Oncology Learning Collaborative Session #1

September 19, 2023

The slide deck, recordings, and resources from this session of the Oncology Learning Collaborative (OLC) can be found on the OLC webpage by clicking HERE.

Moderators

- Cheryl Larson, President & CEO, Midwest Business Group on Health
- Karen van Caulil, PhD, President & CEO, Florida Alliance for Healthcare Value

MBGH Employer Advisors

- Dan Dentzer, Manager, Health and Welfare Strategy, United Airlines
- Carole Mendoza, VP of Benefits, Voya Financial
- Sherri Samuels-Fuerst, VP, Total Rewards, Sargento Foods

Florida Alliance Employer Advisors

- Kenneth Aldridge, Director of Health Services, Rosen Hotels & Resorts
- Ray L. Bowman, Ph.D., Senior Vice President, Talent and Team Development, MarineMax
- Jane Lutz, Senior Employer Account Executive, Genentech on behalf of Cody Adams, Benefits Manager
- Susan McBroom, Director of Human Resources, Patriot Rail Company
- Rosa Novo, Executive Benefits Director, Miami-Dade County Public Schools

Coalition Support

- John Butler, Project Management Consultant (MBGH)
- Sandra Morris, Principal, About Quality Benefits Design, LLC (MBGH)
- Ashley Tait-Dinger, Vice President (Florida Alliance)
- Lisa Hain, Administrative Coordinator (Florida Alliance)

Project Sponsors

- Genentech
- Merck
- Pfizer

Link to Project Resources

Locate additional information and project resources, including the webinar recordings and slides presentations, at Florida Alliance & MBGH Oncology Learning Collaborative.

Cancer – A Top Concern for Employers

- Last year, the Business Group on Health's (BGH) Health Care Strategy and Plan Design Survey found that cancer had become the top driver of employer healthcare costs.
- There is increasing utilization and unit cost of specialty pharmacy drugs, with many more in the pipeline to be approved.
- More cases of cancer are occurring at a later stage.
- There is more awareness about variations in patient outcomes and quality of care and understanding of the value of adherence to evidence-based care.
- There is more feedback on the challenging patient experience – clinically and financially.
- Employers are concerned about their company's bottom line.

Questions We Have to Ask

- Are your medical and pharmacy benefit designs creating barriers to prompt and effective cancer care? We may not think we are, but we will identify some ways we are, and talk about how we can work around that.
- Are your benefits designed to accomplish the very, very important "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

Project History

- Both the Florida Alliance and MBGH were integrally involved in the development of three national initiatives to bring forth knowledge and tools for our employer members so they could better manage cancer care. This included:
  - 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*
- Employer feedback indicated the various tools were overwhelming in the amount of information provided, that they was too academic and scientific, and the tools did not include action steps.
- The Florida Alliance and MBGH realized we could still take advantage of these great public resources, while enhancing them to be more actionable for employers. As part of the project work, it was also very important to collect employer insights, strategies, and best practices.

- The project's key focus is an employer-driven initiative that drives action around oncology management:
  - Each coalition invited their employer advisors to guide activities and the resources created. Most are participating with us today and will be sharing their "pearls of wisdom" and we encourage all participants to share their "pearls." We want to know what is working, what is not working and also help you more effectively work with your vendor partners.
  - At the last event in December, we will launch the *Employer Guide to Managing Oncology*, which will include employer panels where they will share their insights and successes.
  - We hear over and over that oncology is the costliest item for employers and the most challenging to address, so we look forward to taking the project learnings to the next level to support our members.

Project webinars include:

September 19 – 9:30-11:00 AM CT; 10:30 AM-12:00 PM ET

- Prevention and Screening Strategies
- Testing For Early and Correct Diagnosis
- Strategies To Address Appropriate Sites of Care For Treatment

October 17 – 1:00-2:30 PM CT; 2:00-3:30 PM ET

- Early Access to Navigation – Needed Support and Guidance
- Correct Treatment at the Right Place – including Palliative Care, Hospice and End of Life Care ▪ Survivorship/Return to Work

November 17 – 1:00-2:30 PM CT; 2:00-3:30 PM ET

- Cancer Diagnosis and Treatments – Evolving Strategies
- 2nd Opinions for Therapy
- Specialty Drug Management
- Precision Medicine/Biomarker Testing – Ensuring Adequate Plan Coverage

