

ACTION BRIEF



Employer Strategies that Drive Health, Equity and Value

ACHIEVING VALUE IN CANCER CARE

UNDERSTANDING AND SUPPORTING THE PATIENT-CENTERED CANCER JOURNEY



ACTION STEPS FOR EMPLOYERS

1. Use the patient-centered journey to frame your cancer care strategy.
2. Target the cancers most susceptible to early detection and intervention to save lives and money.
3. Encourage second opinions on cancer diagnosis and stage.
4. Reach out to newly diagnosed cancer patients and their caregivers with psychosocial support, care coordination, benefits advice, and work accommodations for their entire journey.
5. Increase the use of highly effective prevention techniques.

BASE THE PURCHASER'S STRATEGY ON THE CANCER PATIENT'S EXPERIENCE

Purchasers increasingly are noticing the dramatic changes that cancer is having on their workforce and benefit strategies. Not only has increased survivorship resulted in more employees or family members at one step or another of cancer care, but the costs of that care sometimes seem as if they will break the bank.

In 2019, the National Alliance released *Achieving Value in Cancer Care*, a survey of how the nation's largest health plans are encouraging higher-quality cancer care while managing costs, i.e., increasing the value of cancer care.

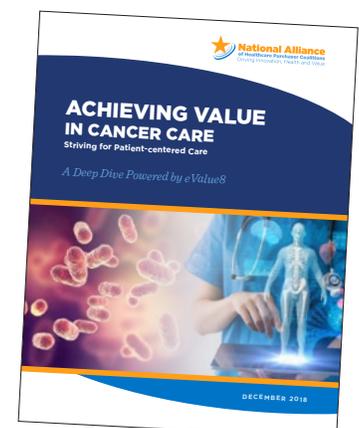
This *Action Brief* distills that snapshot of health plan performance and recommended purchaser actions into steps purchasers can take at the outset of a cancer patient's journey. As discussed below, the patient journey is a useful lens for a wholistic view of what the cancer patient and his or her family will experience.

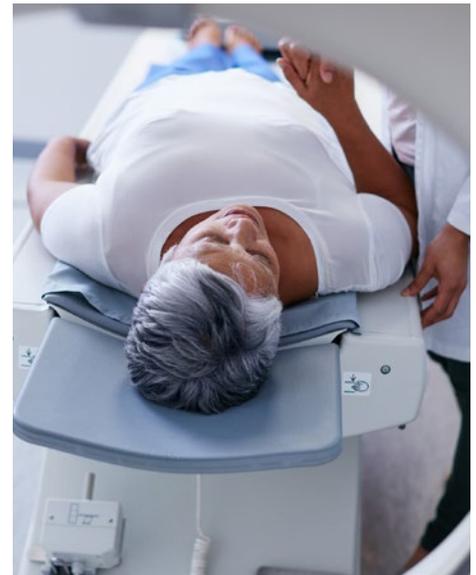
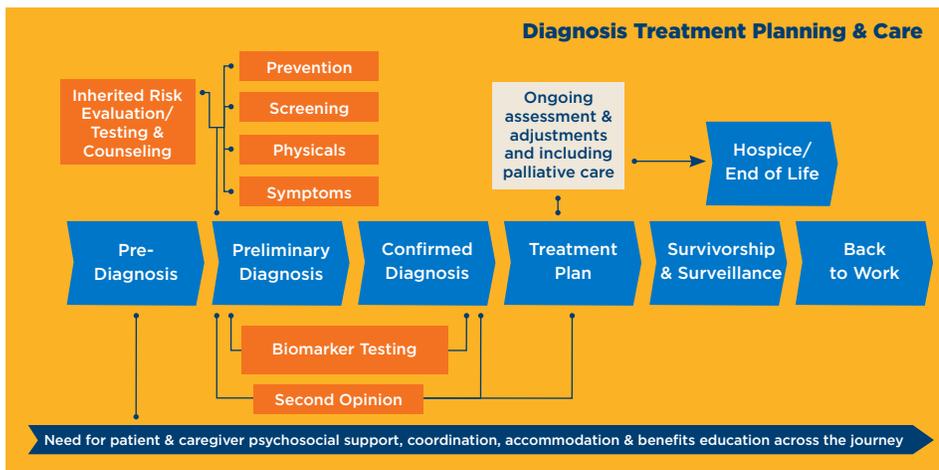
1. Use the patient-centered journey to frame your cancer care strategy.

Cancer risk assessment, prevention and screening can prevent or mitigate the

"The overall age-adjusted cancer death rate rose during most of the 20th century, peaking in 1991 at 215 cancer deaths per 100,000 people, mainly because of the smoking epidemic. As of 2017, the rate had dropped to 152 per 100,000 (a decline of 29%) because of reductions in smoking, as well as improvements in early detection and treatment."

— American Cancer Society, *Cancer Facts & Figures, 2020, p.1*





risk of cancer and contribute to early diagnosis and treatment.

By tracing the cancer patient’s path as if walking with them, purchasers not only can achieve a comprehensive view of a patient experience that may unfold over years, but also can identify key spots for strategic value-enhancing initiatives.

