



BlueCross BlueShield
of Georgia

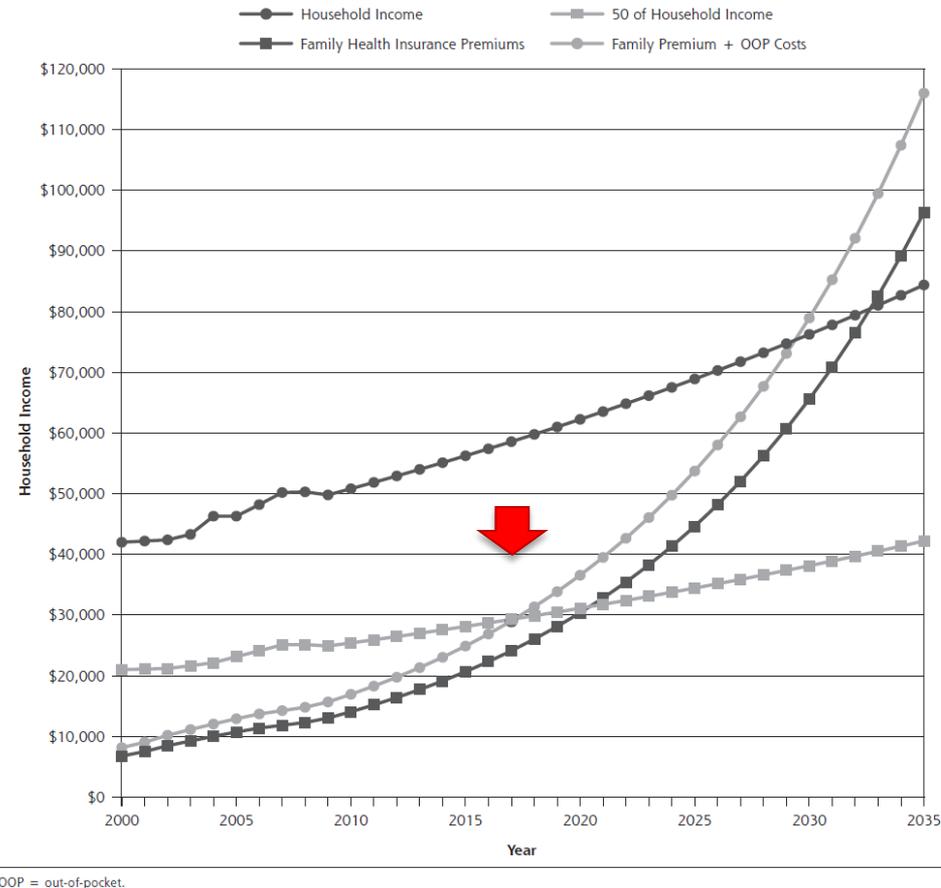
BCBS Georgia Cancer Care Quality Program

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GASCO September 6, 2014



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

Huge Costs...

\$267 billion

...total cost of cancer in the U.S.. Includes medical costs and costs from lost productivity.¹

Like new drugs...

\$100,000

...the average yearly cost for newer oncology products ²

Impact productivity...

36%

...of employees do not return to work after cancer treatment.³

and create hardships

\$26,860

...the mean amount of debt for cancer patients.⁴

1-Source: National Business Group on Health: A Purchaser's Guide to Clinical Preventive Services: Moving Science into Coverage <http://www.businessgrouphealth.org/pub/f2f59214-2354-d714-5198-3a8968092869> (accessed February 2013).

2- Source: Chase B. What's a Cancer Drug Worth? August 23, 2011. <http://www.minyanville.com/businessmarkets/articles/seattle-genetics-adcetris-dendreon-provenge-bristol/8/23/2011/id/36512#ixzz2Jg5uaa2F>

3-Source: American Cancer Society: Workplace Solutions. www.acsworkplacesolutions.com/ceocancerimpact.asp (accessed February 2013).

4-Source: Shankaran V, Jolly S, Blough D, Ramsey SD. Risk Factors for Financial Hardship in Patients Receiving Adjuvant Chemotherapy for Colon Cancer: A Population-Based Exploratory Analysis. *Journal of Clinical Oncology* 30:1608-1614..

Why is change necessary?



Incidence of bankruptcy one year after a cancer diagnosis

| Cancer Type** | Incidence* |
|-------------------|------------|
| Thyroid | 9.3 |
| Lung | 9.1 |
| Uterine | 6.8 |
| Leukemia/lymphoma | 6.2 |
| Colorectal | 5.9 |
| Melanoma | 5.7 |
| Breast | 5.7 |
| Prostate | 3.7 |