December 8 – 2:30-4:00 PM CT; 3:30-5:00 PM ET

- Employer Panels on Insights and Successes
- Launch of the *Employer Guide to Managing Oncology*

Cancer Prevention and Screenings

Employers want to prevent cancer from happening in the first place, but if it does present, we want to be able to ensure that it is identified early before it has spread. The top three things an individual can do to prevent cancer or to find it early:

1. Get regular screening tests
2. Get vaccinated to prevent HPV
3. Make healthy choices

- One of the project's goals is to connect cancer prevention, early identification, and all the other ways you can touch on the cancer journey to other areas you are already working on.
- Many are concerned about the low cancer screening rates, especially since the pandemic.

- Vaccines are a big issue now, especially because of the new COVID vaccine, RSV, and others. There is not a lot of conversation about how the HPV vaccine can prevent cancer, so it is important to understand ways to encourage its uptake.
- There are a lot of healthy choices a person can make to lower cancer risks.
- We are going to talk about smoking cessation briefly, but in the context of determining based on your feedback if we need to do more. It used to be something you would hear the employers discuss all the time. Some employers have backed off of educating and incentivizing their plan members to stop smoking, yet state level date indicated that smoking is on the rise.
- We want to get some insight into what you are doing regarding skin cancer screening, which is a big issue in Florida, in particular.
- MBGH has already developed a great initiative around obesity management, and we will learn more about that today.

Smoking

- Despite a lot of effort, we are seeing 15% and 12% of adults are still smoking in Florida and Illinois, respectively. These figures are likely significantly underestimated considering they are self-reported and only include smoking cigarettes and not other tobacco products/other products that people may be smoking or using.

Polling Results – Question: Is smoking cessation still on your radar?

- Yes – 79% (23/29)
- No – 21% (6/29)

Comments:

- Most people still have smoking cessation on their radar, but some do not.
- It does not look like there is data on their plan member smoking rates at the ready for everybody, so we will factor that in as we move forward on this project.

Employer Feedback

Voya Financial

- Smoking cessation is on our radar.
- We were concerned that some of our population did not honestly self-report that they are smokers. We analyzed our medical data and found the percentage who self-reported they smoked does seem to be accurate. Our medically covered population is 80% of our workforce so we do not know the smoking status of the other 20%.
- We charge a smoker surcharge. If the smoker participates in a cessation program, they do not pay the surcharge.
- We are conflicted about charging the surcharge because these programs seem to impact lower-paid employees more than others; thus, this surcharge can be viewed as a regressive tax. We have confirmed

our smokers who are subject to the surcharge are consistently distributed amongst all salary tiers, racial, and ethnic groups.
- We have seen a drop from 4% to 3% in smoking rates.

Sargento Foods

- We have put a lot of emphasis on smoking cessation because smoking is the number one cause of several cancers and our whole initiative is part of our Healthy Sargento 2030 goals, focused on prevention. We hope to measure our success by analyzing if test results improve over time as smoking rates go down.
- We offer a level one premium credit to employees for not smoking and a level two premium credit if they are nonsmokers and are within a certain BMI range. If employees do not qualify for a credit, they can qualify by completing activities.
- We do not test to verify employees' answers to questions about whether or not they smoke; however, as a small community, it would be hard to be a smoker and not have a fellow employee know.
- In 2009, 14% to 15% of the population smoked. Today, the percentage is less than 9%. We know some of this decrease is due to the laws that limit smoking in certain areas but hope that our efforts have had an impact.
- Sargento has a lot of success stories around using health coaches and Beat the Pack(ers) program.

Advocate Healthcare

- We had a tobacco surcharge and incorporated nicotine testing as part of our wellness initiative. There was a hefty incentive for people to do the test, so that allowed us to validate the smoking rate versus using self-reporting.
- Our smoker rate was fairly high, which we attributed to health care being a stressful industry. Our rate was 18%.
- Once we implemented our program, we got the rate down to about 13%.
- I think some people actually left the plan as opposed to quitting smoking.
- We also got aggressive about where you could smoke on the hospital campuses.