There are numerous touchpoints along the patient journey. In this brief, we address screening and early detection, second opinions, genetic testing, and prevention. In the next two briefs in this series, we delve into such topics as treatment planning, return to work, and end-of-life matters, to name a few.

In addition, we will discuss the need that patients and caregivers have for psychosocial support, care coordination, and work accommodations which arise throughout the entire journey.

2. Target the cancers most susceptible to early detection and intervention to save lives and dollars.

Cost of Treating Breast Cancer by Stage (thousands of dollars)		
Stage	Cost 1 Year after Diagnosis	Cost 2 Years after Diagnosis
0	60.6	71.9
I/II	82.1	97.0
III	129.4	159.4
IV	134.7	182.7

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4822976/> (2016) Costs=Allowed Costs

Early detection and diagnosis of many cancers can result in superior outcomes and lower cost; yet HEDIS cancer screening rates have considerable room for improvement—for example, **breast (70.7%)** and **colorectal (60.3%)** cancers in PPOs.

Purchasers should:

- ▶ Ask their health plans how they are addressing the root causes of low screening rates for breast, cervical, colorectal, human papillomavirus (HPV), and lung cancers and how they propose to make screening services more accessible.
- ▶ Work with health plans to identify and mitigate racial, cultural, geographical and other disparities in access to and use of screening services
- ▶ Collaborate with providers or other stakeholders (e.g., American Cancer Society) to make screening services more accessible (e.g., bring screening to worksites with large concentrations of employees).
- ▶ Consider tracking compliance rates for United States Preventive Services Task Force USPSTF recommendations for HPV and low-dose lung cancer screening.
- ▶ Continue smoking cessation programs.

Our survey also found that health plans had different policies regarding the coverage of testing for genetic profile used to identify individuals with the

inherited gene-specific mutations that increase cancer risk.

All the plans in our survey provided full coverage for genetic testing but differed in their requirements for interpretation of the results. Some required interpretation by an in-network genetic counselor, while others only *recommended* interpretation by a genetic counselor. Guidelines for gene-based screening are available from the [United States Preventive Services Task Force](#), the [National Comprehensive Cancer Network](#) and the [American Society of Clinical Oncology](#).

Purchasers should:

- ▶ Confirm that their plan covers genetic screening of individuals with appropriate risk profiles (e.g., family history, certain occupations).
- ▶ Ensure that genetic counseling is required and reimbursed for genetic screening/risk evaluation whenever testing results in a positive finding.

3. Encourage second opinions on cancer diagnosis and stage.

Second opinions for cancer patients pertain not only to treatment, but also to *diagnosis, including review of pathology by a second pathologist*. Getting the right diagnosis, including the stage of cancer, is critical because treatment guidelines based on the best available evidence are *specific to both diagnosis and stage*.

Purchasers should:

- ▶ Encourage second opinions at Centers of Excellence (CoEs). Not all cancers need CoEs for treatment, but CoEs can be invaluable in equipping cancer patients with high-quality second opinions.
- ▶ Though still rare, consider offering patient access (including virtually) to tumor boards. This can be particularly helpful for complex or particularly life-threatening cancer.
- ▶ Ask your health plan about implementing Shared Decision Making for conditions with multiple equally effective treatment alternatives.

4. Reach out to newly diagnosed cancer patients and their caregivers with psychosocial support, care coordination, benefits advice, and work accommodation for their entire journey.

Cancer patients and their families need support throughout their journey. This is particularly true at the outset, when the greatest opportunities for value enhancement occur.

The range of support needed is wide and includes such services as:

- ▶ Psychosocial support as early in the journey as possible, whether the news is good or bad.
- ▶ Financial counseling and advance care planning, again as early in the journey as possible.
- ▶ Help coordinating care across multiple specialties, treatments and locations.
- ▶ FMLA and ADA accommodation as treatment unfolds.

The services patients and caregivers need include some that are familiar to employers and their health plans, but a large number of services are new or only recently emerging.

Our survey found that most health plans provide specialized cancer case-management programs and/or offer

FAST FACT

Some cancers can be treated with a range of treatments: chemotherapy, surgery, radiation, or even watchful waiting or surveillance. To determine the optimal course, it may be useful to have a **“tumor board”**—where specialists from each of these disciplines meet to discuss the specific patient’s disease and weigh the risks and benefits of the different treatment options—and for the patient to participate.

cancer patient-centered medical homes (PCMHs), but the services provided overlap. We also found that there is an inconsistent scope and depth of offerings, for example:

- ▶ Only one plan required cancer PCMHs to provide patient-reported outcomes, genetic counseling, financial counseling, rehabilitation services, nutrition counseling, and survivorship care planning.

...more than half the respondents who had emotional concerns upon diagnosis (56%) were not referred to services that could help with their anxieties and fears.

