NCBGH

NORTH CAROLINA BUSINESS GROUP ON HEALTH

Oncology Roundtable

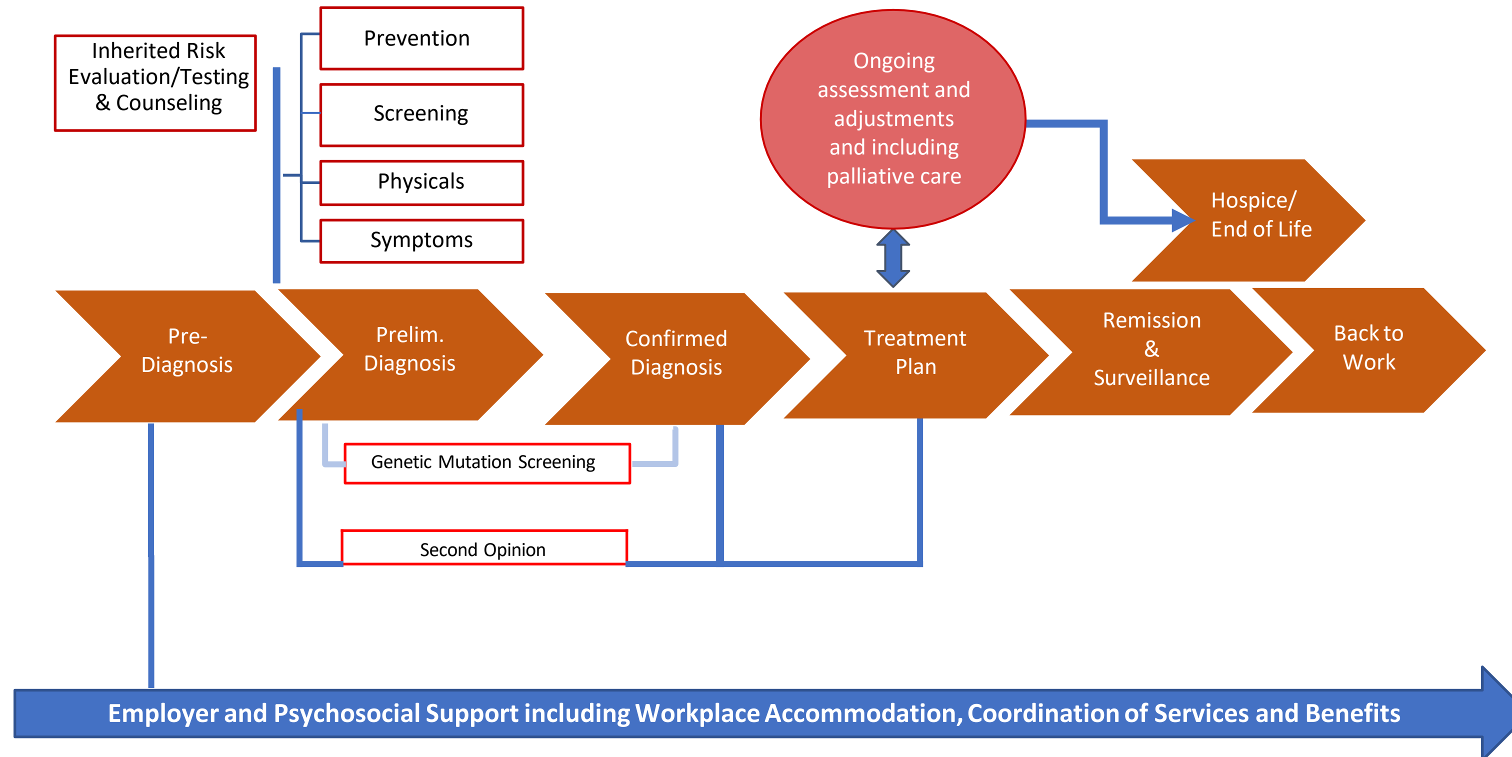
Module 2: Diagnosis, Treatment Planning & Care