*Per 1000 Person-Years

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

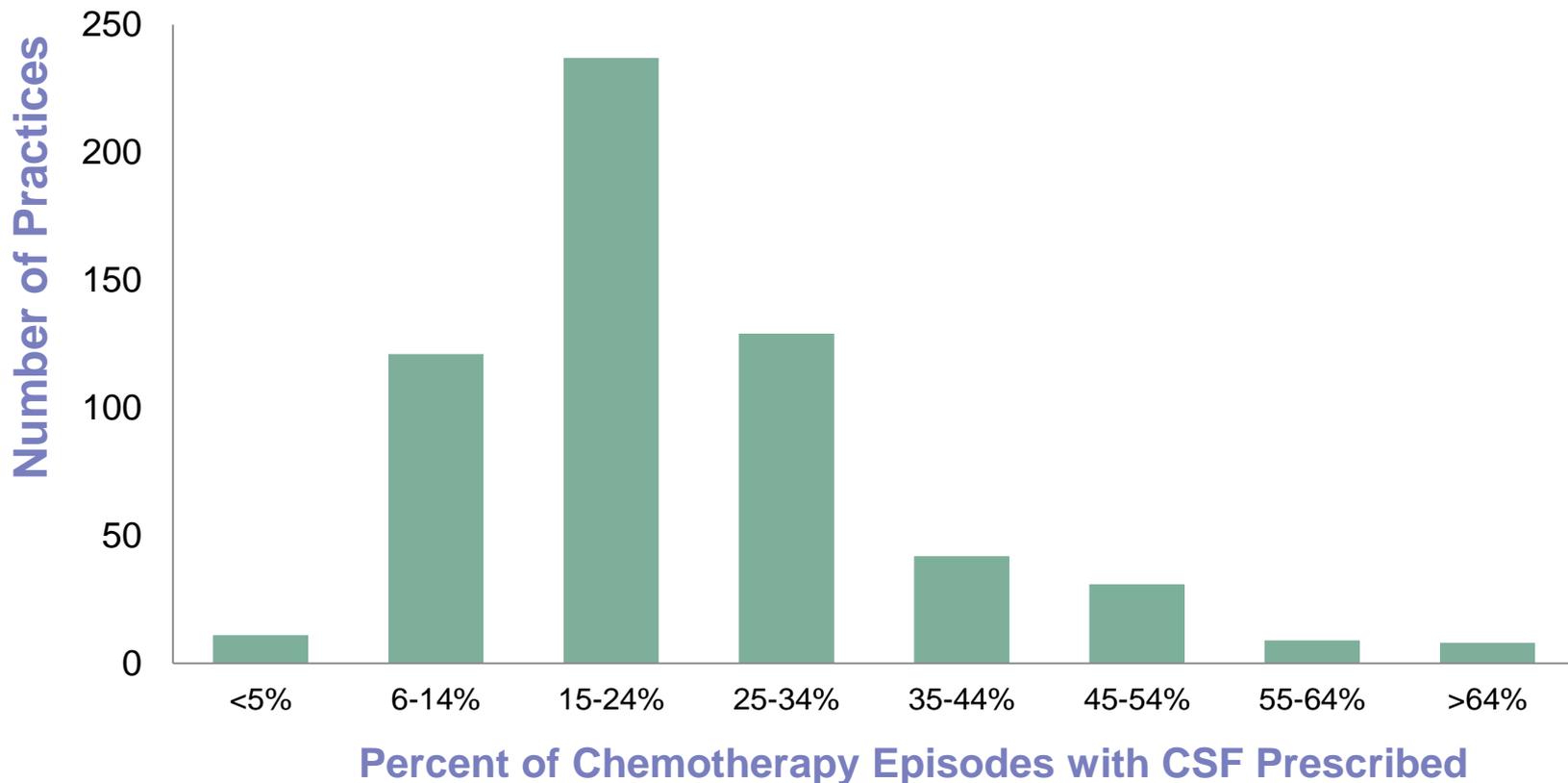
Quality of cancer care is inconsistent

- Up to 1 in 3 people treated with chemotherapy do not receive a treatment regimen that is consistent with current medical evidence and best practices¹
- People are often hospitalized during treatment because of side-effects which could be avoided by using less toxic treatment regimens and appropriate supportive care²
- 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 cost²

