FLORIDA HEALTH CARE COALITION
Employers Who Care About Health Care!
www.FLHCC.org

COORDINATED ONCOLOGY MANAGEMENT

A BENEFIT STRATEGY TO IMPROVE THE PATIENT EXPERIENCE & MANAGE COST OF CARE

THE PROBLEM

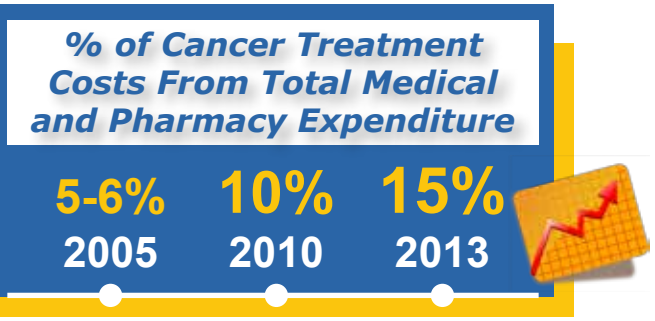
Florida has been characterized as a "bellwether" state for health care primarily because of its diversity, the age of the population, and literacy levels. Other states look to Florida's health care leadership to find solutions to the most challenging problems in health care access, delivery and payment.

The Florida Health Care Coalition is recognized for its efforts in educating its employer members about key trends, issues and solutions in managing a variety of conditions ranging from asthma to diabetes.

Today, cancer cost and service quality is a leading issue of concern for Florida employers.

Cancer surpassed cardiovascular disease as the leading cause of death in the State in 2011, but had been the top killer in Orange County, Florida since 2007 (Source: Florida Department of Health, Vital Statistics).
With the growing burden of cancer on Orange County's population came rapidly increasing costs for local employers.

Based on the Coalition's surveys of health plan sponsors, cancer treatment costs accounted for 5-6% of total medical and pharmacy expenditures in 2005. By 2010, cancer costs had surpassed 10% of total expenditures and in 2013, the Orange County based members reported that cancer treatment had exceeded 15% of total health plan spend.



Not included in those calculations was the indirect cost of cancer for employers, those costs associated with the lost productivity of their workers.

FLHCC employer members explained that the expenditures associated with increased absenteeism for cancer treatment were higher than the actual cost of cancer care.

Cancer was reported to be the leading cause of short and long term disability for these employers. Further, the employers found that employees:

- Were increasingly frustrated with navigating the cancer care system
- Wanted more information about treatment options
- Were not fully aware of their benefits through their employer
- Needed advice and assistance with non-medical needs in support of their cancer treatment.

The benefits staff were overwhelmed and frustrated with trying to meet the critically important needs of their employees dealing with cancer and several of the employers partnered with their health plans to provide oncology nurse case management services. The case management programs were staffed with trained oncology nurses who created personalized care plans for the plan members and provided information about treatment options.

The nurse case managers also provided emotional and clinical support for the patients through their various stages of diagnosis and treatment. Although these programs provided

much needed support to the employees and their family members at no charge to the employee, the participation rates in these costly programs were found to be very low.

Also, the existing support programs provided by the employers, e.g., EAP, Work-Life programs, were largely unknown by the nurse case managers at the health plans. Through a grant provided by Genentech, the Coalition staff and one large employer member worked together to explore the reasons why the case management program was underutilized and identified ways to bring more employees facing cancer into the program to maximize the best use of existing employer resources.

THE BARRIERS AND CHALLENGES

As part of the effort to determine potential barriers to accessing oncology case management services, the Coalition staff interviewed the benefits staff at several companies. The benefits staff who were interviewed by FLHCC indicated that while the benefit package offered by an employer is often the reason that many workers choose a particular job over another, they found irony in the fact that most employees are often unaware of the full benefits available to them despite a wide variety of efforts undertaken to educate their workforce.

Regarding the specific oncology nurse management program being studied, **it was found that there was a critical time lag between the time of diagnosis and notification to the nurse case manager. Intervention was triggered by medical claims and these claims typically lagged real time treatment events by up to 90 days. By the time the employee was contacted by the oncology nurse, the opportunity to assist and impact care was severely diminished because the patient had already undergone surgery, chemotherapy and other treatment modalities.**

The benefits staff provided additional insight into why patients three months into cancer treatment might not return the outreach call from the health plan about the care management program. They suggested that employees with quickly mounting health care bills might think that the health plan was calling about collection of payment of their bills. This insight sparked discussion about who the patient would consider as a trusted source about this benefit. The oncologist and possibly the employer were identified as the best communicators of this program.

