

WHAT PURCHASERS NEED TO KNOW ABOUT CANCER

Based on National Alliance of Healthcare Purchaser Coalitions' eValue8 Deep Dive

ARE YOUR HEALTH PLANS KEEPING PACE WITH THE RAPID ADVANCES IN CANCER CARE?

Cancer mortality rates are dropping

25%

Drop in cancer mortality rate since early 2000s¹

Costs of treatment are skyrocketing



100,000-400,000

Cost per year for many new cancer drugs

Inconsistent coding and care pathways are a roadblock to managing cost and quality

700,000

Genetic biomarker tests

BUT ONLY

200

Lab billing codes

% of Rx claims subject to prior authorization

<5% to >75%

¹Unless otherwise indicated, references may be found in the National Alliance's publication, *Achieving Value in Cancer Care*

Some types of cancer can now be managed like a chronic condition

ARE YOUR EMPLOYEES GETTING THE RIGHT CARE?

Milliman reported that the cost of chemotherapy can vary by 30% to 50% between a physician's office and a hospital outpatient setting

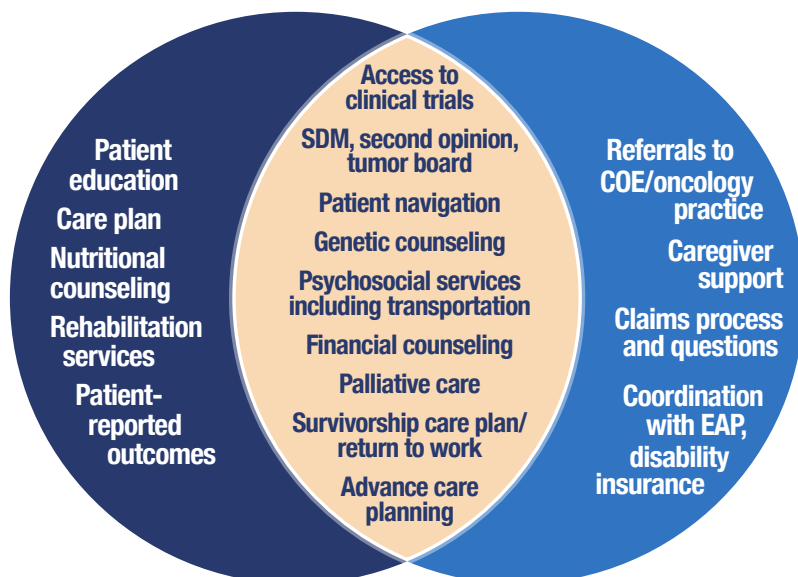
National plans typically adapt existing approaches to encourage appropriate care

- ◆ Most rely on prior authorization and case management
- ◆ Most offer web-based tools
- ◆ Few use feedback reporting
- ◆ None use incentive payments

