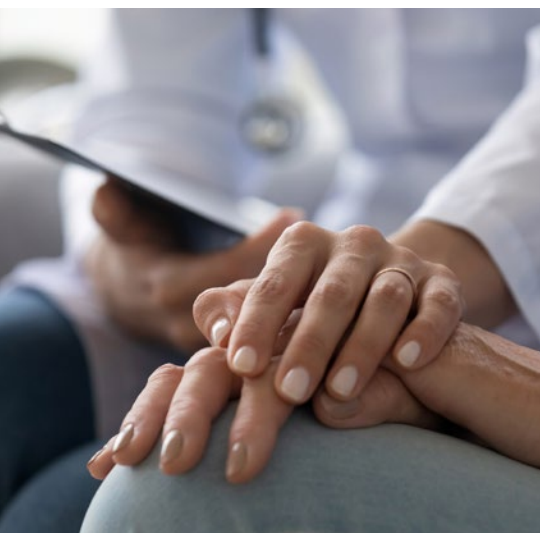


# ACTION BRIEF

Employer Strategies that Drive Health, Equity and Value



## DIAGNOSIS, TREATMENT PLANNING AND CARE FOR CANCER PATIENTS



### 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.

Employers have significant opportunities to influence treatment outcomes and the patient experience for cancer patients in their populations. A study of serious misdiagnosis-related harms found that 37.8% were cancer-related.<sup>1</sup> The National Cancer Institute found that, “despite having similar rates of breast cancer, Black/African-American women are more likely than White women to die of the disease.”<sup>2</sup>

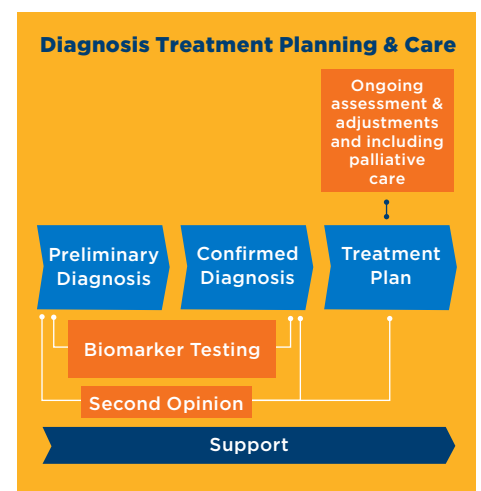
This *Action Brief* addresses the portion of the cancer journey where patients have the most contact with the healthcare delivery system. These stops along the itinerary— from diagnosis through treatment—also present opportunities for purchasers to improve significantly the value of cancer care.

As knowledge of cancer expands rapidly, new technologies and terms to describe them, also arise. This *Action Brief* defines certain new terms; the reader may also refer to our [glossary](#).

### 1. Confirm psychosocial support for patients and caregivers.

Patient and caregiver psychosocial and other support, care coordination, and work accommodations are essential throughout the cancer patient’s journey but never more so than during diagnosis, treatment planning and care.

Recognizing this, the American College of Surgeons, in 2020, set the bar for



cancer programs by requiring attention to these needs (see call-out next page). Purchasers can mitigate the stress encountered by employees, whether cancer patients or caregivers, by making sure that:

- ▶ Cancer patients are screened for stress and, as appropriate, referred to applicable resources.
- ▶ Navigational, financial, caregiver and other support services are explicitly offered and accessible at each stage of the patient journey.
- ▶ “Ownership” and accountability are documented for all support services.
- ▶ Health plans report metrics on patient awareness and use of screening and support services.
- ▶ Benefits administrators collaborate across all benefit areas, including EAP, disability, medical and prescription.

## Psychosocial Distress Screening

Cancer programs must implement a policy and procedure for psychosocial distress screening for cancer patients. The process identifies psychological, social, financial, and behavioral issues that may interfere with a patient's treatment plan and adversely affect treatment outcomes. The process also provides patients identified with distress the appropriate resources and/or referral for psychosocial needs.

— American College of Surgeons, Commission on Cancer Care, *Optimal Resources for Cancer Care* (2020)

## 2. Tailor networks for cancer care.

The number of cancer survivors is projected increase by 29% over the next 10 years.<sup>3</sup> While some of this trend is due to prevention and screening, some is also due to the flood of advances in cancer care.

Cancer patients need to receive their care from the places that can implement those advances. For many well-understood cancers, local care not only can improve the patient experience by minimizing travel time and hassle, but it also can meet the highest quality standards. For less common or more complex cancers, Centers of Excellence should be accessible.

In other words, purchasers should require their plans to deploy networks so that cancer patients can get the right care at the right place with a minimum of barriers.

To this end, purchasers should:

- ▶ Qualify network cancer providers based on cancer-specific criteria (i.e., whether they have the training and experience, as well as the virtual and physical infrastructure, to deliver high-quality care consistent with professional guidelines).
- ▶ Include in their networks Cancer Centers of Excellence (CoEs), which meet more rigorous criteria.

## NETWORK PROVIDERS FOR CANCER CARE



### 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

- Documented agreement with medical physicist
- Participate in peer review
- Physics monitoring
- Equipment accreditation
- Dosimetrist accreditation

- ▶ Encourage use of qualified local providers for common cancers and CoEs for complex cancers and second opinions—the latter to ensure that the diagnosis and stage are correct.

## 3. Promote patient-centered treatment plans.

A diagnosis of cancer will affect dimensions of a patient's life beyond their interaction with the healthcare delivery system, including relationships with family, friends and at work. Care planning should take these factors into account by providing patients and caregivers with patient-centered decision-making, care coordination and benefits support. There are numerous good sources of patient and caregiver support materials, including: [National Cancer Care Network](#), [American Cancer Society](#), [Cancer Support Community](#), and [Cleveland Clinic](#).

