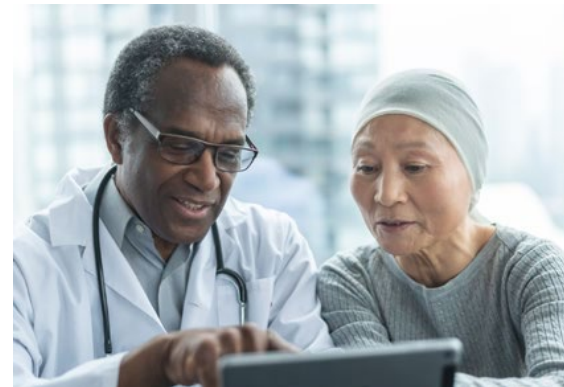
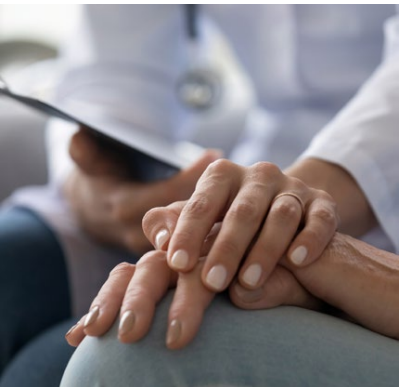


Employer Oncology Roundtable

Module 2: Wednesday, November 3, 2021

DIAGNOSIS, TREATMENT PLANNING AND CARE FOR CANCER PATIENTS



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National Alliance
of Healthcare Purchaser Coalitions
Driving Innovation, Health and Value

Expert Presenters:



Mark Wendling, MD
Lehigh Valley Health
Network



Melissa Wilson, MD, PhD
St. Luke's University Health
Network



Eliot Codner
Genentech

Roundtable Background

Why We Are Here

- Cancer is a top concern of employers
 - Enormous healthcare cost
 - Complex disease
 - Impacts all aspects of patient's life

Roundtable Background

Why We Are Here *(continued)*

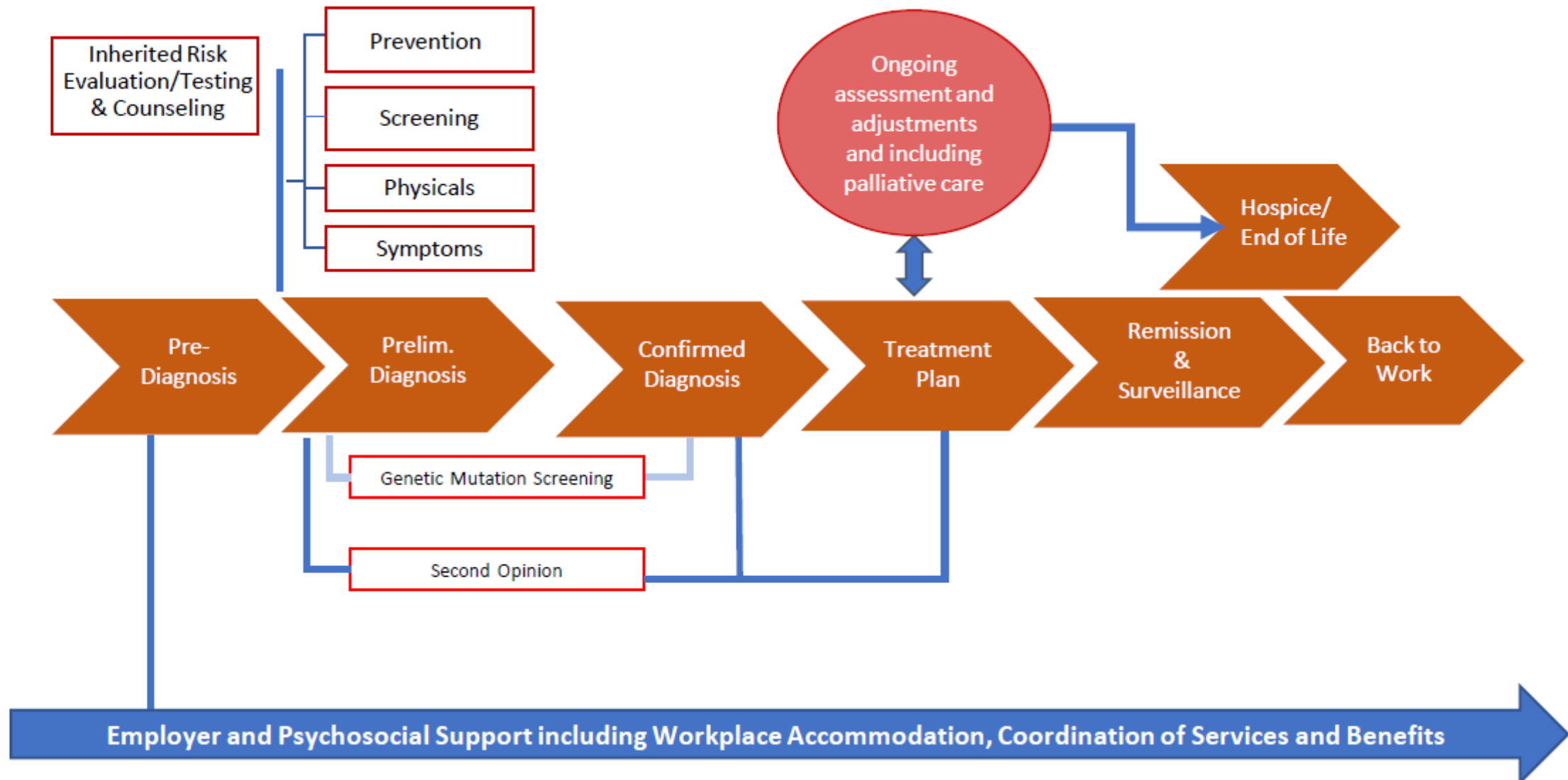
- Serious diagnosis dissuades traditional cost containment strategies
 - Rapidly escalating costs push purchasers to be better informed
 - How to best address challenges & issues
- Employers are encouraged to play a pivotal role
 - Advances in science of cancer care progressing quickly
 - Tools needed by health plans and purchasers lagging

Roundtable Background

National Alliance of Healthcare Purchaser Coalitions (the National Alliance)

- 2019 *Achieving Value in Cancer Care* Report released
 - Highlighted the need for education
 - Purchaser-Health Plan collaboration can increase value of cancer care
- 2021 Employer Oncology Roundtable Grant received by LVBCH
 - Curriculum to support employers to ask the right questions and learn the right answers to support enhancement of overall healthcare strategy

Across the Cancer Patient Journey



Curriculum Learning Modules



Module 1:

Prevention & Preliminary Diagnosis



Module 2:

Diagnosis, Treatment Planning & Care



Module 3:

Survivorship, Surveillance & Back to Work

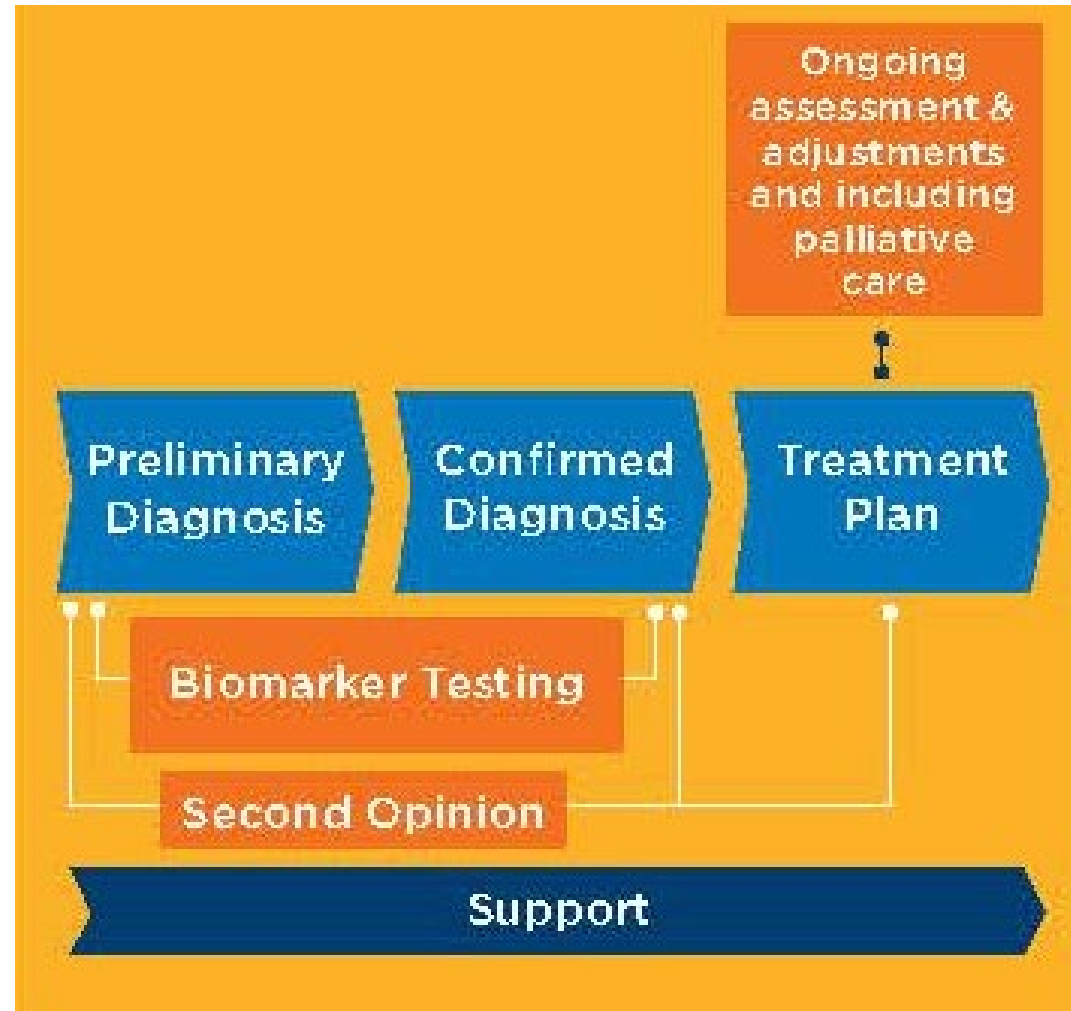
Need for patient & caregiver psychosocial support, coordination, accommodation & benefits education across the journey

Module 2

Diagnosis, Treatment Planning & Care

ACTION STEPS FOR EMPLOYERS:

1. Confirm psychosocial support for patients & caregivers.
2. Tailor networks for cancer care.
3. Promote patient-centered treatment plans.
4. Manage pharmaceutical value.
5. Align treatments with biomarker testing.
6. Identify & manage disparities in care.



ACTION STEPS FOR EMPLOYERS:

- 1.** Confirm psychosocial support for patients & caregivers.
- 2.** Tailor networks for cancer care.
- 3.** Promote patient-centered treatment plans.
- 4.** Manage pharmaceutical value.
- 5.** Align treatments with biomarker testing.
- 6.** Identify & manage disparities in care.

Agenda

Module 2: Discussion Items

- Ongoing need for psychosocial, care coordination and other support services
- Confirming diagnosis and stage
- Second opinion
- Network selection
- Treatment plans
- Testing for biomarkers (“genomics”) to inform treatment
- Disparities
- Prior authorization



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What's New in Cancer Care & Delivery?

Specialized Support Services (from Module 1)

Access to Clinical Trials	NCI-Designated Centers	Oncology PCMH	Approved Off-Label Rx
Biomarker Testing	Precision Medicine	Attendance at Tumor Boards	Psychosocial Services
Financial Planning Advice & Resources	Advance Care Planning	Survivorship Care Planning	Caregiver Support
Evidence-Based Clinical Practice Guidelines	Quality Metrics	Palliative Care with Curative Intent	Specialized Case Management

**See Glossary for definitions of key terms and acronyms*



LVBCH Oncology Statistics

POLL THE AUDIENCE

1) Employer Size – How many employees does your organization employ?

- Less than 500 employees
- 500-999 employees
- 1,000-4,999 employees
- 5,000 or more employees

POLL THE AUDIENCE

2) Healthcare Spend – What percentage of your organization’s total healthcare spend is related to cancer care & treatment?

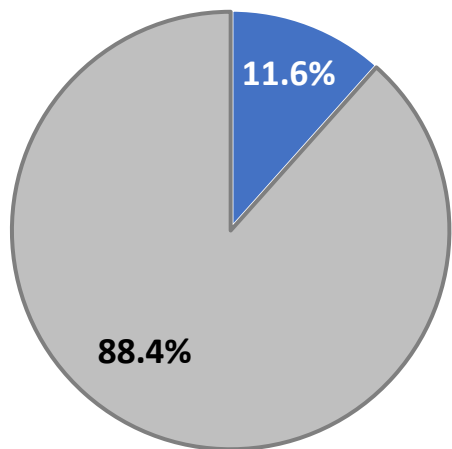
- Less than 10%
- 10-15%
- Greater than 15%
- Unsure / don’t know

POLL THE AUDIENCE

3) Oncology Trend – Is your trend related to cancer care & treatment increasing, decreasing, or staying the same?

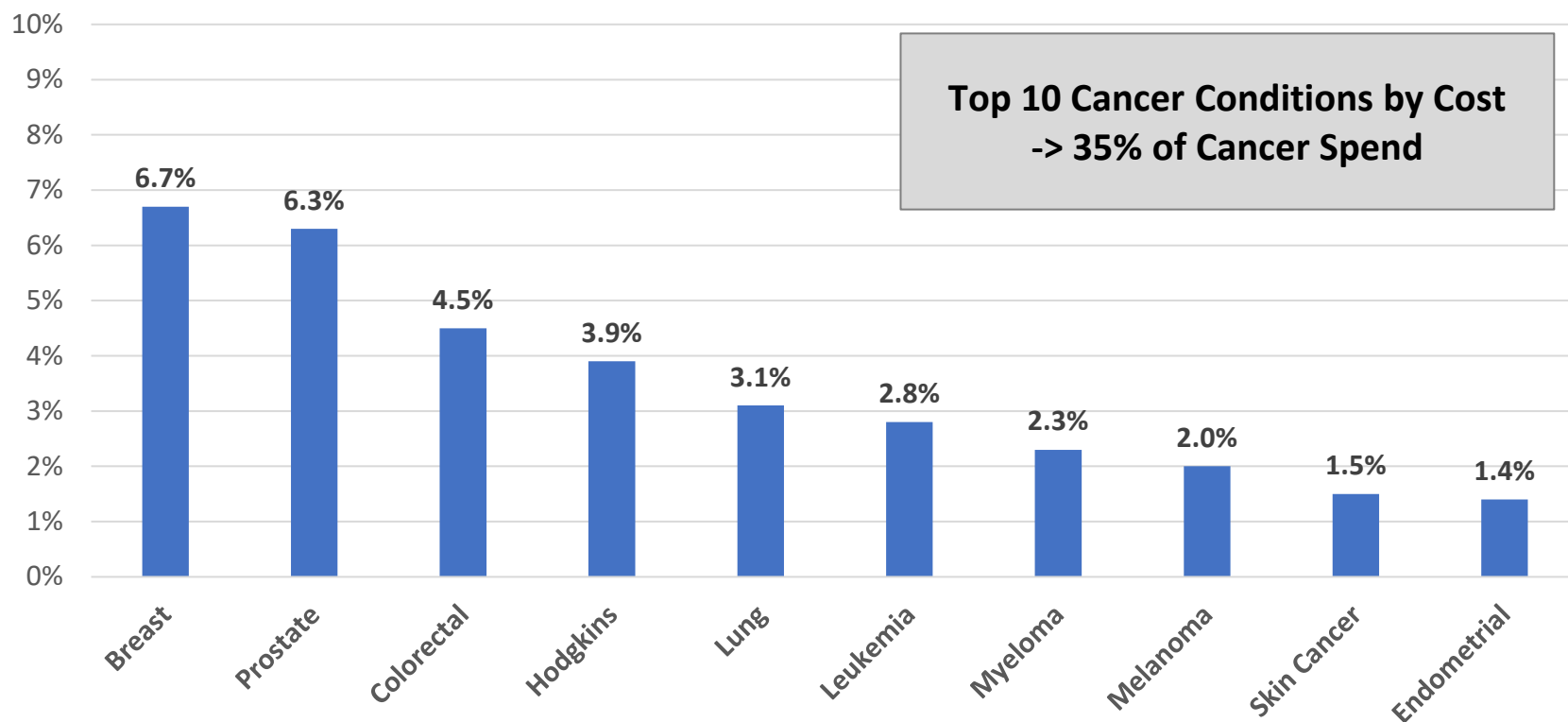
- Increasing
- Decreasing
- Staying the same
- Unsure / don't know

LVBCH – Cancer Medical Spend



■ Cancer ■ Other

	Current (Trend)	Norm
% Members	3.2% (-0.1%)	2.9%
% Costs	11.6% (+1.1%)	12.0%



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LVBCH – Cancer Pharmacy Spend

3



RANK BY COST

1.2%



TREND

7.2%




% OF SPEND



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**Ongoing Need
for Psychosocial,
Care Coordination &
Other Support Services**

Psychosocial Distress Screening

Cancer programs must implement a policy and procedure for psychosocial distress screening for cancer patients.