National Alliance Oncology Initiative

Why We Are Here

- Cancer is a top concern of employers, due to its enormous healthcare cost and that it is a complex disease that impacts all aspects of a patient's life
- Generally, the seriousness of cancer diagnoses has dissuaded purchasers from using many traditional cost containment strategies
- However the rapidly escalating cost of cancer care is pushing purchasers to be better informed on how to best address their challenges and issues
- Employers are encouraged to play a pivotal role - especially since advances in the science of cancer care are progressing faster than the tools needed by health plans and purchasers
- In early 2019, National Alliance released their *Achieving Value in Cancer Care* Report which highlighted the need for education on how purchaser-health plan collaboration can increase the value of cancer care
- This curriculum is meant to support employers to ask the right questions and learn the right answers to support the enhancement of their overall healthcare strategy

Curriculum Focus: Across The Cancer Patient Journey

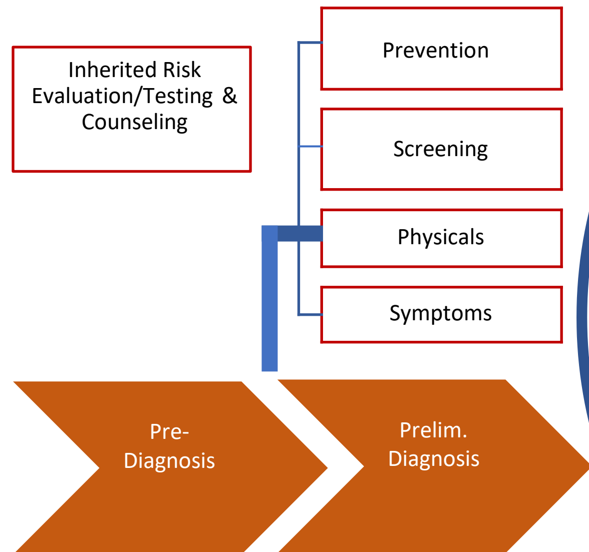


National Alliance of Healthcare Purchaser Coalitions
Driving Innovation, Health and Value

