BCBS Georgia Cancer Care Quality Program

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Rising Healthcare Costs Are Unsustainable

In 3 years, premiums and out of pocket health care costs for a family are projected to equal half the median household income.

## The cost of cancer treatment is a financial burden

<table>
<thead>
<tr>
<th>Huge Costs…</th>
<th>Like new drugs…</th>
<th>Impact productivity…</th>
<th>and create hardships</th>
</tr>
</thead>
<tbody>
<tr>
<td>$267 billion</td>
<td>$100,000</td>
<td>36%</td>
<td>$26,860</td>
</tr>
</tbody>
</table>

- **$267 billion**: Total cost of cancer in the U.S., includes medical costs and costs from lost productivity.  
- **$100,000**: Average yearly cost for newer oncology products.  
- **36%**: Percentage of employees who do not return to work after cancer treatment.  
- **$26,860**: Mean amount of debt for cancer patients.  

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### Incidence of bankruptcy one year after a cancer diagnosis

<table>
<thead>
<tr>
<th>Cancer Type**</th>
<th>Incidence*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thyroid</td>
<td>9.3</td>
</tr>
<tr>
<td>Lung</td>
<td>9.1</td>
</tr>
<tr>
<td>Uterine</td>
<td>6.8</td>
</tr>
<tr>
<td>Leukemia/lymphoma</td>
<td>6.2</td>
</tr>
<tr>
<td>Colorectal</td>
<td>5.9</td>
</tr>
<tr>
<td>Melanoma</td>
<td>5.7</td>
</tr>
<tr>
<td>Breast</td>
<td>5.7</td>
</tr>
<tr>
<td>Prostate</td>
<td>3.7</td>
</tr>
</tbody>
</table>

**Source: Ramsey S, Blough D, Kirchhoff A. Cancer Patients Found to be at Greater Risk for Bankruptcy than People Without a Cancer Diagnosis. Health Affairs, 32: 1143-1152, 2013.**

*Per 1000 Person-Years
Quality of cancer care is inconsistent

• Up to 1 in 3 people treated with chemotherapy do not receive a treatment regimen that is consistent with current medical evidence and best practices

• People are often hospitalized during treatment because of side-effects which could be avoided by using less toxic treatment regimens and appropriate supportive care

• People frequently receive tests and treatment that they do not need, putting them at risk of side-effects, as well as imposing an additional care burden and cost

Widespread Variation in use of CSF with Cancer Rx

Variation in Percent of Chemotherapy Episodes with CSF Prescribed by Practice 2009-2011

Source: WellPoint affiliated health plans internal data 2012
Imaging often repeated

Source: Journal of the American College of Radiology 2012; 9:33-41
ASCO Choosing Wisely highlights unnecessary care

1. Don’t give **anti-nausea drugs** (anti-emetics) to patients starting on chemotherapy regimens that have low or moderate risk of causing nausea and vomiting.

2. Don’t use **combination chemotherapy** (multiple drugs) instead of single-drug chemotherapy when treating an individual for metastatic breast cancer unless the patient needs urgent symptom relief.

3. Avoid using **advanced imaging technologies** — positron emission tomography (PET), CT and radionuclide bone scans — to monitor for a cancer recurrence in patients who have finished initial treatment and have no signs or symptoms of cancer.

4. Don’t perform **PSA testing** for prostate cancer screening in men with no symptoms of the disease when they are expected to live less than 10 years.

5. Don’t use a **targeted therapy** intended for use against a specific genetic abnormality unless a patient’s tumor cells have a specific biomarker that predicts a favorable response to the targeted therapy.
New cancer drugs are becoming more expensive . . .

Monthly and median cost of cancer drugs at the time of FDA approval (1965 – 2013)

13 new cancer treatments approved by FDA in 2012

1. May extend survival by more than a median of 6 months

2. Survival extended by only 4-6 weeks

$5,900

Average cost of treatment per month

Institute of Medicine report recommends measures to improve quality and affordability of cancer care
Together, we can transform cancer care

Oncology Practice Revenue Sources

Chemotherapy Accounts for 25% of Health Plan Cost of All Cancer Care

Reimbursement model must change so that focus shifts to providing cancer care that is value-based and patient-centered.

WellPoint affiliated health plans internal data 2012
Our Model: a Quality Initiative

- BCBS Cancer Care Quality Program provides a framework for rewarding high quality cancer care

- Oncologists participating in the Cancer Care Quality Program will receive additional payment for treatment planning and care coordination when they select a treatment regimen that is on Pathway

- Practices participating in the Program can gain efficiency through synchronization with Health Plan Medical Policy and Clinical Guidelines
US Oncology found pathways associated with same overall survival and 30% lower cost

Overall survival by Pathway status

12-month cumulative cost by Pathway status

Neubauer M A et al. JOP 2010;6:12-18
WellPoint Approach to Pathway Development

Data from trials, publications, and compendia for many different patient populations are extracted, reviewed, and analyzed.

Medical evidence is synthesized by national experts into clinical guidelines. Evidence is also used by health plan committees to develop medical policies and utilization management guidelines used in making benefit coverage determinations.