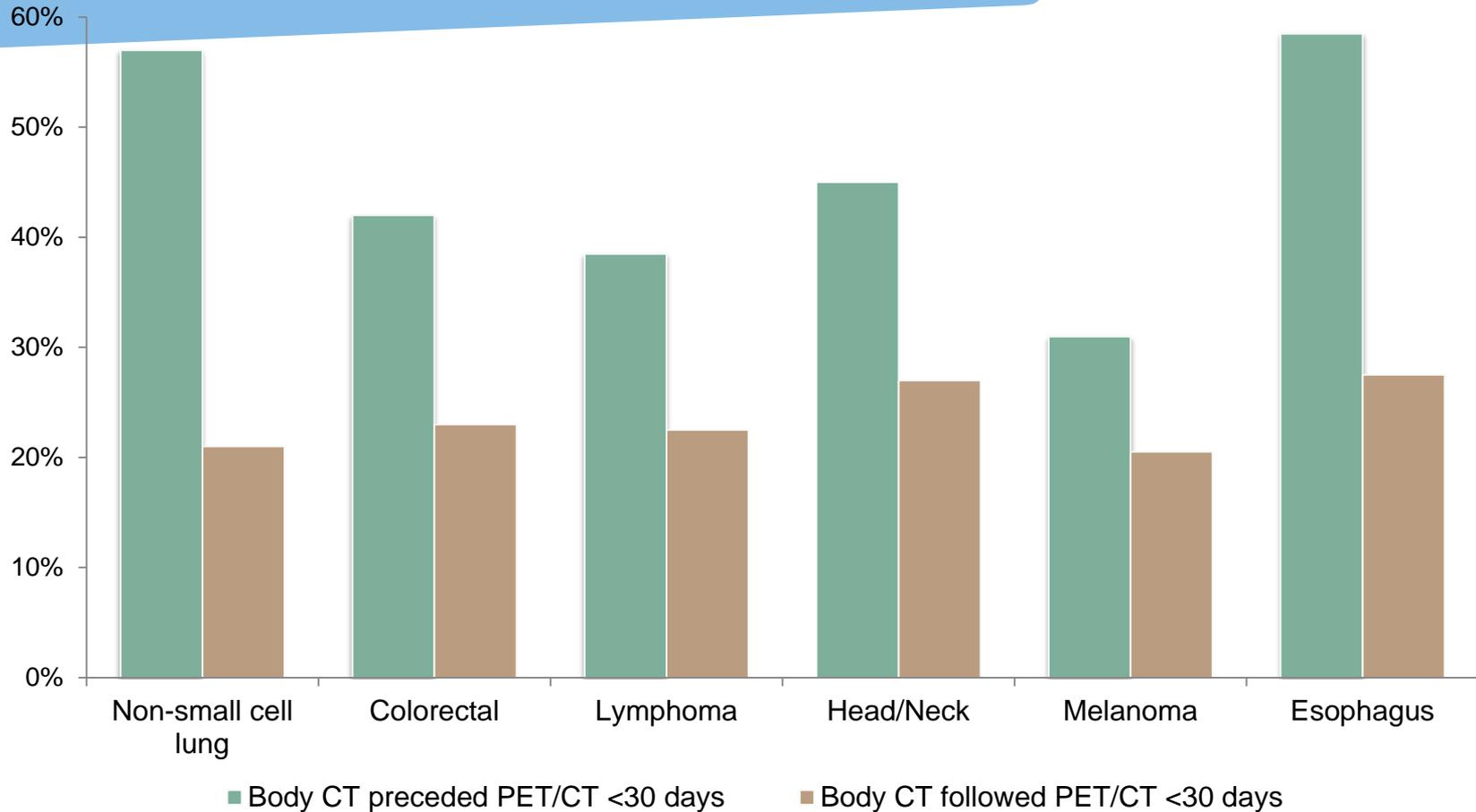


Widespread Variation in use of CSF with Cancer Rx

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



Imaging often repeated





ASCO Choosing Wisely highlights unnecessary care



An initiative of the ABIM Foundation

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.

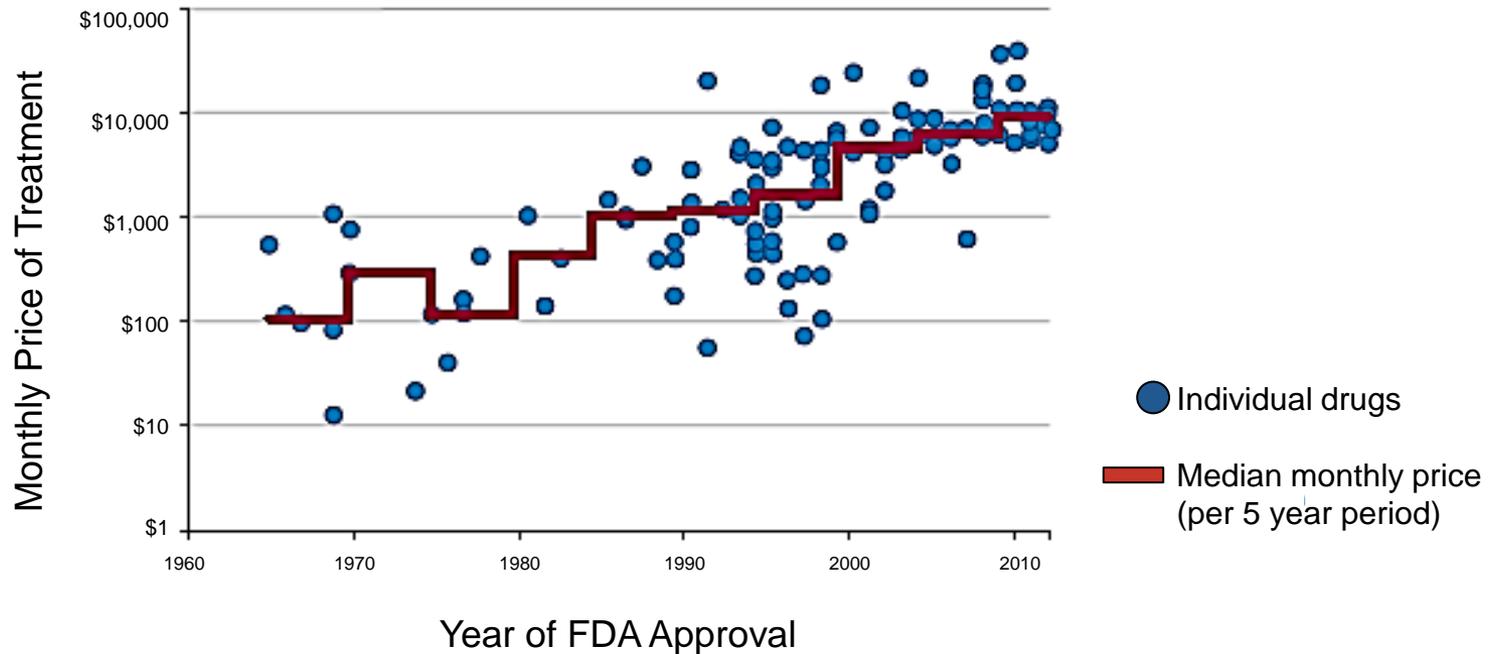
5

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)



