

# Oncology Learning Collaborative Session #1

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Tuesday, September 19, 2023



**Genentech**  
*A Member of the Roche Group*

 **Pfizer**

 **MERCK**

Thank you to  
our generous  
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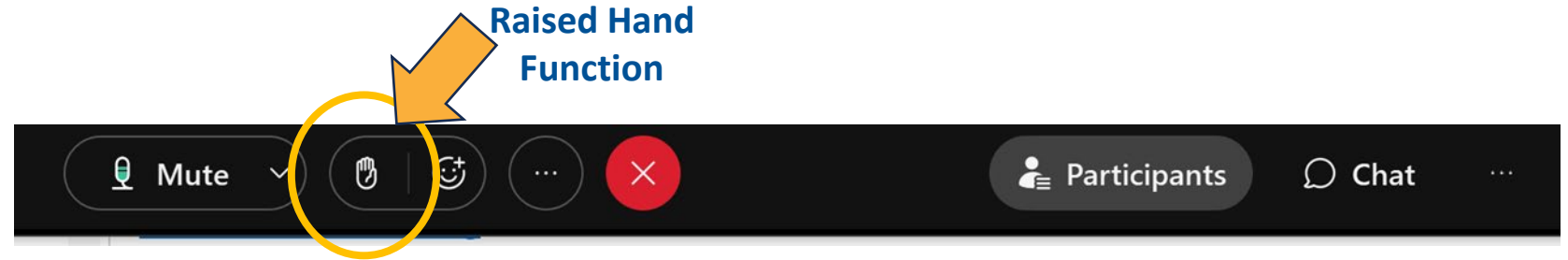


# Feedback and Questions

- We are going to utilize the following:
  - Chat
    - Technical or logistical issues
    - Content related questions
    - Open ended answer to questions ask via chat
  - Polling
  - Raise Hand
- For participants who have called in, to unmute/mute use \*6
- For this webinar, we are not going to be using the Q&A function



# RAISED HAND and CHAT FUNCTION



We will use the **Chat function** for technical or logistical issues, content questions, or open-ended questions that are chatted to everyone.



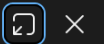
- With the Chat window open, type in your question or comment and send it to **Ashley Tait-Dinger (Host)**, if you only want her to see it, or to everyone.
  - If the response is for everyone but you only want to send to Ashley, she will relay privately.
- There is a 512-character limit for questions.
- We will address your issue as quickly as possible.

# POLLING

This webinar will include polling of participants. The poll should automatically appear on the right-hand side of your screen when responses to polling questions are requested.

As seen in the example, there are 3 types of polling questions:

- Single response allowed
- Multiple responses allowed
- Short answer, open ended responses allowed

**Polling** 

Time elapsed: 2:09 Time limit: 5:00

Poll Questions:

1. What color is the house? (one)

A. green

B. black

C. orange

2. What color is the building (multiple)

A. brown

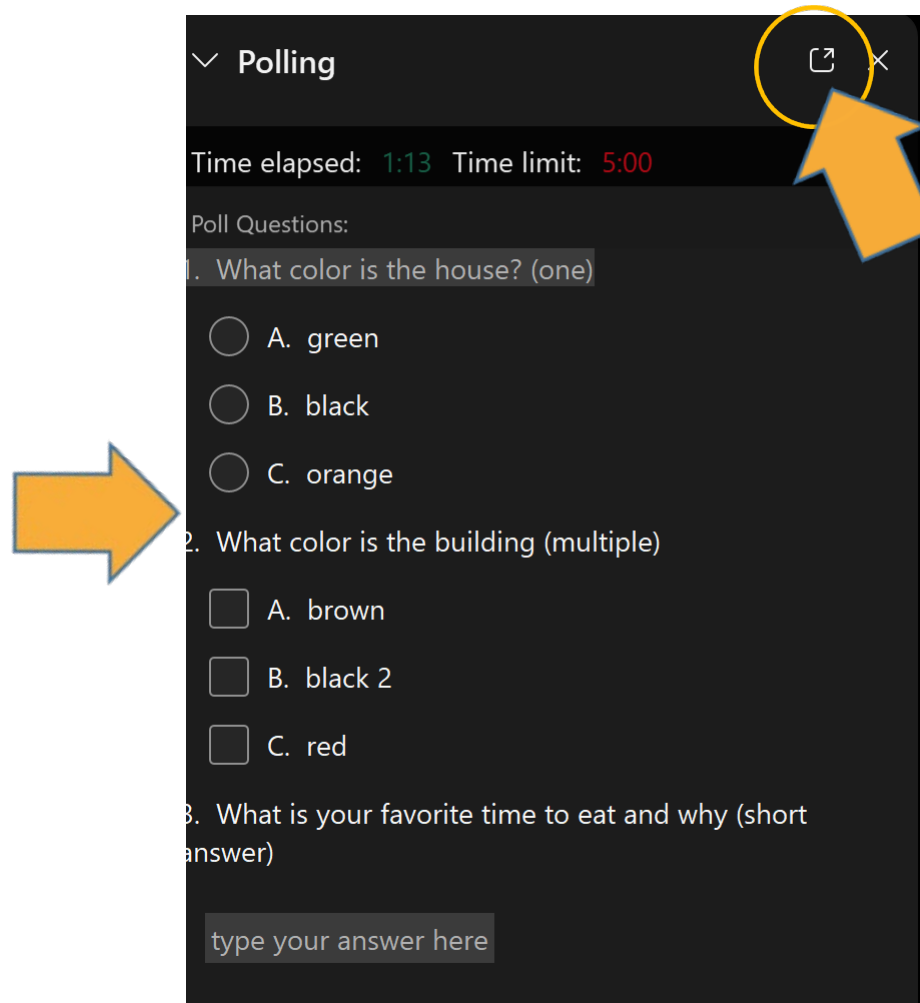
B. black 2

C. red

3. What is your favorite time to eat and why (short answer)

Your answers may be recorded.

# POLLING



Initially you may not be able to view the full question and answers in the poll.

To get a better view of the poll:

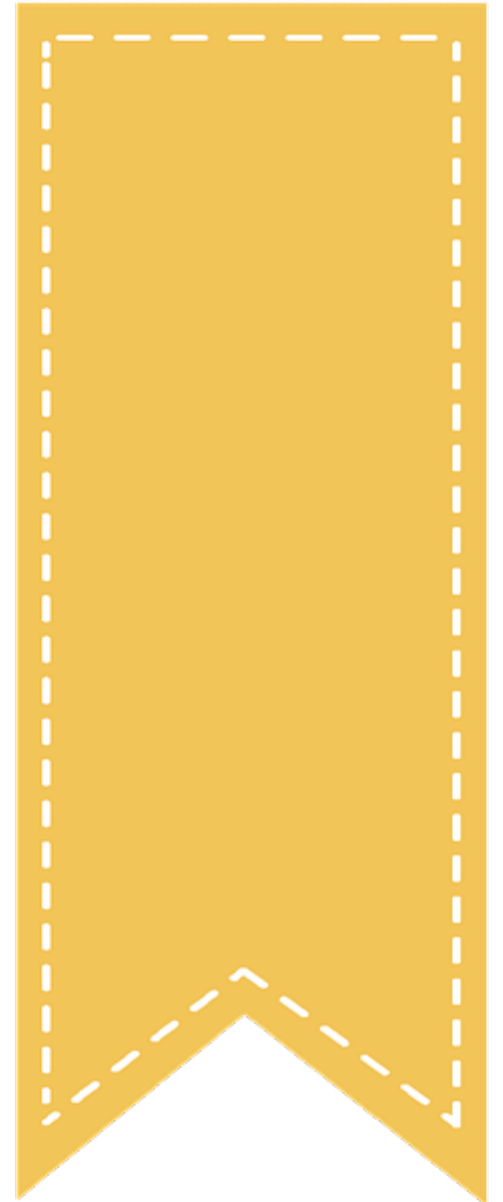
- You can “**pop out**” the window by clicking on the box with the small arrow in the top right-hand side of the polling window.