Meetings were held with the health plan administering the case management program to share this information and to determine a way to connect the nurse and the patient in a more timely manner. The health plan medical director affirmed that employees and oncologists aware of the case management program could refer to the program directly and hopefully at the time of diagnosis. There was no immediate process solution within the health plan offered to expedite identification of eligible patients, so the Coalition considered other options for facilitating entry into the program.

THE SOLUTION

With the understanding that the patient could self-refer to the case management program, the Coalition, the employer and the health plan created a coordinated benefit strategy that included a comprehensive communication plan intended to educate the workforce about this free benefit for employees and family members with cancer. The Health Insurance Portability and Accountability Act (HIPAA) prevented the ability of the employer to directly target plan members with a cancer diagnosis, so the message in the communication materials sent to all employees was "if you or a family member has been diagnosed with cancer, call the cancer support line to learn about your benefits." This message was embedded in the employer's annual enrollment materials, in posters at each work site, in brochures provided in the resource centers at the work sites, in direct mail pieces sent home from the health plan, and in electronic newsletters sent to the employees from the wellness staff. The benefits staff visited the wellness coordinators at the work sites to educate them about the availability of this benefit in case they learned of co-workers who could benefit from the program. The cost to develop and produce the communication materials was covered by the grant provided to the Coalition.

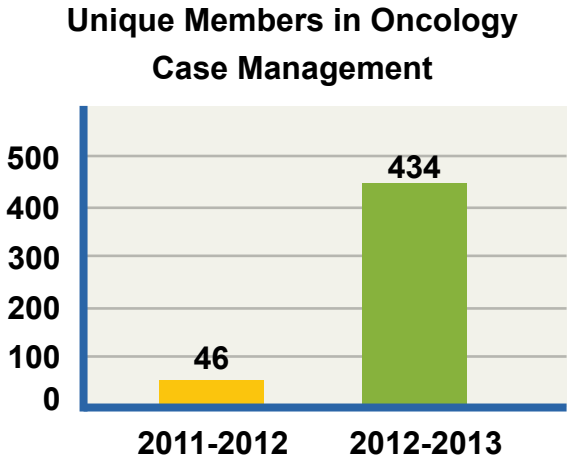
A nurse with case management experience was added to the employer's benefit staff. Incoming calls generated by the communications effort were directly routed to this individual. Her job was not to take the place of the oncology nurse management program, nor to be involved in the case management provided by the Oncology practice but to explain the benefits available to the employee and to offer to directly connect them to the health plan oncology case management program. If the employee did not wish for her to make the call on his or her behalf, she gave the information to them to make the call on their own.

The benefits department nurse established herself as a trusted resource with the employees who reached out to her. She was able to work with the oncology nurse managers to collaborate on issues that the employer and the health plan could assist the employee with such as supportive services available during chemotherapy. She explained to concerned employees that they could set up payment plans at the hospitals for their out of pocket costs and identified local resources they could access for other assistance. She assisted them with the paperwork needed to request leave and disability. The benefits department nurse also worked with the employees to plan their return to work to determine what accommodations they needed in place to ensure a smooth transition. The employees called about caregiver issues as well. For example, their spouse or other family member had cancer and they requested information about support groups, counseling, wills and other concerns.

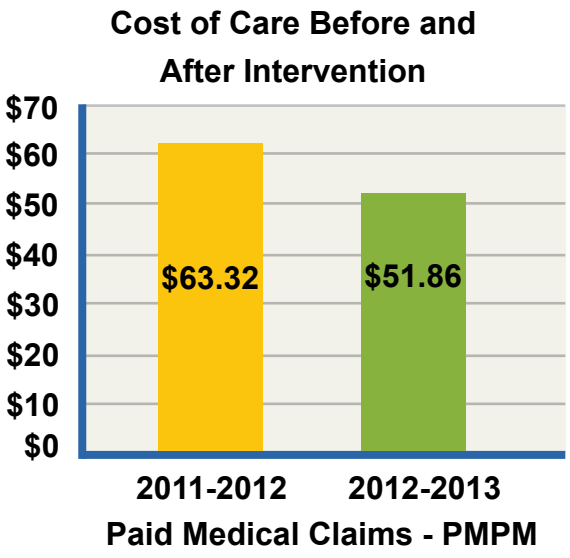
Some pushback from the oncology practitioners was expected when the program began. These providers already had a management program imposed on them by the health plan and this new approach could appear as an additional interference. Once the program was explained, and the practitioners saw that this new approach in no way interfered with their case management, all concern dissipated.

THE RESULTS

In the month following the communication plan rollout and the addition of the nurse to the benefits department, 181 employees contacted the cancer patient support line and were connected to the health plan's program. The employees and their family members were in all stages of their cancer journey from diagnosis through treatment to maintenance and survivorship.



