

 National Business Group on Health

 National Comprehensive Cancer Network®

An Employer's Guide to
Cancer Treatment & Prevention

Cancer in the Workplace: Recommendations for Employer-Sponsored Benefits

Presentation to Georgia Society of Clinical Oncology

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 **GASCO**
GEORGIA SOCIETY OF CLINICAL ONCOLOGY

Objectives

- Introduce the National Comprehensive Cancer Network (NCCN) and the National Business Group on Health (NBGH)
- Describe employers' perspectives on cancer
- Describe the NBGH – NCCN collaboration and project objectives
- Implications for oncologists
- Project Overview – medical and pharmacy benefit recommendations; disability and leave issues
- Q & A



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About the National Business Group on Health

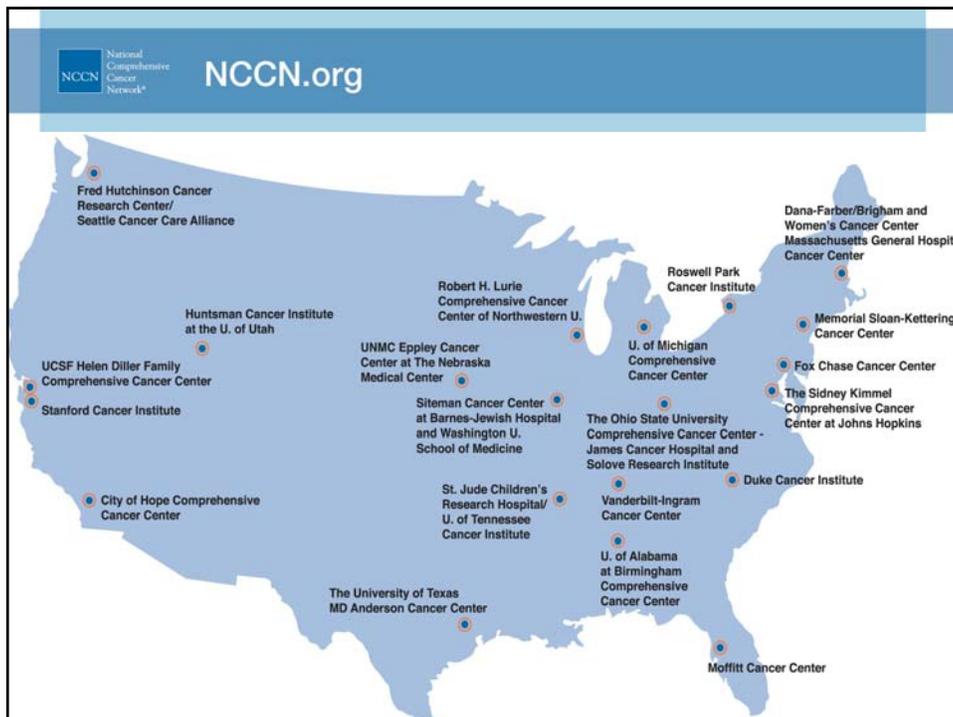
- Represents approximately 340 large, self-funded employers, including two-thirds of the Fortune 100; offices in Washington, DC
- The nation's only non-profit organization devoted exclusively to:
 - Finding innovative and forward-thinking solutions to large employers' health care and related benefits issues
 - Speaking for large employers on national and state health issues
- NBGH members provide health care coverage to over 50 million U.S. workers, retirees and their families



About National Comprehensive Cancer Network

- A not-for-profit alliance of 21 academic cancer centers across the United States
- Widely considered the arbiter of high quality cancer care
- NCCN's evidence-based resources and programs are intended to:
 - Improve the quality of patient care
 - Facilitate the process of making treatment decisions between physicians and patients
- NCCN Clinical Practice Guidelines and other resources are widely used by physicians, nurses, pharmacists, billing staff, managed care organizations and patients