OR

- You can “grab” the left-hand side of the window and drag it further to the left.

Please Bookmark this webpage to view all the resources from the Oncology Learning Collaborative (recordings, slides, etc.):

<https://flhealthvalue.org/our-work/oncology-learning-collaborative/>



# Cancer – a top concern for employers

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- Last year, the Business Group on Health's Healthcare Strategy and Plan Design Survey found **cancer had become the top driver of employer healthcare costs**
- **Increasing utilization and unit cost of specialty pharmacy drugs**
- More cases of **cancer at a later stage**
- More awareness about **variation in patient outcomes and quality of care**
- More understanding of the value of **adherence to evidence-based care**
- More feedback on the **challenging patient experience – clinically and financially**



Are your medical and pharmacy benefit designs creating barriers to prompt and effective cancer care?



# Are your benefits designed to accomplish the “5 Rights”?

**Right Care**...for the

**Right Person**... at the

**Right Place**...at the

**Right Time**...for the

**Right Price**...for both the employer and member



Our coalitions were integrally involved in development of employer initiatives to better manage cancer care:

- ***National Alliance of Healthcare Purchaser Coalitions – Employer Learning Modules in Oncology and Checklists***
- ***National Comprehensive Cancer Network Employer Toolkit***
- ***National Cancer Treatment Alliance Biomarker Testing Toolkit***

Feedback was that the various tools were overwhelming in the amount of information provided and made action difficult.



We set out to make the employer tools more actionable and to identify best practice examples that would help make the recommendations more “doable” and break down barriers.



# Our Key Areas of Focus

- Prevention and Screening
- Testing and Diagnosis – Early and Correct Diagnosis
- Early Access to Navigation – Needed Support and Guidance
- Correct Treatment at the Right Place – including Palliative Care, Hospice/End of Life Care
- Pharmacy/Specialty Pharmacy Management – Right Drug for the Right Patient at the Right Price and the Right Place
- Coverage of Precision Medicine/Biomarker Testing
- Survivorship/Return to Work



# Oncology Learning Collaborative Timetable

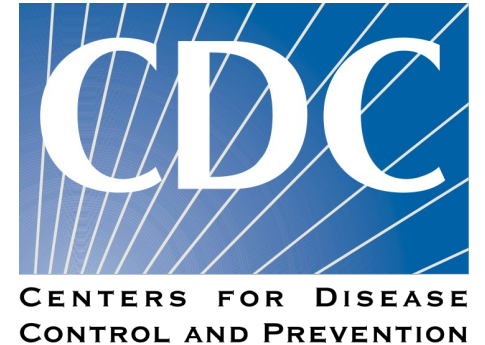
## Employer-Driven Collaborative

- Four educational and interactive webinars
- Hear and learn from your fellow employers
  - Get insight on the best practice in oncology management
  - What is working and what is not
  - How to work more effectively with your vendors and partners
  - Provide feedback on updated resources that support the project
  - Walk away with new tools to support your efforts
- **September 19** – *Prevention, Screening, Early Identification, Diagnosis, 2<sup>nd</sup> Opinion & Site of Care*
- **October 17** – 1-2:30 CT; 2-3:30 ET – *Navigation, Psychosocial Support, Survivorship/Return to Work*
- **November 17** – 1-2:30PM CT; 2-3:30 ET – *Diagnosis, Precision Medicine/Biomarker Testing & Treatment*
- **December 8** – 2:30-4:00PM CT; 3:30-5:00PM ET – *Employer Guide to Managing Oncology - to be unveiled*

# How to Prevent Cancer or Find it Early

As per the Centers for Disease Control:

- **Getting screening tests regularly** may find breast, cervical, and colorectal cancers early, when treatment is likely to work best. Lung cancer screening is recommended for some people who are at risk.
- **Vaccines** also help lower cancer risk. The human papilloma vaccine helps prevent most cervical cancers and several other kinds of cancer. The hepatitis B vaccine can help lower liver cancer risk.
- **Healthy Choices** – Cancer risk can be reduced by reaching/staying at a healthy weight, avoiding tobacco, limiting the amount of alcohol, and protecting your skin



# Smoking

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- About 15% of adults in Florida are still smoking cigarettes and 12% of adults in Illinois
- Please respond to the two polling questions
- Does anyone have insights and/or success stories regarding smoking cessation that you want to share?