CANCER CARE IS EVOLVING TO DELIVER PATIENT-CENTERED CARE

CANCER PCMH REQUIRED SERVICES

SPECIALIZED CANCER CASE MANAGEMENT

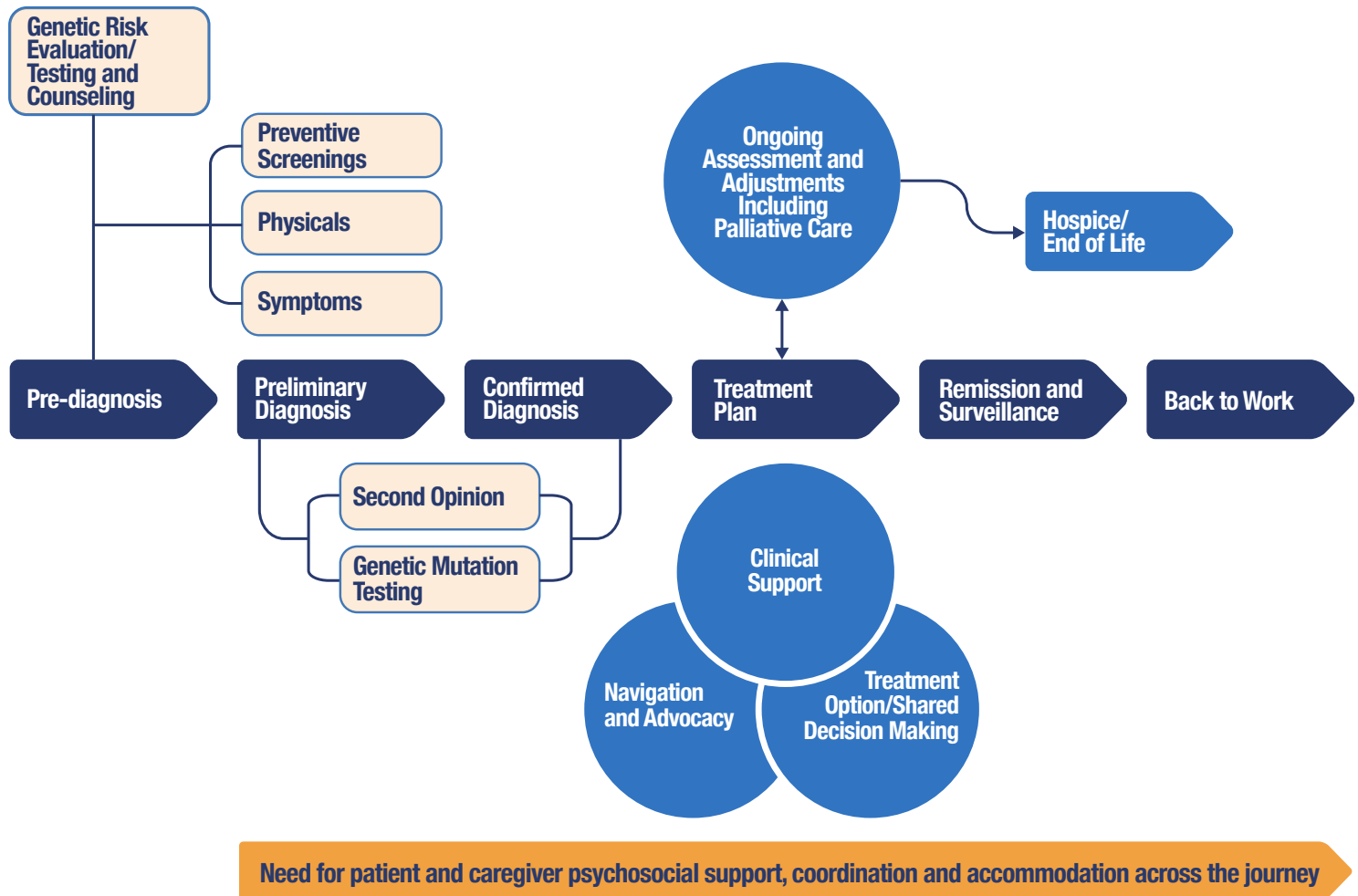


The majority of patient-centered care is offered by three entities:

- 1 Providers, e.g., Cancer Patient-Centered Medical Home (PCMH),
- 2 Health plans (e.g., Specialized Cancer Case Management), or
- 3 Employers and third-party contractors

Care is often not coordinated among these three. "Cancer Huddles" are one way to bring them together to ensure superior patient and family support.

PATIENT-CENTERED CANCER JOURNEY



WHAT PURCHASERS CAN DO ABOUT CANCER*

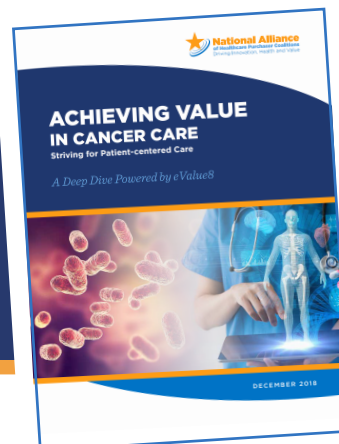
- ☐ Provide benefits, navigation, advocacy and support to ensure a Patient-Centered Cancer Journey
- ☐ Work with health plans, providers and pharmacy benefit managers to root out waste related to inappropriate or low-value care
- ☐ Have your health plan measure inappropriate care and care inconsistent with best practice guidelines (e.g., frequency of colonoscopies, breast cancer screenings, Pap tests)

Only 1 in 5 plans collects 14 health-industry-developed core quality measures.

For example:

- ◆ Proportion with more than one emergency room visit in the last 30 days of life
- ◆ Proportion admitted to the ICU in the last 30 days of life
- ◆ Proportion not admitted to hospice
- ◆ Proportion admitted to hospice for less than 3 days

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For more information, see our detailed report, which includes a comprehensive employer checklist

*For a comprehensive employer checklist, see the full report, "Achieving Value in Cancer Care."