NCCN Clinical Resources

- NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) address more than 97% of cancers; available free at NCCN.org
- Drugs and Biologics Compendium® - available by subscription
- NCCN Guidelines for Patients™ – a subset of NCCN's professional Guidelines translated for non-clinicians – available *free* at NCCN.com
 - Nine Patient Guidelines are currently available
 - Paper copies can be requested (free) – limited quantities available



NCCN Guidelines for Patients

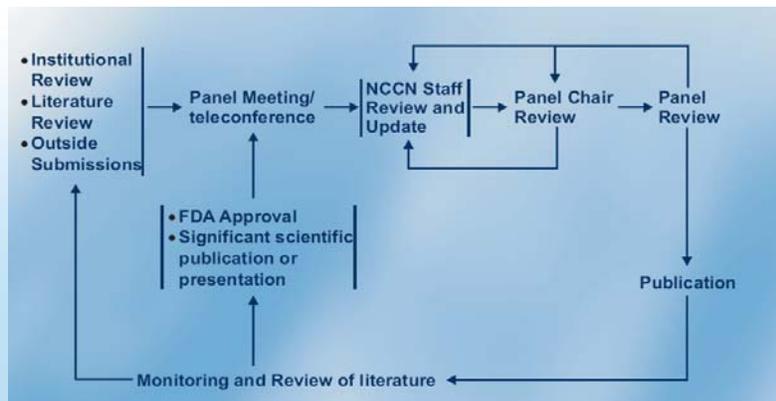


NCCN Clinical Practice Guidelines

- Cover the vast majority of cancers
- 46 multidisciplinary panels with 25-30 experts per panel (975 panel members volunteered 19,000 hours in 2011 to develop and update content)
 - Funded by NCCN Member Institutions' dues
 - Transparency is a top priority: conflict of interest disclosures required annually and at each panel meeting
- Widely used as the basis for coverage policy and quality evaluation (CMS, Aetna, UnitedHealthcare, Blues plans and other managed care organizations)



Guideline Development and Continual Updating



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Building NCCN Clinical Practice Guidelines

Guideline based on high level evidence



Continuum of disease and patient care



Guideline with expert consensus

- High-level evidence (from peer-reviewed literature, high quality clinical trials)
- Gaps in evidence filled with expert consensus



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NCCN Biomarkers Compendium: In Development

- NCCN Biomarkers Compendium is intended to:
 - Ensure access to appropriate testing as recommended in NCCN Guidelines
 - Identify the utility of biomarkers to screen, diagnose, monitor, or provide predictive or prognostic information
 - Discriminate between clinically useful biomarkers and those that are not yet clinically indicated
- Directly derived from NCCN Guidelines
- Expected launch: September 2012



NCCN Biomarkers Compendium: Evidence of Clinical Utility

NCCN Guideline panels require data that support clinical utility for testing:

- Data demonstrating that the biomarker affects treatment decisions
- Evidence that the biomarker can divide patients into specific clinically-relevant subgroups
- Widespread availability of reliable testing



Biomarker Recommendations in NCCN Guidelines

More than 800 recommendations related to:

- Determining risk of disease (BRCA-1/BRCA-2)
- Screening (PSA for prostate)
- Diagnostic value (BCR/ABL in CML)
- Prognostic value (CA 19-9 in pancreas)
- Predictive value (ER/PR status in breast)
- Risk of toxicity (UGT1A1*28 allele for irinotecan)
- Response/disease monitoring (AFP; HCG in testicular cancer)



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New NCCN Biomarkers Compendium

NCCN National Comprehensive Cancer Network

NCCN Biomarkers Compendium™

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Disease Description	Disease Indications Specific	Chromosome	Gene Symbol	Molecular Abnormality	Test Detects	Methodology	NCCN Category of Evidence	Specimen Types	NCCN Recommendation: Clinical Decision	Test Purpose	Guideline Page with Test Recommendation
Melanoma	Advanced or metastatic melanoma	7q34	BRAF	BRAF V600 mutation	mutation		1		Systemic therapy options for advanced or metastatic melanoma; Vemurafenib is recommended for patients with V600 mutation of the BRAF gene documented by an FDA approved or Clinical Laboratory Improvement Amendments (CLIA) - approved facility.	predictive	ME-E 1 of 3

NCCN Recommendation: Clinical Decision

Systemic therapy options for advanced or metastatic melanoma; Vemurafenib is recommended for patients with V600 mutation of the BRAF gene documented by an FDA approved or Clinical Laboratory Improvement Amendments (CLIA) - approved facility.



