you have government insurance, Medicare, it doesn't really matter just knowing what is available through that institution. Because in all honesty oncologist, they're very sympathetic about that. They know there's a high cost and price tag associated with cancer care, but they really, sometimes don't feel very comfortable talking about it because maybe they feel they don't want to show bias by maybe saying they want to recommend one treatment over the other if they feel it might be a financial issue in need. So sometimes that might be why they don't say much or may shy away from maybe some questions that the patients may have. And I know here, at least at this center, a lot of times after appointments, there is that physicians main nurse, nurse clinician [inaudible 00:07:43] not special care nurse that comes in at the end to wrap up and make sure there's no question.

Patricia Policicchio (07:47):

So that's another good time to sit there and make sure if they didn't provide you with a list of who's available and who's part of your healthcare team. If you work, given that that's that time to ask those questions and figure out who those people are and how to get connected with them. So I can't stress enough how it's important to establish main points of contacts and then different ways of communication. I know a lot of places now use... Here we call it, it's a my chart system. I know a lot of hospitals have that. So you don't even have to just call in and wait to have to leave a message and talk with the physician. You can just communicate through the computer and leave messages and they communicate with you that way. So there's lots of lines of communication. It's just really making sure of who does what and how to be in contact with them.

Erin Bradshaw (08:36):

So just like Patricia shared, absolutely a hundred percent key is making sure that you are proactively communicating, that you are ensuring that what's important to you is helping define what your treatment goals are. And when you take the term financial toxicity, it's a relatively new term truthfully. And the problem itself is not new at all. And the exact definitions will differ depending on what websites or where you communicate. But ultimately at the end of the day, it's a financial burden as a result of your cancer diagnosis and treatment. And so we, Patient Advocate Foundation did do a survey as well, as I shared earlier, and we wanted to understand a patient's viewpoint on the care conversation and that also impacted treatment decision-making because of financial impact. And what we learned was that one in four patients were very concerned about the information that they had about their treatment, while 65% said that the doctor listened carefully to them. 57% shared that the personal goals related to the care were actually translated by their doctor. And then two of three stated that their doctor explained everything that they needed to make an understanding. Now that's super important as you're kind of moving into the phases that you're having with the treatment needs that you have, but in addition, we wanted to uncover a little bit more about, okay, so now that you've had that relationship and you're talking about what treatments that you have, how is that impacting your treatment or is it impacting it at all? And 32% of patients said that the out-of-pocket costs were a major factor when selecting a treatment option for their diagnosis. And three in four were very

concerned about the overall financial cost of treatment as a whole. So we want to ensure that you are adherent and that you maintain the treatment protocols that you and your doctor have talked about. So if there is a financial burden or if there is an impact of your ability to maintain work that has reduced your income, those conversations really need to be had because there might be an alternative different price, structured treatment option. There could be resources and programs and/or your situation might have changed significantly enough that you might even be eligible for programs like Medicaid or charitable assistance or co-pay assistance that offset those costs that can alleviate those stresses for you. So my biggest tips and takeaways for you are to be sure to communicate, ask the right questions. If you don't feel that you're equipped, or you're not well enough to do it yourself, engage those that are, give the authority of that person to communicate on your behalf to those individuals because obviously under confidentiality and privacy laws, we can't openly communicate on behalf of someone without that permission. So that is ideal. And monitor your insurance plan. One of the elements of our support services here is that understanding your health insurance and following it so that it is the most fiscally supportive to your care needs and sometimes it is unintentional.

Erin Bradshaw (12:02):

Sometimes it is the structure in which was purchased. And while you might also be enrolled in a particular plan, there might be means in which you simply, by shifting to a different pharmacy, you have a better cost structure, or maybe there are opportunities for you to get better reimbursement on said treatment or device or product based on utilizing a different system to get it. But in addition, I will just close and say, as we look at financial toxicity and as Patricia has shared throughout this presentation as well, your treatment oftentimes has a prolonged state of support need. And so during the midst of it, it is not uncommon for you to have a transition of when your annual deductibles and everything reset. It's also an opportunity for you to explore benefit packages and determine if the one that you were enrolled in prior meets the current treatment needs that you have and has the best financial coverage for you for your care. And so take the time during these open enrollment periods to evaluate and monitor what plans they are. Don't base your decision simply based on a premium. Sometimes a cheaper premium means larger out-of-pocket cost overall and really pay attention to network and out-of-pocket cost max and copays, and whether or not there are certain treatment circumstances that are important to you that are covered under the benefits. So it is a larger discussion. It's not necessarily always about the cost currently. A lot of times it's also proactively thinking about these topics as well because they all play into it and are so important to the continuation of your health care.