Rosen Hotels & Resorts

- In 2007, we moved to a no-smoking, no-tobacco policy. It was not a no tobacco use on campus policy; it was a non-use of any tobacco products anywhere policy.
- It was quite an endeavor as many associates were extremely vocal about their opposition.
- We did end up losing some associates, and some we lost were long-term associates.
- During that time, we would do random nicotine tests along with our random drug screening. We also had the associates attest that they do not use tobacco products.
- We have since had associates express their gratitude that we did this. We supplied them with everything they needed to quit smoking and paid for everything at 100% to remove cost as a barrier.
- We still do all of these types of things to this day.

United Airlines

- We did a survey to determine how many smokers United had but the results were suspect.
- We offer a $48 premium discount for the employee and a $48 premium discount for the spouse or partner who does not smoke.
- We do not verify attestations via testing because of the cost.
- The Wellness Program also includes a focus on preventing cancer.
- We have struggled with how we can incorporate validation in our union culture. The honor system for us has been the only way.
- Smoking cessation is part of our cancer strategy.
- Skin and lung cancers are the ones we see most in our population.

GE Healthcare

- I am hearing more about the risks and long-term impact of vaping. I need more education, especially for our younger folks. I will have our team look into that, as I know that you were right when you said the rate on the slide is underreported.

Miami-Dade County Public Schools

- We tried to implement a smoking cessation program and the unions have pushed back. It is perceived as an invasion of privacy.
- We continue to explore the opportunity and do education.
- We provide all the resources needed to stop smoking free of charge to covered members.

We want to hear from you. Have you had any success with your smoking cessation efforts? Do employees or members need more information?

Obesity

- On the CDC slide it shows that a healthy lifestyle is an important way to prevent cancer from occurring. Many of you are focused on encouraging healthy lifestyles and are specifically addressing the high prevalence of obesity.
- It is important to point out that obesity is a risk factor for a few major cancers like post-menopausal breast, colorectal, endometrial, esophageal, pancreatic, liver, and gallbladder cancer.
- Hopefully, what you learned here today, and what we produce in the employer guide, will help enhance your efforts around a healthy lifestyle and obesity management, so you can prevent your plan members from developing cancer.

MBGH Obesity Management Project

- The topic of obesity management has been very important to our members. Over the past 6 years, we have worked on creating employer resources focused on the obesity management continuum, starting with prevention and wellness, then lifestyle management and/or disease management, such as coaching and

behavioral support, and then we began to recognize the role of anti-obesity medications (AOMs) on the market, and the ones that have more recently emerged, GLP-1s.

- It is important to recognize, as part of the obesity management continuum, impacting both weight and comorbidities is key, and:
    - Lifestyle modification may offer a 3 to 5% impact in terms of reduced BMI. We continue to hear that BMI may not be the best measurement, but it is the primary one we have now.
    - Pharmacotherapy (AOMs and GLP-1s), along with lifestyle modification, can yield outcomes of 5 to 10% for traditional AOMs and significantly more for GLP1's, especially for people with one or more co-morbidities.
    - Bariatric surgery and gastric sleeve, which is still surgery, can offer outcomes that are significant (20-30% weight loss), yet all other options should be considered first.
- One of the challenges employers face as we learn more about GLP1's is that they are intended to be taken for a person's lifetime in order to maintain efficacy. This places employers in a difficult situation with costs. Today, about half of the MBGH members are waiting for more evidence before paying for the medications, while the other half, which tends to be larger employers, are viewing obesity as a chronic disease and are covering them.
- The best part of the resources provided as part of this project is the recognition by employers that they must think differently about obesity management.
- MBGH is happy to co-brand these resources for the Florida Alliance.
- See the MBGH employer resources here, including: ○ Obesity Management Toolkit ○ Employer Action Brief & Employer Video ○ Employee Action Brief & Employee Video ○ Employer Action Steps and Customizable Educational Articles are also included in the resources above

- This is an area where there is not a lot of knowledge. People do not know about the link between obesity and cancer. You do not see a lot of educational materials that refer to or list the linked cancers. There is a lot more we can do with that. The flip side is that people already know they are at risk for a lot of diseases/conditions because they are obese, so they want employers to help them not be obese. In the future, employers are going to have to make some hard decisions, particularly about covering the medications. We may want to address that with this project.

Polling Results – Question: Have you thought about your obesity strategy in the context of cancer prevention?

