

# Oncology Management: Opportunities or Threats to Improve the Quality of Patient Care

*Debbie Stern, Senior Vice President, Medical Oncology and  
Specialty Drug Management, eviCore healthcare*

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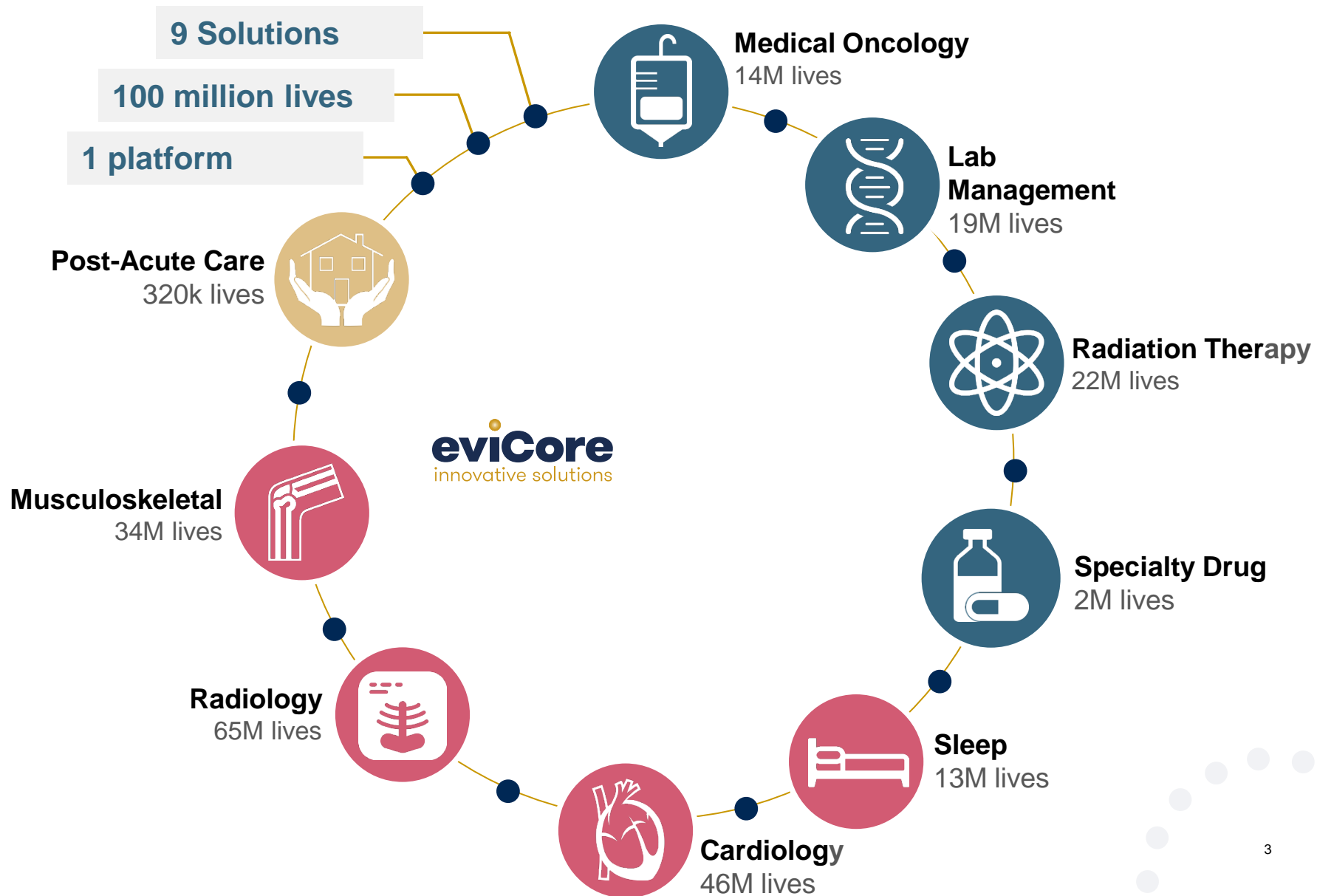
# Objectives

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By attending this session, you should be able to:

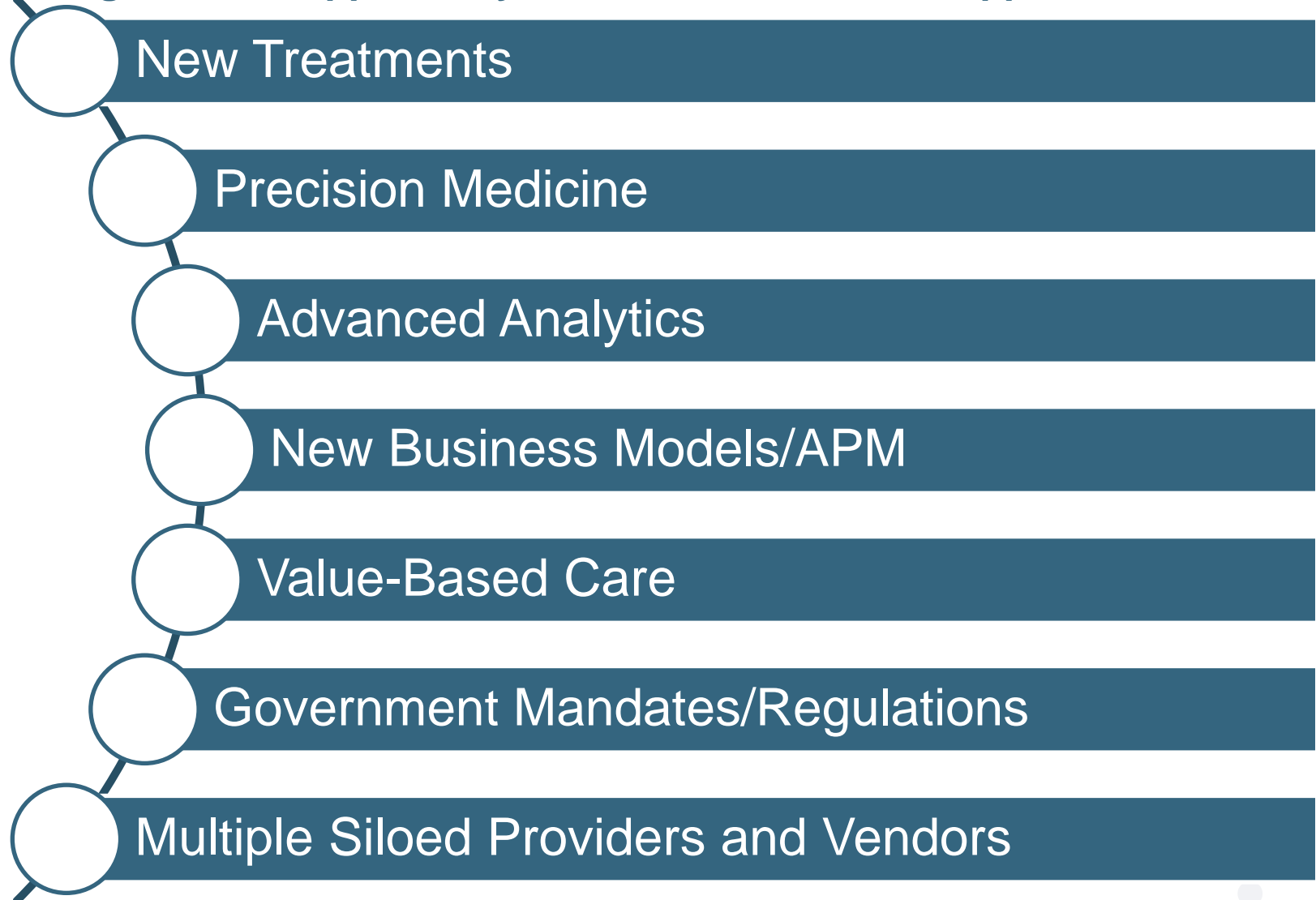
- Describe the role oncology clinical pathways play in promoting evidence based treatment;
- Identify management practices that improve provider efficiencies;
- Evaluate the strengths and weaknesses of readily available tools for assessing the value of cancer treatment options;
- Identify strategies payers can deploy to optimally increase the value of cancer care in the future.

# eviCore healthcare: End-to-End Solution



# MARKET TRENDS ARE CAUSING DISRUPTIONS IN ONCOLOGY CARE

Changes create opportunity and incentives for new approaches



# Nonevidence-Based Practices Creates Higher Costs and Lower Quality

Choosing Wisely includes recommendations for achieving the best quality care across a wide range of modalities

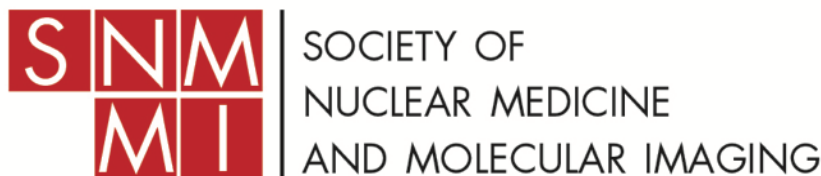
- Screening
- Imaging
- RT
- Drugs
- Genetic Testing
- Surgery
- Palliative Care
- Survivorship



American Society of Clinical Oncology



*An initiative of the ABIM Foundation*



# Keeping Treatment Consistent With the Evidence

Up to 40%  
of patients



treated with chemo do not  
receive a treatment plan  
consistent with current  
ASCO Choosing Wisely  
recommendations

## Most common drivers of nonevidence-based prescribing:

- Use beyond recommended lines of therapy
- Inappropriate drug combinations within a regimen
- Genetic testing not done when indicated
- Poor performance status doesn't support aggressive therapy

Lack of treatment coordination and highly variable nonevidence-based practice patterns are contributing to unnecessary costs and avoidable toxicities

<sup>1</sup> Journal of Oncology Practice. 11:4. 2015

<sup>3</sup> <http://www.valuebasedcancer.com/vbcc-issues/2014/november-2014-vol-5-no-9/25786>

<sup>3</sup> eviCore, Data on File

# Evidence Based Guidelines Focus on the Most Appropriate Treatment

Reduces avoidable ER visits and hospitalization



Prevents/  
manages  
side effects

Monitors for appropriate use of G-CSF for patients on chemotherapy regimen with high risk for febrile neutropenia

*<sup>1</sup>~30% of G-CSF use is not warranted based on regimen risk of febrile neutropenia\**



Reduces  
toxicity

Provides alternative treatment options for patients with advanced disease and poor performance status

