NEW TREATMENT OPTIONS, SUCH AS TARGETED THERAPIES and immunotherapies, are showing great promise in extending the lives of patients with advanced-stage cancer, but these advances come with a high price tag. By 2020, healthcare costs associated with cancer will increase to a range of $173 billion to $207 billion (Tran & Zafar, 2018). These costs are increasingly being transferred to the patient through increased health insurance premiums, deductibles, coinsurance, co-pays, and out-of-pocket responsibilities (McCarthy-Alfano, Glickman, Wikelius, & Weiner, 2019). In addition, many patients with cancer also undergo multiple treatment modalities, such as surgery and radiation therapy, which increases the cost of care and often limits patients' ability to maintain their prediagnosis income level (de Boer, Taskila, Ojajärvi, van Dijk, & Verbeek, 2009; Ekwueme et al., 2014). These direct medical costs, in combination with the many indirect costs of cancer, create an environment that promotes financial toxicity as an additional patient burden. Financial toxicity is a term coined to describe the adverse effects of out-of-pocket healthcare costs on the well-being of patients with cancer (Zafar, 2015).

This article provides a history of patient financial counseling and advocacy services in the healthcare setting and proposes a proactive model of financial navigation that better addresses patients' financial toxicity needs.

BACKGROUND: Financial toxicity causes significant psychological and practical distress for patients and can affect their ability and willingness to undertake optimal treatment. Although different models of financial support are typically available to patients undergoing cancer treatments, not all models can offer equal amounts of support and effective solutions, particularly to those patients at the highest levels of risk for this toxicity.

OBJECTIVES: This article discusses the two most prevalent models available to healthcare institutions to provide financial support (financial counseling and financial advocacy) and makes recommendations for implementation of a more comprehensive, proactive financial navigation model.

METHODS: This article reviews current and emerging financial support models.

FINDINGS: Financial toxicity is on the rise, and the financial navigation model shows promise in decreasing the number of patients experiencing financial hardship.

KEYWORDS
out-of-pocket costs; health insurance; financial toxicity; financial navigation

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