and often
not producing value

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

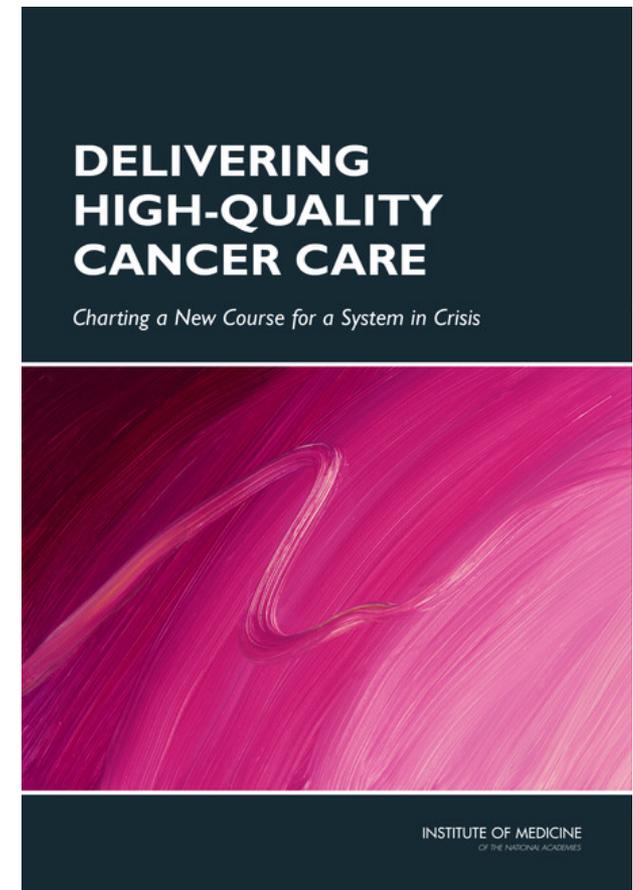
\$5,900

Average cost of treatment
per month

Charting a New Course for Cancer Care

2013

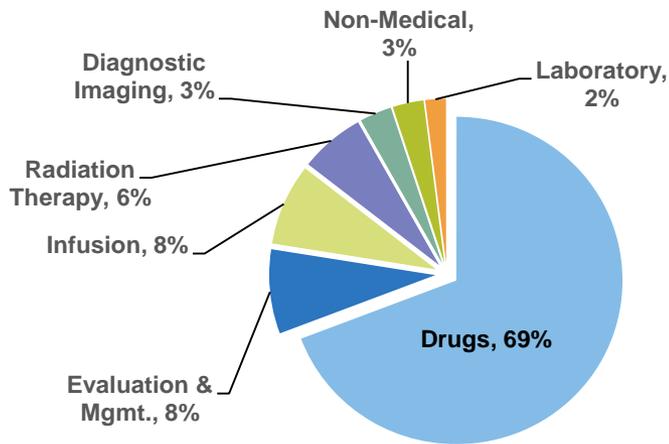
Institute of Medicine report
recommends measures to
improve quality and
affordability of cancer care



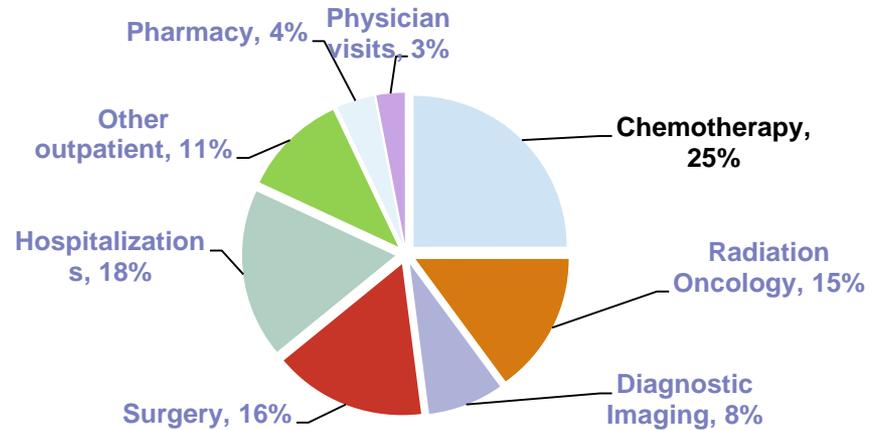
Together, we can transform cancer care

Oncology Practice Revenue Sources

Barr et al. J Oncol Pract. 2011;7: 2s-15s.