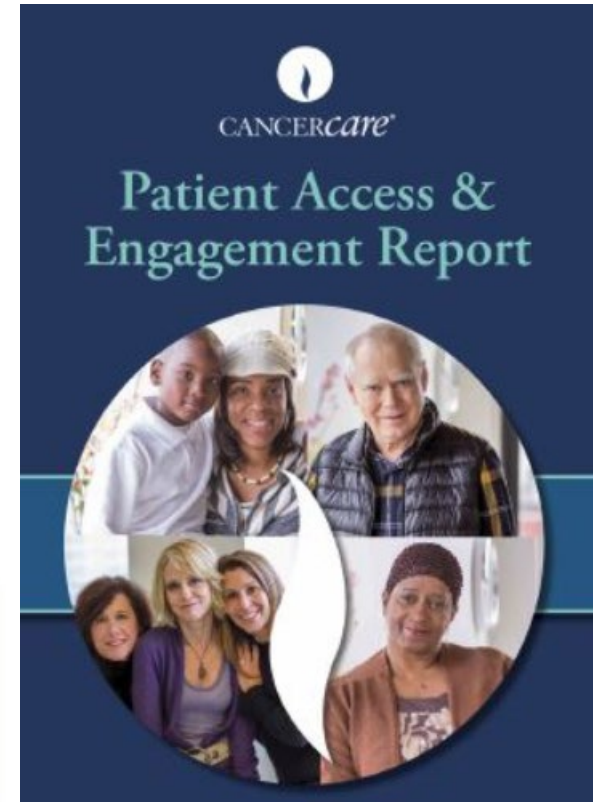
- Identifies factors:
 - Psychological
 - Social
 - Financial
 - Behavioral
- May interfere with patient's treatment plan
- Or may adversely affect treatment outcomes

**Source: American College of Surgeons, Commission on Cancer, Optimal Resources for Cancer Care*

Cancer Patient Survey

- Less than half asked if they were feeling distressed by their cancer or its treatment.
- Despite the prevalence of emotional and financial distress - few referrals to counseling services or other professionals for support
- People with lower socioeconomic status and people of color are less likely to get optimal treatment

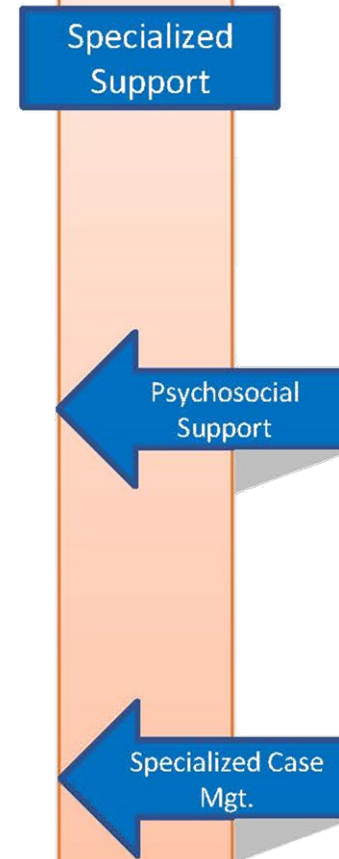
The need for psychosocial support can arise at any point along the Patient Journey – from preliminary diagnosis through recovery – but the need is seldom met



WHAT PURCHASERS SHOULD DO

Supporting your members

- Identify and assess the support health plans, providers and vendors provide
- Support Programs for members with newly diagnosed cancer
 - Case management
 - Psychosocial support
 - Funding resources
 - Peer support
 - Medical bill review
- Specialized case management for cancer care
 - Nurse specially trained for oncology
 - Shared decision making and symptom management support
 - Coordination of care and care navigation



POLL THE AUDIENCE

4) Psychosocial Supports - Which of the following support programs does your organization (and/or health plans) make available to cancer patients?

- Case management
- Psychosocial support
- Funding resources
- Peer support
- Medical bill review
- None of the above
- Unsure / don't know

ROUNDTABLE DISCUSSION

Support Services

- What services are available?
- How & how often are they reviewed for quality assurance?
- How is support offered throughout the patient journey?
- How is support provided across all services (medical, pharmacy, EAP, disability...)?
- What can employers do to make sure support and services are in place **before** they are needed?

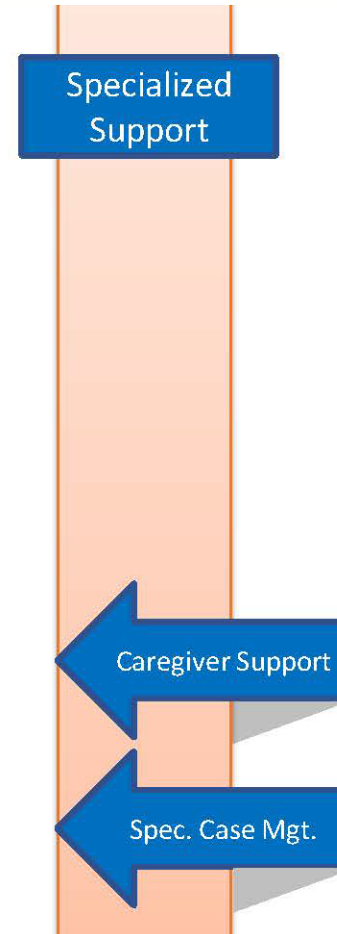


Confirming Diagnosis & Stage

Confirming Diagnosis & Stage

Getting it right from the start

- Initial treatment is dependent on a correct diagnosis (including biomarkers in some cases) and staging (how far the disease has progressed)
- While there may be one recommended treatment, there often are choices to be made between modalities: chemotherapy, radiation therapy, surgery, targeted therapy, watchful waiting
- Patients and families need resources to help them ask questions before treatment is started.
- Plans may have special case managers or cancer management programs available to patients



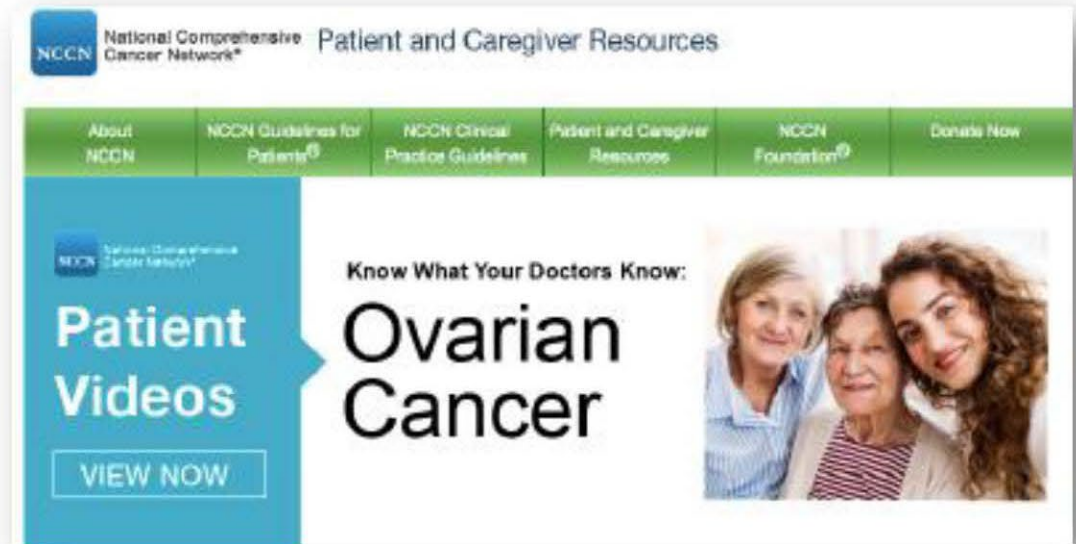
PATIENT RESOURCES

Questions After Diagnosis

NCCN has patient-friendly information and guidelines specific to each cancer with materials in different languages. Topics include:

- Basic information
- Testing
- Staging
- Treatment planning
- Side effects of treatment and how to manage them

**Source: National Comprehensive Cancer Network*



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POLL THE AUDIENCE

5) After Diagnosis - Does your organization (and/or health plans) help cancer patients to know what questions to ask when they first receive a cancer diagnosis?

