



# High Value Cancer Care:

## Guidance for Employers

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# Background and Introduction: Value in Cancer Care

Employer benefits professionals are frequently among the first stops for employees facing a cancer diagnosis or dealing with one in their families. In early 2015, Northeast Business Group on Health (NEBGH) began a multi-year project to explore issues and opportunities related to cancer from the employer perspective. Participants in the early stages of this project cited uncertainty about the quality of care employees diagnosed with cancer were receiving as a top concern, at least on par with concerns about the high cost of cancer care. These employers requested information that might clarify what quality means in cancer care and what benefits, programs and policies they should have in place to ensure that employees and their families have access to the best care available. In response, NEBGH developed an April 2016 report, *Employers and Cancer Care Quality: A Closer Look*, that summarizes NEBGH's findings on cancer care quality and supplies employers with resources for understanding and evaluating it.

The relationship between quality and cost in healthcare is complex, and even more so when it comes to cancer, given that survival may often be at stake. “The best care at any price” is an understandable pursuit and few employers are currently willing to discourage treatments even if they come at high costs for uncertain outcomes. They are, however, interested in being better able to assess the value of the cancer care and services they purchase, both to inform future decision-making and to ensure that employees are able to extract the greatest benefit they can from these offerings. Benefit can be defined not only as the efficacy of treatment and the success of outcomes, but also from the perspective of an employee’s or family member’s emotional wellbeing, work productivity and overall quality of life.

Healthcare in the U.S. is in the midst of a transformation from a primarily volume-based, fee-for-service system to one in which value is central. More efficient methods of care delivery, better

coordination of care, new person-centered approaches to wellbeing, and payments tied to quality metrics and outcomes are all part of this transformation. Recognized centers of excellence for cancer care, third-party services for second opinions and care navigation, increased integration of behavioral health and social support services with clinical care, and value-based payment approaches like bundles and total cost of care are part of this changing landscape when it comes to cancer. And there are exciting breakthroughs in areas like precision medicine and immunotherapy that will play an increasingly large role in value-based cancer care as outcomes are studied.

Employer benefits professionals are not experts in healthcare, nor are they meant to be. But they are nonetheless faced with making difficult decisions about buying care and services that affect the health and wellbeing of their employees, and their organizations' bottom lines. And cancer is extremely complex – it's not one disease but hundreds, with a myriad of decision points accompanied by fear and stress. So how can benefits professionals provide help when it comes to steering employees toward high-value care? How can they sort through the proliferation of cancer care benefits and programs available to hone in on those with the most value, and/or amplify the value of what they currently provide? And how can they move toward paying for value instead of volume?

As part of its continuing work on cancer, NEBGH in May 2016 convened a workshop of 48 employers and other stakeholders including oncology experts, care providers and health plan executives, to gather viewpoints about what value means in cancer care and how best to pursue it. What follows is a summary of those discussions in the context of NEBGH's own research and exploration.

# High-Value Clinical Services

Gauging the relative value of cancer treatments is beyond the scope of NEBGH's current project. But what emerged from NEBGH's workshop and follow-up exploration was the identification of three aspects of clinical care that can have a significant impact on the value equation for employers as well as for employees and their families:

- **SITE OF CARE**
- **SECOND OPINIONS**
- **PALLIATIVE CARE**

# Site of Care

The networks offered by health plans in their contracts with employers typically encompass a range of cancer care providers at community-based practices and hospitals, academic and non-academic health systems, and cancer specialty centers. Some specialty centers are known as cancer centers of excellence (COEs), though the definition of “excellence” is inconsistently and imprecisely applied. Each of these sites of care could, depending on perspective, be the “best” place to receive cancer care based on a range of factors unrelated to comparative cost, especially in the absence of standard data-driven reporting of quality and outcomes.

## **Such factors include:**

- Stage, type and complexity of cancer;
- Geographic proximity to one, a few or a number of potential sites of care in-network;
- Benefits coverage through an employer for travel and care at a distant health system or specialty center;
- Brand recognition of various care sites via advertising and web searches;
- Recommendations from family, friends, physicians and employers.

Some employers are implementing programs that offer employees concierge-style access to cancer specialty centers that are widely recognized as COEs. This can be an effective strategy though by no means the only one for achieving high-value care. There is a lack of transparency and accountability when it comes to standards and metrics that define a COE, and the cost of care can be higher than the care provided in other settings. Some cancers may be vulnerable to over-treatment in these environments, and in fact, the cost of identical medications and tests has been reported to vary by 7.5% to as much as 42% simply based on the site of care.<sup>1</sup> But in addition to the often-recognized high quality cancer treatments many COEs provide, related high-value services are frequently offered that resonate for those struggling with a cancer diagnosis.