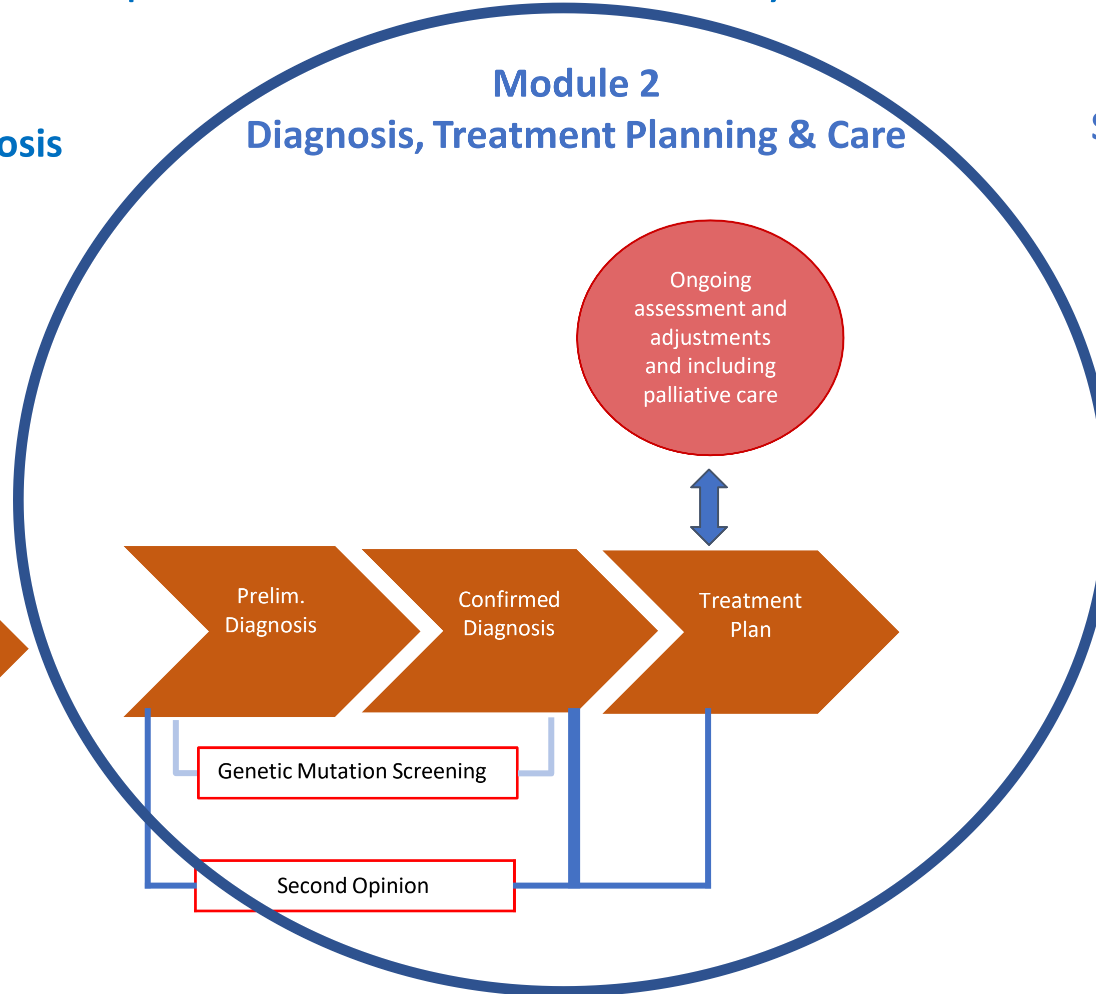
THREE Specific Learning Modules

Zeros in on Different Components of the Patient Journey

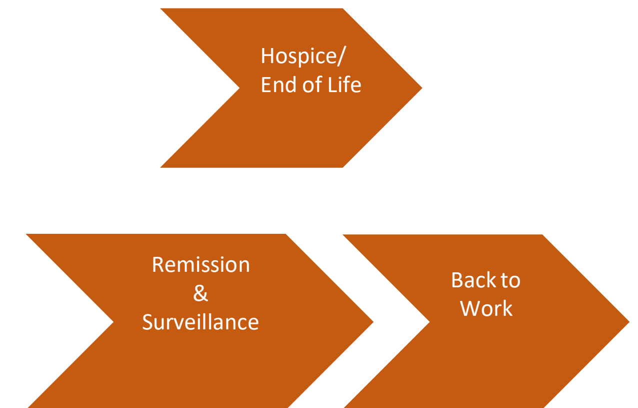
Module 1
Prevention & Preliminary Diagnosis



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

What’s New in Cancer Care & Delivery

Most of the Specialized Support Services Identified in Module 1 will Surface in this Module

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
Availability of Evidence-based Clinical Practice Guidelines	Quality Metrics that Require Cancer Stage, Date of Death	Palliative Care with Curative Intent	Specialized Case Management

Module 2: Diagnosis, Treatment Planning & Care

Ongoing need for psychosocial support and care coordination services

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.

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

Module 2: Diagnosis, Treatment Planning & Care

Ongoing need for psychosocial support and care coordination services

- Fewer than half of the respondents were asked by a member of their care team if they were feeling distressed by their cancer or its treatment.
- Despite the prevalence of emotional and financial distress among cancer patients, survey respondents reported few referrals by members of their care team to counseling services or other professionals for support.
- People with lower socioeconomic status and people of color are less likely to get optimal treatment*

Source: CancerCare, 2016 Patient Access

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

*Source: https://www.cancer.net/sites/cancer.net/files/health_disparities_fact_sheet.pdf

Confirming Diagnosis and 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

Caregiver Support

Spec. Case Mgt.

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

Questions after Diagnosis

There are numerous resources from respected professional organizations such as the American Cancer Society and Cleveland Clinic. Some generic questions include:

- Know all treatment options
- Talk about the details of each treatment option with your cancer care team
- Learn as much as you can and understand the information being given to you
- Are you a partner with your doctor in making treatment decisions and planning your care
- Ask where & when do you suggest a second opinion?
- Is a clinical trial right for me?
- 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?

Confirming Diagnosis and Stage

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

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.