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



WellPoint affiliated health plans internal data 2012



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

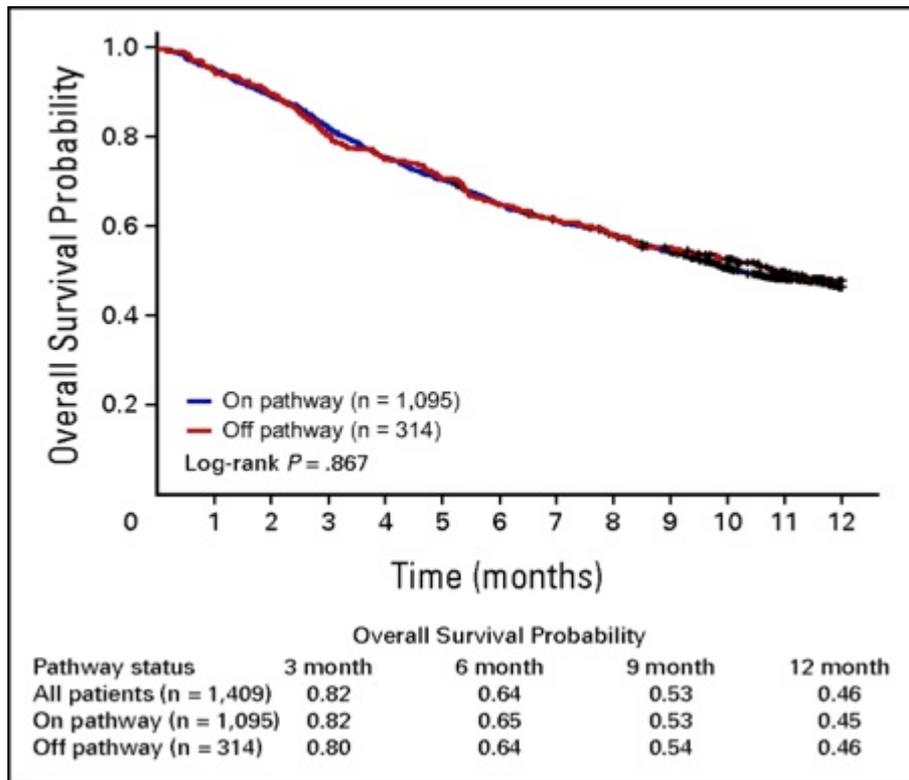
Our Model: a Quality Initiative

- 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

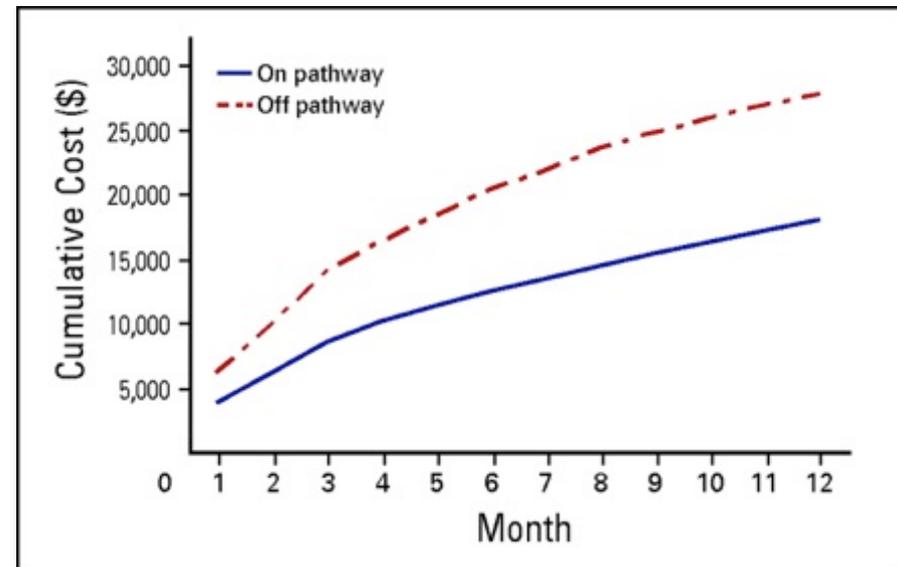


US Oncology found pathways associated with same overall survival and 30% lower cost