- Yes – 41% (9/22)
- No – 59% (13/22)

Comments:

- Employers are not necessarily thinking about the connection between obesity and cancer in their strategy related to obesity management.
- We will put our heads together to come up with the best strategy for integrating education on the link between obesity and cancer into your current efforts.

- We have had conversations and people want to avoid cancer at all costs. You also have the challenge of people wanting to take that pill and it will be better. I do not think they have the same mindset about cancer. So maybe we need messaging that would help people say this is serious.
- We may come up with some educational materials that will be helpful for employers to push out to their employees.

Employer Feedback

Sargento Foods

- We focus on obesity and try to focus on weight loss strategies to reduce all comorbidities.
- We have weight loss success stories that are not necessarily related to cancer. We are too small to do that type of data mining.
- We do a lot of cancer prevention education, not specific to obesity, but more related to smoking, sleeping, and hypertension.

Miami-Dade County Public Schools

- We are looking at adding coverage for the anti-obesity medications and just reintroduced coverage for all weight loss surgeries last year.
- Our conversations are the same as those mentioned earlier. We cover medications for all other chronic diseases, so why not for obesity?
- Everyone wants this coverage, so we need to push members of our boards and executives to cover them.
- I also agree, you do not look at obesity and think about cancer. When you speak to people about obesity, they know it affects their joints, blood pressure, heart, and other comorbidities, but they do not know about the cancer connection.
- We are going to introduce it into our weight management program.

Patriot Rail Company

- As employers, we are challenged by communicating prior authorizations for GLP-1s.
- We have a population that has lost a significant amount of weight on GLP-1s in a very short period and now they are struggling with their excessive skin and unable to afford aesthetic services.

We want to hear from you. Have you had any success with your obesity management efforts? Do employees or members need more information?

Human Papillomavirus (HPV)

- We need to start thinking about the impact HPV has on cancer and the uptake of the HPV vaccine as a cancer prevention strategy for males and females.
- HPV is estimated to cause nearly 36,400 cases of cervical cancer in the US every year. It can also cause other cancers like mouth, throat, and anal cancer.

- The HPV vaccine is recommended by the CDC, so it is covered without cost sharing. Florida is ranked #48 out of 50 states for the rate of HPV vaccinations. Illinois is ranked #26 out of 50.
- About 80% of the population will get an HPV infection in their lifetime. Most HPV infections go away on their own, but those that do not go away can cause cancer. The HPV vaccine could prevent more than 90% of the cancers caused by HPV.
- There is a lot of misinformation on the HPV vaccine. An example of misinformation is that teens become more promiscuous once they have the vaccine.
- It is hard enough getting people to stay up to date on their vaccinations in Florida, and this one has its challenges as well. Merck has provided some materials that talk about the impact of HPV on cancer that we will put on the Oncology Learning Collaborative webpage.

Polling Results – Question: Do you have a strategy for education for HPV and the vaccine?

- Yes – 21% (3/14)
- No – 79% (11/14)

Employer Feedback

Coalition Comments

- When we asked the MBGH employer advisors, all indicated they did not have an HPV educational vaccination strategy, and that it is part of a broader vaccination and communication strategy.
- Both coalition leaders realized they had family and/or friends who got cancer and had to have hysterectomies because of HPV, recognizing this is much more common. We just do not often talk about it.

Sargento Foods

- The HPV vaccine is available at our on-site Health and Wellness Center, and we encourage people to follow the full vaccination schedule based on age and gender.
- We have not heard resistance because it will cause promiscuity.
- We look at it from a holistic perspective when we look at promoting our vaccines.
- Having vaccines at our Health and Wellness Center makes it much more convenient.
- One of the missing links here is making consumer or patient information about what the statistics say about the importance of the vaccination. It is probably the best thing an employer can do because the information is not available from other sources.

Patriot Rail Company

- We are not focused on this; however, we communicate it as part of a preventive campaign.
- We have just started to take a deeper dive into our data to determine our HPV vaccination rates.
- We have also started to highlight it more in our preventive campaigns. Our vendor partners and navigators send out postcards to the homes and we do e-Postcards in specific months, highlighting screenings, immunizations, etc.
- We also promote it for our students going back to school.

- High-cost claims from a cancer perspective have been catching our eye.