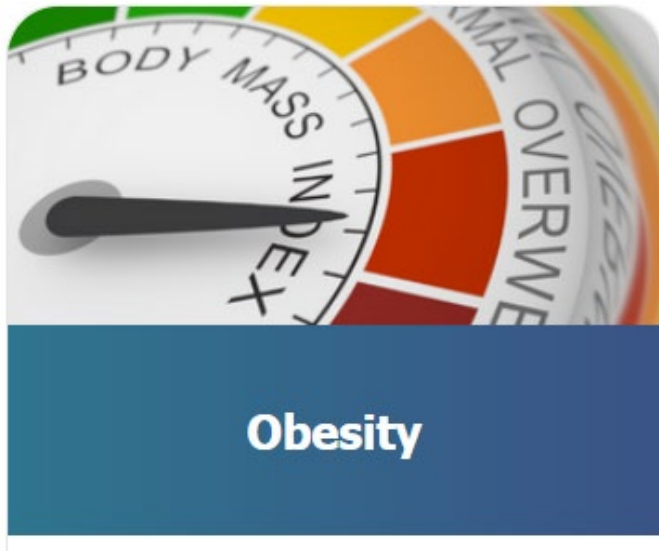
# MBGH Obesity Management Project

## Stepped Approach to Treating Obesity

	BMI 25-26.9 kg/m <sup>2</sup>	BMI 27-29.9 kg/m <sup>2</sup>	BMI 30-34.9 kg/m <sup>2</sup>	BMI 35-39.9 kg/m <sup>2</sup>	BMI ≥40 kg/m <sup>2</sup>
 <p><b>Lifestyle Modification</b> Weight Loss Impact = 3% to 5%</p>	+	+	+	+	+
 <p><b>Pharmacotherapy/ Medications &amp; Lifestyle Modification</b> Weight Loss Impact = 5% to 10%</p>		With co-morbidity	+	+	+
 <p><b>Bariatric Surgery</b> Weight Loss Impact = 25% to 30%</p>				With co-morbidity	+

References: BMI, body mass index.  
Volkan et al. *Obes Facts* 2015;8:402-24.

# MBGH Employer Resources on Obesity Management



[Obesity Toolkit](#)



## Supporting Your Weight Loss Journey

It is common thinking that to effectively manage your weight all you need to do is eat less and exercise more.

The truth is, being overweight or having obesity isn't just about lifestyle choices, discipline or willpower. Leading research has proven that it is a complex chronic disease like diabetes and heart disease. On average, people living with excess weight make up to seven serious attempts to lose weight in their lifetime.

**The GOOD News**

Although there is no quick or simple solution, there is good news. Losing even 5% of total body weight can result in decreased health risks and improvements to body functions. That means a person weighing 200 pounds can realize many positive changes by losing just 10 pounds, including improvements to chronic conditions like high blood pressure, type 2 diabetes, high cholesterol, osteoarthritis, asthma, COPD, heart disease, stroke, and sleep apnea.

**Supporting Your Weight Loss Journey**

Even after losing weight, many struggle to keep the pounds off. The challenge is the body typically reacts to weight loss by trying to regain the weight, making maintaining weight loss like a tug-of-war. Here's why:

- Hormones, appetite signals and metabolism responses impact how much we eat and why we eat.
- Genetics can play a role in how much weight is gained and cause us to respond differently to elements in our environment.
- Not enough physical activity, unhealthy eating habits and inadequate sleep can all contribute to obesity.
- Environments where we live and work may impact access to affordable healthy food and the ability to find a safe and convenient place to exercise.
- Eating to cope with stress and depression are common struggles experienced by people who carry excess weight.