Overall survival by Pathway status

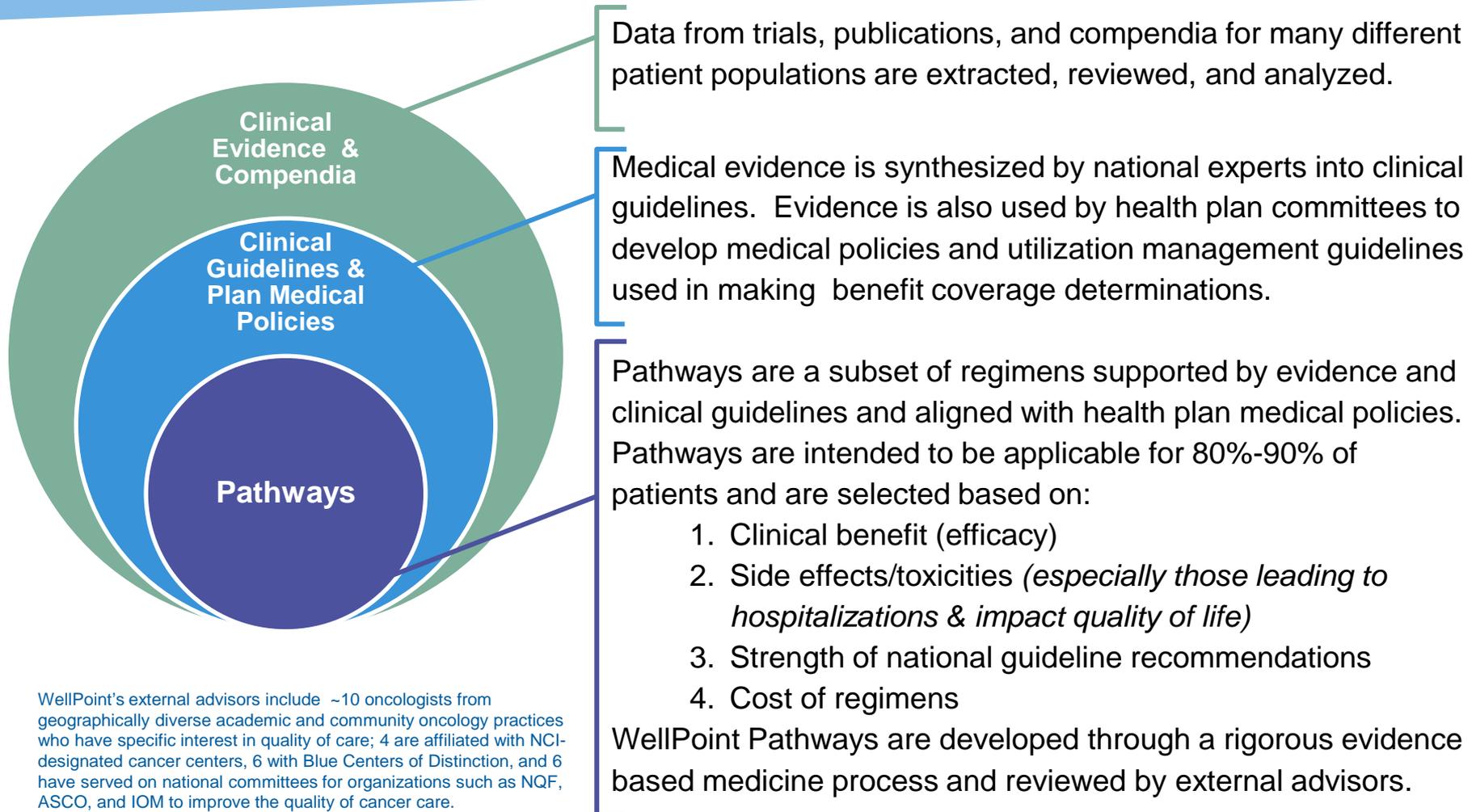


12-month cumulative cost by Pathway status



Neubauer M A et al. JOP 2010;6:12-18

WellPoint Approach to Pathway Development



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*

| | Estimated Survival (months) | Grade 3-4 Adverse Events | Any serious AE (Hospitalization) | Deaths on Rx (Deaths due to Rx) |
|------|-----------------------------|--|----------------------------------|---------------------------------|
| Rx A | 13.0 (NR) mos. | N/V risk: Moderate* FN + infection:1% Neuropathy: 11% Debilitating fatigue: 6% | 53% (**) | <1% (<1%) |
| Rx B | 10.4 (9.6-11.2) mos. | N/V risk: High FN + infection:4% Neuropathy: ND Debilitating fatigue: 5% | 35% (**) | 7% (1%) |
| Rx C | 11.8 (10.4-13.2) mos. | N/V risk: High FN + infection:1% Neuropathy: ND Debilitating fatigue: 7% | 37% (**) | 7% (1%) |
| Rx D | 13.1 (NR) mos. | N/V risk: Moderate FN + infection:1% Neuropathy: 3% Debilitating fatigue: 4% | ** (**) | <1% (<1%) |
| Rx E | 13.4 (11.9-14.9) mos. | N/V risk: Moderate FN + infection:4% Neuropathy: 4% Debilitating fatigue: 5% Bleeding 4% | 75% (19%) | 5% (4%) |
| Rx F | 12.6 (11.3- 14.0) mos. | N/V risk: Moderate FN + infection:2% Neuropathy:0% Debilitating fatigue:11% | ** (20%) | ** (2%) |

* Non-squamous histology; first line platinum based chemotherapy indicated when no EGFR or ALK mutation present ** Not reported

Variation in outcomes across 1st line platinum regimens for lung cancer*

| | Estimated | Grade 3-4 Adverse | Any serious AE | Deaths on Rx |
|------|--|--|----------------|--------------|
| Rx | <ul style="list-style-type: none"> • 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? | | | |
| Rx | | | | |
| Rx | | | | |
| Rx | | | | |
| Rx F | 12.6 (11.3- 14.0) mos. | FN + infection:2% Neuropathy:0% Debilitating fatigue:11% | ** (20%) | ** (2%) |

* 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



Little variation in patient outcomes marked variation in treatment cost

| | Estimated Survival (months) | Deaths on Rx (Deaths due to Rx) | Cost (4 cycles) |
|----------------------|-----------------------------|---------------------------------|-----------------|
| Carbo/Paclitaxel | 13.0 (NR) mos. | <1% (<1%) | \$452 |
| Gem/Cis | 10.4 (9.6-11.2) mos. | 7% (1%) | \$886 |
| Cis/Pemetrexed | 11.8 (10.4-13.2) mos. | 7% (1%) | \$25,619 |
| Carbo/nab-Paclitaxel | 13.1 (NR) mos. | <1% (<1%) | \$24,740 |
| Carbo/Paclitaxel/Bev | 13.4 (11.9-14.9) mos. | 5% (4%) | \$39,770 |
| Carbo/Pemetrexed/Bev | 12.6 (11.3- 14.0) mos. | ** (2%) | \$64,988 |