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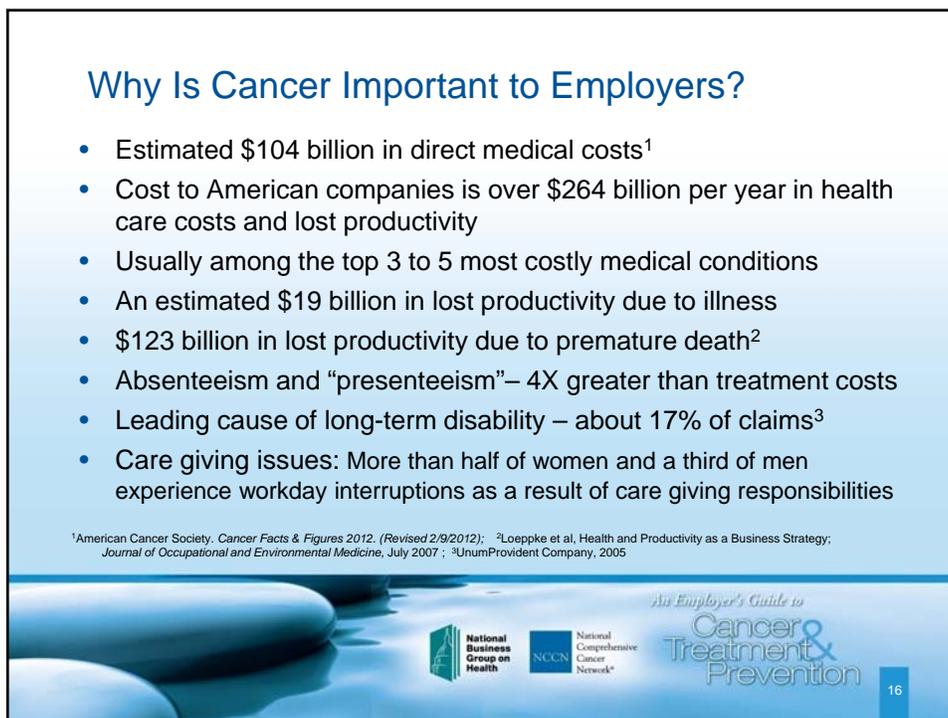
The Employer Perspective



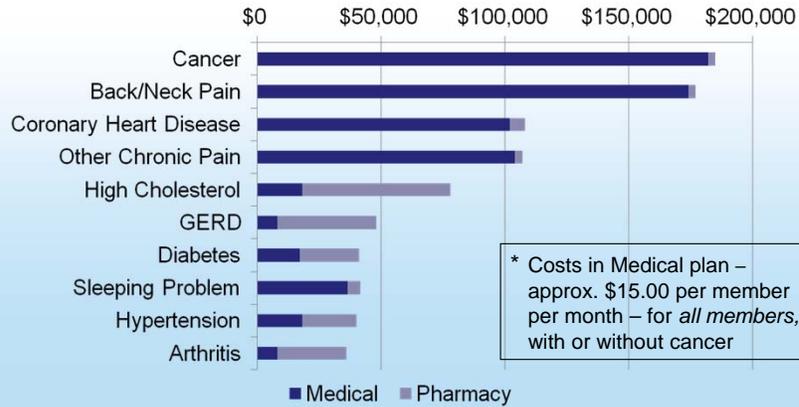
Why Is Cancer Important to Employers?