Specialized Support

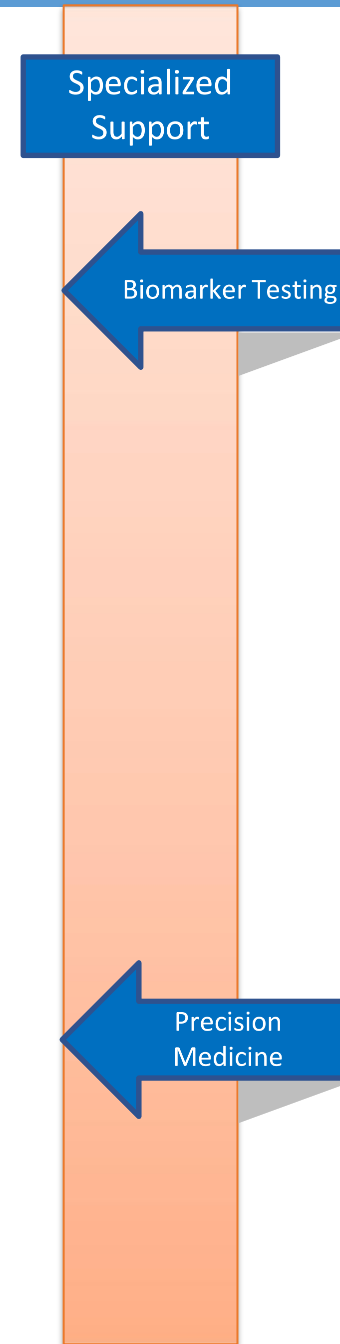
NCI-designated Centers

Attendance at Tumor Boards

Testing for Biomarkers Markers and 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.
- 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*



Newly-diagnosed Cancer Patients Need Support

What Purchasers Should Do

- 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
- Identify local resources such as the American Cancer Society and The Cancer Support Community
- Ask plans how they identify and engage employees with cancer

Local + Regional Cancer Care Network Elements

Generally, Local Care and 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

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

Network Providers

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

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

NCI Designated Cancer Centers in North Carolina are:

- Duke Cancer Institute – Durham
- Wake Forest Baptist Comprehensive Cancer Center – Winston-Salem
- UNC Lineberger Comprehensive Cancer Center – Chapel Hill

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

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

Assessing Cancer Care Networks

What Purchasers Should Do

- 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)

Quality Metrics

Focus on Appropriateness of Use of Biomarker Testing

What Purchasers Should Do

- 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

Treatment Plans

Professionally-developed Treatment Guidelines are Central to Successful Patient Journey

Specialized Support

- 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

Evidence-based Guidelines

Confirming Diagnosis & Stage

Shared Decision-Making: Good Idea; Typically Not Offered

- Most respondents to the Alliance survey did not offer Shared Decision Making (SDM), i.e., face-to-face services intended to replace “informed patient consent” with “informed patient decisions”
- Identify what supports the plans do offer
- Ask plans to identify what supports CoE or oncology PCMH offer
- Racial and ethnic disparities in care significantly affect outcomes. Ask plans what support they give that is culturally appropriate or what relationships they have with centers that can provide culturally appropriate care.

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

Impact of Disparities on Treatment Decisions

Care and Shared Decision-Making: Needs to be more culturally-sensitive

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/

Women from some cultures and religions do not feel comfortable or allow male doctors to examine or treat them and may require female physicians or other accommodations.

According to ASCO 2.3 % of oncologists are African American and 5.8% are Hispanic.

https://www.asco.org/practice-policy/cancer-care-initiatives/diversity-oncology-initiative/facts-figures-diversity

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

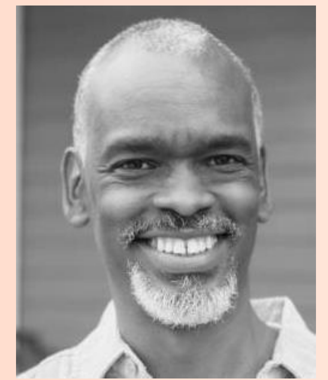
Rates of liver cancer are higher among **American Indians/Alaska natives and Asian and Pacific Islanders** than other groups

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

Impact of Disparities on Outcomes

Racial and ethnic disparities in care significantly affect outcomes*

From the American Society of Clinical Oncology (ASCO)

- 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 the 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 the inner-city and rural areas sometimes receive worse quality of care compared with residents of large city suburbs
- Disparities in access to care are common among residents of inner-city and rural areas

*Source: https://www.cancer.net/sites/cancer.net/files/health_disparities_fact_sheet.pdf

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

Pharmaceutical Management and 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 <u>OR</u> 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

