

Making the Case

Clinical assessment of financial toxicity

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BACKGROUND: Clinical nurse assessment determines clinical status, status changes, and trends that affect the patient's plan of care. With the financial burden of care being a prominent source of patient stress, financial toxicity is a vital component of clinical nurse assessment.

OBJECTIVES: For selected clinical nurse roles, this article provides a foundation for clinical financial toxicity assessment, which is initiated during the patient's treatment and continues into survivorship.

METHODS: With a focus on financial toxicity affecting patients with cancer, this article is an overview of financial toxicity as a part of clinical assessment. It includes an explanation of clinical nurse roles and definitions, assessment as a clinical nurse standard of care, assessment frameworks and components, how clinicians can approach assessment with patients and family members, and implications for clinical practice.

FINDINGS: Based on a clinical assessment of financial toxicity risk and status, a clinical nurse who is educated about patient healthcare financial issues can start or continue conversations about financial toxicity, provide and mobilize resources to help address financial burden, and/or refer patients and family members to expert guidance from designated healthcare financial experts when they are available in the healthcare system.

KEYWORDS

clinical assessment; financial toxicity; cost of cancer; cancer-related distress

DIGITAL OBJECT IDENTIFIER

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FINANCIAL TOXICITY HAS BECOME AN ADDITIONAL TREATMENT CONCERN caused by the skyrocketing cost of new and multimodality treatments, higher insurance deductibles and co-pays, and inadequate or lack of insurance coverage (Thomas, Hughes, Mady, & Belcher, 2019). The impact of financial toxicity on the patient and family can be broad and deep, affecting treatment decisions, the stability of the patient's paycheck, the patient's continued full-time employment and productivity, and the need for supplemental resources to pay for direct and indirect costs of care not covered by insurance (Altice, Banegas, Tucker-Seeley, & Yabroff, 2016; Banegas et al., 2016; Carrera, Kantarjian, & Binder, 2018; Gordon, Beesley, Mihala, Koczwara, & Lynch, 2017; Kale & Carroll, 2016; Yu, 2016; Zheng et al., 2016).

In a cancer care environment that can be overwhelming to patients with a steady stream of unknowns, patients look to clinical nurses as trusted and knowledgeable experts about their care. That clinical expertise within the scope of nursing practice includes financial toxicity assessment. Depending on the clinical nurse role, that expertise contributes to identifying initial or ongoing strategies to address the financial burden of cancer care.

Roles, Definitions, and Approaches

As a member of the interprofessional healthcare provider team, the clinical nurse takes on many clinical roles and provides various aspects of care in the patient's delivery of care. Among the roles of the clinical nurse are the following:

- Inpatient clinical nurse (provides clinical care at the patient's bedside)
- Clinic nurse or nurse navigator (provides navigation of the plan of care in an outpatient setting)
- Infusion/chemotherapy clinical nurse (administers treatment and clinical care in an outpatient setting)
- Physician office nurse (administers some treatments and may provide navigation of the plan of care in a physician office setting; can also be supported by a licensed practical nurse and/or medical assistant)

For some healthcare systems, financial toxicity assessment starts or continues with social workers, case managers, discharge planners, other clinical providers, or a healthcare system's financial counselors. In those situations, the clinical nurse performing financial toxicity assessment may share the assessment responsibility and data with interprofessional team members (American Society of Clinical Oncology [ASCO] & CancerNet, 2015; Association of Community Cancer Centers [ACCC], 2019; CancerNet, 2018).

With so many roles associated with the clinical nurse, financial toxicity assessment may not be a feasible or necessary part of every clinical nurse's