Oncology Learning Collaborative

Employer Insights & Guide to Oncology Management

Friday, December 8, 2023





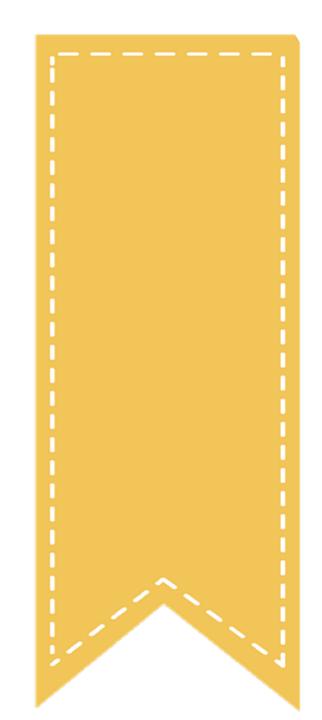
Your Role in Today's Program

Use Chat for:

- Comments or questions
- Technical or logistical issues
- You can also use "Raise Hand"

For those on the phone:

Mute or Unmute using *6



Oncology Learning Collaborative



Cheryl Larson
President & CEO





Karen van Caulil
President & CEO



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Oncology today

Cancer has become more complex and challenging:

- Rapidly expanding diagnostic testing and treatments with updates to health plan coverage not always keeping pace
- Wide variations in oncology care across settings and programs
- Reimbursement challenges with increased billing errors, denied claims needing appeals, prior authorizations delaying care
- Fragmented, siloed healthcare system with poor communication linkages between stakeholders







Top concerns for employers

Last year, 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 the designs of our medical and pharmacy benefits creating barriers to prompt and effective cancer care?

- 1 in 3 cancer patients enter bankruptcy
- High percentage of patients are initially misdiagnosed
- 74% of patients do not seek 2nd opinions
- Most money spent in last two weeks of life
- Employees do not understand their benefits despite the best efforts of employers to educate them
- Most cancer patients would benefit from mental health support but do not receive it during their treatments/cancer journey

- Employers often cannot address the underlying social and economic conditions in which their employees live, but they can try to understand the social risk factors their employees are exposed to and work to mitigate the social needs being experienced by employees
- Privacy is important employees like having "anonymous, nonjudgmental" support outside of the work setting when dealing with serious health conditions like cancer





Are the designs of our medical and pharmacy benefits creating barriers to prompt and effective cancer care?

- Learning about and sharing employer insights & best practices is crucial
- Accessing tools and resources can help eliminate barriers
- Ensuring our vendors are made accountable for outcomes and value of the programs and services we purchase – fiduciary duty







Are our benefits designed to accomplish the 5 Rights?

Right Care...for the

Right Person... at the

Right Place...at the

Right Time...for the

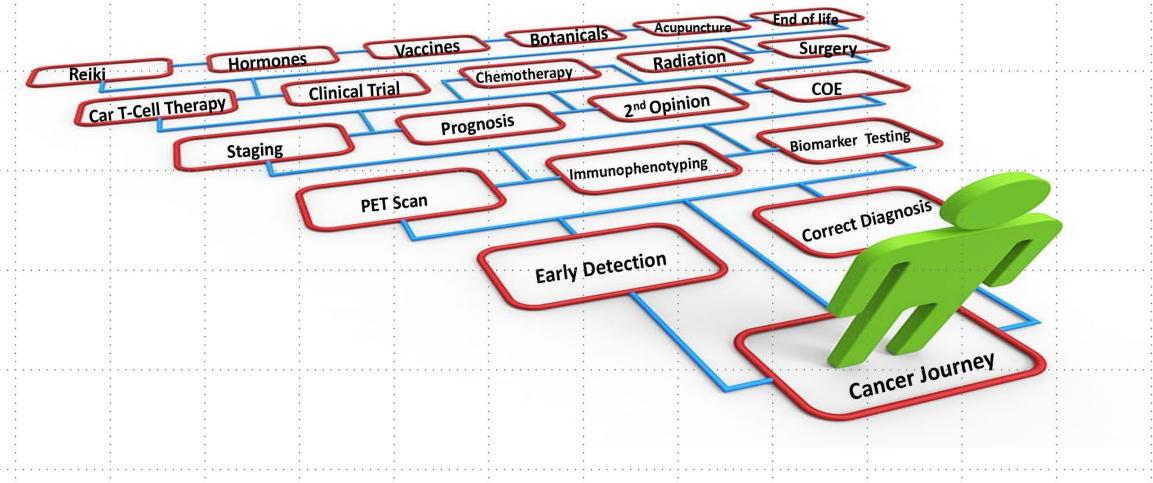


Right Price...for both the employer and member





Who is really helping our members navigate on their cancer journey?







Project Overview

Florida Alliance & MBGH each collaborated with small groups of employer members.

We conducted three all-employer learning collaboratives in the Fall 2023.