## **These include:**

- Appointments within a short time frame, sometimes 48 hours;
- “Hand-holding” by a sympathetic care navigator who may even meet the patient at the front door;
- Care coordination among oncologists, surgeons, radiologists, physical therapists and the myriad other providers involved in a cancer case;
- Genomic testing that can identify DNA alterations driving growth of a specific tumor and determine personalized treatments;
- Second opinions on diagnoses and treatment plans;
- Emergency advice and help-lines for those dealing with acute side effects from oncology medications or other illnesses;
- Behavioral care to deal with the emotional aspects and fall-out from cancer;
- Palliative care integrated as part of a comprehensive care plan;
- Person-centered counseling on work schedules, nutrition, financial strain and the like.

<sup>1</sup> <http://www.medscape.com/viewarticle/861681>

<http://www.communityoncology.org/pdfs/Trends-in-Cancer-Costs-White-Paper-FINAL-20160403.pdf>

## What Employers Can Do:

- Advocate for more transparency and standard definitions of “excellence” according to common measures.
- Exert pressure on health plans to demonstrate data-driven reporting on quality, outcomes and patient satisfaction for providers of cancer care.
- Reward providers who meet the criteria for excellence through steerage within networks via benefit design and employee communications or through special access programs or direct contracting with chosen institutions.
- Consider how the high-value services listed above could be offered to employees, whether delivered via a COE or as part of, or in combination with, care delivered at various other sites. Contract discussions with health plans could be used as opportunities for employers to underline the importance of these within networks. Third-party vendors are also available to provide many of them.
- Read what follows about second opinions, palliative care and integrated behavioral health services.

# Second Opinions

By some accounts, nearly one-quarter of patients are misdiagnosed or initially provided with sub-optimal treatment plans.<sup>2</sup> There may be disagreement or confusion surrounding the best treatment plan, and in some cases, multiple treatment options may be available yet not fully explained to patients. As a result, second opinion availability and coverage is an important part of any high-value cancer care workplace offering. This includes facilitating communications among those reviewing a diagnosis or treatment plan with providers dealing directly with a patient before embarking on treatment, as well as in situations where there is treatment intolerance or when there is lack of, or sub-optimal, responsiveness. Second opinions enable employees and their families to be more confident in a diagnosis and better able to choose from multiple treatment options – if present – according to information and preference. Second opinions also reduce the potential for inappropriate or excessive care which can affect an employee’s recovery outlook and quality of life, and an employer’s overall spend.

In addition to cancer centers that offer second opinions from expert faculty, second opinions are also available from a number of companies that contract directly with employers. These third-party vendors vary in terms of the type of second opinion services they provide and some also offer assistance with care navigation.

## What Employers Can Do:

- Ensure access and coverage for services related to seeking expert opinions – whether via health plan-recommended providers, a COE, or via a third-party second opinion service.
- Educate and communicate with all employees on an ongoing basis about the importance of seeking out second opinions for themselves and family members early on when faced with a cancer diagnosis. Don’t depend on claims to be flagged by your health plan – too much time may have already elapsed.
- Encourage your health plan to prompt employees to seek a second opinion early in the cancer journey and to reward providers that incorporate second opinions into their standard of care.
- Consider a third-party second opinion vendor in addition to services a health plan provides – employees may have trust issues with plans. (*See table on following page.*)
- Consult other benefits professionals about the success of their second opinion programs and obtain recommendations about vendors.
- Ask vendors about communications management and coordination with the treating physician.

<sup>2</sup> <http://jama.jamanetwork.com/article.aspx?articleid=2203798>

# COE Second Opinion Programs

Some cancer centers recognized as COEs also have programs in which employees can seek second opinions from expert faculty. The following *National Cancer Institutes – Designated Cancer Centers* have specialized remote second opinion programs.

**Columbia University Medical Center:** [www.nyp.org/secondopinion](http://www.nyp.org/secondopinion)

**Thomas Jefferson University:**  
[www.hospitals.jefferson.edu/remote-second-opinion](http://www.hospitals.jefferson.edu/remote-second-opinion)

**Yale New Haven Health:**  
[www.medicine.yale.edu/surgery/oncology/about/second.aspx](http://www.medicine.yale.edu/surgery/oncology/about/second.aspx)

**Partners Healthcare (includes Dana-Farber Cancer Institute and Massachusetts General Hospital):** [www.econsults.partners.org](http://www.econsults.partners.org)

**University of Colorado:**  
[www.uchealth.org/pages/services/cancer-care/remote-second-opinions.aspx](http://www.uchealth.org/pages/services/cancer-care/remote-second-opinions.aspx)

**University of California San Francisco (in partnership with Grand Rounds):** [www.ucsfhealth.org/secondopinion](http://www.ucsfhealth.org/secondopinion)

# Second Opinion Vendors

Third party second opinion vendors connect employees and beneficiaries with oncology experts to confirm diagnoses and recommend treatment plans. Vendors vary in their processes from collecting medical records for patients, to providing physician case managers, and telephonic and video consults between employees and treating clinicians. The following vendors provide employer second-opinion options.