We want to hear from you. Have you had any success with your HPV educational efforts? Do employees or members need more information?

Early Cancer Diagnosis and Screenings

- Early diagnosis of cancer gives the patient the best chance for successful treatment.
- Delayed cancer treatment reduces the chance of survival and manifests itself in higher cost of care and greater problems for the patient. It impacts the patient and the plan.
- Only 14% of cancers are detected through preventive screening. So, most cancers are found by other means like going to the physician, having a physical exam, and sharing signs and symptoms.
- The pandemic reduced screening rates and continues to hurt cancer screening rates. For example, breast cancer screening rates are at 57% for eligible women, so we have a long way to go. Breast cancer is the most common form of cancer. Screening rates are 39% for cervical cancer, 36.3% for prostate cancer and only 5.8% for lung cancer.
- Colorectal screening rates are hard to determine because you have colonoscopies and that rate is 13.8%, but now you have stool testing that adds another 10%.
- No matter what area you look at, we have a long way to go for those who are supposed to be getting those screenings and actually getting them.
- It is critical to get people back into their doctor's offices. If they don't have a medical home or have not identified a primary care provider, we need to get them into a physician's office because that is a great way to have the provider encourage them to get screenings and catch cancer at an early stage.
- There is a lot of data on how late-stage cancer could cost about three times more than early-stage cancer. The survival rate is about 89% when cancer is diagnosed early. So, there are lots of compelling reasons for us to work with you to make sure cancer is being identified early.
- In Florida, we are looking at advanced primary care and feel it is a great opportunity to look at prevention and early identification of cancer.
- WeCare tlc and PeopleOne Health are Florida Alliance Affiliate Members that do on-site, near-site, or shared-site health centers. They are also advanced primary care where you have the primary care providers working at the top of their licenses. They can also make warm handoffs to oncologists to manage site-of-care. There are lots of opportunities in this space.

Polling Results – Question: Do you receive and review data from your health plan on cancer screening rates?

- Yes – 80% (20/25)
- No – 4% (1/25)
- Don't know – 16% (4/25)

Comments:

- People are looking at their data for the most part.
- They think carriers could do more to share what is going on.

Employer Feedback

United Airlines

- To close screening gaps we relied on effective outreach and communication. United uses navigators and other partners.
- We have not seen the needle move much and will concentrate on this quite a bit in 2024.
- We will also start reviewing our data using our carriers and data warehouse.
- We are not sure if our unique population would be interested in using mobile screening. We have worked with SkinIO in the past as skin cancer is big at United because a lot of the population spends much of their time outside. We will try to set up skin cancer screenings and are interested in trying virtual screenings. • We do not incentivize screenings other than by offering excellent counseling through AccessHope at no cost.

Sargento Foods

- We do a lot of screenings wherever we can, including on-site.
- We get the data from our carrier, first of all, to identify who is not up-to-date.
- We have Healthy Sargento 2030 Goals which correspond with Healthy People U. S. Government Goals, and one of our goals is prevention.
- From a prevention standpoint, sometimes it is access. So, how do we get people to have more access in our very rural area? We bring in mobile mammography vans and dermatologists on-site who do screenings. Those appointments fill up immediately.
- We educate around using our nurse practitioners and our on-site Health and Wellness Centers to help people review their EMR, and/or their screening or vaccines to make sure that they are up to date based on their age and gender.
- With our data, we do not get the specifics because of HIPAA, but we do direct management to manage their populations for the plant locations.
- We work with independent, non-network affiliated oncologists and hematologists to get them to do some extra TLC for our cancer patients.
- For individuals that are newly diagnosed, the nurse navigator can be that second opinion although we do have second opinion services built into our medical plan. We also use the second opinion service to help guide them into making decisions or help them with where to go next.
- For an individual who is newly diagnosed or who has an ongoing diagnosis, they can have their labs done in our on-site Health and Wellness Centers and then there is sharing of the medical record back to the providers. It is a huge cost savings and convenience for our individuals.
- We are working with our Health and Wellness Center on hydration. We do not do chemo on-site but for people who need hydration we are walking before we run. The more services we can pull into our on-site Health and Wellness Center to provide that easy, affordable, and accessible model of healthcare that we have here, the better.
- This all takes a little bit of work. I went to the oncologists' and hematologists' offices and spoke with both doctors and administrators about how we could get this to work. The medical record systems are all

different of course, so it did take a little bit of work, but there is value in providing that as an option, not a requirement for those in need.
- It is working well and is saving time and money for those who utilize it.

