

# NCCN Employer Forum: NCCN Employer Toolkit

## Disclosures

2021 NCCN Employer Forum Annual Meeting, Warren Smedley

I have the following financial relationships to disclose:

- Novartis Oncology Consulting: Field Team Training Projects (non-therapeutic)
- American Cancer Society Consulting: National Navigation Roundtable Tactical Plan

I will not discuss off label use and/or investigational use in my presentation.

### Cancer is a Significant Public Health Threat

Cancer is the 2nd leading cause of mortality in US and is **increasing at 11% per year**. The average age of a cancer patient is 66. Americans over 65 will increase by 55% by 2030.

#### 1.9 million new cases in 2021

#### Nearly half (917,990 - 48.4%) are:

- Breast (284,200)
- Lung & Bronchus (235,760)
- Prostate (248,530)
- Colon & Rectum (149,500)



#### The Cost of Cancer

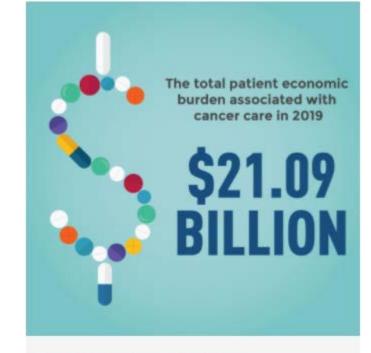
Direct, annual costs for cancer care, estimated to exceed Indirect, annual costs assoc. with morbidity and mortality Total annual cost for cancer care is estimated to exceed \* \$80 Billion \$50 Billion **\$130 Billion** 

#### NCI Annual Report to the Nation Part 2:

#### **Patient economic burden** of cancer care more than **\$21 Billion** in the United States in 2019

The overall cost of cancer care is rising for four primary reasons:

- aging population,
- significant improvements in treatment,
- improved access to treatment,
- and over-utilization.



Credit: National Cancer Institute

• Gilligan, Alberts, Roe, & Skrepnek. (2018). Death or Debt? National Estimates of Financial Toxicity in Persons with Newly-Diagnosed Cancer. The American Journal of Medicine, 131(10), 1187-1199.e5.

<sup>•</sup> National Cancer Institute (2021). Annual Report to the Nation Part 2: Patient economic burden of cancer care more than \$21 billion in the United States in 2019. https://www.cancer.gov/news-events/press-releases/2021/annual-report-nation-part-2-economic-burden?cid=eb\_govdel

### The Impact of a Cancer Diagnosis

of cancer patients will <u>deplete their life assets</u> within 2 years of their diagnosis

**40%-85%** of cancer patients <u>stop working</u> during active treatment, with absences ranging up to 6 months

This financial burden has been associated with several clinically relevant patient outcomes, including

- Poorer Health-Related Quality of Life (HRQOL),
- Increased overall symptom burden,
- Non-adherence to treatment,
- Poorer overall survival.

42.4%

• Gilligan, Alberts, Roe, & Skrepnek. (2018). Death or Debt? National Estimates of Financial Toxicity in Persons with Newly-Diagnosed Cancer. The American Journal of Medicine, 131(10), 1187-1199.e5.

• de Souza, J. A., Yap, B. J., Wroblewski, K., Blinder, V., Araújo, F. S., Hlubocky, F. J., . . . Cella, D. (2016). Measuring financial toxicity as a clinically relevant patient-reported outcome: The validation of the Comprehensive Score for financial Toxicity (COST). Cancer, 123(3), 476-484. doi:10.1002/cncr.30369

"The cost of having cancer is enormous and an extreme burden on people and families, particularly for those who are uninsured or underinsured. Prevention is key to lowering out-of-pocket costs..."

Karen Hacker, M.D., M.P.H, director of CDC's National Center for Chronic Disease Prevention and Health Promotion.