**Advance Medical:** [www.advance-medical.com](http://www.advance-medical.com)

**Best Doctors:** [www.bestdoctors.com](http://www.bestdoctors.com)

**Consumer Medical:** [www.consumermedical.com](http://www.consumermedical.com)

**Grand Rounds:** [www.grandrounds.com](http://www.grandrounds.com)

**Pinnacle Care:** [www.pinnaclecare.com](http://www.pinnaclecare.com)

**2nd MD:** [www.2nd.md](http://www.2nd.md)

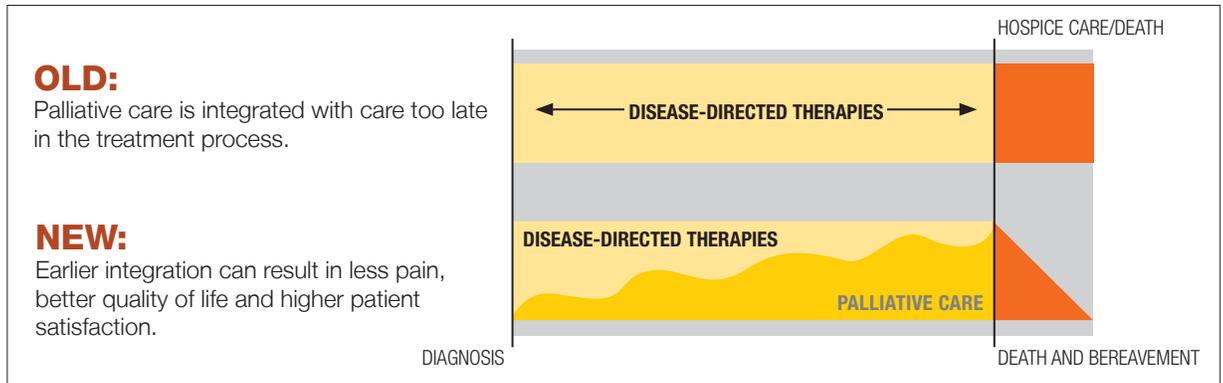
# Palliative Care

Palliative care is specialized clinical care that focuses on providing relief from the symptoms and stress of serious illnesses. Too often confused with hospice care – designed for people facing end of life as the result of illness or injury – palliative care is frequently delivered later than optimal in the cancer journey. Earlier integration with cancer treatments can result in less pain for patients, improved quality of life and higher patient satisfaction. As a result, palliative care can help alleviate the stress, anxiety and depression associated with cancer.

## What Employers Can Do:

- Educate employees about the difference between palliative care and hospice care, and the potential benefits of palliative care for anyone dealing with a cancer diagnosis – consider providing the following palliative care information to employees via your benefits website.
- Encourage employees facing a cancer diagnosis themselves or with a family member to request palliative care early in the process.
- Ensure that contracts with health plans and providers include coverage for palliative care services beginning with a cancer diagnosis and throughout the term of care.
- Identify COEs and other providers that integrate palliative care services with other clinical care and locate palliative care teams within the cancer treatment setting – steer employees to these sites.
- In smaller and/or community settings where palliative care is not integrated with clinical care, ensure resources and coverage so that palliative specialists can be consulted.
- Encourage consultants and analytics vendors to develop metrics that gauge the impact of palliative care on productivity and return to work, as well as patient satisfaction.

## PALLIATIVE CARE BEGINS EARLY AND IS MORE INTEGRATED INTO DISEASE-DIRECTED THERAPY



### How does palliative care differ from hospice care?

Palliative care is provided in the hospital, ambulatory, or home setting during any phase of a patient's illness, even during active treatment such as chemotherapy or radiation. Care team members can help with the transition to hospice care, if needed.

### What services are available?

Palliative care teams improve quality and support the primary physician, the patient and the family by providing:

- Time to devote to intensive family meetings and patient/family communication.
- Communication and support for resolving family/patient/physician questions concerning goals of care.
- Expertise in managing complex physical and emotional symptoms such as pain, shortness of breath, depression, nausea and much more.
- Coordination of care transitions across health care settings.