Evidence-based Guidelines

Chemotherapy: The Mainstay and Major Cost Driver of Treatment

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

Employers Can Drive 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

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

Drive Effective & Timely Prior Authorization

What Purchasers Should Do

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

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

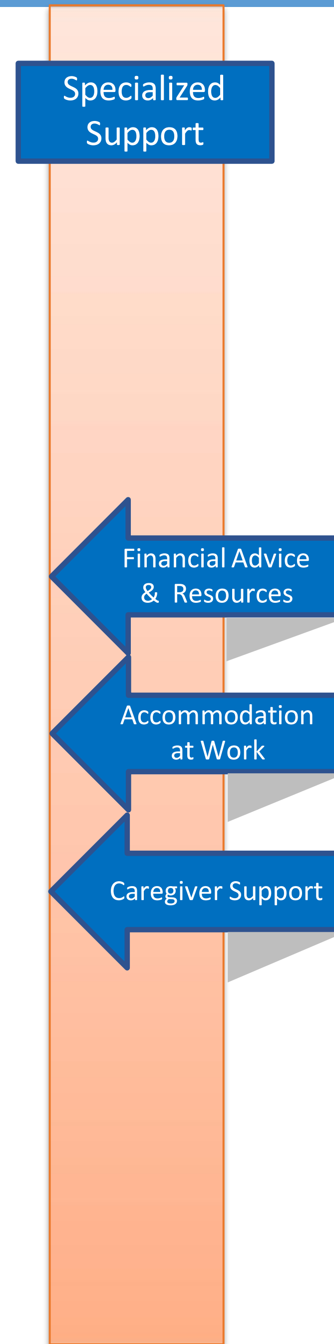
Access to Clinical Trials

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

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

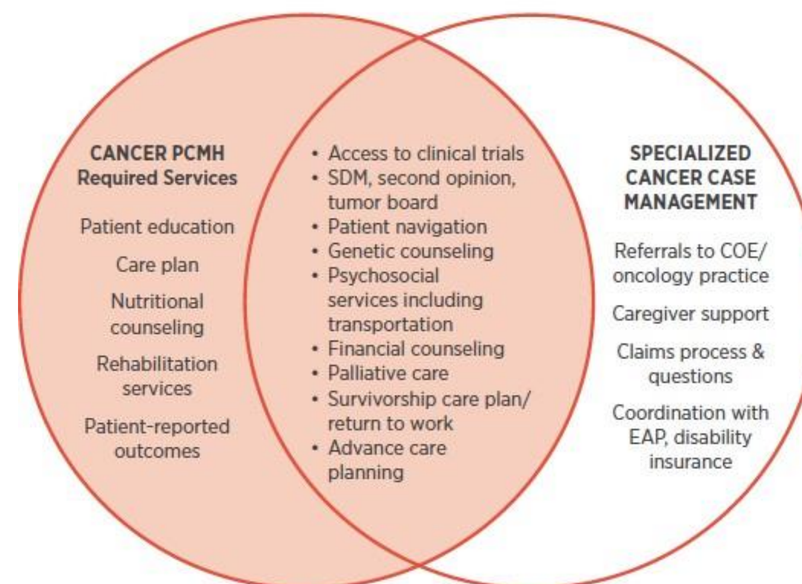


Purchasers Can Drive Availability of and Access to Support Services

Employers should ask their plans to identify how and where the service are offered

Ask Plans or Vendors:

- 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



Module 2: Pre-Diagnosis & Preliminary Diagnosis

Summary of Key Takeaways

Topic	What Employers Should Look For from their Plans
Ongoing Need for Psychosocial Support & 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…
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

Module 2: Pre-Diagnosis & Preliminary Diagnosis

Summary of Key Takeaways

Topic	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

Module 2: Pre-Diagnosis & Preliminary Diagnosis

Summary of Key Takeaways

Topic	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
Prior Authorization for Chemo- & 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
Disparities	• Ask plans what support they give that is culturally appropriate or what relationships they have with centers that can provide culturally appropriate care
Palliative Care and Advance Care Planning	• Support employers in educating patients about palliative care and advance care planning early in the Patient Journey

Preview of Coming Attractions

Module 3 – Survivorship, Surveillance & Back to Work

- Contingency Plans
  - Advance Care Planning
  - Palliative Care
  - Hospice
- Survivorship, Surveillance & Return to Work
  - Supporting the Patient Journey at the workplace
  - Surveillance
- Recap of Key Learnings from Modules 1-3
- Update on Payment Reform
- Impact of Covid-19