**Chronic Diseases and Complications Impacted by Obesity**

Obesity is a complex chronic disease that can lead to a variety of health complications. A person with obesity is at a higher risk for:

- Sleep apnea<sup>1,2</sup>
- Asthma and chronic obstructive pulmonary disease<sup>3</sup>
- Nonalcoholic fatty liver disease<sup>4</sup>
- Infertility<sup>5</sup>
- Osteoarthritis<sup>6</sup>
- Stroke<sup>7</sup>
- Depression<sup>8</sup>
- Cancer (breast, colon, liver, pancreas and others)<sup>9</sup>
- Coronary heart disease<sup>10</sup>
- Hypertension<sup>11</sup>
- Heart failure<sup>12</sup>
- Presbbycusis<sup>13</sup>
- Type 2 diabetes<sup>14</sup>

References: 1. National Institutes of Health. Clin Res. 1994; 4 Suppl 2:103-109. 2. U.S. Centers for Disease Control and Prevention. 2009. 3. National Institutes of Health. Clin Res. 1994; 4 Suppl 2:103-109. 4. Journal of Hepatology. 2005; 42: 978-984. 5. Fertility and Sterility. 2005; 83: 1033-1038. 6. Arthritis and Rheumatism. 2000; 42: 1033-1038. 7. Stroke. 2001; 32: 1033-1038. 8. Journal of Affective Disorders. 2005; 87: 1033-1038. 9. International Journal of Cancer. 2002; 98: 1033-1038. 10. American Journal of Cardiology. 2001; 87: 1033-1038. 11. Hypertension. 2001; 37: 1033-1038. 12. Journal of the American College of Cardiology. 2001; 37: 1033-1038. 13. Journal of the American Academy of Audiology. 2001; 14: 1033-1038. 14. Diabetes Care. 2001; 24: 1033-1038.

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[Employer Action Brief](#)

[Employer Video](#)



**Tackling Obesity in the Workplace:**  
Understanding the Challenges and Opportunities

Common thinking suggests obesity is a lifestyle choice involving a lack of willpower and poor discipline. This is not true. Obesity is recognized by the CDC, the AMA and the FDA as a multi-faceted chronic disease requiring long-term management. It is a complex condition with genetic, physiological, psychological and environmental factors. Obesity is the most prevalent chronic condition in the United States today.

Second only to cigarette smoking, obesity is the leading cause of preventable death in the U.S. and rarely occurs independent of other chronic conditions such as type 2 diabetes, high blood pressure, COPD, heart disease and stroke. There is also a strong correlation between obesity and poor mental health outcomes and diminished quality of life.

**The Business Case**

Obesity is the greatest contributor to the burden of chronic diseases in the U.S., accounting for 47% of the total cost of chronic diseases nationwide. It currently affects more than 31% of full-time employees and another 37% in the workforce are overweight. If this trend continues (and all indicators point in this direction), 51% of the U.S. population will have obesity by 2030. As a risk factor, employees with obesity are disproportionately represented among high-cost claimants largely due to health care costs that are associated with managing these multiple comorbidities. These conditions can lead to a significant economic burden for employers over time.

**Majority of Americans are Overweight or Have Obesity**

Percentage of Americans with BMI 25-30 (Overweight)	Percentage of Americans Over Age 20 Who Are Overweight or Have Obesity*
42.4%	73.6%

**The GOOD News**

Weight loss as little as 5% of a person's total body weight can have a clinically meaningful impact on many obesity-related comorbidities and complications, leading to health care cost savings and improved health.

**Impact of Obesity on Employers**

Direct Health Care Costs	Lost Productivity Costs	Indirect Costs (Cost of Chronic Diseases in U.S.)
\$480 Billion	\$1.24 Trillion	\$1.72 Trillion

\* Includes type 2 diabetes, hypertension, heart disease, stroke, depression, and other chronic conditions.