Palliative care teams also help improve:

- Patient and family satisfaction with their overall medical treatment, physicians and the health care team.
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) standards by contributing to reduced readmissions and hospital mortality.

Palliative care helps patients and families understand the nature of their illness and make timely, informed decisions about their care. They report improved quality of life and ability to function as well as an enhanced understanding of their options and a feeling they are back in control of their lives.

## What Employers Can Do to Empower Employees:

- Learn more about palliative care at: [www.getpalliativecare.org](http://www.getpalliativecare.org).
- Encourage palliative care early in the course of serious illness.
- Recommend treatment centers with integrated palliative care programs.

# High-Value Support Services

Employees with cancer or those with a loved one diagnosed with the disease face many challenges in addition to physical ones. Emotional issues, workplace concerns, changes to appearance and financial worries are only some of the problems cancer patients and their families experience. Ensuring the availability of integrated behavioral health and assistance for dealing with financial confusion are two areas that were especially highlighted in NEBGH's workshop.

➤ **INTEGRATED  
BEHAVIORAL HEALTH**

➤ **FINANCIAL COMPLEXITY**

# Integrated Behavioral Health

A cancer diagnosis is frequently (and understandably) accompanied by stress, anxiety and depression. For people who have struggled with these types of behavioral health issues at previous times or on an ongoing basis, symptoms are frequently exacerbated. It is estimated that between 10% and 25% of cancer patients become clinically depressed.<sup>3,4</sup>

Employers already struggle with behavioral health issues within their populations, given problems with access to a sufficient number of professionals in some geographic areas, limited health plan networks and gaps in coverage. In some instances, benefits for behavioral health care from outside professionals are carved out from traditional medical coverage. Some employers are experimenting with bringing Employee Assistance Program (EAP) personnel in house, expanding access to in-person and tele-therapy resources, and purchasing vendor-supplied virtual therapy programs and apps.

When employees dealing with cancer are in need of therapeutic help and/or when they or other caregivers are experiencing the very real emotional fall-out from a close family member with a serious illness, providing behavioral health services that are integrated with clinical cancer care can reduce the burden of dealing with access and coverage issues. Patients and caregivers who receive support from behavioral specialists are better able to deal with the stress and strain of cancer, and experience an improved quality of life. Obtaining help early can prevent more severe emotional stress – and greater costs – later on. The stigma sometimes associated with seeking help for emotional problems is likely to be less of an issue for cancer patients and their families because of awareness about the toll cancer takes on one’s psyche. But some patients may still need encouragement to seek emotional support and employers may be in a good position to assist.

<sup>3</sup> SMITH, H. R. (2015). Depression in cancer patients: Pathogenesis, implications and treatment (Review). *Oncology Letters*, 9(4), 1509–1514. <http://doi.org/10.3892/ol.2015.2944>

<sup>4</sup> <http://www.cancer.gov/about-cancer/coping/feelings/depression-hp-pdq>

## What Employers Can Do:

- Educate and communicate with employees about the emotional issues associated with a cancer diagnosis and encourage them and family members to seek help as early as possible when these issues arise.
- Identify COEs and other providers that integrate behavioral health care services with clinical care and locate behavioral health teams within the cancer treatment setting – ensure that health plans cover these services and steer employees to these sites.
- Work with EAPs, health plans and vendors to identify employees who might benefit from services and ensure that coverage is extended for behavioral health issues associated with cancer, whether in an integrated care setting or pursued independently through existing plan networks.
- Encourage health plans, providers and vendors for EAP, short-term disability and long-term disability to develop processes that include behavioral health screenings for all employees diagnosed with cancer and those caring for a family member with cancer.
- Provide access to meditation and mindfulness resources and apps – a low-cost intervention that can be provided across broad employee populations.
- Encourage consultants and analytics vendors to develop metrics that gauge the impact of integrated behavioral care on productivity and return to work, as well as patient satisfaction.

# Financial Complexity

Bills from multiple providers, benefits explanations that are difficult to understand, uncertainty about what is and is not covered, and which bills have or have not already been paid – these are difficult, common experiences for most consumers when it comes to healthcare. For cancer patients and their families, the influx of bills and associated paperwork can be overwhelming, and trying to navigate all of this adds stress and worry to an already stressful experience.

There are measures employers can take to reduce the confusion and administrative burden associated with cancer care benefits and payments. They include providing guidance, advocacy and financial assistance to employees. In addition to reducing stress and anxiety for employees and their families, these measures can also reduce the administrative burden on employer benefits professionals; employees are likely to have fewer questions and disputes regarding bills and payments. Employees who have consumer-directed (high deductible) health plans will need additional help and guidance to ensure steerage to in-network services and to manage out-of-pocket payments over time.