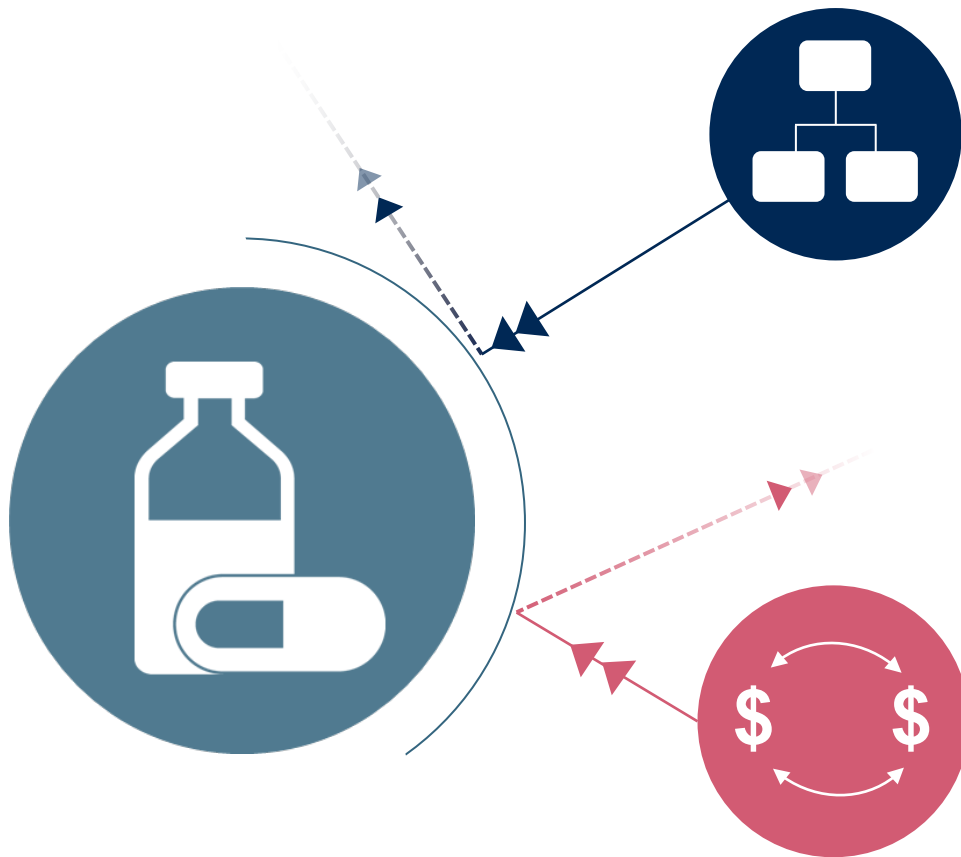
*<sup>2</sup>40% patients with advanced solid tumor cancers who are unlikely to benefit from therapy continue to be prescribed aggressive therapy*

<sup>1</sup> <http://www.valuebasedcancer.com/vbcc-issues/2014/november-2014-vol-5-no-9/25786>

<sup>2</sup>Journal of Oncology Practice. 11:4. 2015

# Payer Strategies to Manage Medical Oncology Costs and Utilization

Market challenges are driving a need for better cost and appropriate use management



## Utilization & Clinical Management

- Traditional prior authorization
- Pathways
- Indication-based formularies
- Advanced directives
- Palliative care
- Clinical trials

## Unit Cost Management

- Network management
- Specialty pharmacy contracts
- Alternative payment models
  - Bundle/episode of care model
  - OCM Model
- Outcomes based contracts (pharma)
- Provider risk contracts



# Pathways Translate Complex Guidelines into Clinical Decision Support Algorithms

## Guidelines Version 4.2016 Non-Small Cell Lung Cancer

[NCCN Guidelines Index](#)  
[NSCLC Table of Contents](#)  
[Discussion](#)

SYSTEMIC THERAPY FOR  
METASTATIC DISEASE

HISTOLOGIC  
SUBTYPE

TESTING RESULTS

167 Pages of Guidelines for 1 Cancer Type

- Establish histologic subtype<sup>a</sup> and adequate amount of tumor tissue for testing

• Adenocarcinoma

Category 1)<sup>a</sup>  
EGFR and ALK testing should be conducted as part of broad molecular profiling<sup>hh</sup>

Squamous cell carcinoma

- Consider EGFR mutation and ALK testing<sup>ii</sup> especially in never smokers or small biopsy specimens, or mixed histology<sup>jj</sup>
- EGFR and ALK testing should be conducted as part of broad molecular profiling<sup>hh</sup>

Sensitizing EGFR mutation positive

[See First-Line Therapy \(NSCL-17\)](#)

ALK positive

[See First-Line Therapy \(NSCL-18\)](#)

Both sensitizing EGFR mutation and ALK are negative or unknown<sup>kk</sup>

[See First-Line Therapy \(NSCL-19\)](#)

Sensitizing EGFR mutation positive

[See First-Line Therapy \(NSCL-17\)](#)

ALK positive

[See First-Line Therapy \(NSCL-18\)](#)

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[See First-Line Therapy \(NSCL-20\)](#)