Lauren Hixenbaugh (13:51):

Thanks, Erin, for giving us all of that information. One thing that you and Patricia both mentioned briefly was the topic of advanced directives. And we have had a podcast on that as well, called The Importance Of Advanced Directives with Valerie Blake. And it gets into all the nitty-gritty surrounding advanced directives. So just wanted to point that out. And then also you both mentioned understanding your insurance and what's covered and what's not. And one thing I wanted you to touch base on is that oftentimes patients may get bills for things that maybe were coded incorrectly, or maybe somebody just didn't realize what was covered and what wasn't. So the importance of advocating for yourself and knowing what's covered and what's not.

Patricia Policicchio (14:41):

Right. So suddenly in addition to making contact with the billing department at the facility to make sure you know about benefits and what's available in terms of anything to assist with your

out-of-pocket costs. Another good point of contact would be through your insurance, seeing if you have an assigned case manager or could request one, if one had not been made to you. These case managers know a lot about the insurance plan. They work directly for the insurance company so they know about what benefits are offered through the insurance. That way, if you have any questions about your benefits, that is one of the best people to talk to about those issues. Additionally, that person can help direct you. If you got a bill and things don't look correct, oftentimes, when you're first having procedures and interventions done, you're going to receive typically an explanation of benefits that they refer to as EOB, and then you'll eventually get the actual bill, but oftentimes, computers, and I say this all the time, computers just like humans can make mistakes. A code was entered wrong. They put a code two instead of a three in there and it was an incorrect code. So it was more expensive, within the correct procedure or an intervention that you had done. So it's always good to what I say, question that bill and to either call, the insurance company, call the hospital billing, make sure it looks correct. Ask them exactly what it was and what did the insurance pickup, clarify what the out-of-pocket expense and your co-insurance is? And then also use that case manager through the insurance company to help direct that for you, because really it's quite difficult. Insurance, it is a complex system to navigate and to understand. And like I had mentioned previously, a lot of patients had really never had a serious illness. So they were due to really just routine charges by going to their primary care doctor, maybe a minor surgery, something outpatient. So it's very complex and you already feel like you're overwhelmed and there's a lot of terminology that you're learning and the whole healthcare system. So make sure you use all of those resources to help you and to realize who those people are and really to make contact with them. And even if it means every time you get that bill, just calling to clarify, to make sure that the codes are correct and that you understand exactly what's being owed. Because like I said, anyone can make an error and you really want to make sure that you're paying on the correct amount and the correct procedure before you go forward.

Erin Bradshaw (17:20):

And I'll follow up with Patricia, excellent points. And one of the other areas just to keep you organized is the importance of documentation and just cross-referencing. Don't ever pay a bill that comes in the mail just because you received it. Make sure that there is a corresponding explanation of benefit. The explanation of benefit matches what is owed and that you feel comfortable that it was processed correctly. You'll notice that on your explanation of benefits, that there will be opportunities of like, if you contest a charge or you need to appeal something, there's some timelines that you want to be a part of. I suggest if you make calls or you're doing validation, you staple the two together. You write a little note with a date and who you might've spoken to and the next action step to reference back. As you're undergoing oncology care, you're going to have quite a bolus of different papers coming to you.

Erin Bradshaw (18:18):

I know that you're undergoing that and it's already overwhelming in that, but even if it's not yourself, allocate someone who's able to help proactively open those as they come in so that they don't get shuffled or put into a box or in a pile of paperwork so that if there are truly things that are uncovered, that you have the opportunity to have them resubmit it or contest a charge and you don't miss those important timelines. The other part to keep in mind again is going back to your plan design and your deductibles, your co-insurance co, and then you're major out-of-pocket maximums. And don't assume that based on how it's being processed, that again, there wasn't a computer or human error that might inadvertently be charging you more for a service that may be, should of been covered at a hundred percent. And so you still want to keep track of those things as well, because you don't want to pay anything above and beyond what you

shouldn't have already. And it also will help you uncover things that you might not be recognizing simply by using maybe an out-of-network lab, for instance. And then you can immediately shift to an in-network lab if you notice that right away. So again, it's why it's important from an administrative standpoint to kind of keep your tasks together and understand and communicate because they're your billing team, your insurance team, your advocate, they're all going to be there to try to help put those pieces together.