Miami-Dade County Public Schools

- We provide information via the mailing of postcards, posters at the location, emails to all employees, education at site visits, virtual educational sessions, and quarterly meetings with the key stakeholders to expand the educational campaign.
- We also provide mobile screening and cover both preventative, plus diagnostic testing at 100%, along with the liquids needed for the colonoscopy.
- We have mailed age-appropriate communication on Cologuard and colonoscopy.

Florida Alliance Employer Member Comments

- When I talk to our members who have on-site clinics, as an employer, you think you are the only one doing these things. Certainly, it saves cost and is convenient. It also opens up a whole new area for us to explore with our employer members.

MBGH Employer Member Comments

- It is very easy to do skin cancer screenings on-site and when you offer them, the appointments do fill up immediately. People have lesions and they just do not go to the trouble of getting someone to look at them, they do not know if their primary care provider will look at them, or they are not sure about what to do. The Prevention Task Force is working on adding a recommendation for these screenings to be preventive care. I had squamous cell skin cancer eight times. It is very invasive in terms of the surgery so catch it early because that is critical for the long-term outcome. Think about covering it at 100% if you are not now.

Patriot Rail Company

- We cover it at 100% as preventive and offer a $100 incentive for both the primary care provider and skin screenings if they go get it every year. It has increased the participation rates for both.

Voya Financial

- We receive data on cancer screening rates, and they can sort the data by race, ethnicity, and socioeconomic status. We found that with high social risk comes higher severity, later-stage cancers, and higher costs. These higher-risk employees probably do not have primary care providers. They only go see a physician when something happens.
- We have not yet figured out a way to message differently to different groups to increase awareness and close gaps, so we are reliant on the communications that come from the health plan.
- We did offer mobile services but moved from being 90% on-site to a virtual environment so we must rethink their mobile strategy.

- We give HSA contribution incentives for preventive screenings; however, we give the incentive for any preventive area the employee completes.

We want to hear from you. Have you had any success with receiving and reviewing data from your health plan on cancer screening rates? Do employees or members need more information?

Lung Cancer Resources from Project Sponsors

- The lung cancer screening rate is 5.8%.
- A couple of our sponsors have some great resources, and we will add them to the Oncology Learning Collaborative webpage, including:
  - Lung Cancer Screening Patient Guide
  - Smoking Cessation Flashcard
  - The Importance of Screening for Lung Cancer

Rosen Hotels & Resorts

- Rosen's onsite medical centers, RosenCare, is an example of a comprehensive cancer screening case study that shows what advanced primary care should look like. Associates of Rosen Hotels and Resorts share the healthcare services that are provided for them.
- We are also working with the School District of Osceola County on efforts to bring in all the needed services to their plan members.
- For our own employees, we have traditional strategies such as awareness campaigns to urge associates to get screened and to learn how to be aware of the signs and symptoms of cancer.
- Onboarding of new associates includes all appropriate screenings at our medical center.
- At our advanced primary care facility, we have physicians and the ability to do screenings and look at data.
- We recently brought on mobile dermatology at all locations and found three melanomas in the school district. One was invasive, so we are saving lives. We have been doing mobile mammograms at the Rosen Medical Centers since 2007.
- For colorectal screening, we do colonoscopies and Cologuard. We were the first to contract with Cologuard and were able to bring it to our associates and members. This helps us with people who will refuse to do colonoscopies. We had a 70% return with 9-10% positive colorectal cancer.
- We are implementing a strategy for the remaining 30%. We are working on finalizing the liquid biopsy so that we can get to 100% colorectal cancer screening and compliance.
- We have a captive audience and just getting them to do the things we need them to do takes time, especially with our population where 35% of them are coming from a third-world country where they do not understand the reason why we are asking them to do this.
- We had a 47-year-old female who came to us as a brand-new member. We reached out to her proactively to have her do blood work and our screening and she said she has never done a mammogram and would never do one. It took three months to finally earn her trust. We walked her to the mammogram bus and ultimately, we found breast cancer. It was early enough that we could do a lumpectomy, save her life, and save the plan money.