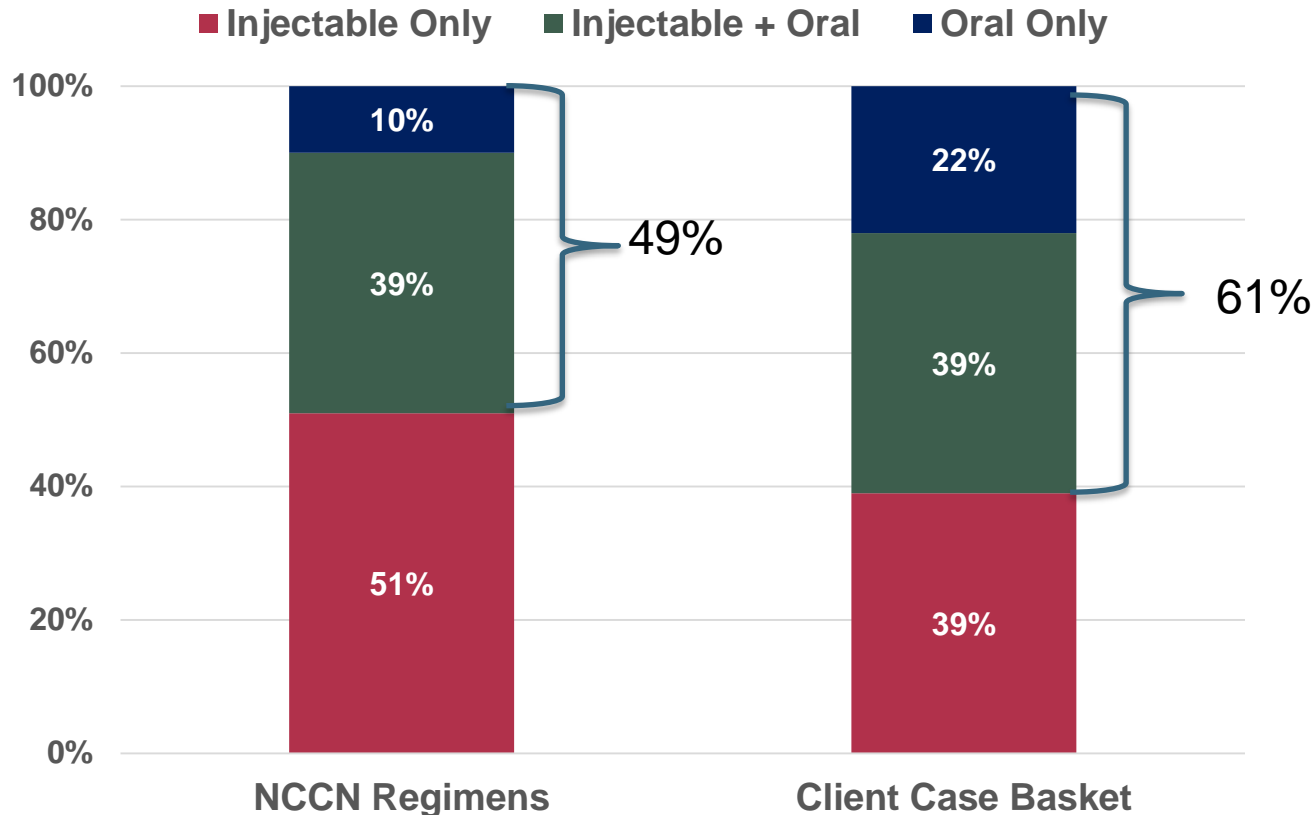
## Pathway Program Differentiators

- Clinical source for pathways
- Limitation of treatment options
- Incentives for use
- Ease of use/MD acceptance
- Authorization capabilities
- Integrated RX and Medical benefit mgt.
- Ownership/potential conflicts of interest
- Inclusion of multiple treatment modalities
  - Lab/Genetic Testing
  - Radiation Therapy
  - Surgery
  - Advanced Imaging
  - Palliative Care
  - End-of-live Care