Erin Bradshaw (19:48):

Even if you cannot pay them, don't think that you shouldn't call. And I think I stress that with high importance because there are, as Patricia mentioned earlier, and as I've shared, there are programs and there are opportunities. And while they're not a hundred percent for everything, there may be something that could help you that alleviate that, that you could qualify for. And so timing is so important to have those conversations. And there's a lot of unawareness within all of the facilities and providers to know that this is a support need for so many so they typically have that knowledge for you.

Lauren Hixenbaugh (20:25):

Great, thank you both for that for lots of information on that topic. I think I'll circle back so we can start talking about some additional resources that are available. So we've talked about resources that are available to West Virginians, and we want to continue West Virginians, but we might also have some folks that are listening beyond West Virginia. Erin, do you want to talk about a little bit what patient advocate foundation offers, and then you might have some additional resources as well?

Erin Bradshaw (21:00):

Sure. Yeah. So I shared Patient Advocate Foundation. I didn't really dive into what that is. So, I'll take some time and share that for you. We were founded in 1996, we're a national 501c3 nonprofit organization that provides direct services to patients with chronic life-threatening and debilitating diseases like cancer, to help with access to care and treatments recommended by their doctors, by providing hands-on, one-on-one navigation support through our case management services, as well as financial aid to medically and financially eligible patients. So to expand broader on that, our case management division is the core of our mission. It is why we were founded so long ago and it truly was through the experiences of one particular patient battling breast cancer and all of the corresponding financial burdens around the treatment, out-of-state travel and simply maintaining the cost of living that it was recognized and understood that this was something that really stemmed to so many other people. So it was based on that support need and the vision of our founder, who established the organization to be a free support system to help you when you're addressing roadblocks to these access and affordability issues by helping reduce them. So we're going to find, screen, and enroll you into appropriate insurance products, charitable or social programs, help you navigate insurance challenges, as we shared before around coding and billing, denials, those types of elements. We want to ensure that you are connected to all of the programs that you're eligible for such as disability, co-pays assistance programs, charitable assistance that might be available. And so the services that we offer are quite vast. And I would just say that if you are struggling, have some concerns and you are personally needing someone to really be that core individual that helps you uncover, evaluate and support you in those avenues, we're definitely here to help you.

Erin Bradshaw (23:29):

Our website is patientadvocate.org. Our phone number is (800) 532-5274. I will share that there are multiple resources online that we also have put together based on our experiences in what we hear every day. We do health insurance literacy trainings, and how to pick the best plan, open enrollment tips and advice, how to appeal an insurance company. So while our case management services provides that one-on-one direction, if you feel good in your skills, or you want to try to do these on your own, you're a professional, you're a caregiver and you want to look at and tap into these resources, just know that they're on our website as well. And they might be complimentary too in providing those support services. Above and beyond that, I talked about financial aid. So we do have two independent divisions within Patient Advocate Foundation that were really born and founded off of what we heard every day from patients calling our case management division. So we have our Patient Advocate Foundation Copay Relief Program. That program provides direct financial assistance to qualified patients with co-payment, co-insurance, cost-sharing through funds dedicated through specific funded disease groups for pharmaceutical assistance needs. That website is copays.org. So, C-O-P-A-Y-S.org, and you can go online and see what's available. What's open. You can do online applications, whether you're the patient, caregiver or professional and it will tell you everything about it and support needs. I encourage you to look at that routinely because funding does change. We are always proactively out there trying to find support needs.

Erin Bradshaw (25:25):

I will preface that with saying that while co-pay relief is a direct financial support organization, our case management services that I shared earlier, will also identify programs like that that are also our own, but other organizations as well, that also provide the same level of direct financial intervention, as well as other methods in which to support you in those medical cost needs. We also have a financial aid fund program and is a small grant program for nonmedical costs. It's eligible to low-income patients that provides a broad range of practical support that really impede the patient's ability to achieve their care goals. So sum, they all vary in what they cover, how much they cover, and there are specific disease categories that they do touch. So again, I'm going to direct you to our website, patientadvocate.org, to evaluate that and see if your particular cancer diagnosis or other health conditions fall within the guidelines of the programs that we have established. But to give you just a summarization of traditional benefits that they offer, they're designed to really reduce the burden of nonmedical expenses like transportation, housing, short-term lodging, utilities, and nutritional needs. So again, keep us in your back pocket, even if you don't need us today, make sure you share us with those that you might be communicating with, or happen to hear a little tidbits of concern.

Erin Bradshaw (26:59):

We definitely know that the value of sharing information is so key to making sure that we meet the support needs of the person at the time that they need the most. But we are definitely here to help you. Last year in 2019, we served over 140,000 people. So I know that we're definitely only touching the iceberg. And so we want to ensure that not only are we providing you these services and support when you need them most, but we hope that we're empowering you, educating you, and making sure that you become the strongest advocate you can, so when you run into these scenarios in the future or, you know someone who does that you also are passing on that level of information too. So thank you for letting me share that. I think it's just so, so important that you just know that there's someone there to help you.