- Estimated \$104 billion in direct medical costs¹
- Cost to American companies is over \$264 billion per year in health care costs and lost productivity
- Usually among the top 3 to 5 most costly medical conditions
- An estimated \$19 billion in lost productivity due to illness
- \$123 billion in lost productivity due to premature death²
- Absenteeism and “presenteeism”— 4X greater than treatment costs
- Leading cause of long-term disability – about 17% of claims³
- Care giving issues: More than half of women and a third of men experience workday interruptions as a result of care giving responsibilities

¹American Cancer Society. *Cancer Facts & Figures 2012*. (Revised 2/9/2012); ²Loeppe et al, Health and Productivity as a Business Strategy; *Journal of Occupational and Environmental Medicine*, July 2007; ³UnumProvident Company, 2005



Annual Medical and Pharmacy Costs for Top Ten Medical Conditions, per 1000 employees



Loeppke et al, Health and Productivity as a Business Strategy, Journal of Occupational and Environmental Medicine, July 2007



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Lost Productivity by Chronic Disease



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STD and Lost Productivity

Short-Term Disability-2010 ¹	
Median STD Claims Per 100 EEs	8.2
Median STD Duration (days)	54.7
Median Cost Per Employee	\$299
Median Lost Workdays Per 100 EEs	272.3

Malignant Neoplasms ²	
Percent of Claims	6%
STD Duration (days)	93

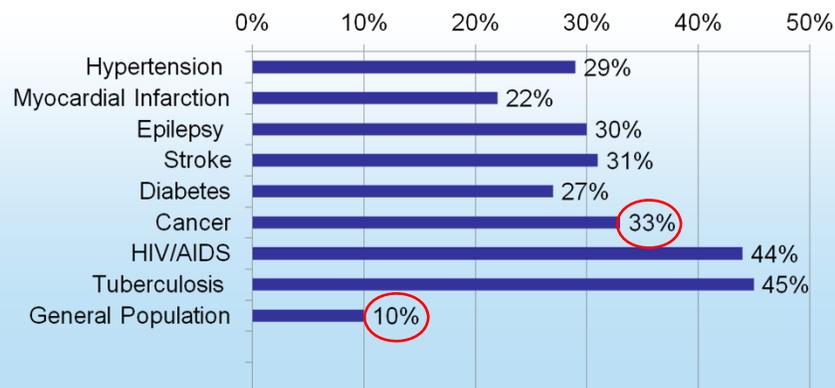
¹Managing Workforce Absence & Productivity, EMPAQ Annual Report, National Business Group on Health, Program Year 2010
²Reed Group, Interview with Kevin Curry, June 2012



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Prevalence of Major Depression with Physical Illnesses



Investing in Mental Health, WHO, 2003



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What Employers Want

- Evidence-driven benefits
- Evidence-based, personalized care for beneficiaries
- Integration and coordination across the benefit continuum and throughout the cancer continuum
- Vendor accountability
- Confidence that they are investing benefit dollars wisely



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How This Project Can Help Employers

- Employers are concerned about cancer but haven't made it a priority.
- They lack knowledge and resources to take action.
- This project was undertaken to provide clear, easy to use resources including benefit recommendations, objectives and guidance.
 - Easy to compare with current benefits
 - Easy to assess when benefit changes make sense
 - Request for proposal (RFP) tools to aid in vendor selection
 - Guidance regarding vendor accountability
 - Guidance regarding communication with employees



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Approach

- Health Care Benefits Plan (Year 1)
 - General Medical
 - Pharmacy
- Health and Productivity (Year 2)
 - Short- term Disability
 - Family Medical Leave
 - Employee Assistance Programs
- Health Promotion/Wellness (Year 3)
 - Beneficiary Education
 - Prevention, Screening & Surveillance
 - Survivorship

All resources developed through this collaboration are available free to all.

Working group consists of staff from NBGH and NCCN, supported by an Advisory Committee that includes representatives from all stakeholder groups:

- Cancer centers (physicians)
- Employers/benefit managers
- Patient advocates
- Managed care plans
- PBMs
- Pharmaceutical industry
- American Cancer Society
- Benefit consultants
- Disability & EAP vendors

Advisory Committee approves all deliverables.