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[Employee Action Brief](#)

[Employee Video](#)

### Customizable Educational Articles

At MBGH, it's important to first know what benefits, treatment options and/or programs are available through your employer or health plan. These often include:

- Programs to assist with management of health conditions such as type 2 diabetes, high blood pressure and high cholesterol
- Connections with a registered dietitian
- Company-sponsored wellness screenings and programs for weight loss, healthy eating, stress management and physical activity
- Online health centers and/or telehealth services in your community

**Employer Assistance Program**

Do you know that adults with obesity are at higher risk for depression than those with normal weight? Consider using your Employee Assistance Program (EAP) to support any behavioral health challenges you face on your weight management journey, including depression and anxiety.

**Medical Plan Benefits**

Some health plans have in-house physicians and other health professionals who specialize in obesity management and helping people lose weight. Ask if this option is available to you through your employer.

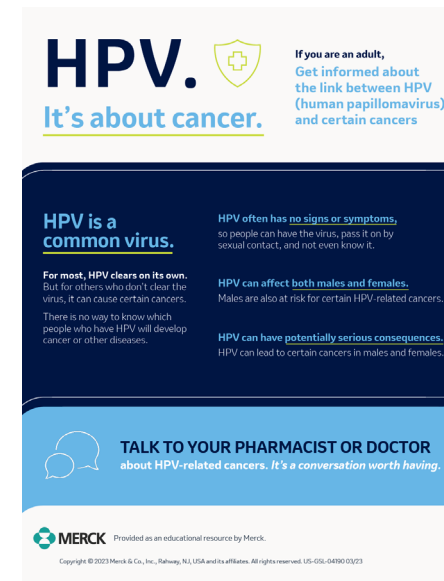
**Prescription Plan Benefits**


If you are looking for support managing chronic obesity, you are not alone. The obesity epidemic impacts 40 million people in the U.S. Although managing chronic obesity and losing weight can be challenging, for many reasons, there is hope. Instead, dig into resources available through your employer and learn more about customizable benefit programs and resources often available at MBGH to you.

[Downloadable & Customizable Educational Articles](#)

# Human Papilloma Virus Can Cause Cancer

- Uptake of the HPV vaccine should be thought of as cancer prevention strategy for males and females. HPV is estimated to cause nearly 36,500 cases of cervical cancer in the US every year. It can also cause mouth, throat, penile, and anal cancer.
- The HPV vaccine is recommended by CDC's ACIP, so it is covered without cost-sharing. Florida is ranked #48 out of 50 states for the rate of HPV vaccination according to data in America's Health Rankings. Illinois is #26 of 50.
- **HPV is more common than you think!** About 80% of the population will get an HPV infection in their lifetime. Most HPV infections go away on their own, but those that don't go away can cause cancer. The HPV vaccine could prevent more than 90% of cancers caused by HPV.
- Merck has resources we will share on the OLC webpage, and we will also share the CDC guidelines for the vaccine.



**HPV.**  **It's about cancer.**

If you are an adult, Get informed about the link between HPV (human papillomavirus) and certain cancers

**HPV is a common virus.**

For most, HPV clears on its own. But for others who don't clear the virus, it can cause certain cancers.


There is no way to know which people who have HPV will develop cancer or other diseases.

HPV often has no signs or symptoms, so people can have the virus, pass it on by sexual contact, and not even know it.

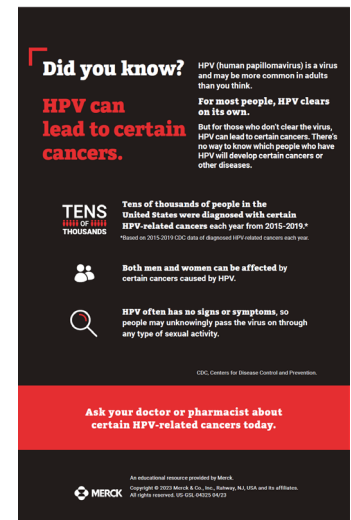
HPV can affect both males and females. Males are also at risk for certain HPV-related cancers.