Yes

No

Unsure / don't know

**Chat/QA: How do you communicate this information to your employees & members?*



Second Opinions

Second Opinion

The best time to get a second opinion is after an initial diagnosis and before treatment.

- Confirm diagnosis, especially if the cancer is rare or there are any question of the diagnosis or stage
- Discuss treatment options
- Opinions from all specialists who treat the cancer (radiation therapy, chemotherapy, surgery) are important
- Rare cancers require the expertise of centers that treat larger numbers
- When there are trade offs in the risks and benefits of different modalities a tumor board – meeting of all of the specialties-can be extremely valuable

Specialized Support

NCI-designated Centers

Attendance at Tumor Boards



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PATIENT RESOURCES

What is rare? Ask if your doctor has treated many patients with this type and stage of cancer. If no, ask for a second opinion from a center or doctor that has.



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POLL THE AUDIENCE

6) Identification & Second Opinions - Does your organization (and/or health plans) effectively identify new cancer patients and steer them, when appropriate, to second opinions?

- Yes, identifies new cancer patients only**
- Yes, identifies and steers to second opinions as appropriate**
- No**
- Unsure / don't know**

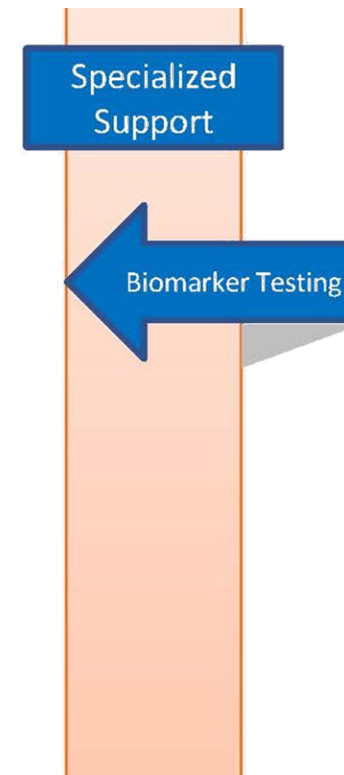


**Testing for
Biomarkers
 (“Genomics”)
to Inform Treatment**

Biomarkers & Tumor Characteristics

Tests with Companion Immunotherapies

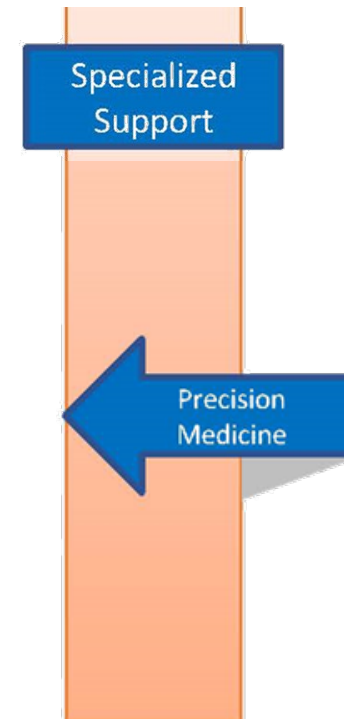
- Different from Testing to Screen for Inherited Risks discussed in Module 1
- Includes testing for factors, such as hormone sensitivity in breast cancer, that can affect therapy.
- Biomarker testing is used after a cancer diagnosis to identify mutations or other genetic factors that may drive the use of a specific targeted immunotherapy or chemotherapy.



Biomarkers & Tumor Characteristics

Tests with Companion Immunotherapies

- It is essential that these tests be performed prior to beginning treatment to ensure that the cancer has the characteristic likely to produce a positive treatment response, for example:
 - Identification of gene-specific mutations may determine use of an immunotherapy medication vs. chemotherapy to treat *non-small cell lung cancer*
 - A positive test for the HER mutation will drive a specific treatment for *breast cancer*



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WHAT PURCHASERS SHOULD DO

Appropriate use of biomarker testing

- Ensure your plan design covers biomarker testing that will help guide appropriate therapy
- Ask health plans which guidelines are used to review biomarker testing results
- Ask health plan to demonstrate monitoring consistency with guidelines, particularly off-label use of chemo- or immuno-therapy agents
- Monitor development of blood tests being developed to identify multiple types of cancer with one test



POLL THE AUDIENCE

7) Biomarker Testing - Does your organization (and/or health plans) cover biomarker testing (and related testing) in a manner consistent with professionally recognized guidelines?

Yes

No

Unsure / don't know



Network Selection

POLL THE AUDIENCE

8) Cancer Types – Which of the following cancer cases has your organization had experience with in the last 5 years?

- Common cancers (breast, lung, colorectal, prostate, skin)
- Complex or rare cancers
- None of the above
- Unsure / don't know

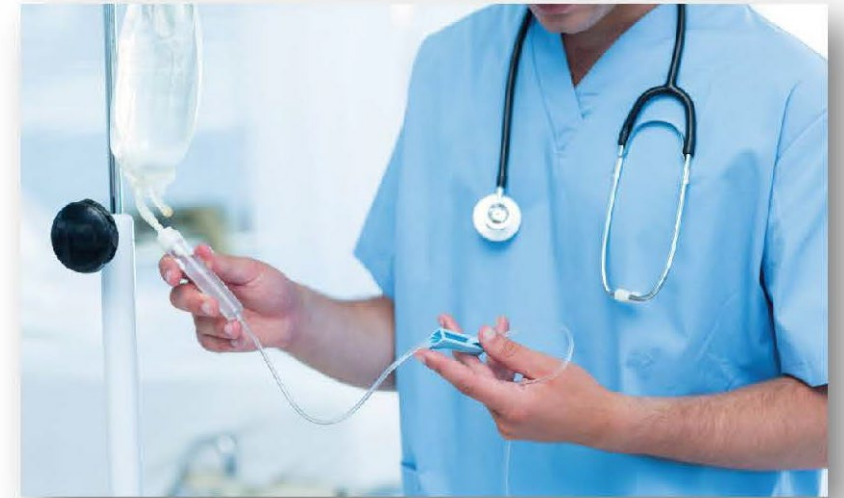
**Chat/QA: What challenges are you experiencing?*

Cancer Care Network Elements

Generally Local Care + Regional Backup

Most common cancers can be treated by local specialists

- There are many experienced, well trained specialists
- There are clear guidelines for many of the common cancers
- Many centers of excellence have relationships with local specialists



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Cancer Care Network Elements

Generally Local Care + Regional Backup

If the cancer is rare or there are significant questions, a second opinion should be obtained from a center of excellence

- The opinion should include a review of the pathology and staging to confirm diagnosis and stage
- A treatment plan can be developed to be delivered locally in some cases

After the second opinion, discuss the best course of treatment and treatment site with both physicians



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Centers of Excellence (CoEs)

Critical Role in Treatment of Complex Cases & Validation of Care Plan for “Routine” Cases

Most health plans offer CoEs for cancer care

Should confirm these are in place:

- NCI-Comprehensive Cancer Center Designation
- American College of Surgeons Commission on Cancer Accreditation
- American College of Radiology Radiation Oncology Accreditation Program
- Availability of regular tumor board sessions
- Opportunity to participate in clinical trials

Specialized
Support

NCI-designated
Centers

Quality Metrics



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Centers of Excellence (CoEs)

Critical Role in Treatment of Complex Cases & Validation of Care Plan for “Routine” Cases

More aspirational practices include:

- Participation in Medicare Oncology Care Model (OCM) and share OCM measures
- Reporting on Core Quality Collaborative Measures (developed by AHIP, CMS, member plans and others) http://www.qualityforum.org/CQMC_Core_Sets.aspx
- Requirement of CAHPS Quality Measures from the Cancer Care Survey



Specialized Support

NCI-designated Centers

Quality Metrics



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PATIENT RESOURCES



Hospitals

- NCI Comprehensive Cancer Center Designation/Cancer Center Designation
- CAHPS Quality Measures from the Cancer Care Survey



Physicians

- Participation in ASCO's Quality Oncology and/or its Practice Initiative (QOPI) and Quality Certification Program (QCP) program



Radiation Therapy Sites/Facilities

- All sites, i.e., hospital-based, hospital outpatient, and free-standing radiation therapy facilities
- Documented agreement with medical physicist
- Participate in peer review
- Physics monitoring
- Equipment accreditation
- Dosimetrist accreditation

Selection Criteria can Go Beyond Board Certification in Oncology CoE – should have at least these criteria for entry

WHAT PURCHASERS SHOULD DO

Assessing Cancer Care Networks

- Confirm that plan tailors network oversight to *cancer-specific* factors
- Ask plan about specific criteria beyond credentialing and Board Certification used to select oncology networks, CoEs and radiation facilities/providers
- Ask for specific outcome measures and services required in evaluation for CoEs. (AHIP has agreed to a consensus set (Core Quality Measures), but it is unclear if any plan requires them)
- Have plans demonstrate what quality information is displayed in directories
- Have plans share their procedures for referring cases to CoEs for:
 - Complex Cases
 - “Routine” Cases (for Second Opinions on Diagnosis and Stage)

Specialized
Support

Quality Metrics



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POLL THE AUDIENCE

9) Networks – Which of the following does your organization review related to your health plans' networks?