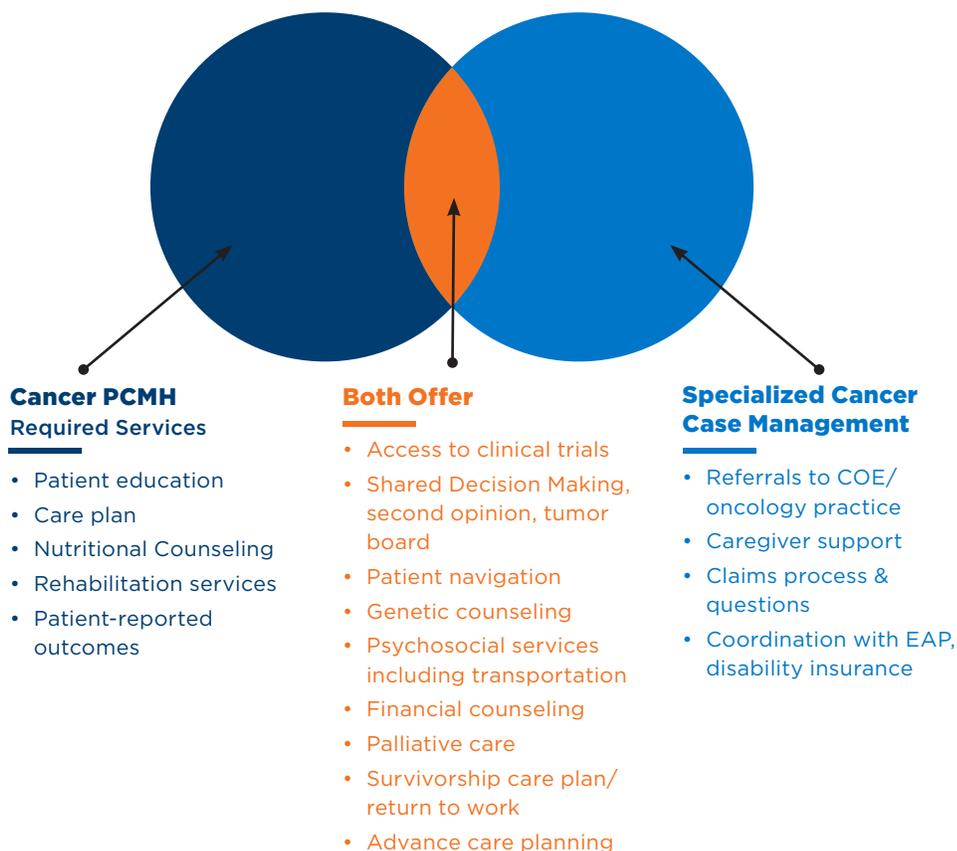
Source: Cornado, et al., Current Oncology, Vol. 24, No. 5, October 2017, p. 332 [Based on a survey of over 17,000 cancer patients]

A major challenge, which can be particularly frustrating at the outset, is simply **“who does what?”**

Without a clear delineation of responsibilities, confusing signals, overlapping services and gaps can all contribute additional stress that no newly-diagnosed cancer patient needs.

Purchasers should:

- ▶ Communicate to their entire workforce the availability of support services from the time they or a family member considers getting a cancer screening throughout the rest of the cancer patient journey. Whether provided by an EAP or another locus, the right support at the outset is perhaps the greatest



value enhancement an employer can contribute.

- ▶ Require a health plan commitment to patient-centered cancer care, matching patients with the best support option available to them today, whether sponsored by the plan, a provider/cancer center, or a third party.
- ▶ Delineate responsibility for provision of cancer support (nonclinical) services.
- ▶ Suggest that members bring a relative or friend with them to initial cancer diagnosis visits, in order to take notes and provide support.

5. Promote the use of highly effective preventive techniques.

The National Alliance has published numerous studies on prevention, so in this module, we focus only on cancer prevention. The CDC notes that vaccines for hepatitis (HBV) and HPV can prevent cancer and advises that individuals can lower their cancer risk by making these healthy choices:

- ▶ Avoiding tobacco.
- ▶ Protecting skin from sunlight.
- ▶ Limiting alcohol intake.
- ▶ Maintaining a healthy weight.
- ▶ Getting tested for Hepatitis C.

The value of these cancer prevention practices is underscored by the [CEO Cancer Gold Standard](#). Purchasers should make sure to include these cancer prevention services in their current prevention programs.



*“HPV vaccination [and] smoking cessation... are things that we know work, are likely to have a big benefit, but have not really penetrated into the population as much as they should.”**

—Timothy Rebbeck, Professor of Cancer Prevention at the Harvard T.H. Chan School of Public Health, Harvard Gazette, February 21, 2020

RESOURCES FOR EMPLOYERS

TIPS FOR THE NEWLY DIAGNOSED

- [Cancer Support Community](#)

MANAGING CANCER AT WORK

- [Johns Hopkins](#)

COALITIONS' WORK

- [Northeast Business Group on Health](#)
- [MidWest Business Group on Health](#)
- [Florida Alliance for Healthcare Value](#)

PSYCHOSOCIAL AND OTHER SUPPORT

- [Institute of Medicine. 2008. Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs. Washington, DC: The National Academies Press](#)



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