HPV can have potentially serious consequences. HPV can lead to certain cancers in males and females.

**TALK TO YOUR PHARMACIST OR DOCTOR** about HPV-related cancers. *It's a conversation worth having.*

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**Did you know?** HPV (human papillomavirus) is a virus and may be more common in adults than you think.

**HPV can lead to certain cancers.**

For most people, HPV clears on its own.

But for those who don't clear the virus, HPV can lead to certain cancers. There's no way to know which people who have HPV will develop certain cancers or other diseases.

**TENS** THOUSANDS of people in the United States were diagnosed with certain HPV-related cancers each year from 2015-2019.\*


\*Based on 2015-2019 CDC data of diagnosed HPV-related cancers each year.

**Both men and women can be affected** by certain cancers caused by HPV.

HPV often has no signs or symptoms, so people may unknowingly pass the virus on through any type of sexual activity.

CDC, Centers for Disease Control and Prevention

**Ask your doctor or pharmacist about certain HPV-related cancers today.**

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# Early Identification and Screening

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- Early diagnosis of cancer gives the patient the best chance for successful treatment
- **Delayed cancer treatment reduces the chance of survival and is related to greater problems associated with treatment, and higher costs of care**
- Screening is an important strategy, but **(1) screening rates are characteristically low, (2) only 14% of cancers are detected through a preventive screening, and (3) not all cancers have screening tests – there are recommended screenings for about 30% of cancers**



# Lung Cancer Resources from our Sponsors

- Lung Cancer Screening Patient Guide
- Smoking Cessation Flashcard
- The Importance of Screening for Lung Cancer



**IN THE UNITED STATES**  
**The Importance of Screening for Lung Cancer**  
Lung cancer is the #1 cause of cancer deaths. Screening may result in detecting lung cancer earlier<sup>1</sup>

**The Prevalence of Lung Cancer in the United States**

**1 in 5** of all cancer deaths are from lung cancer, making it the leading cause of cancer death among men and women in the United States<sup>1</sup>.

**In 2023**, the American Cancer Society's estimates for lung cancer in the United States are<sup>1</sup>:

- About 238,340 new cases of lung cancer (117,550 men and 120,790 women)
- About 127,070 deaths from lung cancer (67,160 men and 59,910 women)

**THE IMPORTANCE OF SCREENING FOR LUNG CANCER<sup>4</sup>**

Patients who are at a high-risk for lung cancer and are screened with a low-dose computed tomography (LDCT) may be 20% less likely to die from lung cancer when compared with those patients who did not undergo screening.<sup>2,3,5</sup>

Symptoms of lung cancer usually do not appear until the disease is at an advanced stage.<sup>6</sup> This makes screening of patients who are at a high risk a valuable tool.<sup>5</sup>

5.8% of eligible patients who are at a high-risk for lung cancer received LDCT screening in 2019<sup>5</sup>

compared with 65% of average-risk breast cancer patients in 2019<sup>6</sup>

Provided as an educational resource by Merck

**if that was you then, get your lungs screened now. surviving lung cancer starts with a scan.**

[screenyourlungs.org](https://screenyourlungs.org)  
to learn more and download resources

**LUNG CANCER SCREENING**  
WHAT YOU SHOULD KNOW BEFORE, DURING, AND AFTER

**lung cancer screening is a great first step. are you ready for the next?**

**TALK TO YOUR DOCTOR ABOUT QUITTING SMOKING**  
Congratulations on taking charge of your lung health. Now that you're doing more for your lungs, it may be the right time to quit smoking.