Employer perspectives were gathered on:

- Insights and best practices
- What is and is not working
- Recommendations, action steps, and questions to ask medical carriers and vendors



Project Webinars

- September 19 Prevention,
 Screening/Testing, Early
 Identification & Site of Care
- October 17 Navigation,
 Psychosocial Support,
 Survivorship & Return to Work
- November 17 Diagnosis, 2nd
 Opinion, Precision Medicine/
 Biomarkers & Treatment
- December 8 Employer Insights
 & Guide to Oncology Management



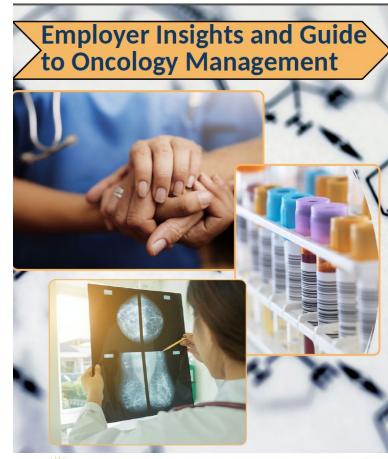
Project Overview

Foundational Resources

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



Launching Q1 2024





This guide was developed as a result of a collaboration MBGH.





<u>Session 1: Prevention, Screening/Testing</u> – three of the key focus areas we discussed

Improve screening rates – Breast, cervical, colorectal, and lung cancer screenings may find cancer early when treatment is likely to work best.

Promote vaccines – The HPV vaccine helps prevent most cervical cancers and several other kinds of cancer. The Hep B vaccine can help lower liver cancer risk.

Promote healthy choices – Healthy weight, avoiding tobacco, limiting amount of alcohol, and protecting your skin can prevent most cancers.

<u>Session 1: Early Identification of Cancer</u> – the challenge and the opportunity

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; however, screening rates are characteristically low, only 14% of cancers are detected through a preventive screening, and not all cancers have screening tests (only about 30% of cancers).

New blood-based technologies knows as Multi-Cancer Early Detection Tests have entered the market and can identify multiple cancers early. They are non-invasive and offer the potential to identify cancers that lack screening tests. They can detect and localize multiple cancers in parts of the body that are not easily accessible for physical exam or surgical biopsy.



<u>Session 1: Site of Care</u> – a key strategy to improve access and reduce cost

Bring screenings and testing to the worksite – e.g., mobile mammography, mobile dermatology.

Utilize on-site/near site/shared site clinics for cancer patient hydration and routine labs, for example.

For directing care to high value providers, the employer needs to have a way to identify who needs cancer treatment and to do that as early in the patient's journey as possible – via the on-site clinic, Rx claims, stop/loss carrier monitoring, priorauthorization, self-identification.



Employer Panel



Lea Ann Biafora CEO, Beacon Advocates Partner – MarineMax



Rosa Novo
Executive Benefits Director
Miami-Dade County
Public Schools



Sherri Samuels-Fuerst VP, Total Rewards **Sargento Foods**



Karen van Caulil Moderator



Dan Dentzer Manager, Health & Welfare Benefit Design **United Airlines**



Carole Mendoza VP of Benefits **Voya Financial**

<u>Session 2: Navigation and Care Management</u> – most employees and families need these supports during the cancer journey

Care managers work collaboratively with MDs, nurses, etc. to provider comprehensive care coordination. They may also serve as advocates for patients, helping them navigate the healthcare system and access necessary services and resources.

Care managers assess patients' physical, psychological, and social needs, develop care plans, coordinate services and resources, monitor patient progress, and provide education and support to patients and families.

The goal of cancer navigation is to find ways to overcome issues that keep patients from gaining access to quality cancer care – e.g., the cost of care, childcare, transportation, paying bills, problems with insurance, delays in paperwork.



<u>Session 2: Psychosocial Support</u> – it is not uncommon to find ZERO claims for this important cancer patient support

Ensure that patients are receiving needed mental health support throughout the cancer journey.

Hospice and palliative care are comfort care, reduce stress, offer complex symptom relief related to serious illness, and provide physical and psychosocial relief.

Hospice is covered 100% by Medicare. Medicaid, and private insurance but in many cases the patient has to give up curative treatment to access hospice services. Palliative care care reimbursement varies by insurance plan and should be accessible throughout the cancer journey.



<u>Session 2: Survivorship Care Standards</u> – best practice is to encourage survivorship from day one of cancer diagnosis

Prevention of late effects of cancer and treatment.

Routine testing for the return of cancer (surveillance).

Assessment and treatment of late effects of cancer and treatment and coordinated care between providers.



<u>Session 2: Return to Work</u> – how does your organization help the cancer patient/survivor come back to work?

Cancer patients who can return to work during treatment – full or part time – have better medical outcomes.

Cancer patients cite both financial and emotional reasons for going back to work with their job restoring normalcy, stability, social contact, and income.

Employers can create a workplace culture where employees with a cancer diagnosis are encouraged to know that when they return to work, they will be supported to adapt to the challenged they may face from their illness.