Lauren Hixenbaugh (27:52):

So you might just be tipping the iceberg, but it's still hundreds of thousands of people that you're helping. And it's not just one person, it's their whole family. And we know how much that matters to the whole family. We know the cancer diagnosis doesn't just affect one person. It does affect the whole family and the financial burden does too. So that leads us into our caregivers and families. And are there resources that they need to be aware of?

Patricia Policicchio (28:28):

There are. There's actually a lot out there, [inaudible 00:28:32] resources, not only for cancer patients but also those who support them. So that includes their caregivers, friends, family members, and this is pretty expansive, from their local community groups that you may have to national and governmental. So it really just depends on what type of support that the patient and family caregiver they're looking for because there's lots of different types of support depending on the situation. A cancer diagnosis really gives rise to a wide range of challenges and concerns, and it can differ based on multiple factors. But what I typically, for my experience, what I've typically encountered working in clinic with patients is most of the needs kind of get narrowed down toward emotional support, financial support, and maybe community resources to help that patient get through their treatment. So again, because resources can be different based on your insurance that you have and where you live, and what's available through volunteers and through the facility, it's really important to make contact with that social worker and/or patient navigator at the facility so you're aware of resources. I know that when I was a social worker in clinic, the way our clinic worked is we divided the clinic based on the patient's diagnosis and that's how we followed them. So I typically had a list of resources based on the diagnosis. I would have a list of resources based on if it was emotional support, financial support. I would have a lot of patients come in because what I had found probably the last 10 years or so of my practice was that with a lot of patients, the face of cancer has changed.

Patricia Policicchio (30:16):

Whereas when I first started about 18 years ago, most of my patients were middle-aged. And then what had happened is I was running into a lot of patients that were in their twenties and thirties being diagnosed with cancer, some at advanced stages. So your priorities and your concerns are a little different than, not any less or more, but just different than maybe the 65-year-old breast cancer patient who is retired and has Medicare and has a set income. So that's why I say it's based on the patient and where they are and a couple of different factors. So the most important thing to look at is what resources and needs do you identify, who can give you those resources and needs, which typically takes you back to the social worker or patient advocate at the facility. Also looking at contacting national organizations like Patient Advocate Foundation Cancer Care.

Patricia Policicchio (31:06):

There there's a wealth of really credible online resources that offer you peer groups, buddy-buddy systems. There are support groups specifically for caregivers and family members. At our institution, we had been running prior to... We don't have many live groups unfortunately right now, because of COVID and everything. We had a support group, not only for cancer patients but also for their caregivers. They were two separate groups because sometimes we were aware there are certain things maybe you don't want to discuss while you're both together in a room, for different reasons. So a lot of times there's actually support at the facility. If the supports financial, again, going back to what we talked about, knowing the resources that are out there and finding out if there's a financial support that you need to get through the diagnosis, if it's transportation or lodging, it just depends on what that identified need is. But being with the

face of cancer changing a little bit here in the past 10 years or so, a lot of resources now, patients would ask me about it is how to help their child deal and cope with the parent's diagnosis and how to get them through treatment and understand. Not give them so much information or too much information that they're too scared, but you want to be realistic and as honest as you can be with them. So we luckily have child life specialists employed through the hospital. So lots of times the social workers would reach out to those child life specialists and they would, lot of times come over, help provide some guidance, some counseling. I know a lot of larger institutions might have different clubs and community resources like Gilda's Club or things like that. So a lot of that depends on where you live and what might be available locally.

Patricia Policicchio (32:47):

But really to me, it comes back to identifying what your needs are for you specifically, prioritizing those and making sure that you know who to speak with at the facility, and asking for this point of contact. Because like I said, sometimes we're not really good at certain facilities, maybe a very initially at diagnosis, just giving you a lot of information because we know that a lot of patients and caregivers and... They're overwhelmed. A lot of times this was obviously a surprise diagnosis. They were expecting this. So we're focusing a lot on their treatment and getting them to their appointments and getting their labs scheduled and making sure how they're going to get your infusions and that kind of thing. So a lot of times supportive resource and things like that may fall by the wayside a little bit, maybe initially. And that's why hopefully you're provided with a list of resources and who does what, specifically too. Because I know a lot of times in clinic, there were a lot of patients who weren't really aware of what social workers did or what a patient navigator did. We did automatically refer to one or one came to see you while you were initially diagnosed or started treatment, you should request to speak with one. I think it's very unlikely that your facility will at least have a social worker that covered maybe even... They might not be on-site, but they should at least cover that facility to provide resources and care. And really just keeping the lines of communication open again, because based on what is important to you and what you need may be very different from that other person and based on where you are in terms of, if you still have to work versus you're retired and your needs and support is different than another patient.