# Integrating Oral and Infused Chemotherapy Management

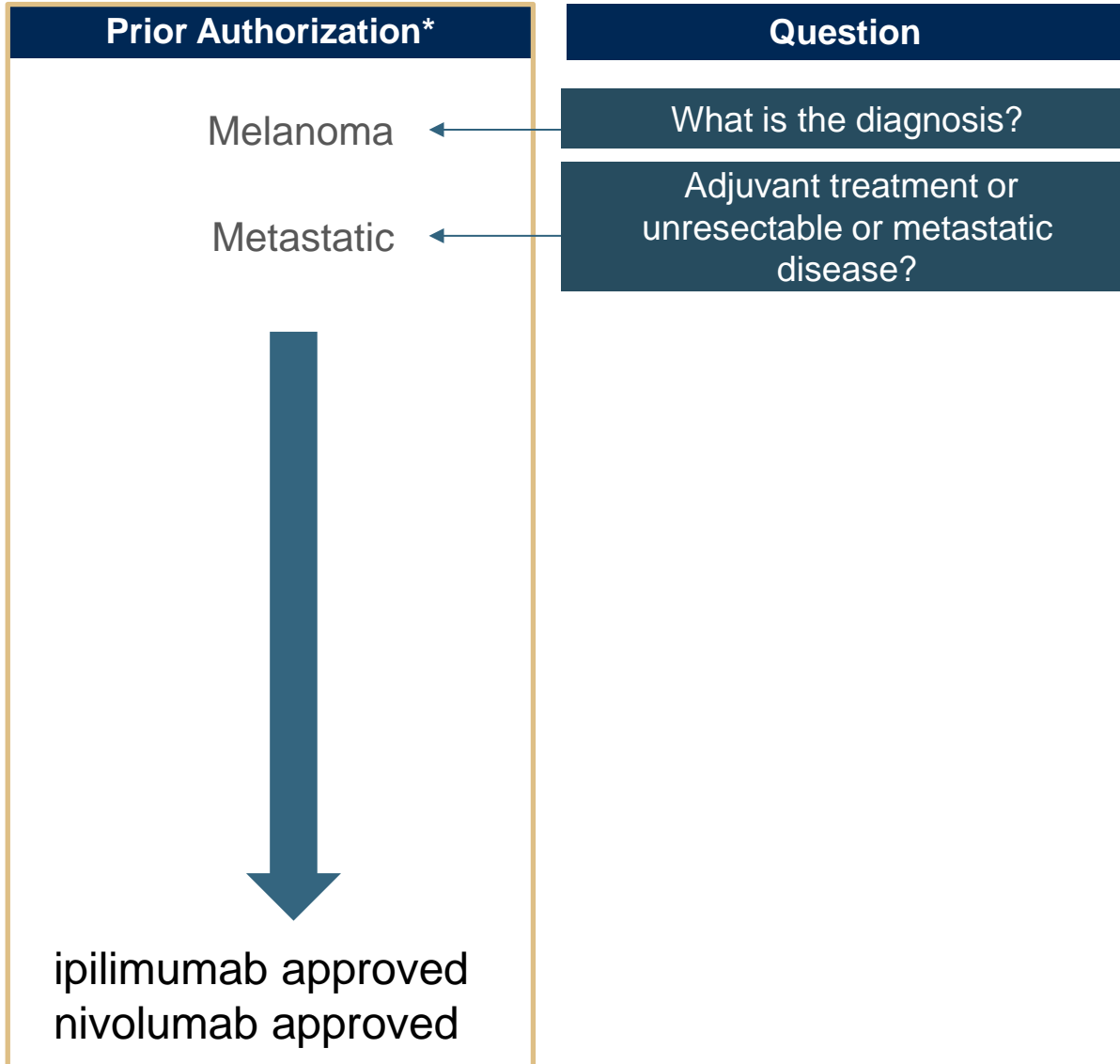
Oral drugs constitute >60% of drug regimens in actual practice



**Typical Prior Authorization does not integrate all drugs in the treatment regimen or require providers to work through 2 different authorization systems**

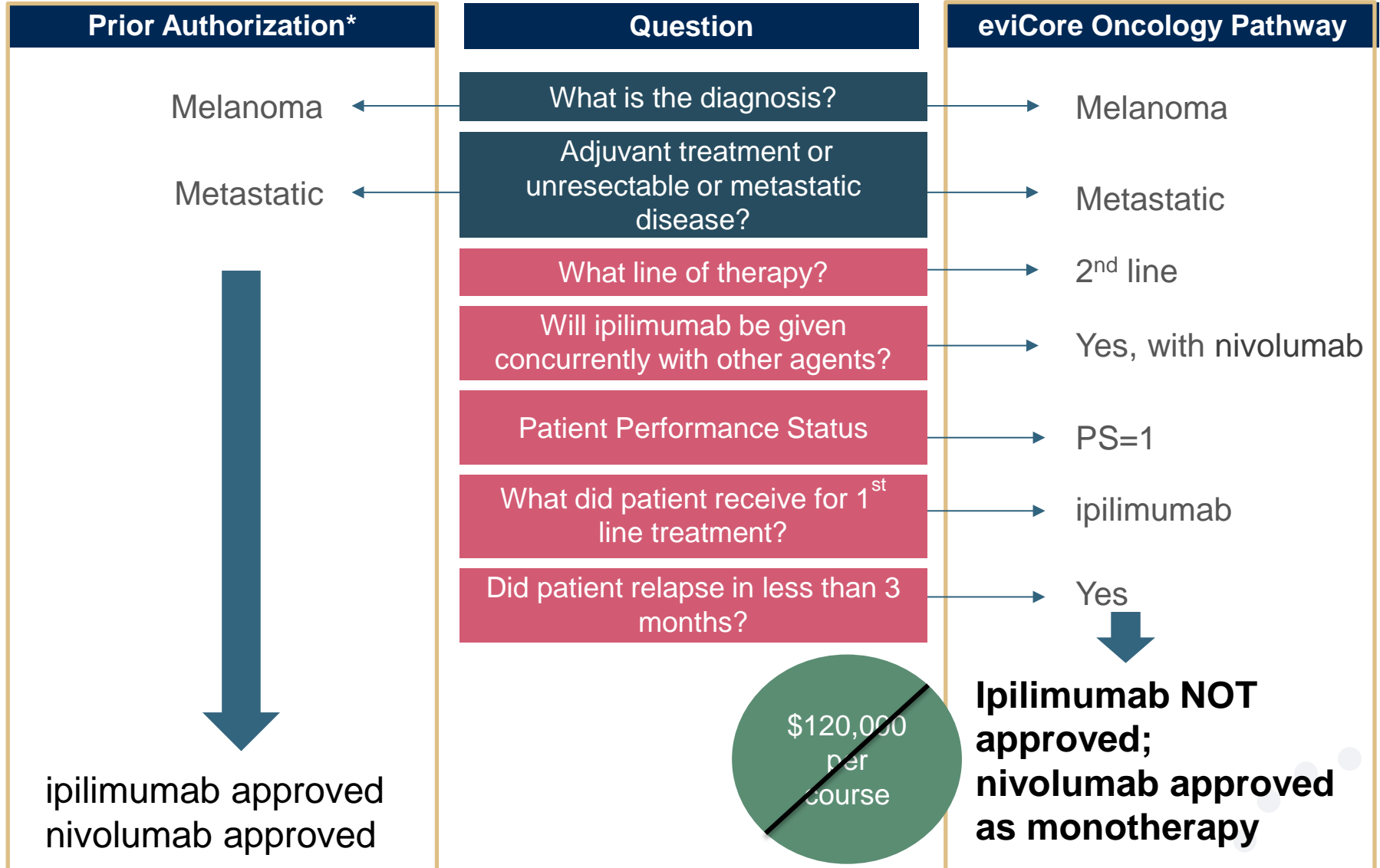
# Traditional PA Does Not Capture Complete Clinical Scenario