## What Employers Can Do:

- Consider contracting with third-party advocate or navigation services that take on the burden of tracking and simplifying the bills and paperwork patients have to deal with (*see NEBGH Cancer Care Resources List in NEBGH's previous 2016 report for examples of navigation and support services*).
- Designate an administrative benefits employee with responsibility for counseling and assisting employees with bills and payments.
- Seek out health plans and providers who offer opportunities to “bundle” services and payments, including those who may develop a single bill for multiple services during varying time periods.

# Value-Based Payment Transformation

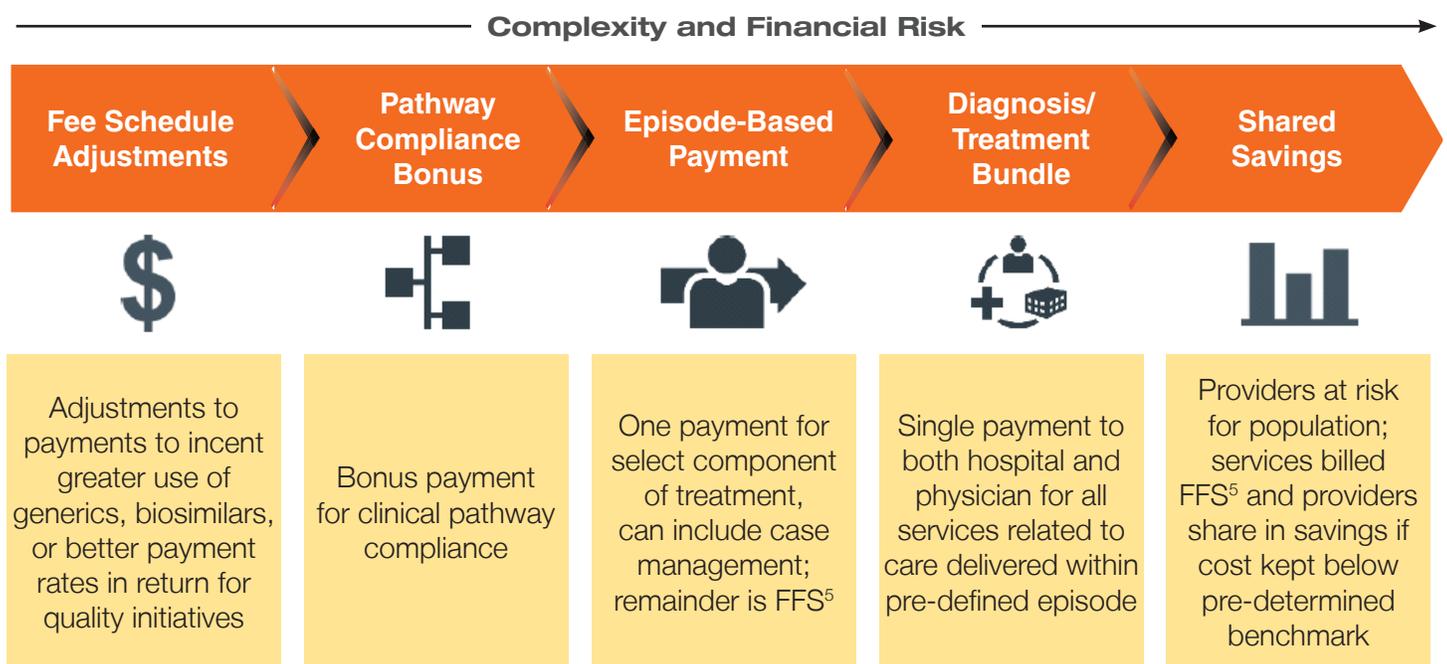
Employers, health plans, providers and other stakeholders around the country are experimenting with various methods of payment for healthcare that are based on value rather than volume. These methods include, but are not limited to, incentive payments based on quality measures, shared savings with or without risk, and procedure- or condition- based bundled payments. Led by initiatives developed by the Centers for Medicare and Medicaid Services, there are important initiatives going on among health plans and providers for bundled payments and total cost of care as applied to cancer treatments. Similarly, there are efforts afoot to develop value-based approaches to the use of cancer medications. For example, The American Society of Clinical Oncology (ASCO) has developed a value framework that assesses the value of new cancer therapies based on clinical benefit, side effects, and improvements in patient symptoms or quality of life in the context of cost. Peter B. Bach, MD, Director of Memorial Sloan Kettering's Center for Health Policy and Outcomes, has written extensively on this topic and has developed an evidence-based drug pricing project called *DrugAbacus*.