Pathways are a subset of regimens supported by evidence and clinical guidelines and aligned with health plan medical policies. Pathways are intended to be applicable for 80%-90% of patients and are selected based on:

1. Clinical benefit (efficacy)
2. Side effects/toxicities (especially those leading to hospitalizations & impact quality of life)
3. Strength of national guideline recommendations
4. Cost of regimens

WellPoint Pathways are developed through a rigorous evidence-based medicine process and reviewed by external advisors.

WellPoint’s external advisors include ~10 oncologists from geographically diverse academic and community oncology practices who have specific interest in quality of care; 4 are affiliated with NCI-designated cancer centers, 6 with Blue Centers of Distinction, and 6 have served on national committees for organizations such as NQF, ASCO, and IOM to improve the quality of cancer care.
## Variation in outcomes for 1st line platinum regimens for lung cancer*

<table>
<thead>
<tr>
<th></th>
<th>Estimated Survival (months)</th>
<th>Grade 3-4 Adverse Events</th>
<th>Any serious AE (Hospitalization)</th>
<th>Deaths on Rx (Deaths due to Rx)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rx A</td>
<td>13.0 (NR) mos.</td>
<td>N/V risk: Moderate* FN + infection: 1% Neuropathy: 11% Debilitating fatigue: 6%</td>
<td>53% (**)</td>
<td>&lt;1% (&lt;1%)</td>
</tr>
<tr>
<td>Rx B</td>
<td>10.4 (9.6-11.2) mos.</td>
<td>N/V risk: High FN + infection: 4% Neuropathy: ND Debilitating fatigue: 5%</td>
<td>35% (**)</td>
<td>7% (1%)</td>
</tr>
<tr>
<td>Rx C</td>
<td>11.8 (10.4-13.2) mos.</td>
<td>N/V risk: High FN + infection: 1% Neuropathy: ND Debilitating fatigue: 7%</td>
<td>37% (**)</td>
<td>7% (1%)</td>
</tr>
<tr>
<td>Rx D</td>
<td>13.1 (NR) mos.</td>
<td>N/V risk: Moderate FN + infection: 1% Neuropathy: 3% Debilitating fatigue: 4%</td>
<td>** (**)</td>
<td>&lt;1% (&lt;1%)</td>
</tr>
<tr>
<td>Rx E</td>
<td>13.4 (11.9-14.9) mos.</td>
<td>N/V risk: Moderate FN + infection: 4% Neuropathy: 4% Debilitating fatigue: 5% Bleeding 4%</td>
<td>75% (19%)</td>
<td>5% (4%)</td>
</tr>
<tr>
<td>Rx F</td>
<td>12.6 (11.3-14.0) mos.</td>
<td>N/V risk: Moderate FN + infection: 2% Neuropathy: 0% Debilitating fatigue: 11%</td>
<td>** (20%)</td>
<td>** (2%)</td>
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* Non-squamous histology; first line platinum based chemotherapy indicated when no EGFR or ALK mutation present ** Not reported
Socinski JCO 2012; Sandler NEJM 2006:355; Scagliotti JCO 2008:26; Reck Annals of Oncology 2010; Patel 2012
Variation in outcomes across 1st line platinum regimens for lung cancer*

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<tr>
<th>Rx</th>
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<td>10.4 (9.6-11.2)</td>
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- What is more important to the person with cancer – overall survival, surviving beyond initial few months of therapy, or quality time when not receiving chemotherapy, not in hospital?
- Do people have this information when their treatment plan is being developed?
- Which regimen would you choose?
Little variation in patient outcomes marked variation in treatment cost

<table>
<thead>
<tr>
<th>Drug Combination</th>
<th>Estimated Survival (months)</th>
<th>Deaths on Rx (Deaths due to Rx)</th>
<th>Cost (4 cycles)</th>
</tr>
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<tr>
<td>Carbo/Paclitaxel</td>
<td>13.0 (NR) mos.</td>
<td>&lt;1% (&lt;1%)</td>
<td>$452</td>
</tr>
<tr>
<td>Gem/Cis</td>
<td>10.4 (9.6-11.2) mos.</td>
<td>7% (1%)</td>
<td>$886</td>
</tr>
<tr>
<td>Cis/Pemetrexed</td>
<td>11.8 (10.4-13.2) mos.</td>
<td>7% (1%)</td>
<td>$25,619</td>
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<tr>
<td>Carbo/nab-Paclitaxel</td>
<td>13.1 (NR) mos.</td>
<td>&lt;1% (&lt;1%)</td>
<td>$24,740</td>
</tr>
<tr>
<td>Carbo/Paclitaxel/Bev</td>
<td>13.4 (11.9-14.9) mos.</td>
<td>5% (4%)</td>
<td>$39,770</td>
</tr>
<tr>
<td>Carbo/Pemetrexed/Bev</td>
<td>12.6 (11.3-14.0) mos.</td>
<td>** (2%)</td>
<td>$64,988</td>
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### Four regimens included in Pathway

