

Providing Patients With Cancer Access to Affordable Housing During Treatment

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Financial toxicity—the economic impact experienced by patients as a result of a disease or its treatments—has been associated with adverse outcomes in patients with cancer.¹ Even in highly insured groups of patients, financial toxicity has been reported.² Racial and ethnic minority patients undergoing treatment for cancer are particularly at risk, even when controlling for income, education, and employment.³ Financial burden is commonly associated with the out-of-pocket costs of treatment but can include any expenses associated with accessing and continuing treatment. Housing instability (eg, loss of housing or the threat of loss of housing) and costs of travel and temporary lodging are examples of financial burdens. Costs associated with lodging may be excessive if cancer treatment is extended or changed due to complications, recurrence, or clinical trial participation. Patients with unmet housing needs are, therefore, especially vulnerable to the many adverse outcomes associated with financial toxicity.⁴ We anticipate that the effects of the COVID-19 pandemic will exacerbate financial issues for patients with cancer, making this an important focus in the acute setting.

With growing regionalization and proposed centralized care models to improve the quality of cancer care delivery, it is more likely than ever that patients will need to travel outside their areas of residence to receive treatment.⁴ The majority of cancer centers are in urban settings, requiring travel for patients who live elsewhere. Although access to affordable temporary lodging remains a key component in reducing the financial burden for patients undergoing treatment, there are not yet strong incentive structures or a shared recognition of the need for housing support among major cancer centers.

In response to this crisis, a growing number of national programs have been established to address housing needs during cancer treatment. Several nonprofit organizations aim to provide lodging and support services to patients and their families. Healthcare Hospitality Network, Inc (HHN) is an association of nearly 200 nonprofit hospitality houses throughout the United States. The American Cancer Society (ACS) developed the Hope Lodge to provide free lodging for patients and caregivers when the best

TAKEAWAY POINTS

Financial toxicity—the economic impact of a disease or its treatments—is associated with adverse outcomes.

- ▶ As cancer care becomes regionalized and centralized, more patients are traveling for treatment, and the associated housing costs increase financial burden.
- ▶ Innovative models to provide affordable and accessible housing to patients and families, especially those undergoing long-term treatments far from home, are critical.
- ▶ Given their volume of patients and scope of practice, the institutions that make up the Alliance of Dedicated Cancer Centers should play a major role in decreasing financial toxicity associated with housing during cancer treatment.

hope for effective treatments lies far from the patient's home. Currently there are 30 Hope Lodge locations in the United States. Although HHN and ACS are valuable resources, their capacity is limited and many patients do not qualify for assistance. To help fill the gap, several cancer centers have established their own housing programs and lodging options for patients. By describing the current landscape of hospital-initiated housing programs at cancer centers, we hope to promote awareness of how health systems can improve access to and affordability of cancer care for all patients.

When traveling to pursue the best treatments available, many patients seek out Dedicated Cancer Centers. The institutions in the Alliance of Dedicated Cancer Centers (ADCC) provide multidisciplinary care,⁵ incorporating psychological and social considerations as a part of cancer-directed therapies. We investigated the available resources for patients, systematically searched online resources, and contacted each of the 11 members of the ADCC to determine whether they had programs to provide free or reduced-cost lodging to patients during treatment (Table).

A major goal of these cancer centers is to implement new and innovative models to improve patient care and lower costs. All members of the ADCC have staff dedicated to providing financial

assistance to patients in need. Many centers have adapted to the growing needs of their patient population, and most provide some form of discounted lodging, whether it be in the form of negotiated hotel rates or free hospital-owned apartments.

At Dana-Farber Cancer Institute, equity-invested partnerships with local hotels provide affordable, accessible housing options for income-eligible families; a team of resource specialists ensures that patients have access to nearby lodging. Memorial Sloan Kettering Cancer Center (MSKCC) offers negotiated rates with hotels, as well as hospital-owned housing—the pricing of which is determined by a financial fitness test and is, in many cases, fully covered by the patient’s insurance. Many other members of the ADCC provide similar resources. With the closing of Hope Lodge during the COVID-19 pandemic, there was a surge in the need for safe and convenient lodging for patients—especially patients undergoing bone marrow transplant, who are severely immunosuppressed and often spend weeks to months away from home to receive treatment. Although lodging is offered to all MSKCC patients, during the COVID-19 pandemic, priority has been given to bone marrow transplant recipients.

