

ACTION BRIEF



Employer Strategies that Drive Health, Equity and Value

SURVIVORSHIP, SURVEILLANCE & BACK TO WORK

ACTION STEPS FOR EMPLOYERS:

1. Promote advance care planning.
2. Cover and promote palliative and hospice care.
3. Support cancer survivors.
4. Address demands on employees who are caregivers.
5. Monitor payment reform.
6. Learn from COVID-19.

Remind Employees When They Should Re-examine their Healthcare Wishes

1. At the start of a new decade of life.
2. When a loved one dies.
3. During divorce or other family upheaval.
4. After receiving a serious diagnosis.
5. When a health condition causes significant decline.
6. When moving to a new residence or when someone joins the household.

Source: American Bar Association Commission on Law & Aging, *Tool Kit for Health Care Advance Planning*

The National Cancer Institute reports that the overall cancer death rate in the US has declined since 2001 by 1.8% per year for men and 1.4% per year for women and that the number of cancer survivors is projected to grow by 31% by 2030. Employers need to adapt their cancer benefit programs to these and other external forces (e.g., payment reform and the coronavirus pandemic) by redoubling their education of and support for employees and updating their benefit plan designs.

1. Promote advance care planning.

Advance care planning entails a person making decisions about the healthcare they would want to have in a medical crisis if they were unable to communicate their wishes. Unfortunately, as one study showed, only one-third of those under age 45 had some form of advance care legal document in place and, among those aged over 45, between 29% and 46% had not completed even one.

Employers understandably want to avoid intruding in their employees' lives in times of crisis, but they can provide valuable planning support. Specifically, employers should:

- Review their approach to promoting advance-care planning in order to:
 - ▶ Ensure current information is accessible and that employees can get their questions answered.



- ▶ Address population segments with different cultural expectations and attitudes.
- Identify resources from health plans, EAPs, specialty vendors, community organizations, and national organizations such as [AARP](#), [American Bar Association](#) and [National Hospice and Palliative Care Organization](#) to help employees put into effect three key documents:
 - ▶ An **advance directive**, which states their wishes regarding medical treatment.
 - ▶ A **medical power of attorney**, which designates another person—sometimes called a “health care proxy”—to make decisions if the individual is unable to.
 - ▶ A **durable power of attorney**, which allows a designated person to make financial transactions on the individual's behalf.



2. Cover and promote palliative and hospice care.

A study of palliative and hospice care awareness found that only 27% of those surveyed could define palliative care, and half of those who could held misconceptions.

Promoting and clearly defining palliative care benefits can not only improve the quality of life for cancer patients and caregivers but can also reduce employers' benefit costs.

For example, [Aetna's Compassionate Care program](#) showed that specialized case management with palliative care services led to a more than doubling in hospice use, as well as an increase in hospice lengths of stay (by 13–15 days) among commercially insured patients and also decreased Medicare Advantage patients' emergency visits and hospital days by 79% and 85%, respectively.

The first step is to educate employees about the key differences between hospice and palliative care. Although both programs share the goal of improving the patient and caregiver's experience, there are four key differences as shown below.

Four Key Differences Between Hospice and Palliative Care

- ▶ Hospice requires less than six months life expectancy; palliative care does not.
- ▶ Palliative care allows treatment with curative intent; hospice does not.
- ▶ Hospice provides strong care coordination for hospice-specific services.
- ▶ There is well-defined benefit language for hospice, but less so for palliative care.

While many employers cover hospice care with benefit design language that closely parallels Medicare's, neither Medicare nor most employers specifically defines a palliative care benefit. To this end employers should:

- ☑ Educate their work force about palliative and hospice care.
- ☑ Confirm that health plans offer a complete set of in-network palliative care benefits—including caregiver support—that can be offered by the treating physician, cancer center, community organization, or health plan.
- ☑ Require health plans to monitor use of hospice care over time, identify strategies to improve quality of life and healthcare value by lengthening patient stays in hospice (e.g., encouragement of palliative care), and reducing inappropriate use of emergency rooms and hospital stays near the end of life.

3. Support cancer survivors.

Increased survivorship brings with it increased demands on employers to support employees who are cancer survivors and, as discussed in the next action step, those who are caregivers. Survivorship planning templates, such as those offered by the [University of Pennsylvania](#) and [The American Society of Clinical Oncology](#), can be a good start.