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Session 3: Biomarker Testing, AI & Second Opinion

Biomarker Testing: Uses for diagnosis and treatment – questions to ask insurance carriers – employer action steps – essential resources.

Artificial Intelligence: How it is used to assist physicians – Questions to ask insurance carriers.

Expert Second Opinion Programs: Benefits to members and employers – Tips for selecting a program.



Session 3: Advances in Cancer Treatment & Clinical Trials

Recent Advances in Cancer Treatment: Stem Cell Transplants – Immunotherapy – Targeted Cell & Gene Therapies – Questions to ask insurance carriers.

Supporting Clinical Trials: Resources for identification of trials by cancer type - Assuring coverage of trial-related care not covered through the clinical trial – Questions to ask insurance carriers.

Coverage of Experimental Care: Use of plan riders when treatments are supported by multiple sources of medical research, genetic testing, or prior history of use with successful clinical outcomes – Assess current plan language for internal concurrence - Benchmark with insurance carriers and regional employer health care coalitions to determine prevailing strategies among other employers.

Session 3: Advances in Cancer Treatment & Clinical Trials

Paying for Targeted Cell & Gene Therapies: Costs per dose or treatment course – \$373K – 3.5M – Employer call to action – National risk pool – Questions to ask insurance carriers.

Accumulators, Maximizers, & Alternative Funding Programs: How they are used to offset cancer costs – 2023 legislation impacts accumulator use – Potential legal implications for AFP use – Employer action steps.



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Cheryl Larson **Moderator**







Better integrate cancer prevention, screening, and early identification of disease into primary care by implementing an advanced primary care model in your health plan. The Purchaser Business Group on Health has developed excellent tools and resources for employers:

www.pbgh.org/initiative/advanced-primary-care/.



Work with your carrier and vendors to ensure that newly diagnosed cancer patients are connected to needed benefits and services as quickly as possible. Data from prior authorization, claims data, and data from the stop-loss carrier can be used to identify the patient and/or develop a mechanism for plan members diagnosed with cancer (or their family members) to self-identify for assistance.



Utilize your on-site/near site/shared site health centers as a means of providing cost-effective, convenient services to cancer patients (e.g., routine lab tests, hydration).



Offer comprehensive wraparound care coordination, mental health, and psychosocial support for plan members with cancer and their family members. The team should be trained in oncology management because of the unique needs and challenges associated with accessing and affording needed treatment.



Provide coverage for palliative care from the time of diagnosis and do not require that treatment be ceased for hospice services to begin. Access the Catalyst for Payment Reform toolkit to see why and how to implement this strategy - https://www.catalyze.org/product/palliative-care-purchaser-resources/.



To make a return to work successful, it is important for employers and employees to work together to develop a plan. Return to work support for employees who are being treated for cancer or have completed their treatment should include flexibility with where the work can be performed (e.g., at home), and days and times that the work can be done. The employer should monitor how the plan is going and adjust as needed.

Biomarker Testing

- Confirm with carriers that processes are in place to efficiently and proactively evaluate use of biomarker testing for diagnosis, treatment and ongoing monitoring.
- Recognize that some insurance plans will not cover biomarker tests and deem them to be "experimental or investigational." Confirm that your plan has an appeal process with easily followed directions and expedient processing.
- Check for outdated plan language to avoid exclusions for genetic testing and plan SPD language concerning PAs includes specific requirements concerning genetic/biomarker testing.
- Consider implementing a member communication campaign to raise awareness of the value of biomarker testing and plan coverage of these tests.
- Confirm plan coverage of all tests that are FDA-approved as companion diagnostics to match patients to all FDA-approved targeted therapies and immunotherapies.

Alternative Funding Programs

- Make sure AFPs are the right solution for your members and your company – involve legal, employee relations, employees, and risk reduction representatives in the decision-making process.
- Ensure cost savings analyses include disclosed administrative fees and nondisclosed factors such as loss of rebates and patient cost share contributions, changes in network discounts based on sales volumes, fees related to communication of plan changes, etc.

Thank You!

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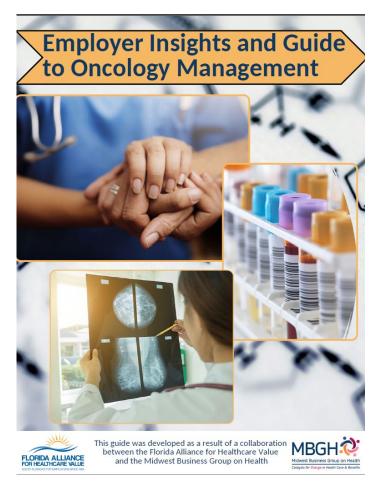
MBGH Employer Action Briefs

- Biomarker Testing & Why Employers Should Invest in it!
- Launching Q1 Friend or Foe: Co-pay Accumulators, Maximizers & Alternative Funding Programs





Launching in Q1 2024!



Thank you to our project sponsors, employer advisors and coalition staff who helped make this project a success!