## What Employers Can Do:

- Track efforts, including those by public purchasers, to offer value-based cancer care (see the following tables developed by The Advisory Board on the current state of value for care delivery and drug evaluation).
- Initiate conversations with health plans and PBMs “right now” to signal interest in emerging payment models.
- Work in unison with plans to develop uniform employer-relevant guidelines to standardize and systematize payment methods.

## Numerous Approaches to Realigning Incentives

### PAYMENT MODELS PILOTED IN ONCOLOGY



Credit: The Advisory Board Company

<sup>5</sup> Fee-for-service

# Factoring Costs into Treatment Decisions

## Drug Value Calculators Provide Price and Outcomes Data

TOOLS	PURPOSE	VALUE COMPONENTS	NOTES
<b>ASCO Value Framework:</b> <a href="http://www.asco.org/practice-guidelines/cancer-care-initiatives/value-cancer-care">www.asco.org/practice-guidelines/cancer-care-initiatives/value-cancer-care</a>	Tool to aid shared decision making, standardize information	Information on benefit and toxicity from comparative clinical trials, drug costs	Initial version released June 22, 2015—may modify based on submitted comments; framework considers only drug acquisition cost and patient cost, patient-reported outcomes not included
<b>Memorial Sloan Kettering DrugAbacus:</b> <a href="http://www.drugabacus.org">www.drugabacus.org</a>	Allows user to determine the price they would pay for a drug based on the value they assign to the benefits and drawbacks of the drug	Novelty of drug, cost of drug, benefits, side effects/toxicities, and contextual factors (e.g., for public health disease, rare disease, etc.)	Allows user to determine the value of each value component; can compare user-determined price against actual price
<b>ICER<sup>6</sup> Value Assessment Framework:</b> <a href="https://icer-review.org/methodology/icers-methods/icer-value-assessment-framework/">https://icer-review.org/methodology/icers-methods/icer-value-assessment-framework/</a>	Provides “value-based price benchmark” to make pricing and value more transparent and to standardize terminology about value; provides payers a way to assess drug value for pricing purposes	Comparative clinical effectiveness, incremental costs per outcomes achieved, other benefits and/or disadvantages, contextual considerations (e.g., for rare disease), impact of drug on total health care costs	Launched in 2015; ICER will use the framework to do a “class review of drugs for the treatment of non-small cell lung cancer” in 2016, including Rociletinib, AZD-9291, Necitumumab, Nivolumab, and Pembrolizumab
<b>NCCN Evidence Blocks:</b> <a href="http://www.nccn.org/evidenceblocks">www.nccn.org/evidenceblocks</a>	Intended to increase transparency into the NCCN decision-making process	Price, drug safety, drug efficacy, quality of clinical data, consistency of clinical data	Launched in October 2015; drug price includes total costs (e.g., administration costs, supportive therapy costs, toxicity costs, etc.)

Credit: The Advisory Board Company

<sup>6</sup> Institute for Clinical and Economic Review

Source: ICER Value Assessment Framework; Memorial Sloan Kettering Drug Abacus; ICER Announces Initial List of Topics for 2016 New Drug Reports on Effectiveness, Value, and Value-Based Price Benchmarks, November 19, 2015; NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines<sup>®</sup>) with NCCN Evidence Blocks<sup>™</sup>; Boltz K, “New Tools from NCCN and ASCO Address Value,” *OBR Green*, 10, no. 10 (October 2015); Cavallo J, “Calculating the Value of Cancer Drugs: A Conversation With Peter B. Bach, MD, MAPP,” *The ASCO Post*, August 25, 2015; Dangi-Garimella S, “Another Cancer Drug Pricing Tool, This Time From NCCN,” *AJMC*, August 24, 2015; Schnipper LE, “American Society of Clinical Oncology Statement: A Conceptual Framework to Assess the Value of Cancer Treatment Options,” *Journal of Clinical Oncology*, June 22, 2015; Oncology Roundtable interviews and analysis.

# Longer-Term Considerations

Initiatives that connect the cost of cancer care more directly to the value of treatment – and efforts to define value in this context – will become further refined and more widespread, in many cases led by public purchasers. Meanwhile, employers can act as a catalyst for activities in this arena and at the same time, benefit from progress being made on several fronts including the following:

- **Knowledge about cancer is improving and new, evidence-based and more personalized treatments are emerging. The President's National Cancer Moonshot promises to accelerate the introduction of new treatments through a huge infusion of federal funds.**

Employers and their populations will benefit from these advances but need to recognize that good data about outcomes, safety and side effects will be required in order to assess value. Employers can urge health plans to ensure adherence to pathways by providers.