Four regimens included in Pathway

| | Estimated Survival (months) | Deaths on Rx (Deaths due to Rx) | Cost (4 cycles) |
|------------------------|-----------------------------|---------------------------------|-----------------|
| ✓ Carbo/Paclitaxel | 13.0 (NR) mos. | <1% (<1%) | \$452 |
| ✓ Gem/Cis | 10.4 (9.6-11.2) mos. | 7% (1%) | \$886 |
| ✓ Cis/Pemetrexed | 11.8 (10.4-13.2) mos. | 7% (1%) | \$25,619 |
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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



Pathways include breast, lung and colorectal, ovarian, pancreas cancer, NHL and myeloma

Cancer Treatment Pathways Worksheet

Colorectal Cancer

Patient name:

Member number:

Colorectal Cancer, Adjuvant

FULV: Fluorouracil (5FU) (Bolus) and Leucovorin

FOLFOX-6 - Fluorouracil (5-FU), Leucovorin and Oxaliplatin

FLOX: Fluorouracil (5-FU), Leucovorin and Oxaliplatin

Capecitabine

1st Line or 2nd Line Therapy for Metastatic Colorectal Cancer
The following regimens are options for patients regardless of KRAS status.

FOLFOX (Fluorouracil, Leucovorin and Oxaliplatin)

FOLFOX (Fluorouracil, Leucovorin and Oxaliplatin)

FOLFIRI (Fluorouracil, Leucovorin and Irinotecan)

FOLFIRI (Fluorouracil, Leucovorin and Irinotecan)

FULV (Fluorouracil and Leucovorin)

FULV (Fluorouracil and Leucovorin) with Bevacizumab

1st Line or 2nd Line Therapy for Metastatic Colorectal Cancer
In addition to the above, the following regimens are also options for patients regardless of KRAS status.

FOLFIRI (Fluorouracil, Leucovorin and Irinotecan)

Irinotecan (Camptosar) and Vectibix (Panitumumab)

3rd Line+ Therapy for Metastatic Colorectal Cancer
The following regimens are options for patients regardless of KRAS status.

Regorafenib (Stivarga)

(KRAS mutant ONLY)

Supportive care

In addition to the above, the following regimens are options for patients with KRAS-WT:

Vectibix (Panitumumab) Monotherapy

Irinotecan (Camptosar) and Vectibix (Panitumumab)

Cancer Treatment Pathways Worksheet

Lung Cancer

Patient name:

Date of birth:

Member number:

1st Line Therapy for Metastatic Non-Small Cell Lung Cancer

Crizotinib

1st Line Therapy for Metastatic Non-Small Cell Lung Cancer

Erlotinib

Afatinib

1st Line Therapy for Metastatic Non-Small Cell Lung Cancer with ECOG performance status = 0, 1, 2

Carboplatin+Paclitaxel (Allow substitution of Cisplatin for Carboplatin)

Cisplatin+Pemetrexed (Allow substitution of Carboplatin for Cisplatin)

Cisplatin+Gemcitabine (Allow substitution of Carboplatin for Cisplatin)

Paclitaxel + Carboplatin+

Bevacizumab

1st Line Therapy for Metastatic Non-Small Cell Lung Cancer with ECOG performance status = 0, 1, 2

Carboplatin+Paclitaxel (Allow substitution of Cisplatin for Carboplatin)

Cisplatin+Gemcitabine (Allow substitution of Carboplatin for Cisplatin)

Maintenance Therapy in patients with Metastatic Non-Small Cell Lung Cancer with squamous histology and ECOG performance status = 0, 1, 2

Continuation Bevacizumab

Continuation

Pemetrexed

Supportive Care

Switch

Pemetrexed

Cancer Treatment Pathways Worksheet

Breast Cancer

Patient name:

Date of birth:

Member number:

Breast Cancer, adjuvant, HER 2 negative

AC weekly P: Doxorubicin and Cyclophosphamide (Every 3 Weeks) followed by Weekly Paclitaxel

TC: Docetaxel (Taxotere) and Cyclophosphamide (Cytoxan)

ddAC weekly T: Dose Dense Doxorubicin and Cyclophosphamide Followed by Weekly Paclitaxel

AC: Doxorubicin and Cyclophosphamide

Breast Cancer, adjuvant, HER 2 positive

AC TH : Doxorubicin and Cyclophosphamide Followed by Paclitaxel and Trastuzumab (Herceptin)

TCH: Docetaxel (Taxotere), Carboplatin and Trastuzumab (Herceptin)

Breast Cancer, HER 2 negative, metastatic disease, first and subsequent lines of therapy (1st line+)

Adriamycin (Doxorubicin)

Epirubicin

Gemzar (Gemcitabine)

Navelbine (Vinorelbine)

Taxol (Paclitaxel)

Xeloda (Capecitabine)

Supportive Care

Breast Cancer, HER 2 positive, metastatic disease, First and subsequent lines of therapy (1st line+)

