

Pennies to Policy: The Importance of Resident Financial Fluency

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Resident wellness measures tend to focus on concepts like burnout, resilience, and stress related to clinical work, and less so on other stressors like financial management during residency. Similarly, patient quality-of-life outcomes in radiation oncology trials are primarily based on radiation-related toxicities and functional outcomes, and less frequently on aspects such as financial toxicity. Financial literacy is vital to resident education as trainees develop personally and professionally and advocate for their patients.

Personal Finance

The median medical school debt is over \$200K, and many residents have additional debts and low retirement savings.^{1,2} Studies of residents have demonstrated increasing emotional exhaustion and burnout with increasing debt.³ Despite high debt, financial literacy is poor among physicians. As medical students and residents, we are so focused on clinical competency that we may neglect to learn the personal finance skills that many of our nonmedical peers are proficient in. In some radiation oncology residency programs, financial education may include a lecture by a financial advisor or physician, but most residents feel unprepared to handle future financial decisions, especially in programs that do not provide any financial education.^{4,5}

Professional Finance

It is easy to think the financial stressors of a resident can be solved with a future attending salary. However, radiation oncology graduates are often ill-equipped to understand the finances of independent clinical practice.⁶ Though we are training in a field where technology is changing and subtle differences in coding can lead to large differences in billing, residents rarely receive training in business management. As a result, professional societies have developed some resources to demystify coding and billing, though these are targeted to early professionals and not typically to residents. Beyond the finances of an individual physician's practice, it is helpful to understand the evolving economics of radiation oncology groups. Practice consolidation is increasing as large practices are employing a greater proportion of radiation oncologists.⁷ Large oncology groups are being acquired by private equity firms. This year, one of the largest community oncology networks was acquired by a private equity firm in a \$2.1 billion deal.⁸ Over the past two decades, 724 oncology clinics became associated with a private equity backed firm, over half of which were radiation oncology practices.⁹

Patient Finance

Medical bills are the top cause of personal bankruptcy in the United States.¹⁰ On a more promising note, health care price transparency is

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an increasing topic of legislation.¹¹ As trainees, we should understand how insurance companies choose to cover expenses and how to search for resources that can assist a patient with financial concerns. Beyond radiation treatments, we provide medication prescriptions and referrals for services such as dental procedures and physical therapy that can place a financial burden on patients. We as physicians should be able to provide patients with information to access financial assistance programs, local options through the county or VA, and opportunities for discounted medications (or, if you have a social worker in your department, know how they can assist your patients).

Health Care System Finance

In a broader sense, understanding the interplay between billing, insurance payments, and governmental legislation is vital to understanding how the health care system impacts us and our patients. The ACGME requirements for radiation oncology programs state that programs must ensure resident education in administration and financial principles of medical practice and health policy.¹² Even as reimbursement models evolve, many trainees leave residency not well versed in health policy and reform. In an effort to improve exposure to health policy, resident groups within professional societies have increasingly started to integrate advocacy. Webinars on topics like payment reform and introductions to advocacy are hosted throughout the year. ACR, ACRO, and ASTRO have advocacy/government relations fellowships to provide experience in health care policy and payment reform. Multiple societies participate in their respective “Hill Day” to lobby Congress on bills, and residents can participate in these groups. Resident subcommittees focusing on advocacy are also increasing in number. This year, the ARRO Communications subcommittee has rebranded itself as “Communication and Advocacy” with the hopes of incorporating policy work into its communications efforts.

Although there is an increasing focus on advocacy and payment reform education, residents typically seek out these resources if they have a pre-existing interest. Financial fluency as it pertains to personal wellness, professional

development, patient care, and advocacy is crucial to every radiation oncology resident. Continued efforts to integrate financial education can potentially mitigate aspects of burnout during training and early career, help residents advocate for their profession and patients, and increase empathy for patients navigating a complex health care system.

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