➤ **Coordinated care delivery strategies will gain increased recognition as the most effective way of caring for those dealing with a cancer diagnosis.**

Employers can help drive their health plans toward better coordination of services and may also consider directing employees toward care centers that feature an integrated, coordinated approach. Employers can also work with vendors who offer help for employees in need of care navigation and second opinion services.

➤ **Support services for employees and families dealing with non-clinical but complex needs relating to a cancer diagnosis will continue to evolve in the marketplace.**

Employers may wish to consider vendors offering such services but can also encourage plans to reduce complexity where possible, for example, by simplifying and consolidating billing relating to episodes of care.

➤ **New payment models will emerge that reward achievement of clinical outcomes as well as outcomes related to workplace performance and patient satisfaction.**

Employers can apply pressure to health plans to incorporate these new payment models and may also consider direct relationships with sites of care that offer such models. Employers can also request reports from plans that place greater focus on patient-reported outcomes.

Clinical Services		Support Services			Value-Based Payment Transformation
Site of Care	Second Opinions	Palliative Care	Integrated Behavioral Health	Financial Complexity	
<ul style="list-style-type: none"> <li>Encourage health plans to demonstrate improved reporting.</li> <li>Reward providers who meet criteria for excellence through access programs or direct contracting.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure access to and coverage for second opinions.</li> <li>Advocate for the delivery system to be more accountable for diagnostic confirmation and expert opinion consults.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure access to and coverage of providers that integrate palliative care.</li> <li>Encourage development of metrics for palliative care to be included in future provider contracts.</li> </ul>	<ul style="list-style-type: none"> <li>Work with EAPs and other vendors to screen for depression and anxiety, and coordinate with other vendors for most appropriate referrals.</li> <li>Encourage development of metrics for integrated behavioral health that can be included in future provider contracts.</li> </ul>	<ul style="list-style-type: none"> <li>Seek out health plans and providers to offer opportunities to bundle services and develop a single bill for patients.</li> <li>Reward providers who consider financial toxicity and complexity in quality and satisfaction measures.</li> </ul>	<ul style="list-style-type: none"> <li>Track efforts by public purchasers to offer value-based cancer care.</li> <li>Work collaboratively to develop employer-relevant guidelines to standardize value-based payment.</li> </ul>
Steer employees toward high-value care.	Educate employees on the importance of second opinions.	Educate employees about the importance of palliative care.	Educate employees about the importance of emotional and mental health for themselves and caregivers, and provide access to low-cost tools such as meditation apps.	Consider devoting an internal resource or contracting with an advocate or navigation service to assist employees with benefit and financial complexity.	Initiate conversations with health plans and PBMs to signal interest in emerging payment models.

# Key Reads

## **SITE OF CARE**

Quality cancer care can be delivered in a hospital COE, but does not have to be. As the debate over value continues, employers should be aware of variation in treatment cost among different sites of care.

*Drivers of Cancer Cost: Drugs Not the Primary Culprit:* <http://www.medscape.com/viewarticle/861681>

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## **DRUG PRICING**

Oncology pharma therapy experts, including Memorial Sloan Kettering's Peter Bach, are developing models to price drugs based on efficacy.

*Value-Based Drug Pricing:* <https://hbr.org/2015/10/a-new-way-to-define-value-in-drug-pricing>

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## **SECOND OPINIONS**

Second opinions are designed to ensure people with cancer are on the best evidence-based treatment plan, but sometimes they can cause confusion and anxiety for employees. Ensure your second opinion program provides employees with support to achieve better outcomes.

*Second Medical Opinions: The Right Remedy? The best second-opinion programs are designed to drive better outcomes for patients:* <https://www.shrm.org/resourcesandtools/hr-topics/benefits/pages/second-medical-opinions.aspx>

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## **LEADING EXPERT OPINIONS ON CANCER CARE VALUE**

The Society for Translational Oncology has published a series on value in cancer care, including expert opinions on how costs and innovations must reconcile for sustainable cancer treatments. This series includes articles from the nation's leading experts who directly influence the care that employers pay for, including UnitedHealthcare's Lee Newcomer and Aetna's Michael Kolodziej.

<http://theoncologist.alphamedpress.org/content/21/6/651>

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## **NATIONAL CANCER MOONSHOT – OFFICE OF THE PRESIDENT**

During the 2016 State of the Union address, President Barack Obama announced \$1 billion in federal funds allocated to the National Cancer Moonshot led by Vice President Joe Biden with the goal to accelerate efforts to treat, prevent and detect cancer at an early stage.