# Comprehensive Cancer Screening – Case Study



## FL Alliance Employer Member Rosen Hotels and Resorts – identification strategy:



- “Traditional” strategies such as awareness campaigns to urge their associates to get screened and to be aware of signs and symptoms of cancer
- Onboarding of a new associate includes all appropriate screenings at their medical center
- Mobile mammography at the Rosen Medical Center
- Mobile dermatology at all resort locations
- First to market with Cologuard – 70% return with 9-10% positive colorectal cancer
- Implementing strategy for the remaining 30% - liquid biopsy for colorectal cancer

# Multi-Cancer Early-Detection (MCED) Test

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- New blood-based technologies, known as MCED tests, have entered the market and can identify multiple cancers early. They detect signals found in DNA that cancer cells shed into the bloodstream.
- MCED tests are noninvasive (a single blood draw) and offer the potential to identify cancers that lack screening tests.
- “Liquid biopsies” can be administered without highly specialized equipment or facilities.
- MCED tests can detect and localize multiple cancers in parts of the body that are not easily accessible for physical exam or surgical biopsy.
- Piloting the MCED test at MarineMax and implementation for 1/1/24 at Patriot Rail



# Getting the Diagnosis and Treatment Right

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- There are many studies that have been conducted to determine how often cancer is initially misdiagnosed and/or the patient is not put on the appropriate treatment plan. They range from 11% misdiagnosis to as high as 50% when the study combines misdiagnosis and inappropriate treatment.
- Second opinions have traditionally been the strategy to push, but there are many challenges – who to approach, concerns about delayed treatment, fear of offending the diagnosing oncologist, cost, etc.
- New programs do “case review” behind the scenes and take the patient having to chase down the second opinion out of the mix.
- Some health plans and Cancer Centers of Excellence are offering these programs.





# 2<sup>nd</sup> Opinion/Case Review

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- Expertise on the most up-to-date treatment can be provided via a partnership with a comprehensive cancer center
- City of Hope contracts with employers through their AccessHope program to connect their plan and the community oncologists with NCI subspecialists – **“allows your employees to benefit from leading research, from the comfort of home”**
- Ties to these centers also make it easier for community oncologists to enroll patients in clinical trials



# Site of Care

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To execute a site of care strategy, employers and their vendors/TPAs need to have a way to identify who needs cancer treatment and to be able to do that as early in the cancer patient's journey as possible.

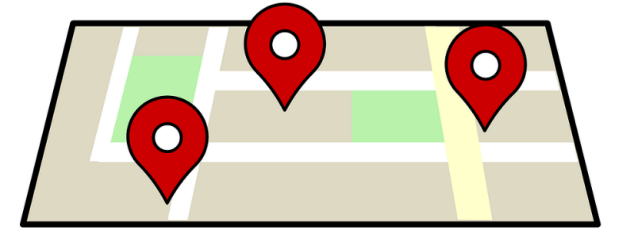
Patients can be identified through:

- Pharmacy claims
- Stop/loss carrier monitoring of cases
- Pre-Certification/Prior Authorization
- Engagement program where patient can self-identify – in this case the employer needs to have someone to respond to the “hand-wavers” and advise them on next steps

# Location, Location, Location...

“Location, Location, Location: Cost Differences for Oncology Medicines Based on Site of Treatment” – EBRI study in 2020 – Key Findings:

- **Hospital prices for the top 37 infused cancer drugs averaged 86.2% more per unit than in physician offices**
- For every drug examined, hospital outpatient departments (HOPDs) charged more on average with statistically significant relative differences ranging from 128.3% (nivolumab) to 428% (fluorouracil)
- The mean annual reimbursement to providers per user of infused cancer drugs was \$13,128 in physician offices and \$21,881 in HOPDs.



# Using Worksite Health Center for Cancer Services

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- If an employer has an onsite/near site/shared site employer health center, there may be an opportunity to do more in the cancer space to reduce costs.
- Sargento is working on getting labs and hydration provided at their worksite health center in coordination with an independent community oncology practice.



# Action Items from this call

- Case studies
- Additional information and resources
- Send out link to recording, slides, and resources
- Brief follow up survey
- Calendar invitations for future meetings



# Thank You!

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