For cancer survivors, the advent of the six-month checkup date in particular can increase stress, but this stress can be reduced with the psychosocial support services we have emphasized throughout the National Alliance's Oncology Initiative.

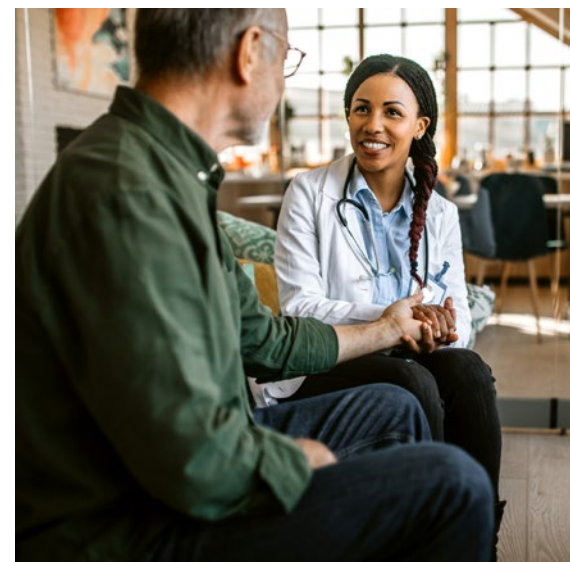
Access to scientific evidence about the efficacy of surveillance also can help. For example, in 2019, the National Alliance participated in a study with the Patient-Centered Outcomes Research Institute (PCORI), which found that an increased frequency of surveillance offered limited value for colorectal cancer survivors.

Employers can help employees who are cancer survivors mitigate unnecessary stress by:

- ☑ Encouraging dialogue with their providers about the goals of surveillance and follow up care, including:
 - ▶ Management of treatment-associated toxicity.
 - ▶ Health promotion.
 - ▶ Secondary prevention and psychosocial well-being.

In addition, employers should:

- ☑ Anticipate and plan for increases in the numbers of cancer survivors at work and in employees' families.
- ☑ Review their "retuning to work" strategy to determine and implement best-practice strategies to support individuals through the process.
- ☑ Require that their health plan encourage survivorship planning for employees diagnosed with cancer; monitor and evaluate engagement and effectiveness.





Checklist of Resources for Caregivers

- ✓ Identify wide range of friends and others who can help.
- ✓ Identify services available through employer programs such as EAP.
- ✓ Use respite services if available:
 - ▶ Home health aid.
 - ▶ Respite care facility.
 - ▶ Private duty nurse.

4. Address demands on employees who are caregivers.

The effects of cancer treatment and increasing survivorship also can increase the demands on employees who are caregivers. Most employers are keenly aware of the flexibility and accommodations employees undergoing treatment need, but the impact of caregiving on employees and employers can easily be overlooked.

An employee who is caring for a cancer patient often needs work accommodations similar to those that employees undergoing treatment require. They may need to telecommute or use sick time, flex time, or other paid or unpaid time off to fulfill their caregiving obligations.

To address these needs, employers should:

- ✓ Support employees who are caregivers with accommodations at work and periodic respite benefits.
- ✓ Communicate the support and resources available, such as:
 - ▶ Educational resources (including those about financial support).
 - ▶ Care coordination services.
 - ▶ The array of benefits available, e.g., EAP, FMLA, and disability coverage.
 - ▶ Community organizations that offer support.

5. Monitor payment reform.

The relatively low incidence of cancer and its complexity, as well as the wide variation in treatments, make the usual payment reform methods unworkable for cancer care. Extension of care over a period longer than the one-year term of health insurance can also pose a challenge. Even though progress in reforming payment for cancer care has been slow, the rapidly increasing cost of that care has motivated payers to look for creative payment methodologies.

Cancer Characteristics Limit Use of Most Payment Reform Methods

- ▶ Low incidence, e.g., breast cancer incidence is 1.3/1,000.*
- ▶ The prevalence of any specific cancer is also low.
- ▶ The severity within a cancer type can vary markedly.
- ▶ Prognosis and therapy vary by patient's risk factors and comorbidities.
- ▶ Rapid development of biomarkers and biomarker specific therapies affect a smaller percentage of patients but can drive much higher costs.
- ▶ Patients' emotional concerns and demand for more flexibility in selection of treatment center makes managing volume commitments to a specific center more difficult.