The Toolkit

- **Tool 1 – Quick Reference Guide:** A brief summary of benefit and program recommendations across the benefit continuum.
- **Tool 2 – Employer Benefit Design and Assessment:** Provides practice recommendations and suggestions for comprehensive benefits, along with a methodology employers can use to assess their current benefits.

Includes recommendations related to medical and pharmacy benefits, short-term disability, family medical leave and employee assistance programs.



Guide for Employers, Relevant for Oncologists

- Oncologists can help patients covered by employer-sponsored medical and pharmacy plans by:
 - Understanding what's covered and not covered; out-of-pocket costs
 - Reducing financial impact on patients when possible
- Understand family and caregiver issues
- Address depression and other behavioral health issues
- Coordinate with short-term disability managers
 - Understand patient's work requirements (physical, cognitive)
 - Understand patient's preferences regarding work
 - Recommend workplace accommodations
 - Certify disability leave and appropriate duration
 - Schedule treatments to minimize absence from work, when possible



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Sample of Medical Benefit Recommendations

- Medical plan network should include access to a wide range of cancer care specialists, both in the community setting and in academic and NCI-designated cancer centers.
- Benefit plan should cover second opinion services for individuals with a diagnosis or suspected diagnosis of cancer.
- Benefit plan should provide coverage for *routine costs of care* when a patient is enrolled in an approved cancer clinical trial. Level of coverage should be the same as for comparable services provided outside of a clinical trial.

Definitions and additional detail included in Tool 2.



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Sample of Medical Benefit Recommendations

- Benefit plan should include hospice coverage for individuals with an estimated life expectancy of 12 months or less.
 - While obtaining hospice services, beneficiaries should continue to have coverage for participation in approved clinical trials.
 - Reimbursement for routine costs of care when part of a clinical trial should be paid over and above the hospice per diem.
 - Residential services should be a covered benefit when a beneficiary is:
 - Eligible for and enrolled in a hospice program;
 - Needs care 24/7 care but hospitalization is not required; and
 - If family and/or volunteer caregivers are not available or able to provide necessary care.



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Sample of Medical Benefit Recommendations

- Benefit plan should reimburse physicians for consultation with patients and family members about all options for care, both during active treatment and at end of life.
 - Discussion topics may include evidence-based treatment options, palliative care (both during treatment and at end of life), discontinuation of treatment with curative intent and hospice.
- Benefit plan should cover nutrition counseling and medical nutritional therapy for individuals with cancer.
- Benefit plan should cover standard fertility preservation treatments when a medically necessary cancer treatment may directly or indirectly cause infertility.



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Sample of Medical Benefit Recommendations

- Benefit plan should cover dental prevention services and treatments *in the medical plan* when such services are required prior to, during or after cancer treatment of stem cell transplantation, and when not otherwise covered by the dental benefit plan.
 - Provider network should include dentists and oral surgeons (DDS and MD/DDS) at academic medical centers and cancer centers.
- Benefit plan should cover biomarker and molecular testing based on NCCN Guideline recommendations.
- Benefit plan should cover genetic testing and counseling for risk assessment of individuals with significant personal or family history, based on NCCN Guideline recommendations.



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Sample of Medical Benefit Recommendations

- Oncologists should be reimbursed for screening, assessing and diagnosing behavioral conditions.
- Benefit plan should cover elements of collaborative care for patients who are diagnosed with a behavioral health disorder (e.g., depression) but are primarily treated in a medical setting.



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Pharmacy Benefit Recommendations

- Reasonable out-of-pocket thresholds (i.e., \$100 per prescription and maximum \$200 per month); should be established so that cost is not a significant barrier for patients to obtain their medications.
 - Benefit plan should include one individual and one family out of pocket maximum that applies to combined medical and pharmacy expenses.
 - Specialty Pharmacy programs should counsel individuals who are prescribed oral oncology drugs to reduce prescription abandonment and non-compliance.