- We do seek strategies and opportunities to bring screenings to our members and make sure that it is available to them, conveniently and cost-effectively.
- In terms of our strategy around liquid biopsy, there are companies that have moved to a blood draw, and we have contacted some of them so we will be able to keep the cost down by being early adopters.
- We are evaluating two companies right now, waiting for their FDA approvals, and then we will be able to provide liquid biopsies at our Medical Center for all members.
- First, would be the colonoscopies. Second, we would use Cologuard because we have been able to get it at well below Medicare rates. Third would be the liquid biopsy that we can do at our Medical Centers which would be the blood test. As they drive that test to the market, the market can drive down the cost of it. Then eventually we will do it on every single person who is not high risk or must have a colonoscopy.
- It is a blood test that we could add to the blood panel. We are already looking to see if they have diabetes, HIV or anything else. Adding this to the panel makes it nice and easy and helps us identify individuals that might have colorectal cancer. Currently, we work with a group called Shield or Guardant.
- We are working with our local specialty lab on a program called Coloscape. When you look at the specificity and the sensitivity it is equivalent to Cologuard, but more expensive. From Rosen's perspective, we would rather pay for that than someone losing their life to colon cancer and the treatment of colon cancer.

Multi-Cancer Early-Detection (MCED) Tests

Florida Alliance Comments

- A lot of questions have been coming to the coalition about the multi-cancer early detection (MCEDs) tests that have come onto the market recently, and there was mention of liquid biopsies, which is also a MCED.
- There is an MCED test that looks at about 70% of cancers for which there is no screening. They can also pick up on the cancers for which there are screenings.
- The advantage is that it is one blood draw, so it is not super involved. They detect signals found in DNA that cancer cells shed into the bloodstream. You can even tell where the cancer is located. It is kind of a big deal, and they are expensive, so there are a lot of questions about how coverage works.
- They can be administered without highly specialized equipment or facilities.
- They can detect and localize multiple cancers in parts of the body that are not easily accessible during a physical exam or surgical biopsy.
- They are piloting the MCED test at MarineMax and implementing for 1/1/24 at Patriot Rail.

Patriot Rail Company

- I learned about MCEDs at the Florida Alliance Annual Conference last year and took the information back to my senior leadership team. They were very interested in the ability to keep employees healthy and prevent them from becoming high-risk or developing symptoms. Previously, we researched a lot of ways to get employees involved in taking care of their health and preventing themselves from becoming high-risk or developing symptoms.

- I do not think MCED tests are very expensive at around $989, especially if we can catch and treat those cancers early. If we can catch cancer early the prognosis is very positive, not only for the employee, but for their family.
- As for the plan, we are not that far along but we did get approval and we are going to add it to the offerings for 2024 for people 50 years and above and anyone who might be at high risk.
- My CEO is also interested in Artificial Intelligence MRI, so we have been looking into that.
- We are just trying to find ways to identify situations before they become stage 3 or 4 and hopefully, we can take care of them.

Rosen Hotels & Resorts

- In response to a question about the rate of false positives for MCED, Kenneth responded that MCED tests are equivalent to Cologuard on both false positivity and negativity. It is my understanding the cost is not just $989, but it would be $989 per year because when the MCED is done, it is looking for cells at that moment. Are you going to do the test annually for your population or do it every three years for someone 50 or older? When I look at my population, doing it every year would be significant in terms of cost.

Patriot Rail Company

- We have not decided on frequency. We will be getting together to discuss our 2024 strategy.

Florida Alliance Employer Member Comments

We have discussed these tests with Ray Bowman from MarineMax because right now they are in a pilot program with six people who have been diagnosed to see how the process goes from there. The company also has support once cancer has been diagnosed. They will help you navigate imaging and testing needs and get the patient through the process. I will reconnect with Ray and get back to you with some of that information. One company that does MCED testing is GRAIL, one of our Affiliate Members, and as was mentioned, we had a GRAIL speaker present at our annual conference. We will get additional information and bring it back to this group. Of note, after the blood is drawn, if your results indicate risk, a person has to get additional tests, second opinions, etc.