## Example: ipilimumab + nivolumab request



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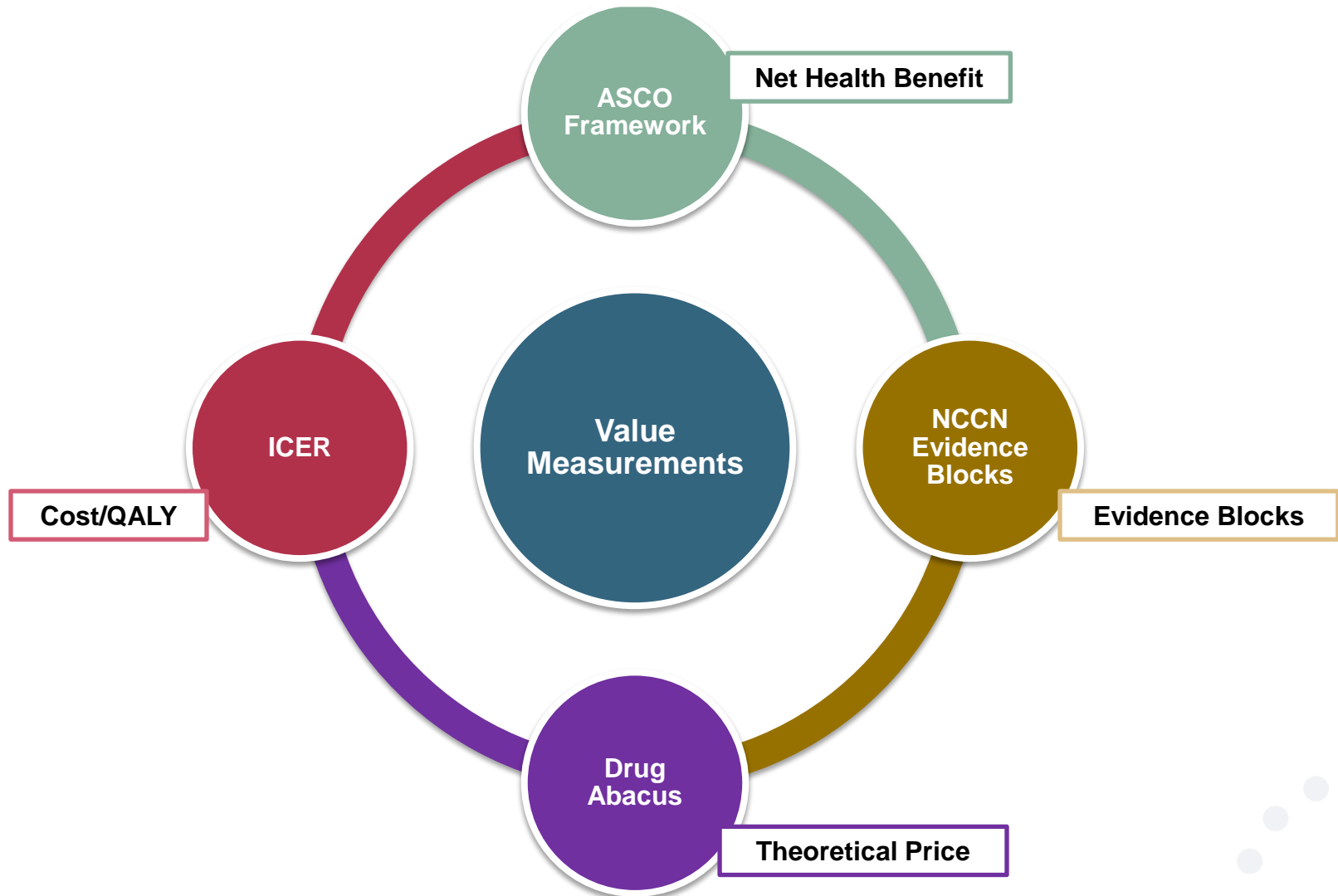