The year before the benefits department put the nurse in place and executed the communication plan, there were only 46 plan members accessing the health plan's oncology nurse management program. In the year after the intervention was implemented, there were 434 plan members engaged in the oncology nurse management program, more than an eight-fold increase in participation.



In the year prior to the intervention, the paid medical claims per member for cancer was at $63.32 per month. In the year following implementation of the coordinated benefit strategy for cancer, the per member per month cost for cancer dropped to $51.86, an 18.1% decrease in cost. The cost savings were attributed to decreased use of the emergency room and fewer hospitalizations.

Not included in the paid medical claims for cancer were the per employee per month cost of the oncology nurse management program, the time associated with the benefits staff supporting the coordinated benefit strategy or the communications program costs.

The employees accessing the cancer patient support line and working with the benefits department nurse were very appreciative of the assistance they received and the employer became acutely aware of the intrinsic value of the benefit being provided to employees facing the challenges of cancer treatment and survival.

EMPLOYEE TESTIMONIAL

(Slightly edited to protect the privacy of the employer and employee.)

"I want you to know how much the Cancer Patient Support Program means to me. I can't begin to tell you how devastating my cancer diagnosis has been. I was diagnosed with breast cancer in February 2012. I have recently completed my 7th surgery (all surgeries performed between March and December 2012). My road to healing has been a rough one and at times, I didn't know how or if I'd be able to make it through…I was informed by a co-worker who also has cancer, that (the employer) developed a cancer support program to assist employees who have been diagnosed with cancer. I contacted the program and (the benefits department nurse) has been a guardian angel for me. She has assisted me in all areas of dealing with my insurance, disability leave, and with support I need to return to work. I not only consider (the benefits department nurse) to be a co-worker, but I also consider her to be a friend. She has been there to check on me every step of the way since I first contacted her. I hope that this cancer support program will continue and please know how much it has assisted me in adjusting to a major change in my life while working."

The employer has continued to offer the health plan's oncology nurse management program to its employees. However, the benefits department nurse eventually left the organization and her position was not replaced by an employee with a clinical degree or experience. The communication plan developed for the cancer patient support program was incorporated into the ongoing educational information provided to the employees and into the training of the wellness coordinators at each worksite. Employees are directed to contact the health plan program directly to learn about the cancer case management program.

WHAT'S NEXT?

Because the employer and the employees facing cancer experienced significant value in the coordinated benefit strategy that was originally implemented, the Coalition has continued to work to identify new opportunities and approaches to ensure that employees with cancer know their benefits, gain timely access to them and have a trusted resource to guide them through their cancer treatment and survivorship.

The Medicare Oncology Care Model (OCM) shows promise for the Coalition's employer members if adapted for the working population and coordinated with the employer's benefit team. The health plan's oncology nurse management program was provided at a per employee per month rate, no matter how many plan members accessed the program.

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As mentioned previously, having the health plan outreach to the employees was perceived as a potential barrier to accessing the program. The OCM incorporates a monthly capitated payment called a Monthly Enhanced Oncology Services payment. The practice receives $160 a month per Medicare beneficiary per month to cover the costs of managing and coordinating the patient's care. Since the oncologist is likely the cancer patient's most trusted source for care associated with their treatment, case management services provided by the oncology practice would not experience the same barrier to participation that the health plans did.

Using the learnings from the coordinated oncology benefit strategy project, the Coalition is working with several of its employer members, their benefits consultants and community oncologists to adapt the OCM for the self-funded commercial market.

The Coalition has long defined value in cancer care as needing to meet these three objectives:

- Obtaining and paying for the right care at the right time in the right place
- Meeting all the needs of the employer (or family member) facing cancer and decreasing barriers in order to optimize outcomes
- Addressing and facilitating the employee's return to work, where possible.

Adapting the OCM in Florida so that the oncology practice and benefits staff coordinate efforts on behalf of the employee with cancer to ensure these three objectives are met could result in a value based strategy that meets the needs of the employee, their family, the employer and the oncologist and be a model that other self-funded employers might also implement. The Florida Health Care Coalition has identified development of this alternate care delivery and payment model as a top priority in 2017.

ABOUT THE FLORIDA HEALTH CARE COALITION

The Florida Health Care Coalition represents major public and private sector employers across the State that cover over two million lives, addressing a common goal: to improve the quality of health care for all Floridians. Through educational programs and quality improvement initiatives developed by the member organizations, Coalition staff, Board members, partners, affiliates, and sponsors, FLHCC organizes events, programs and services that inform and contribute to health care quality improvement across Florida. For more information, please visit http://www.FLHCC.org, or find FLHCC on Facebook, Twitter (@FLHCC) or LinkedIn.

CITATION

Florida Department of Health, Vital Statistics.

http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.LeadingCausesOfDeathProfile

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