- Tailoring network oversight to cancer-specific factors
- Criteria to select oncology networks, CoEs, radiation providers
- Specific outcome measures and services required in evaluating CoEs
- Demonstration of quality information displayed in directories
- Procedures for referring “complex cases” and second opinions to CoEs
- None of the above
- Unsure / don't know

**Chat/QA: How do you communicate this information to your employees & members?*



Treatment Plans

Treatment Plans

Professionally developed treatment guidelines are center to successful patient journey

- The most widely accepted treatment guidelines are published by:



- Adherence to evidence based, professional consensus guidelines in most cases is fundamental to high-value treatment and favorable outcomes
- Purchasers can help drive quality and value by requiring plans to monitor providers' adherence to guidelines

Specialized Support

Evidence-based Guidelines



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Shared Decision Making

Good Idea – Typically Not Offered

- Face-to-face services, intended to replace “informed patient consent” with “informed patient decisions
- Asks plans about support
 - CoE or oncology PCMHs
 - Culturally appropriate

PATIENT RESOURCES

Ask Your Care Team

- What are all my treatment options & details of each treatment option?
- Have you learned as much as you can and do you understand the information being provided to you?
- Are you a partner with your doctor in treatment decisions and planning your care?
- Where and when is a second opinion suggested?
- Is a clinical trial right for you?
- What should I do if I am having trouble coming to grips with my diagnosis?
- What is the goal of my treatment?
- What will the treatment cost?
- What can I do to preserve fertility?
- What happens if there are no more treatments that can help me?

**There are numerous resources available from respected professional organizations such as:
American Cancer Society, Cleveland Clinic*

POLL THE AUDIENCE

10) Care Management Resources –Which of the following resources does your organization (and/or health plans) care/case management include?

- Shared decision making
- Caregiver support
- Palliative care
- None of the above
- Unsure / don't know

**Chat/QA: What successes are you experiencing?*

ROUNDTABLE DISCUSSION

Networks, Treatment & Care

- Ensuring high-quality network of cancer providers including CoEs?
- Strategies to complex or rare cancers?
- Evaluating care/case management?
- Best practice workplace accommodations for cancer patients currently receiving treatments and after therapy is completed?

**Chat/QA: What have you implemented to accommodate cancer patients at the workplace?*



Prior Authorization

Pharmaceutical Management & Prior Authorization

Value enhancement requires *timely* adherence to Professional guidelines

- Once a diagnosis of cancer is made, patients feel the urgency of moving ahead with treatment as quickly as possible.
- The cost and risks of cancer care are so high that most health plans require prior authorization for pharmaceutical & other treatments
- Since the initial treatment protocols drive outcomes and cost, health plans need clinical details to evaluate authorization requests.
 - Timeliness of prior-authorization can be impacted by health plan delays OR delays in their receipt of necessary clinical details
- The review process should be as transparent and timely as possible.
- The review criteria should be consistent with the evidence based, consensus, professionally accepted treatment guidelines

Specialized Support

Evidence-based Guidelines



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Chemotherapy: Mainstay & Major Cost Driver

Pharmaceutical cost management starts before prior-authorization

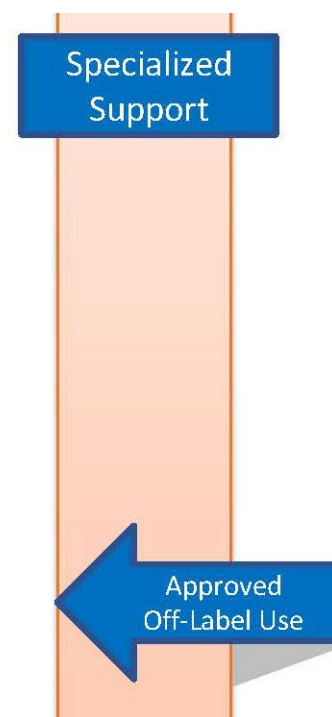
- Chemotherapy often requires intravenous infusion
- The total cost of chemotherapy should include both the drug and infusion costs
- Plans should have a process to manage and coordinate the cost of therapy provided under both the medical and pharmacy benefits
- Plans should have contracts in place to manage both the infusion and drug costs, for example
 - Bundled costs for oncologist purchased drugs
 - Fixed costs for infusions while providing the drugs from the specialty pharmacy

Driving Effective Prior Authorization

Balance Health Plan and Provider Requirements with Transparency

Ask plans to share their prior authorization process

- Is the process inclusive of all modalities or treatment?
- Is any part of the pre-auth process automated such as with Interactive Voice Response (IVR) or online auto-adjudication?
- One of the major causes of delays is lack of clinical information. Ask how do plans follow up to get complete information from physicians



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Driving Effective Prior Authorization

Balance Health Plan and Provider Requirements with Transparency

Are there practices for whom prior authorization is waived

- “Gold Card” – Physicians whose practice patterns are consistent with guidelines and who the plans no longer require prior authorization
- Patient centered medical home (PCMH)
- Centers of Excellence (CoE)
- Agreement to use specific treatment guidelines



Specialized Support

Approved Off-Label Use

WHAT PURCHASERS SHOULD DO

Drive Effective & Timely Prior Authorization

Document the *turnaround time* for prior authorization decisions and reasons for delays

- NCQA Standard -- 90% of nonbehavioral healthcare decisions should be completed within:
 - 24 hours for urgent concurrent review
 - 72 hours for urgent preservice review

Determine the process necessary to make a decision

- Does it sound fair and reasonable?
- Does it allow review for appropriateness?
- Does it minimize unnecessary delays?

Define under what circumstances does the authorization trigger targeted case management



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POLL THE AUDIENCE

11) Prior Authorization –Which of the following does your organization ensure your health plan does related to prior authorization?

- Documentation of turn around time for prior authorization
- Documents reasons for delay of approval
- Decision process – fair, reasonable, appropriate & minimizes delays
- Triggers targeted care/case management
- None of the above
- Unsure / don't know

**Chat/QA: What challenges are you experiencing?*

Clinical Trials

Existing, proven protocols will successfully treat cancer for most patients

- For a minority of cancer types, there is no successful standard treatment
 - Ask about clinical trials but understand that trials may not be better than proven therapies
 - In the absence of a successful standard treatment, clinical trials of innovative treatments should be considered
- Patients tend to have incorrect perceptions about clinical trials:
 - Up to 25% will qualify (higher than expected)
 - They fear they'll be treated like a "lab rat" (can find better language)
 - Some fear trial is a "last ditch effort"
- The ACA requires coverage of clinical trials
- Health plans have requirements for clinical trials to assure appropriateness of care and the quality of the trial such as
 - Written protocol
 - Funded by appropriate organization, e.g., NIH, NCI, AHQR, VA, Pharma
 - Patient meets entry criteria



Specialized
Support

Access to
Clinical Trials

Almost all cancer clinical trials do not use a placebo; the new treatment is compared to existing treatment

PATIENT RESOURCES

Fast Facts about Clinical Trials to Communicate to Patients

- Up to 25% qualify (higher than expected)
- Fear of being treated like a lab rat often replaced by better patient experience
- Can be for innovative treatment where there is no successful treatment OR for improvements to successful treatments
- Not always improvements over standard treatments
- Coverage required by ACA
- Health plans have requirements for clinical trials to assure appropriateness of care and the quality of the trial such as, written protocol, patient meets entry criteria, funded by appropriate organization, e.g., NIH, NCI, AHQR, VA, Pharma