# Do Pathways Work?

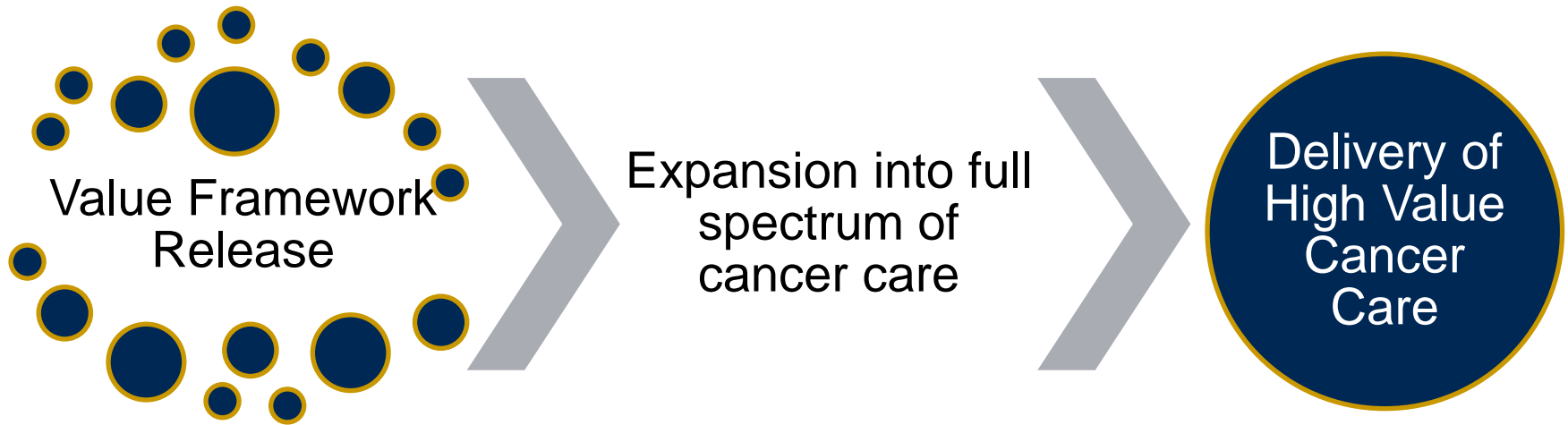
Author, Publication	Title	Findings
<p>Jackson, DM, et al. DOI: 10.1200/JOP.2017.021741; published online ahead of print at jop.ascopubs.org on March 4, 2017.</p> <p>(Dana Farber)</p>	<p><i>Cost and Survival Analysis Before and After Implementation of Dana-Farber Clinical Pathways for Patients With Stage IV Non–Small-Cell Lung Cancer</i></p>	<p><b>22% decrease in total cost of care</b> with no impact on clinical outcomes, primarily from chemo costs</p>
<p>Adeboyeje, G, et al DOI: 10.1200/JOP.2017.020867; published online ahead of print at jop.ascopubs.org on March 4, 2017.</p> <p>(Anthem/Aim)</p>	<p><i>Reducing Overuse of Colony-Stimulating Factors in Patients With Lung Cancer Receiving Chemotherapy: Evidence From a Decision Support–Enabled Program</i></p>	<p><b>9% decrease in use of CSF</b> with no change in the incidence of FN</p>
<p>Newcomer, LN, et al DOI: 10.1200/JOP.2016.015198; published online ahead of print at ascopubs.org/journal/jop on October 18, 2016.</p> <p>(United/eviCore/NCCN)</p>	<p><i>Transforming Prior Authorization to Decision Support</i></p>	<p><b>20% difference in chemotherapy drug cost trends</b> for the pilot site compared to the rest of the nation during the trial period without need for reducing therapy options or limiting provider network.</p>

# Can Current Value Models Be Used to Identify the Most Valuable Cancer Treatments?

Different frameworks can result in considerably different assessment of value



## Where Are We in the Development of Value Tools?



Giving rising costs, value of cancer treatment is and will be increasingly scrutinized

Developed frameworks have benefits and shortcomings related to influencing value-based cancer treatment decisions

Organizations and payers must partner with providers and patients to make shared value-based treatment decisions



# Comprehensive Oncology: Managing the Whole Patient

## Female Age 55



### Genetic Lab

BRCA test was approved on the basis of a family history of breast cancer

### Medical Oncology

Case submitted. History of abnormal mammogram, biopsy, and then mastectomy for a stage III triple negative breast cancer. Adjuvant chemo with Doxorubicin and Cyclophosphamide is approved.

### Imaging

A new lesion in the contralateral breast was detected and we authorized an MRI

### Radiation Therapy

Several weeks after chemo, chest wall RT was requested. IMRT was requested but we redirected to 3D which was accepted and given

### Risk Factors

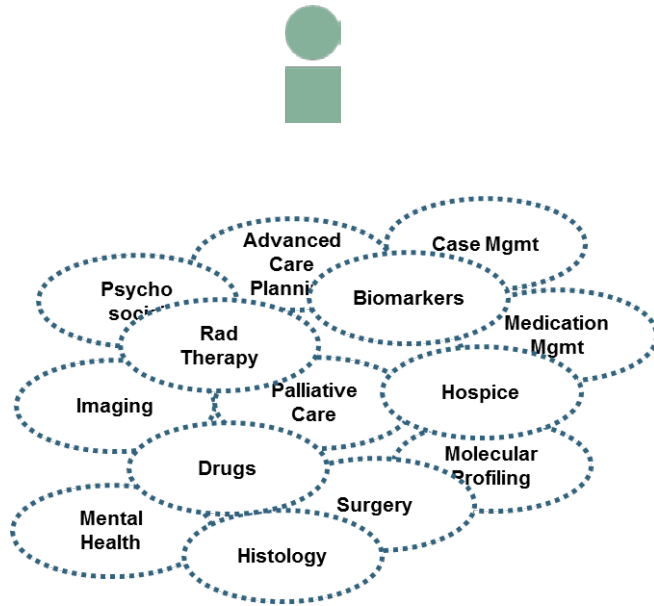
- Obesity
- Diabetes
- Mastectomy/reconstruction /chemotherapy/chest wall radiotherapy
- BRCA positive