Getting the Diagnosis and Treatment Right

- Many studies 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 been the strategy, but there are many challenges for the patient. They wonder who they should go see, if they are delaying their treatment, and if they are offending their physician. They also worry about cost.
- We are looking at some new programs that do case reviews behind the scenes and save the patient from having to chase down a second opinion.
- Some health plans and cancer Centers of Excellence are offering these programs.

Second Opinion/Case Review

- In conversations with AccessHope, their process is to get data from the claims process as soon as the biopsy is done, and imaging shows up. Then they connect their patients with the community oncologist and a National Cancer Institute (NCI) subspecialist and get involved in a case review.
- Ties to these centers also make it easier for community oncologists to enroll patients in clinical trials because the NCIs have the majority of the clinical trials in their centers.

Genentech

- Genentech is a large biotech company that focuses on oncology. We have been a leader in the oncology space for several years, but ironically not a leader when it comes to our oncology benefits.
- For the last couple of years, we prioritized oncology to look at all of the things we have been talking about whether it is screening rates, diagnosis, etc.
- We partnered with AccessHope because they met our needs to support our patients via personalized care, whether it be for diagnosis, prevention, screenings, or treatment.
- We implemented the program in 2019 and use them for expert second opinion services which happens behind the scenes. The employee does not have to sign up for their services.
- Because we are an oncology company, it is different than their typical program. We have all claims for newly diagnosed cancers go to AccessHope because we want to make sure the person gets on the right drug at the right time. Typically, most employers take the approach where they send the claims for only the top five or so cancers to AccessHope.
- It is going well, but because of our customized program, there have been a few bumps around getting all of our cancer patients to them. This is mostly because there is a second cancer found or they are already at a center of excellence through our health care plan UnitedHealth. We are working on our process so automatic triggers are happening consistently across the board.
- We are also working closely with AccessHope on a much more sophisticated close-the-loop process to follow that patient longer after the consultation happens with the oncologists. This enables us to see what, if anything, was changed so we can continue to follow the patient, the results, and measure a more specific ROI.
- Overall, we are very happy. AccessHope is continuing to grow its networks and improve access to make sure the patient is connected to specialists in their type of cancer.

Coalition Comments

- They are not the only program. We just wanted to make you all aware of this and we can try to find out what the major health plans are doing these programs because they have access to the data.

Appropriate Site of Care

- The real challenge for site of care is that you must have a trigger mechanism early on in the diagnosis process so you can get that patient connected if there is a lower-cost, higher-quality site of care.

- Patients can be identified through pharmacy claims, stop loss carrier monitoring of cases, precertification/prior authorization, and patient self-identifying. If you implement a self-identifying program, the employer needs to have someone advise the patient on the next steps.
- Employee Benefits Research Institute (EBRI) EBRI did a study, Location, Location, Location; Cost Differences for Oncology Medicines Based on Site of Treatment.
- Key findings include:
  - Hospital prices for the top 37 infused cancer drugs averaged 86.2% more per unit than prices 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.

Polling Results – Question: Are you working on site of care strategies for cancer treatment?

- Yes – 56% (5/9)
- No – 22% (2/9)
- Don't know – 22% (2/9)

Comments:

- People are looking at their data for the most part.
- They think carriers could do more to share what is going on.

We want to hear from you. Have you had any success on 2nd opinion or site of care efforts? Do employees or members need more information?

Webinar Action Items

We are seeking employer stories and case studies:

- If you shared one, we will reach back out to you for any clarification.
- If you would like to share one, please contact Karen van Caulil or Cheryl Larson

We have additional information and resources to share with all and will gather more based on your responses to the polling question and where you said we needed more information. In addition, we will:

- Send out links to the recordings, slides and resources – keep checking back because not everything will be there immediately.
- Put together a brief follow-up survey to find out if there is anything from today's session you are going to follow up on and maybe do differently with your benefits design or outreach.
- Get you the calendar invitations for future meetings.

Summary

We want people to walk away from these meetings with a few pearls and potentially some action steps. Keep it in the back of your mind to share what you are doing when we ask for more information.

Thank you for your commitment to this important project! If you were not able to ask, weigh in on, or if you have any questions, please reach out to either of us!

Cheryl Larson, President & CEO Midwest
Business Group on Health
clarson@mbgh.org – mbgh.org

Karen van Caulil, President & CEO
Florida Alliance for Healthcare Value
karen@flhealthvalue.org – flhealthvalue.org