Lauren Hixenbaugh (34:21):

Thanks, Patricia for those great resources for our friends and families. And one resource that I did want to mention that we offer, we have the Living Beyond Cancer, Facebook Support Group. You can do that by going to your Facebook account and typing in Living Beyond Cancer. We have a really supportive environment. We hope that everyone listening will definitely join that and become part of that environment.

Patricia Policicchio (34:44):

That's a great point to bring up and contacting whatever facility you're treated at, starting with calling the hospital and speaking with those social services department, social work, what not to find out if you're somebody, because there are some people who they want to go and attend a live group. They want that support. They want to be in person. There's others who want to do online resources. Now one thing that I think COVID has done is make a lot of these resources go online. And if some people don't prefer that, but at least we solve for some of our patients like that live Facebook group that we have was a great benefit. For those patients that we had that lived in rural areas or we have patients that commuted two, three hours to get here and they'd love to come to our live group, but it was just another trip and that was hard on them. So at least now I know we were offering our month... We have a monthly support group that we do

that's non-cancer specific and it's for patients and caregivers. That group is being provided virtually to help with support. So, just making sure that what's available because even if it's something you think you may not need now, you may need that resource later. So at least, you know what's available.

Lauren Hixenbaugh (35:52):

That's wonderful. Thank you. So as we begin to wrap up today, I just want to take a moment and revisit some points for our listeners. So if listeners were to remember one tip out of today's podcast, what would you hope it would be?

Patricia Policicchio (36:08):

I feel like mine was a recurring theme through most of my answers, but it's just to know your resources and to ask if you're not provided with a list of who does what and what's available at that facility at one of your first appointments, to advocate for yourself and to ask for that. And even if you think you don't need to speak with that person, to think outside the box and have a consultation with them because sometimes there's so much out there that you're just not aware of. And you're not going to know unless you're able to talk to the people that can provide you with that information.

Erin Bradshaw (36:43):

And I think mine really piggybacks off Patricia's as well. The topic of health insurance and financial toxicity and health insurance literacy, all of these things they're not known. It's not a skill set that we expect anyone to have at the onset of any kind of health condition. And so while we spent a lot of time today chatting about certain benefits and directions and tips and tricks, at the end of the day, if you remember the resources that we shared, whether it's the Patient Advocate Foundation, your social worker, your billing department, so when you do have something that presents, you can remember that they are there to help you, that would be my biggest takeaway. And if you want to continue learning and being a knowledgeable consumer of your healthcare, and you have an interest in the practical elements around health insurance selection and making sure that you follow your plan for the best financial outcomes, our educational resource library is extremely vast. And I know that so many other organizations offer that as well. So just remember that national vetted organizations like our own, your hospital, and your providers are truly your strong advocates. And so don't ever feel like you're on your own little island. Don't feel like you have nobody to support you because there are resources, even when it doesn't feel so.

Patricia Policicchio (38:18):

And just for people not to feel that they are alone, because I know it's overwhelming to hear that you have cancer, and then people start throwing in a bunch of information about treatments and appointments and insurance or sending you bills and everything. So I think just remembering that you're not alone and that most facilities do offer assistance. So even if you just start by saying, "I would like to speak with a social worker or some type of patient navigator or whatever you have at this facility. At that, if you could just remember that part of it and to request that very early on in your diagnosis, I think that's golden.

Erin Bradshaw (38:53):

And you may not know the right question and that's okay, as long as you present and don't feel that you can't get access to the treatment and you're prescribed to our therapy because of cost, make sure you communicate. The open communication because that is so important to the

outcomes and your wellbeing. And so just know that that's something that everyone has the best interest from the person that's treating you to the support systems that are in the back end.

Patricia Policicchio (39:23):

I'll just say too, don't get discouraged and try not to get overwhelmed. Know that there are resources to help you.

Lauren Hixenbaugh (39:29):

Absolutely. Thank you. In addition, you can find out more information about Living Beyond Cancer by visiting moh.wv.gov or WVUcancer.org. I mentioned our Facebook page, which is a great place to find additional resources and support. Living Beyond Cancer would like to thank Erin and Patricia for joining us today, as well as our listeners. We hope that you'll continue to join us.