<table>
<thead>
<tr>
<th>Regimen</th>
<th>Estimated Survival (months)</th>
<th>Deaths on Rx (Deaths due to Rx)</th>
<th>Cost (4 cycles)</th>
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- Pathway is specific for patients who do not have mutations such as EGFR, ALK – Pathways are personalized to tumor biology and genomics
- If the oncologist or patient determines that a different regimen is better for their unique circumstances, they are still treated according to their preference – Pathway adherence does not impact coverage determination

Socinski JCO 2012; Sandler NEJM 2006:355; Scagliotti JCO 2008:26; Reck Annals of Oncology 2010; Patel 2012
Pathways include breast, lung and colorectal, ovarian, pancreas cancer, NHL and myeloma

Available at www.cancercarequalityprogram.com
Treatment planning payments support cost-effective care

Enhanced reimbursement for treatment planning and care coordination will be provided when patient is registered with the Cancer Care Quality Program and treatment regimen is on pathway.

S0353 reimbursed $350 once at the onset of treatment.
S0354 reimbursed $350 no more than monthly while managing care for an established patient.*

S-code billing authorization is triggered through AIM ProviderPortal when practice selects a regimen that aligns with WellPoint Cancer Treatment Pathways.
Impact of enhanced reimbursement and support for Pathways

Example of Pathway regimen where enhanced reimbursement (s-code) offsets higher revenue associated with more expensive regimen.
The WellPoint Cancer Care Quality Program will be administered by WellPoint subsidiary AIM Specialty Health, a separate company.
Provider Website

www.cancercarequalityprogram.com

Hub for provider communications
- Overview and benefits
- How-to tutorial
- Tips and timelines
- FAQs
- Worksheets

Interactive tutorial

A similar chemotherapy order request can be a convenient online process when you have the information you need. Follow the examples below to guide you through the workstation.

Example (continued): How to categorize therapies and chemotherapy:

Step 1: How to categorize therapies

1. Identify the chemotherapy type:
   - Targeted therapy
   - Immunotherapy
   - Hormonal therapy

Step 2: How to set up the chemotherapy order request

1. Choose the chemotherapy type:
   - Targeted therapy
   - Immunotherapy
   - Hormonal therapy

2. Enter the chemotherapy dosage:
   -Dosage Example:
     - Targeted therapy: 100 mg/kg
     - Immunotherapy: 1 mg/kg
     - Hormonal therapy: 50 mg

3. Enter the chemotherapy duration:
   - Duration Example:
     - Targeted therapy: 1 week
     - Immunotherapy: 2 weeks
     - Hormonal therapy: 4 weeks

4. Enter the chemotherapy interval:
   - Interval Example:
     - Targeted therapy: 1 month
     - Immunotherapy: 2 months
     - Hormonal therapy: 3 months

5. Enter the chemotherapy route:
   - Route Example:
     - Targeted therapy: Intravenous
     - Immunotherapy: Subcutaneous
     - Hormonal therapy: Oral

6. Enter the chemotherapy frequency:
   - Frequency Example:
     - Targeted therapy: Daily
     - Immunotherapy: Weekly
     - Hormonal therapy: Monthly

Example (continued): How to submit the chemotherapy order request

Step 3: How to submit the chemotherapy order request

1. Review the chemotherapy order request:
   - Ensure all information is correct and complete.

2. Submit the chemotherapy order request:
   - Use your preferred method of submission:
     - Electronic: EHR
     - Paper: Hardcopy

Example (continued): How to manage chemotherapy order requests

Step 4: How to manage chemotherapy order requests

1. Monitor chemotherapy order requests:
   - Keep track of all chemotherapy orders to ensure timely delivery.

2. Follow up with oncology providers:
   - Regularly check with oncology providers to confirm chemotherapy orders.

3. Address any issues:
   - Promptly address any issues that arise with chemotherapy orders.

Example (continued): How to handle chemotherapy order requests

Step 5: How to handle chemotherapy order requests

1. Review chemotherapy order requests:
   - Ensure all chemotherapy orders are accurate and appropriate.

2. Follow up with pharmacies:
   - Regularly check with pharmacies to confirm chemotherapy orders.

3. Address any discrepancies:
   - Promptly address any discrepancies with chemotherapy orders.

Example (continued): How to track chemotherapy order requests

Step 6: How to track chemotherapy order requests

1. Use chemotherapy tracking tools:
   - Utilize chemotherapy tracking tools to monitor chemotherapy orders.

2. Report chemotherapy order requests:
   - Provide regular reports on chemotherapy orders to stakeholders.

3. Review chemotherapy order requests:
   - Regularly review chemotherapy order requests to ensure adherence to guidelines.

Example (continued): How to ensure chemotherapy order requests are complete

Step 7: How to ensure chemotherapy order requests are complete

1. Review chemotherapy order requests:
   - Ensure all chemotherapy order requests are complete and accurate.

2. Follow up with pharmacies:
   - Regularly check with pharmacies to confirm chemotherapy orders.

3. Address any missing information:
   - Promptly address any missing information in chemotherapy order requests.
Discussion