## Breast Cancer

whole patient, whole picture, full care

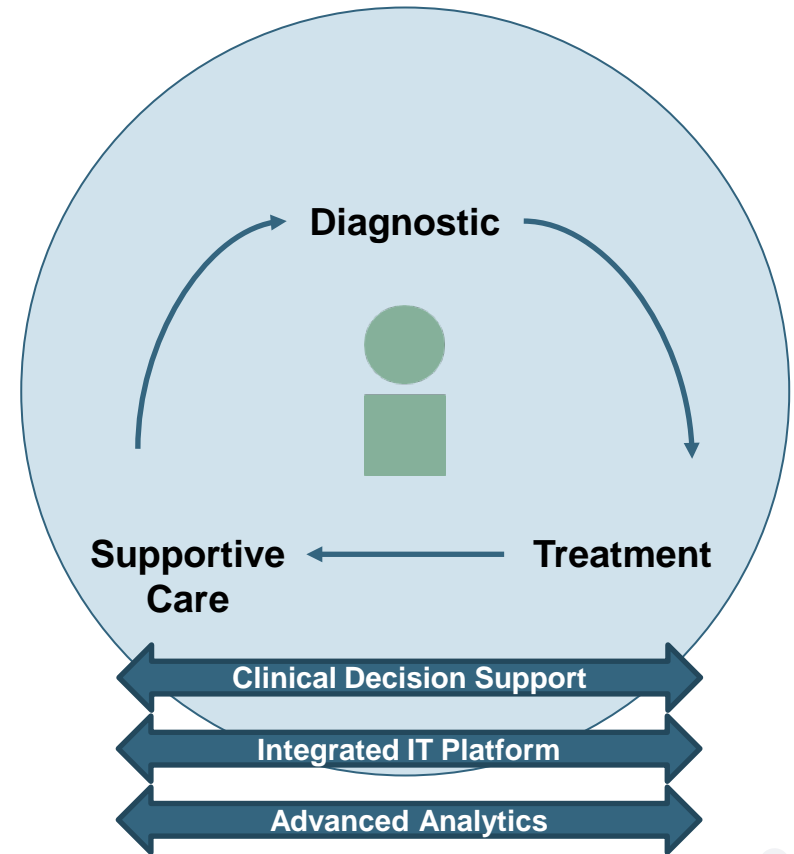
# Comprehensive Oncology Management Promotes Patient-Centric Care and Improved Outcomes

## Current Market: Point Solutions and Fragmented Care



Existing solutions are too narrow in scope, too fragmented, and too patient-agnostic to solve the complex problems presented in oncology

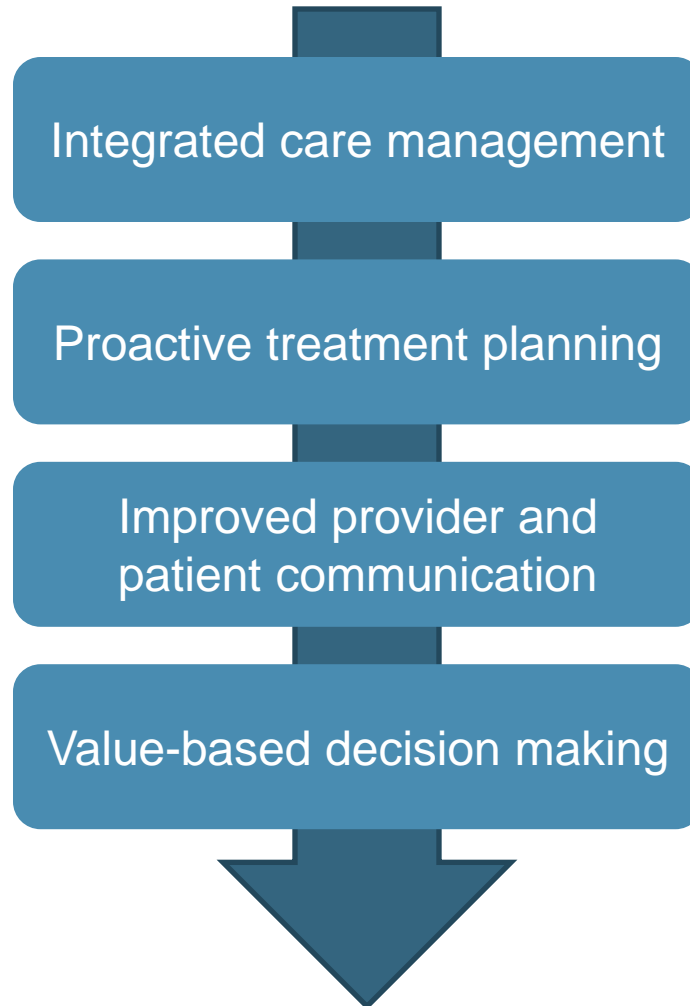
## Comprehensive Oncology



# Future State of Cancer Care

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Achieving the goal of accessible, affordable high quality care



# Are these Opportunities or Threats to Improve the Quality of Patient Care?

## Thank You!

Debbie Stern, RPh  
eviCore healthcare  
[dstern@eviCore.com](mailto:dstern@eviCore.com)  
949-433-0847