*Factsheet:* <https://www.whitehouse.gov/the-press-office/2016/02/01/fact-sheet-investing-national-cancer-moonshot>

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## **CMS ONCOLOGY CARE MODEL AND ONCOLOGY PAYMENT MODEL**

In the world of value-based healthcare reform, CMS has been leading by example. Its oncology care model provides a structure for how oncology practices can reform to improve evidence-based care, offer care coordination and expanded access for patients. Employers can encourage plans to increase the number of similar contracts in their network for employees.

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-06-29.html>

## About NEBGH

Northeast Business Group on Health (NEBGH) is an employer-led coalition of healthcare leaders and other stakeholders that empowers its members to drive excellence in health and achieve the highest value in healthcare delivery and the consumer experience.

## About NEBGH's Solutions Center

The Solutions Center is NEBGH's unique data-gathering and discovery platform for developing initiatives that can "move the needle" when it comes to critical healthcare issues. Focused on employers as a catalyst for change, the Solutions Center's mission is to identify the most promising, innovative opportunities for improving health outcomes, and create a framework with the potential for transforming results and changing the national dialogue.

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The authors are solely responsible for the conduct the research, analyses, and content of the manuscript.

## **Roundtable Panelists and Speakers**

- **Amy Abernethy, MD**, Chief Medical Officer and SVP Oncology, Flatiron Health
- **Peter Bach, MD**, Director, Center for Health Policy and Outcomes, Memorial Sloan Kettering Cancer Center
- **Craig Bunnell, MD**, Chief Medical Officer, Breast Oncologist, Dana-Farber Cancer Institute
- **Lindsay Conway**, Managing Director, Research and Insights, The Advisory Board Company
- **Michael Eleff, MD**, RVP, Director of Health and Wellness Solutions, Anthem National Accounts
- **Kirby Eng, RPh**, VP Business Development, PharMedQuest
- **Juliet Jacobsen, MD**, Director, Harvard Palliative Care Medicine Fellowship, Massachusetts General Hospital
- **Ed Licitra, MD**, Board Chairperson, Medical Oncologist, Regional Cancer Care Associates
- **Steve Peskin, MD**, Senior Medical Director, Clinical Innovations, Horizon Blue Cross Blue Shield of New Jersey
- **George Raptis, MD**, Acting Executive Director, Cancer Institute, Northwell Health

## Roundtable Participants

- **Ruth Antoniadis**, Executive Director, Labor Health Alliance
- **Amy Bruhn**, BioOncology Account Manager, Genentech
- **Lisa Coe**, Senior Employer Account Executive, Genentech
- **Mary Ann Czarcinski**, Associate Director, Employee Benefits, Bristol-Meyers Squibb Company
- **Marco Diaz**, SVP Global Head of Benefits, News Corp
- **Richard Donoghue**, SVP Strategy, Planning & Business Development, NYU Langone Medical Center
- **Alan Engelberg, MD**, Associate Attending Physician, Employee Health SVP, Memorial Sloan Kettering Cancer Center
- **Camm Epstein**, Managing Director, Currant Insights
- **Susan Fahmy**, National Director, Network Development and Integration, Massachusetts General Hospital
- **Karim Habibi**, SVP, Managed Care & Health Care Reform, NYU Langone Medical Center
- **Brad Hirsch, MD**, Senior Medical Director, Flatiron Health
- **Terrill Jordan**, President & CEO, Regional Cancer Care Associates
- **George Kelly**, National Manager, Business Markets, Cancer Treatment Centers of America
- **Bruce Logan, MD**, CHS Medical Directors, Goldman Sachs Group, Inc.
- **Hugh Ma**, Founder & CEO, Inovo Venture Studio
- **Susan Margolis**, Independent Consultant
- **Michelle Martin**, VP, HR Specialty Services, CBS Corporation
- **Virginia Peddicord**, Corporate Account Executive, Merck & Company, Inc.
- **Matthew Penziner**, Executive Director, NYUPN
- **Koren Phillips**, Administrative Director, Mass General Cancer Network, Massachusetts General Hospital
- **Michael Ruiz de Somocurcio**, VP Payer and Provider Collaboration, Regional Cancer Care Associates
- **Cara Scully Cronin**, Registered Nurse, Montefiore Medical Center
- **Sandra Shaw**, Advocacy and Professional Affairs, Merck & Company, Inc.
- **Shelley Sinclair**, Assistant Director, Health & Welfare, EY
- **Fran Strauss**, VP Consultant, HealthMark Strategies LLC
- **Jody Shollenberger, RPh**, U.S. Advocacy and Professional Affairs, Merck & Company, Inc.







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