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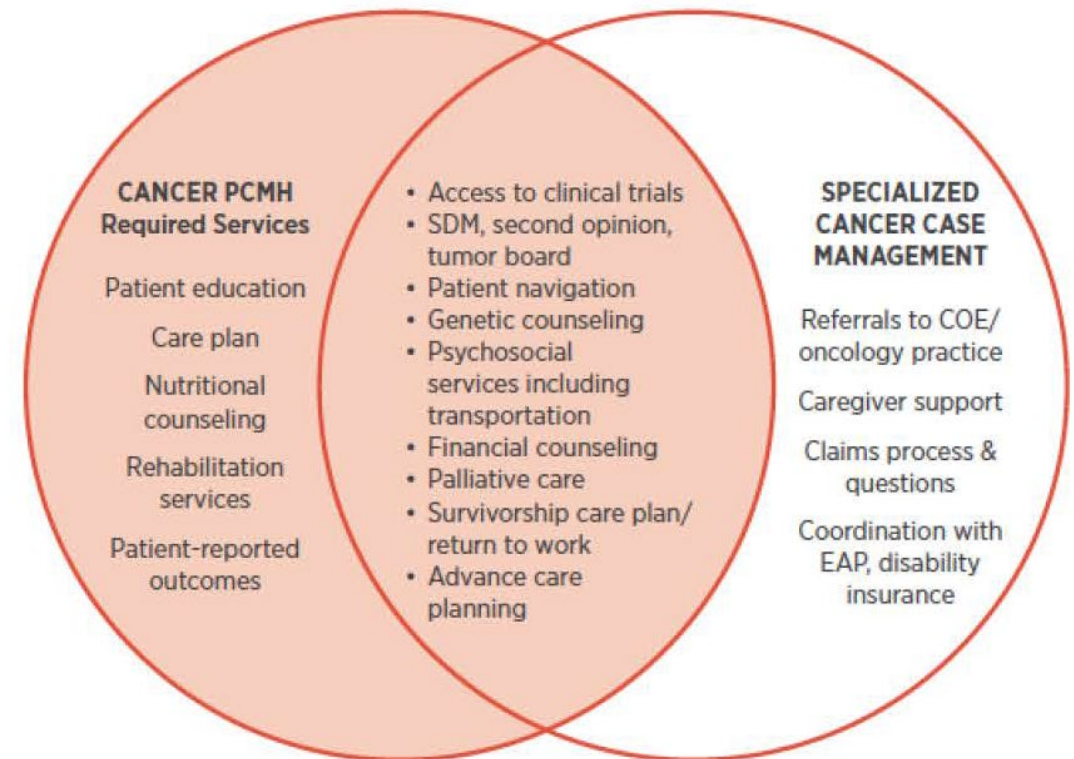
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WHAT PURCHASERS SHOULD DO

Drive availability of and access to support services

- Ask plans to identify how and where the services are offered

- Who provides care navigation support and how?
- What psychosocial and family support is provided by the plan, others?
- Are CoEs and PCMHs required to provide psychosocial and family support?
- How is financial counselling offered and by whom?
- How do [plans/vendors] facilitate coordination of treatments and physical state with workplace? What is the role of EAP?
- How and when do plans introduce the availability of palliative care? Advance care planning?
- Ask plans how the availability of these services is communicated to patient, family and provider communities



ROUNDTABLE DISCUSSION

Prior Authorization, Clinical Trials & Palliative Care

- What is your organization's position on clinical trials
- Educating about palliative care options throughout the cancer patient journey
- Best practice strategies for appropriately using prior authorization so that patient care is minimally disrupted?

**Chat/QA: What is your organization's position on clinical trials?*

Disparities

What Are Cancer Disparities?

- Disparities frequently seen with people of low socioeconomic status, certain racial/ethnic populations and those who live in certain geographical areas
- Disparities also seen when cancer rates are improving overall but the improvements are delayed in some groups relative to others
- Although disparities are considered in the context of race/ethnicity, groups defined by disability, gender/sexual identity, income and education and other characteristics may experience cancer disparities

Examples of Cancer Disparities



Breast Cancer

African American women are twice as likely as white women to be diagnosed with triple-negative breast cancer and are as much more likely than white women to die from cancer



Kidney Cancer

The highest rates of kidney cancer cases and death in the USA occurs among **American Indians/Alaska natives**



Liver Cancer

Rates of liver cancer are higher among **American Indians/Alaska natives and Asian and Pacific Islanders** than other groups



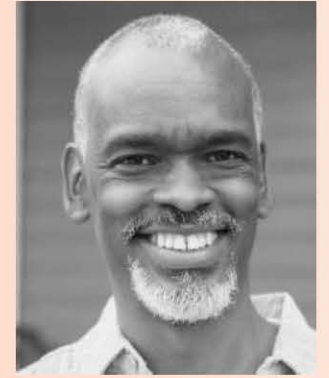
Prostate Cancer

African American men are more than twice as likely as white men to die from prostate cancer



Cervical Cancer

Women in rural areas are twice as likely to die from cervical cancer as women in urban areas



Multiple Myeloma

African Americans are twice as likely as whites to be diagnosed with and die from multiple myeloma

Risk Factors Associated with Disparities



Genetic and Biological Factors



Health Care Access



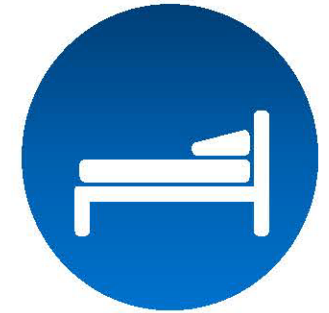
Socioeconomic Factors



Chemical and Physical Exposures



Diet

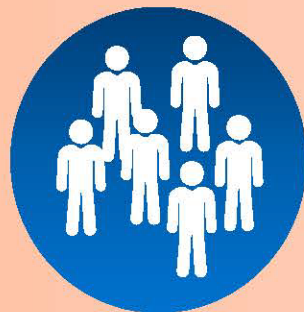


Physical Activity

How National Cancer Institute is Addressing Cancer Disparities



Basic, clinical and epidemiologic research into factors that may influence cancer risk



Clinical trials that test interventions in diverse populations



Programs that address cancer care delivery in diverse communities



Training to increase diversity in the cancer and the cancer disparities research workforce

Cancer Patient Survey

- Almost half of non-white minorities – important to be treated by doctors who understand their culture
 - Less likely to receive treatment from providers who understand their culture
 - 3 times as likely to never be able to see physicians who share or understand their culture
 - Of oncologists: 2.3% are African American, 5.8% Hispanic
- Women from some cultures and religions do not feel comfortable or do not allow male doctors to examine or treat them – may require a female physician or other accommodations.

HEALTH & MEDICINE

Racial disparities found in culturally competent cancer care



Likely due to low representation of minority physicians in cancer subspecialties



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Impact of Disparities on Outcomes

Racial & ethnic disparities in care significantly affect outcomes

- Difference in outcome of cancer treatment are not only due to delays from lack of access to care and problems with prevention & diagnosis, but may also reflect lower quality of medical services in some underprivileged areas
- Physicians treating African American patients are less likely to be board certified and have less access to specialists and other technology resources
- Residents of inner-city and rural areas sometimes receive worse quality care compared with residents of large city suburbs
- Disparities in access to care are common among residents of inner-city and rural areas

**Source: American Society of Clinical Oncology (ASCO)*

WHAT PURCHASERS SHOULD DO

Ask plans what support they give that is culturally appropriate or what relationships they have with centers that can provide culturally appropriate care.

POLL THE AUDIENCE

12) Disparities – Which of the following does your organization ensure that your health plan does related to health disparities:

- Identify risk factors for disparities
- Mitigate disparities
- Provide culturally appropriate care
- Refer to culturally appropriate care
- None of the above
- Unsure / don't know

ROUNDTABLE DISCUSSION

Disparities & Culturally Appropriate Care

- How does your health system address disparities and ensure that culturally appropriate care is provided to patients?
- How can employers work with their health plans to address disparities and ensure culturally appropriate care?