In addition, Shared Decision Making (SDM) should be offered whenever there are bona fide alternative courses of treatment available. SDM is a process that transforms “informed consent” into “informed decisions” by ensuring that patients ask, and treating providers answer, all relevant questions regarding diagnosis and care.

Finally, patients and caregivers can benefit from reminders about coverage beyond health insurance—for example, EAP, disability coverage, family and medical leave. Some providers and organizations such as the American

*“Although the majority of total respondents reported feeling satisfied with how well their clinical care team prepared them for cancer-related symptoms and side effects, 35% of those ages 25 to 44 reported feeling ‘very’ or ‘somewhat dissatisfied.’”*

*Source: CancerCare, 2016 Patient Access & Engagement Report, p. 7*

Cancer Society offer additional services as well. Too often, employees are not aware of these benefits until after the need arises.

To support employee cancer patients and/or cancer caregivers, purchasers should:

- ▶ Make materials available to help patients ask the right questions after diagnosis (see [Resources for Employers](#) for suggestions).
- ▶ Provide coordination of care/case management that includes resources for shared decision-making and caregiver support.
- ▶ Work with benefits administrators to provide support across all benefit areas—EAP, disability, medical, pharmacy, etc.
- ▶ Establish procedures to implement effective workplace accommodations for employees who are cancer patients or caregivers.

#### 4. Manage pharmaceutical value.

Once a definitive diagnosis of cancer is made, patients feel an urgent need to proceed with treatment as quickly as possible. Management of cancer therapy requires a balancing of timely access to new, effective treatments and evaluation of the value provided for their high cost.

The pricetag of some of the new, more effective treatments can be astronomical. Purchasers should require that health plans and PBMs work together to manage the cost of care. To this end, purchasers should make sure health plans and PBMs:

- ▶ Complete 90% of urgent prior authorizations within 72 hours.<sup>4</sup>
- ▶ Use transparent, professionally accepted criteria for the prior-authorization reviews.
- ▶ Coordinate reviews of services that cross medical and pharmacy benefits.

#### 5. Align treatments with biomarker testing.

Biomarker testing (sometimes called “genomics”) is used after a cancer diagnosis to identify genomic (genetic makeup of the tumor), hormonal and other factors that warrant the use of specific, targeted immunotherapy or chemotherapy. (Note: This is different from the genetic testing used to screen for inherited risk factors.)

It is essential that these tests be performed prior to the beginning of treatment in order to ensure that the cancer has the characteristic(s) likely to produce a positive response from the specific treatment. For example:

- ▶ Identification of gene-specific mutations may merit the use of an immunotherapy instead of standard chemotherapy to treat *non-small cell lung cancer*.
- ▶ A positive test for the HER mutation will drive a specific treatment for *breast cancer*.



In order to maximize the value of biomarker testing, health plans and PBMs should:

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

#### 6. Identify and mitigate disparities in care.

Disparities in cancer care frequently occur in populations with low socioeconomic status, certain racial/ethnic populations, and those who live in certain geographical areas.

Disparities also occur when cancer rates are improving overall but new treatments reach some groups more slowly than others.

Although disparities are most often considered in the context of race and ethnicity, be aware that groups defined by disability, gender identity, income and education and other characteristics may also experience cancer disparities.

Purchasers should address disparities in their populations by:

- ▶ Collecting data on the relative use of treatment and health outcomes of

#### Understanding Culture

Almost half of non-white minorities—49.6 percent—said it was somewhat or very important to be treated by doctors who understand their culture.

- These patients were less likely than non-Hispanic whites to receive treatment from these providers, by a difference of 65.3 percent to 79.9 percent.
- 12.6 percent of the minority patients said they were never able to see physicians who shared or understood their culture, compared with 4 percent of non-Hispanic whites.

<https://news.harvard.edu/gazette/story/2019/11/study-finds-racial-disparities-in-culturally-competent-cancer-care/>

subpopulations in their workforce known to be at risk for inadequate care.

- ▶ Asking plans what culturally appropriate support they offer or what relationships they have with centers that can provide culturally appropriate care.

## RESOURCES FOR EMPLOYERS

### 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/>

### PRECISION MEDICINE TESTING TERMINOLOGY

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

## GLOSSARY

### ADVANCE CARE PLANNING

- [National Hospice and Palliative Care Organization](#)
- [AARP](#)

### QUALITY MEASURES

- [U.S. Centers for Medicare & Medicaid Services \(CMS\) \(General\)](#)
- [CMS \(Specific to Cancer\)](#)
- [American College of Surgeons](#)

### EVALUATING PRIOR AUTHORIZATION PROCESSES

- [NCQA Guidelines](#) provide a good source for evaluating health plan responses.

### CANCER "HUDDLE"

- [Northeast Business Group on Health](#)

### 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

## ENDNOTES

- 1 David E Newman-Toker, et al., *Serious misdiagnosis-related harms in malpractice claims: The "Big Three" –vascular events, infections, and cancers*. *Diagnosis (Berl)* 2019 Aug 27;6(3):227–240. doi: 10.1515/dx-2019-0019 [<https://pubmed.ncbi.nlm.nih.gov/31535832/>]
- 2 <https://www.cancer.gov/about-cancer/understanding/disparities>.
- 3 American Cancer Society, *Cancer Treatment Facts & Figures*, 2019-2020.
- 4 This is the National Committee for Quality Assurance (NCQA) standard for non-behavioral health urgent preservice review.



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