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Pharmacy Benefit Recommendations

- Medical plans, pharmacy benefit plans and specialty pharmacy benefit plans should cover evidence-based cancer treatment, whether paid under the medical or pharmacy benefit. This includes coverage for off-label use, as indicated in NCCN Guidelines with Category 1, 2a or 2b level of evidence.
- Benefit plan should establish parity of patient cost-sharing between the medical and pharmacy benefits.



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Disability and Family Medical Leave

Common themes:

- Cancer creates productivity implications for employees whether dealing with their own or a loved one's cancer
- Positive impact when integration and coordination across benefits and programs is a priority
- Vendors and Human Resources team need a basic understanding of cancer-related issues (physical, cognitive, emotional) that may occur during treatment and survivorship
- Reasonable work accommodations should be offered by employers when the employee is undergoing treatment, returning to work or serving as a caregiver



Disability and Family Medical Leave

Common themes:

- Screening for depression and other behavioral health issues can be done at many times and places
 - Physician or other clinic staff
 - Disability case manager
 - Employee Assistance Program staff
- Physicians can help employees remain at work, whether the employee is the patient or a caregiver; impact on retaining income, benefits and support system
 - Time and place of treatment
 - Choice of treatment (e.g., oral vs. infusion)
 - Side effect prevention and management



To Access the Tools:

www.businessgrouphealth.org

- Click on "Cancer" under the list of "Hot Topics"

An Employer's Guide to Cancer Treatment and Prevention, Executive Summary
The document gives an overview of the Business Group's current cancer initiatives, an explanation of the National Advisory Committee, and a description of the National Advisory Committee.

An Employer's Guide to Cancer Treatment and Prevention, Tool 1: Health Information and Assessment
Provides health managers with a checklist of key health data to be collected for the current year, as well as a list of potential health benefits, including behavioral health, planned benefits, case management, employee assistance programs, and other health-related programs. Includes a checklist of key health information to be collected for the current year.

An Employer's Guide to Cancer Treatment and Prevention, Tool 2: Plan Design and Assessment for Financial, HR, and Compliance Considerations
This tool is intended to be used in creating a plan that will be used to fund employer medical and pharmacy benefits. The tool can be used to determine the extent to which current policies are meeting or can meet key benefit specifications and to evaluate potential options to improve which are within compliance with ERISA, ACA, and other applicable laws and regulations.

An Employer's Guide to Cancer Treatment and Prevention, Tool 3: Benefit Coordination and Administration
This tool can be used to assess benefit managers in the context of their role with medical and pharmacy benefits, and to evaluate the performance of the current or existing program and case management program.

- HOT TOPICS
- Cancer
 - Real Employers Awards
 - Plan Design Network
 - Prevention
 - WISCOPE
 - ERRANDS
 - Tobacco Cessation
 - Solutions
 - Global Health Benefits
 - Additional Topics

Tool 2: Plan Design & Assessment Tool

1.0 General Medical & Behavioral Health

Medical Benefits 1.1

Recommended Benefits or Practices

Health plan should include access, within the available provider network, to a wide range of cancer care providers, including medical oncologists, hematologists, radiation oncologists, oncology nurses, palliative care specialists, pathologists and other specialists. Plan should also provide for the continuity of care and a high-quality, evidence-based cancer center, such as National Cancer Institute (NCI) designated Comprehensive Cancer Centers, NCI Cancer Centers, which provide access to multidisciplinary care for rare and complex cancers.

Objectives

- To ensure that beneficiaries have access to the expertise needed to accurately diagnose and appropriately treat their cancer.

Benefit Plan Recommendation

- Apply the Plan General Medical Benefit or Pharmacy Definition Advisory number of specialists and a sufficient number of providers in the network.
- Access to the Care Sharing (Health) and other network providers in the community and those in academic medical center settings.

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Contact information

For additional information about the project or the *Toolkit*, please contact:

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