Source: <https://seer.cancer.gov/statfacts/html/breast.html>

The Medicare Oncology Payment Model (OPM) 3-year report recently concluded that there was "...little evidence of value-oriented changes in therapeutic approach... [and] little evidence that OPM is driving value-oriented selection of chemotherapy regimens, supportive care medications, or radiation therapy treatment."

At best, feasible refinements to payment methods, such as care bundles or capitation, will take time to evolve for cancer payments. In the meantime, employers should:

- ✓ Determine whether their health plan has any effective alternative payment methods for cancer care; if so, discuss an appropriate implementation timeline.
- ✓ If separate contracts cover the health plan, PBM and specialty PBM, determine who is responsible for coordinating care and payment, and bundle chemotherapy costs, including drug, infusion, and site-of-care costs.
- ✓ Adopt a value-based pharmacy strategy, especially for the newer, high-cost drugs.
- ✓ Review how their plan identifies and promotes high-value cancer care providers or centers; monitor usage, including the use of lower-cost care, such as outpatient infusion centers and home infusions, where appropriate, and the top types of services used.
- ✓ Review their incentive strategy for high-value cancer providers, and monitor engagement over time.

HIGH VALUE CANCER PROVIDERS:

- ▶ Adhere to standard guidelines.
- ▶ Provide care in the most efficient settings.
- ▶ Provide care navigation and coordination.
- ▶ Provide comprehensive support for patients and families.

6. Learn from COVID-19.

The coronavirus pandemic has had a generally negative effect on those at risk for cancer and on cancer patients. From deferral of screening visits to delayed treatments to increased risk of infection to the heightened complexity of clinical trials, the story is dire.

For example, [Flatiron compared cancer patient medical records](#) in March 2020 to those from the prior six months and found:

- ▶ 13% fewer scheduled chemotherapy infusion visits.
- ▶ A 33% drop in daily non-infusion visits.
- ▶ A 60% increase in appointment cancellations.
- ▶ A 50% decrease in new patient visits.

And, not unexpectedly, a UK study of more than 68,000 cancer patients estimated increases of 4.8% to 9.6% in deaths over five years due to the virus.

There is one silver lining in the COVID-19 cloud: In order to avoid exposure to coronavirus, more care has been delivered virtually. This will provide new opportunities for more efficient care after the pandemic. For example, Florida-based Moffitt Cancer Center [reported](#) an increase in virtual visits of 5,000% in six months, to 300 per day.

Given the challenges resulting from the pandemic, as well as its silver lining, employers should leverage the lessons learned from COVID-19. They should:

- ☑ Identify how COVID-19 has affected employees' access to care and use that information to work with their health plan on a strategy to engage their

population to bring screenings, tests, and regular care up to date and close any gaps in care.

- ☑ Determine whether providers in the community offer virtual sessions in place of in-person care and be sure to:
 - ▶ Confirm their health plan's coverage policies for virtual sessions
 - ▶ Confirm its strategy to engage their population, including low-wage workers
 - ▶ Resolve challenges and monitor engagement over time.
- ☑ Identify and fill gaps in the extension of virtual cancer care to:
 - ▶ Evaluation of symptoms and even visual inspection of masses.
 - ▶ Review of previous testing (following testing and imaging, which must be performed in person but can be conducted at sites with limited exposure risk).
 - ▶ Risk stratification, assessment of urgency, and treatment planning.
 - ▶ Tumor boards.
- ☑ When reviewing data with their health plan, discuss reasons for changes in the volume or cost of claims. (For example, people have put off preventive care and elective procedures during COVID-19. They will "catch up" after the pandemic with increased demand for the missed preventive and other care.)
- ☑ Review their preventive care strategy to make sure that primary care and behavioral healthcare are provided; confirm that appropriate access measures are in place.



RESOURCES FOR EMPLOYERS

ADVANCE CARE PLANNING

- [National Academy of Sciences. Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life, 148-154 \(2015\)](#)

SURVIVORSHIP PLANNING

- [Cancer Support Community](#)

PALLIATIVE CARE & HOSPICE

- [National Hospice and Palliative Care Organization](#)
- [National Institute on Aging](#)

INFORMED SURVEILLANCE

- [American Cancer Society](#)
- [National Alliance of Healthcare Purchaser Coalitions](#)

DEMANDS ON CAREGIVERS

- [Cancer Support Community](#)

PAYMENT REFORM

- [Community Oncology Alliance](#)
- [CMS Radiation Oncology Model](#)

COVID-19

- [National Cancer Institute](#)



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