Ongoing Need for Support

The need for support beyond the clinical increases during treatment

- Patient support can be delivered by the plans, CoEs, PCMH, provider care teams and/or community organizations; Components of such support include:
 - Care navigation
 - Psychosocial support
 - Financial counseling
 - Coordinating treatments and physical state with workplace
 - Support for family/caregivers
 - Palliative care
 - Advance care planning
- Employers can provide similar services through a “huddle” that brings together all participants: health plan, PBM, cancer support, EAP, specialty pharmacy, wellness programs



Summary of Key Takeaways

What Employers Should Look For From Their Plans

ONGOING NEED FOR PSYCHOSOCIAL SUPPORT AND CARE COORDINATION

- Screening for distress
- Make sure support services are communicated and available
- Documentation of “ownership” of support services that are needed at each step along the patient journey
- Metrics on awareness and use of those support services
- Collaboration on support across all benefits (e.g. EAP, disability, medical, pharmacy...)

Summary of Key Takeaways

What Employers Should Look For From Their Plans

TREATMENT PLANS

- Help patients ask the right questions after diagnosis
- Provide coordination of care/case management that includes resources for shared decision making, caregiver support and palliative care
- Work with employer to provide support across all benefits – EAP, disability, medical, pharmacy, etc...
- Assistance as needed to employers planning for workplace accommodation for people receiving treatment as well as after therapy is completed

Summary of Key Takeaways

What Employers Should Look For From Their Plans

TESTING FOR BIOMARKERS

- Monitor that tests are performed prior to beginning treatment to ensure that the cancer has the characteristic likely to produce a positive treatment response.

Summary of Key Takeaways

What Employers Should Look For From Their Plans

NETWORK SELECTION

- High-quality network of cancer providers that includes a Center of Excellence (CoE)
- Qualification of local networks using cancer-specific criteria
- Encourage “local” for common cancers and CoE for second opinions and complex or rare cancers

Summary of Key Takeaways

What Employers Should Look For From Their Plans

PRIOR AUTHORIZATION FOR CHEMO AND OTHER THERAPIES

- Prior authorization should be timely (<72 hours for urgent requests) with transparent criteria
- Plans should coordinate services that cross both medical and pharmacy benefits

Summary of Key Takeaways

What Employers Should Look For From Their Plans

PALLIATIVE CARE AND ADVANCE CARE PLANNING

- Support employers in educating patients about palliative care and advance care planning early in the patient journey

Summary of Key Takeaways

What Employers Should Look For From Their Plans

DISPARITIES

- Ask plans what support they give that is culturally appropriate or what relationship they have with centers that can provide culturally appropriate care

ROUNDTABLE DISCUSSION

Module 2: Employer Feedback & Reflection

- 3 key takeaways?
- Greatest opportunity for increasing value?
- How can you better work with your health plan to take advantage of these opportunities?
- Specific points that will create a difference in seeking better care for your members?
- What additional information would you like about this portion of the patient journey?



Module 3: Survivorship, Surveillance & Back to Work

Wednesday, December 1, 2021; 8:00 a.m. – 9:30 a.m.



Module 3:

Survivorship, Surveillance & Back to Work

- Contingency plans
 - Advanced Care Planning
 - Palliative Care
 - Hospice
- Supporting the patient journey at the workplace
- Update on Payment Reform
- Impact of COVID-19



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THANK YOU!

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Glossary

Term	Definition (Source)
Advance Directive	A legal document containing written instructions about your future medical care if you become unable to speak for yourself. (1)
Advance Care Planning	Advance care planning is making decisions about the healthcare you would want to receive if you're facing a medical crisis. These are your decisions to make based on your personal values, preferences, and discussions with your loved ones. (2)
AHIP	America's Health Insurance Plans
AHQR	Agency for Healthcare Quality & Research
American Society of Clinical Oncology (ASCO)	Founded in 1964, the American Society of Clinical Oncology is the world's leading professional organization for physicians and oncology professionals caring for people with cancer. (3)
Approved off-label Rx	[Approval of] The use of a medication for a purpose other than the use approved by the U.S. Food and Drug Administration (FDA). The FDA approves drugs as safe and effective for specific uses, for example, use for colon cancer or breast cancer. More than half of the uses of anticancer medications are for indications which are not specified as approved and indicated on the label. Some insurance companies may deny coverage for a medication that is used "off-label." The federal government requires that Medicare cover these off-label uses for treating life-threatening conditions as long as certain requirements are met. This is true for many private insurers as well. (1)
ASCO	American Society of Clinical Oncology
Biomarker	A biological molecule found in blood, other body fluids, or tissues that is a sign of a normal or abnormal process, or of a condition or disease. A biomarker may be used to see how well the body responds to a treatment for a disease or condition. Also called molecular marker and signature molecule. (4)
Biomarker Testing	Also called tumor profiling, genomic testing, mutation testing, or molecular testing. Looks for changes in the cancer's genes. Helps your doctor match targeted therapies to the specific subtype of cancer you have. A sample of your cancer is collected via bodily fluids, surgery, or biopsy and sent to a lab. Your test results can then be used to help guide your treatment options. For example, your biomarker test results will show if you're ALK+ in lung cancer, HER2+ in breast cancer, or BRAF+ in melanoma or colorectal cancer. (1)

Glossary (cont.)

Term	Definition (Source)
CAHPS	Consumer Assessment of Healthcare Providers and Systems
Cancer Stage	The extent of cancer in the body, including whether the disease has spread from the original site to other body sites. (1)
Chemotherapy	Treatment that uses drugs to stop the growth of cancer cells, either by killing the cells or by stopping them from dividing. Chemotherapy may be given by mouth, injection, or infusion, or on the skin, depending on the type and stage of the cancer being treated. It may be given alone or with other treatments, such as surgery, radiation therapy, or biologic therapy. (4)
Clinical Pathways	Clinical pathways—also referred to as “treatment pathways,” “patient pathways,” or simply “pathways”—are multidisciplinary plans of best clinical practices. In some respects, clinical pathways can be viewed as algorithms, outlining the sequence of treatment decisions to be made and the care to be provided for a given patient in a given condition. (5)
Clinical Practice Guidelines	Guidelines developed to help health care professionals and patients make decisions about screening, prevention, or treatment of a specific health condition. (4)
Complementary Therapies	Treatments that are used along with standard medical treatments but are not considered to be standard treatments. One example is using acupuncture to help lessen some side effects of cancer treatment (4)
Comprehensive Cancer Center	A cancer research center that gets support from the National Cancer Institute (NCI) to do cancer research and provide services directly to cancer patients. Scientists and doctors at these centers do basic laboratory research and clinical trials, and they study the patterns, causes, and control of cancer in groups of people. Also, they take part in multicenter clinical trials, which enroll patients from many parts of the country. Comprehensive Cancer Centers also give cancer information to health care professionals and the public. More information about the NCI Cancer Centers Program can be found on the NCI's Web site at http://cancercenters.cancer.gov . (4)

Glossary (cont.)

Term	Definition (Source)
Disparities	Health and health care disparities refer to differences in health and health care between groups. A “health disparity” refers to a higher burden of illness, injury, disability, or mortality experienced by one group relative to another.1 A “health care disparity” typically refers to differences between groups in health insurance coverage, access to and use of care, and quality of care. Health and health care disparities often refer to differences that are not explained by variations in health needs, patient preferences, or treatment recommendations and are closely linked with social, economic, and/or environmental disadvantage. The terms “health inequality” and “inequity” also are used to refer to disparities (6)
Dosimetrist	A medical dosimetrist is an analytical member of the radiation oncology team who works closely in collaboration with the radiation therapists, medical physicists, and radiation oncologists within the department. A medical dosimetrist has an overall knowledge of math, physics, anatomy & physiology, radiobiology, and knows the characteristics and clinical relevance of radiation oncology treatment machines and equipment. With their expertise, medical dosimetrists design, generate, and measure radiation dose distributions and dose calculations while providing oversight to high level treatment procedures in both external beam radiation therapy and brachytherapy. (7)
Genetic Counseling	A communication process between a specially trained health professional and a person concerned about the genetic risk of disease. The person's family and personal medical history may be discussed, and counseling may lead to genetic testing. (4)
Genetic Marker	A genetic marker is a DNA sequence with a known physical location on a chromosome. Genetic markers can help link an inherited disease with the responsible gene. (8)
Genomic testing	See “biomarker testing.”
Hospice	A program that gives special care to people who are near the end of life and have stopped treatment to cure or control their disease. Hospice offers physical, emotional, social, and spiritual support for patients and their families. The main goal of hospice care is to control pain and other symptoms of illness so patients can be as comfortable and alert as possible. It is usually given at home, but may also be given in a hospice center, hospital, or nursing home. (4)
Integrative Medicine	A type of medical care that combines conventional (standard) medical treatment with complementary and alternative (CAM) therapies that have been shown to be safe and to work. CAM therapies treat the mind, body, and spirit. (4)



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Glossary (cont.)