Pertuzumab, Trastuzumab and Docetaxel

Pertuzumab, Trastuzumab and Paclitaxel

Capecitabine (Xeloda) and Trastuzumab

Trastuzumab and Gemcitabine

Vinorelbine and Trastuzumab

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



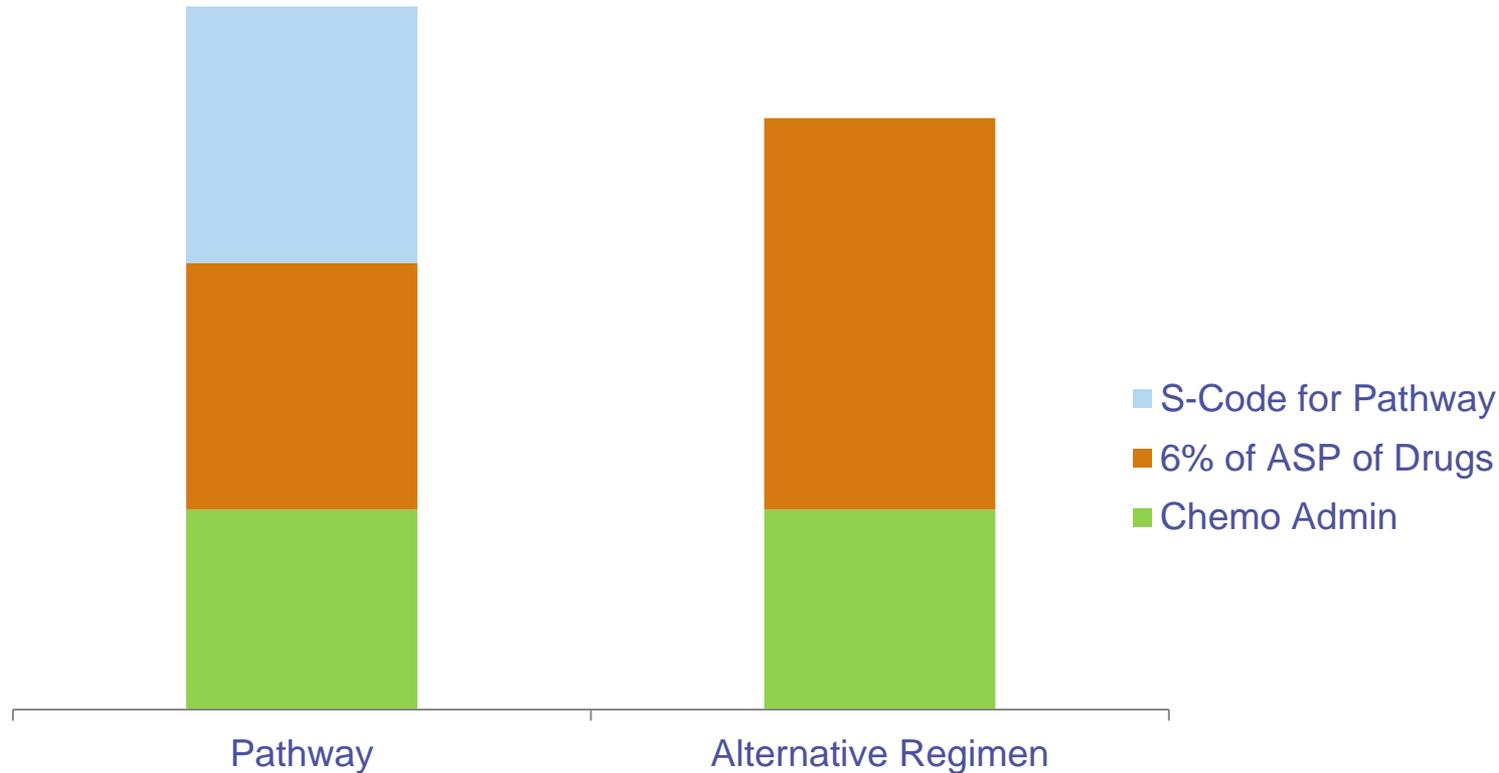
S0353 reimbursed \$350 once at the onset of treatment
S0354 reimbursed \$350 no more than monthly while managing care for an established patient*



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



Cancer Care Quality Program administered by AIM Specialty



CLINICAL REQUEST

Request is made by a Provider via AIM's web self-service tools

TREATMENT REVIEW

Treatment request reviewed against an evidence-based regimen library for alignment with health plan medical policy for members in that health plan
Wellpoint's Pathways are based on efficacy - toxicity and cost are also highlighted

DECISION RENDERED

Immediate approval is granted if consistent with plan medical policy
Clinical experts available as necessary for peer-to-peer discussion
Notified if Pathway option available

PATHWAY ADHERENCE

Practice authorized to bill S0353 and S0354 for **Treatment Planning and Care Coordination** when regimen is on pathway
Quarterly Analytics and Reporting are available

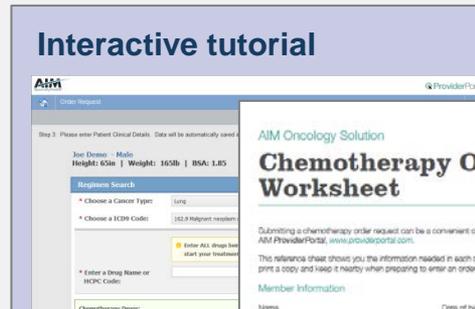


Provider Website

www.cancercarequalityprogram.com

Hub for provider communications

- Overview and benefits
- How-to tutorial
- Tips and timelines
- FAQs
- Worksheets





Discussion