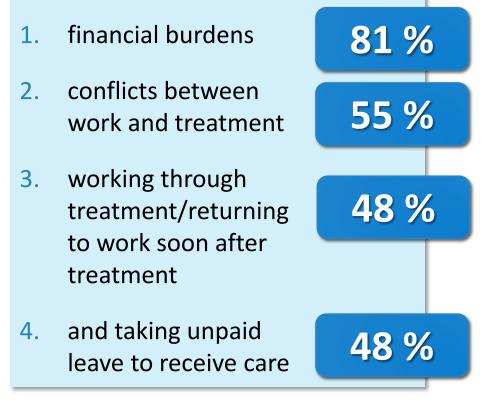
### Need for Appropriate Benefit Design Considerations

61% of cancer cases occur among working-age adults. (ages 20-69)

**42%** of workers have jobs that pay less than \$15 per hour.

**40%** of cancer survivors experienced employment changes

#### Top employment issues...



<sup>•</sup> Swanberg, J. E., Vanderpool, R. C., & Tracy, J. K. (2020). Cancer-work management during active treatment: towards a conceptual framework. Cancer Causes & Control, 31(5), 463–472. https://doi.org/10.1007/s10552-020-01285-1

de Moor, J. S., Kent, E. E., McNeel, T. S., Virgo, K. S., Swanberg, J., Tracy, J. K., Banegas, M. P., Han, X., Qin, J., & Yabroff, K. R. (2021). Employment Outcomes Among Cancer Survivors in the United States: Implications for Cancer Care Delivery. JNCI : Journal of the National Cancer Institute, 113(5), 641–644. https://doi.org/10.1093/jnci/djaa084

### Need for Appropriate Benefit Design Considerations

Swanberg and colleagues reported that employment decisions during treatment, influenced cancer survivors to:

- miss treatment appointments to avoid job termination,
- 2. maintain employment to preserve health insurance,
- 3. discontinue treatment due to job interference, and
- 4. postpone/miss scheduled treatment due to work conflicts.

Delaying or forgoing cancer treatment can diminish treatment effectiveness and shorten survival.

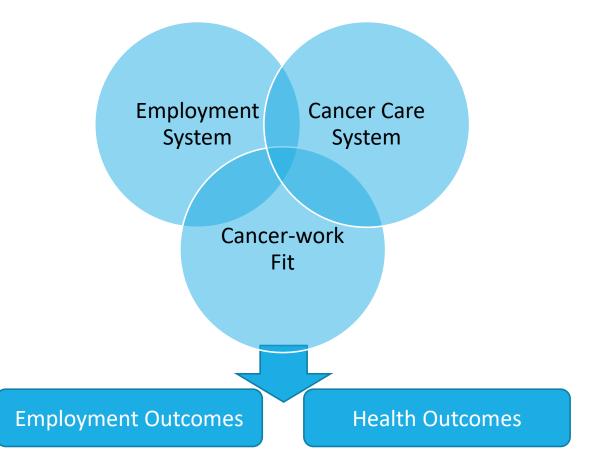
Swanberg and colleagues

<sup>•</sup> Swanberg, J. E., Vanderpool, R. C., & Tracy, J. K. (2020). Cancer-work management during active treatment: towards a conceptual framework. Cancer Causes & Control, 31(5), 463–472. https://doi.org/10.1007/s10552-020-01285-1

#### **Cancer-work Fit Optimizes Outcomes**

"Cancer–work fit optimization enables survivors to more effectively manage employment as desired, while receiving recommended cancer treatment."

Swanberg and colleagues



 Swanberg, J. E., Vanderpool, R. C., & Tracy, J. K. (2020). Cancer-work management during active treatment: towards a conceptual framework. Cancer Causes & Control, 31(5), 463–472. https://doi.org/10.1007/s10552-020-01285-1



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#### Employer Toolkit

#### Guiding Principles for Promoting High Quality Cancer Care

In order to promote and support the highest quality of cancer care for **plan members** and their families, the NCCN Employer Advisory Board encourages employers to recognize and embrace six *Guiding Principles*.