Term	Definition (Source)
Mutation	A gene mutation is a permanent alteration in the DNA sequence that makes up a gene, such that the sequence differs from what is found in most people. (9)
National Cancer Institute	The National Cancer Institute, part of the National Institutes of Health of the United States Department of Health and Human Services, is the Federal Government's principal agency for cancer research. The National Cancer Institute conducts, coordinates, and funds cancer research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer. Access the National Cancer Institute Web site at http://www.cancer.gov . Also called NCI. (4)
NCCN	The National Comprehensive Cancer Network® (NCCN®), a not-for-profit alliance of 27 leading cancer centers devoted to patient care, research, and education. A listing of member institutions can be found at: https://www.nccn.org/members/network.aspx (10)
NCI	National Cancer Institute
NCI-designated centers	Cancer centers designated by the The National Cancer Institute (NCI), The NCI is part of the National Institutes of Health of the United States Department of Health and Human Services, is the Federal Government's principal agency for cancer research. The National Cancer Institute conducts, coordinates, and funds cancer research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer. Access the National Cancer Institute Web site at http://www.cancer.gov . Also called NCI. Source: https://www.cancer.gov/publications/dictionaries/cancer-terms/
NCQA	National Committee for Quality Assurance
NIH	National Institutes of Health

Glossary (cont.)

Term	Definition (Source)
Oncology PCMH	<p>NCQA has retired the Oncology Medical Home Recognition Program effective October 25, 2019. Practices that have already earned recognition will maintain their status through their expiration date. For a listing of the oncology practices that were pioneers of this program, visit the NCQA Report Cards.</p> <p>Practices that were planning on pursuing NCQA Oncology Medical Home Recognition should instead pursue Patient-Centered Specialty Practice (PCSP) Recognition. The PCSP Recognition program builds on Patient-Centered Medical Home (PCMH) Recognition program by recognizing specialty practices that excel in delivering high-quality, patient-centered care. It focuses on proactive coordination and sharing information where everyone in the practice works as a team to coordinate care with primary care, other referring clinicians, community resources and secondary services.</p> <p>The Oncology Medical Home Recognition program featured 7 standards area. The first 6 standards areas are the same standards that are a part of the PCSP Recognition Program. If you were preparing for Oncology Medical Home Recognition, you are already well-positioned to meet PCSP Recognition criteria. (11)</p>
Palliative Care	A medical specialty that focuses on symptom management and quality of life. (1)
Palliative Care	Treatment that relieves symptoms, such as pain, but is not expected to cure disease. Curative treatment can be used at the same time as palliative treatment, but the main purpose of palliative care is to improve the patient’s quality of life. (12)
Placebo	An inactive substance, sometimes called a “sugar pill.” Placebos are almost never used in cancer clinical trials. Most studies involve getting the standard of care for the specific cancer type. (1)
Precision Medicine	A process to find the best treatments for each specific patient based on exact gene changes or proteins in their cancer. Your doctors test for biomarkers, cell changes (mutations), or other targets found in/on your cancer cells. Then treatments are offered that target the specific biomarker or mutation found in your cancer. These “targeted” drugs are expected to work better. Sometimes called personalized medicine. (1)
QCP	Quality Oncology Practice Initiative (QOPI®) Certified Practice
QOPI	Quality Oncology Practice Initiative

Glossary (cont.)

Term	Definition (Source)
Radiation Therapy	The use of high-energy radiation from x-rays, gamma rays, neutrons, protons, and other sources to kill cancer cells and shrink tumors. Radiation may come from a machine outside the body (external-beam radiation therapy), or it may come from radioactive material placed in the body near cancer cells (internal radiation therapy or brachytherapy). Systemic radiation therapy uses a radioactive substance, such as a radiolabeled monoclonal antibody, that travels in the blood to tissues throughout the body. Also called irradiation and radiotherapy. (4)
Shared Decision Making	In medicine, a process in which both the patient and healthcare professional work together to decide the best plan of care for the patient. When making a shared decision, the patient's values, goals, and concerns are considered. Shared decision making helps patients learn more about their health condition, the different testing and treatment options that may be available, and the possible risks and benefits of each option. It is often used when important medical decisions need to be made, such as about having a genetic test or cancer screening test, having major surgery, or taking a medicine over a long time. (4)
Survivorship	In cancer, survivorship focuses on the health and well-being of a person with cancer from the time of diagnosis until the end of life. This includes the physical, mental, emotional, social, and financial effects of cancer that begin at diagnosis and continue through treatment and beyond. The survivorship experience also includes issues related to follow-up care (including regular health and wellness checkups), late effects of treatment, cancer recurrence, second cancers, and quality of life. Family members, friends, and caregivers are also considered part of the survivorship experience. (4)
Survivorship Care Plan	A detailed plan given to a patient after treatment ends, that contains a summary of the patient's treatment, along with recommendations for follow-up care. In cancer, the plan is based on the type of cancer and the treatment the patient received. A survivorship care plan may include schedules for physical exams and medical tests to see if the cancer has come back or spread to other parts of the body. Getting follow-up care also helps check for health problems that may occur months or years after treatment ends, including other types of cancer. A survivorship care plan may also include information to help meet the emotional, social, legal, and financial needs of the patient. It may include referrals to specialists and recommendations for a healthy lifestyle, such as changes in diet and exercise and quitting smoking. Also called follow-up care plan. (4)

Glossary (cont.)

Term	Definition (Source)
Targeted therapy	Drugs that target specific cellular pathways that enable cancer cells to grow. (1)
Tumor Board Review	A treatment planning approach in which a number of doctors who are experts in different specialties (disciplines) review and discuss the medical condition and treatment options of a patient. In cancer treatment, a tumor board review may include that of a medical oncologist (who provides cancer treatment with drugs), a surgical oncologist (who provides cancer treatment with surgery), and a radiation oncologist (who provides cancer treatment with radiation). Also called multidisciplinary opinion. (4)
Tumor Board Review	A treatment planning approach in which a number of doctors who are experts in different specialties (disciplines) review and discuss the medical condition and treatment options of a patient. In cancer treatment, a tumor board review may include that of a medical oncologist (who provides cancer treatment with drugs), a surgical oncologist (who provides cancer treatment with surgery), and a radiation oncologist (who provides cancer treatment with radiation). Also called multidisciplinary opinion. (4)
United States Preventive Services Task Force (USPTF)	The U.S. Preventive Services Task Force is an independent, volunteer panel of national experts in disease prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services. (13)
VA	Veterans Administration

Glossary (Sources)

- (1) Cancer Support Community
- (2) www.nhpco.org/patients-and-caregivers/advance-care-planning/
- (3) <https://www.asco.org/about-asco> [Module]
- (4) www.cancer.gov
- (5) www.journalofclinicalpathways.com/article/evolution-clinical-pathways-oncology
- (6) www.kff.org
- (7) www.medicaldosimetry.org/about/medical-dosimetrist/
- (8) www.genome.gov/glossary/index.cfm?id=86
- (9) www.ghr.nlm.nih.gov/primer/mutationsanddisorders/genemutation
- (10) www.nccn.org/about/default.aspx
- (11) www.ncqa.org/programs/health-care-providers-practices/oncology-medical-home/oncology-medical-home-recognition-program-retirement/
- (12) www.cancer.org/cancer/glossary.html (American Cancer Society)
- (13) www.uspreventiveservicestaskforce.org/



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Additional Resources

Questions After Diagnosis

- <https://health.clevelandclinic.org/seven-key-questions-to-ask-your-oncologist>
- <https://www.cancer.org/treatment/treatments-and-side-effects/planning-managing/making-decisions.html>
- <https://www.nccn.org/patients/>

Nomenclature

- <https://www.clarityfoundation.org/a-white-paper-on-the-need-for-consistent-terms-for-testing-in-precision-medicine/>

Advance Care Planning

- <https://www.nhpco.org/patients-and-caregivers/advance-care-planning/advance-directives/>
- <https://www.aarp.org/caregiving/financial-legal/free-printable-advance-directives/>