Patients with cancer should have the opportunity to pursue the best treatments available regardless of their financial resources or geographic location. Providing access to affordable lodging for patients undergoing treatment should be a priority for institutions, insurance companies, and provider networks. Recently, Gondi et al described that hospital-owned housing investments have the potential to create conflicts of interest if financially motivated.⁶ Further study and analysis of the financial toxicity of housing costs for patients with cancer, and investigation of cost-saving interventions, must be done.

Our hope is that cancer care providers, administrators, and insurers recognize the benefits of offering reliable, affordable lodging to patients during treatments. Although some centers have begun to address the financial burden associated with housing, it remains a growing problem. With the onset of COVID-19, safe and accessible housing is more important than ever. However, many private hospitality houses have had to suspend operations due to concerns for the health and safety of patients, volunteers, and staff. With time we will begin to understand the impact of the pandemic on our health care system. Nevertheless, we must continue to combat financial toxicity and improve patient care. Given the volume of patients and scope of practice among the members of the ADCC, these cancer centers should play a major role in using economies of scale to decrease financial toxicity associated with housing during cancer treatment. ■

TABLE. Members of the Alliance of Dedicated Cancer Centers With Housing-Related Programs

Dedicated Cancer Center	City	Hope Lodge available in same city	Hospital-owned lodging	Contracted lodging
City of Hope Comprehensive Cancer Center	Duarte, California	No	Yes	Yes
USC Norris Comprehensive Cancer Center	Los Angeles, California	No	Yes	No
Sylvester Comprehensive Cancer Center	Miami, Florida	No	No	No
Moffitt Cancer Center & Research Institute	Tampa, Florida	Yes	No	Yes
Dana-Farber Cancer Institute	Boston, Massachusetts	Yes	No	Yes
Roswell Park Comprehensive Cancer Center	Buffalo, New York	No	No	Yes
Memorial Sloan Kettering Cancer Center	New York, New York	Yes	Yes	Yes
The James Cancer Hospital	Columbus, Ohio	No	No	No
Fox Chase Cancer Center	Philadelphia, Pennsylvania	Yes	Yes	Yes
The University of Texas MD Anderson Cancer Center	Houston, Texas	Yes	Yes	No
Seattle Cancer Care Alliance	Seattle, Washington	No	Yes	Yes

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REFERENCES

- Ramsey SD, Bansal A, Fedorenko CR, et al. Financial insolvency as a risk factor for early mortality among patients with cancer. *J Clin Oncol.* 2016;34(9):980-986. doi:10.1200/JCO.2015.64.6620
- Bouberhan S, Shea M, Kennedy A, et al. Financial toxicity in gynecologic oncology. *Gynecol Oncol.* 2019;154(1):8-12. doi:10.1016/j.ygyno.2019.04.003
- Jagsi R, Pottow JAE, Griffith KA, et al. Long-term financial burden of breast cancer: experiences of a diverse cohort of survivors identified through population-based registries. *J Clin Oncol.* 2014;32(12):1269-1276. doi:10.1200/JCO.2013.53.0956
- Costas-Muniz R, Leng J, Aragones A, et al. Association of socioeconomic and practical unmet needs with self-reported nonadherence to cancer treatment appointments in low-income Latino and Black cancer patients. *Ethn Health.* 2016;21(2):118-128. doi:10.1080/13557858.2015.1034658
- Hilner BE, Smith TJ, Desch CE. Hospital and physician volume or specialization and outcomes in cancer treatment: importance in quality of cancer care. *J Clin Oncol.* 2000;18(11):2327-2340. doi:10.1200/JCO.2000.18.11.2327
- Gondi S, Beckman AL, McWilliams JM. Hospital investments in housing—banner of change or red flag? *JAMA Intern Med.* 2020;180(9):1143-1144. doi:10.1001/jamainternmed.2020.2348

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