- > Click on a principle to jump to that section of the Toolkit.
- 1. Strive to deliver the highest quality, highest value care to plan members and their families.
- 2. Emphasize patient centered care, designed to exceed the expectations of plan members.
- 3. Promote the most appropriate, value based use of healthcare resources.
- 4. Encourage the selection of care providers with proven, high quality care.
- 5. Endeavor to minimize the complexities and barriers to accessing high quality care.
- 6. Empower plan members to become more engaged in improving their health.
- Additional resources, including definitions and references

#### Strategies and Tactics for Delivering High Quality Cancer Care

Under each *Guiding Principle*, the Board recommends the following strategies for employers. The recommendations are divided into *Carrier Strategies and Tactics*, that should be emphasized with the carriers supporting **plan members**, and *Employer Strategies and Tactics*, that can be engaged in directly by employers. The Guiding Principles come together to advance and support high quality cancer care, and they may be addressed in any order to appropriately serve the needs of each employer.

NCCN Employer Toolkit

NCCN.org

https://www.nccn.org/business-policy/business/employer-resources/employer-toolkit

### Guiding Principles for Promoting High Quality Cancer Care

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High Quality / Value	
Patient Centered Care	
Appropriate Use	ΣŤ

### Guiding Principles for Promoting High Quality Cancer Care

- 4. Encourage the selection of care providers with proven, high quality care.
- Endeavor to minimize the complexities and barriers to accessing high quality care.
- 6. Empower plan members to become more engaged in improving their health.

Additional resources, including definitions and references.



#### Each Principle Provides Strategies and Tactics

1. Strive to deliver the highest quality, highest value care to plan members and their families.

Carrier Strategies and Tactics

Base coverage decisions on the most up-to-date, evidence-based care guidelines.

These care guidelines should be based on the best available evidence for prevention, screening, diagnosis, treatment, survivorship, palliative care and end-of-life care, specifically those established by reputable professional societies and regulatory agencies, such as the **NCCN Guidelines for Treatment by Cancer Type** and **NCCN Guidelines for Supportive Care**, the ASCO Clinical Practice Guidelines, ASTRO's Clinical Practice Guidelines, and the American Cancer Society Guidelines for Cancer Screening and Prevention.

- Provide carriers with
  - recommendations for high quality, patient centric, **evidence-based**, cancer care guidelines, including a list of trustworthy professional societies and guidelines organizations.

Resources: NCCN Guidelines; ASCO Clinical Practice Guidelines; ASTRO Clinical Practice Guidelines; American Cancer Society Prevention and Early Detection Guidelines



**Tactics** 

Resources

### Each Principle Provides Strategies and Tactics

Employer Strategies and Tactics

Provide patient-friendly care guidelines and educational resources to plan members.

Educate **plan members** on the most appropriate treatment guidelines for their specific situation, to help them make well informed decisions about their care.

- Provide plan members with:
  - links to patient information such as the NCCN Guidelines for Patients.
  - reliable sources of information about their specific situation, such as websites, professional societies, and non-profit organizations.
  - information and resources on what clinical trials are and why they should consider them for their treatment. Provide links to online clinical trials search engines.
  - reliable information about available support and counseling resources for their type of situation.
  - reliable information on possible long-term and late effects of cancer treatment and survivorship resources.
  - Information and resources about genetic and genomic testing and how it can inform treatment.

Resources: NCCN Guidelines for Patients Library; Cancer Hope Network: Patient Support Services; American Cancer Society Treatment Support Resources; NCI Patient Resources; NCI Patient Publication Resources



**Employer** 

**Strategies** 

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#### Definitions, Links to Resources, References

- Additional Resources
  - Definitions
  - Resources
  - The NCCN Employer Advisory Board



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https://www.nccn.org/business-policy/business/employer-resources/employer-toolkit