

Creating a sustainable future for cancer care and its associated costs



There are two seemingly contradictory trends in cancer: More and more people are surviving cancer, yet cancer is poised to become the #1 killer in the United States. This is largely due to our nation's aging population.

Cancer rates are expected to grow 45% from 2014 to 2030; this includes a 67% increase in older adults.¹ An aging population also brings a higher rate of comorbidities, leading to more costly and complex cancer care.

These numbers are likely unsurprising to the payers, providers and care teams that work with cancer patients every day. It's clear that to maintain a sustainable future for cancer care, providers and payers must work together to implement cost-effective and proven therapies, treatments and support programs for patients.

Here, we discuss the latest trends in cancer care and review opportunities to lower costs for the industry and patients, improve costs, access to care and deliver better outcomes for people with cancer.

Managing a rapidly evolving treatment landscape

The Food and Drug Administration (FDA) approved 58 new cancer treatments in 2021.² Of these, 18 were a result of the Accelerated Approval program,³ the expedited pathway that allows early approval of drugs indicated for serious conditions that fill a previously unmet medical need.

While new and innovative therapies such as CAR T-cell therapies and immune checkpoint inhibitors offer new hope to patients and families, they also bring confusion and complexity to cancer care. Providers and payers are left to identify which cancer treatment would be most effective for an individual patient.

To add to this complexity, the FDA has withdrawn or rescinded indications for several therapies initially approved through the Accelerated Approval program.

Resources like the National Comprehensive Cancer Network (NCCN) help providers narrow down the list of evidence-based therapies – one step toward developing a cost-effective treatment plan for patients.



More cancer patients needing complex care brings with it a hefty price tag. **Cancer costs are expected to grow 34%** from 2015 to 2030, reaching a staggering \$246 billion.⁴

The NCCN regularly updates and provides guidelines for evidence-based care. In fact, last year, they published 280 updates – spanning approvals on new drugs, existing drugs with new indications approved, existing drugs approved for new indications and much more. While this resource is extremely useful for providers, many stakeholders seek further guidance as to which of these treatments are highest quality and lowest cost.

As we move forward in cancer care and navigate the changing landscape of available treatments, more viable options will continue to be available for patients. Available patient data and technology will allow providers to narrow down the recommended course of treatment from dozens of possibilities to a handful of carefully vetted and researched options.


Caring for the whole patient leads to a value-based approach


For quite some time, the industry has been bracing for a seismic shift from fee-for-service reimbursement to value-based reimbursement. This trend is evident in The Center for Medicare and Medicaid Service (CMS) Oncology Care Management (OCM) program, which reimburses providers for offering comprehensive care, including care coordination and navigation, and the use of national treatment guidelines.


While OCM has some positives such as reducing costs for high-risk patients,⁵ next generation value-based care will need to be optimized to be sustainable.


Programs that offer comprehensive care for patients at every stage of their journey will find themselves in the spotlight as they offer tailored advice, insight and support for managing a patient’s physical, mental and emotional health.


A dedicated support program provides information, education and empowerment to help patients live well with cancer. By helping patients navigate resources and manage symptoms, these types of navigation and support programs also help:


 Reduce hospitalization rates

 Manage treatment side effects

 Improve physician productivity

 Improve compliance with treatment plans

 Recommend programs and resources to address the physical, emotional and financial burden of cancer care

 Proactively respond and minimize side effects before they interfere with treatment plans

Payers must continue to look for opportunities to offer, encourage and incentivize providers to take advantage of tools, resources and programs that address a patient’s complete cancer journey – from the moment of diagnosis through symptom management during and after treatments. Programs such as these will help mitigate costs, improve quality of care and improve outcomes.



Consider:

- 15–25% of cancer patients are **affected by depression**.⁶
- Anxiety and depression **have been linked** to higher cancer-specific mortality and poorer cancer survival.⁷
- Patients with lung cancer who received guidance from a health navigator had **lower health care costs** than those who did not.⁸

Engaged consumers seek Centers of Excellence

There are many different types of cancer patients. A growing number are approaching cancer care like consumers – researching providers, treatment methods and support programs and comparing costs.

In some respects, the COVID-19 pandemic have helped fuel this trend. Virtual appointments and telemedicine has opened the door for patients to consult with providers at health care organizations far from home – including National Cancer Institute-Designated Cancer Centers.

Coordinating, approving and reimbursing care across this spectrum can lead to unnecessary complexity and confusion. Streamlined coordination of care and access to pre-approved (and vetted) resources and partners can help offer patients the seat at the table they want (and deserve) and help payers manage costs.

While seeking a second opinion at a Center of Excellence may seem like an unnecessary cost, research indicates that second opinions can result in improved patient satisfaction; financial savings for inpatient, outpatient and physician services; and lowered care costs with shorter hospital stays, in addition to reducing unnecessary and inappropriate treatment.⁹

Breaking barriers to care

As our population continues to become more diverse, so too do our patients. Research has been clear that different ethnic and socioeconomic groups face significant barriers to care. These barriers can range from implicit bias in health care settings, lack of diversity and equity training in health care to tangible barriers like a lack of transportation or unaffordable care.

Removing barriers would include identifying at-risk patients, offering preventive cancer screenings outside regular office hours (and preferably in the community) and working with community partners to build trust among patients.

Coordinating treatment authorization across plans, benefits

The single biggest contributor to the cost of cancer care is cancer drugs – costing as much as \$11,000 each month in the United States.¹⁰ As novel therapies are developed, more and more drugs are being introduced to the market. While that should help reduce cost as supply increases, many insurers, providers and patients are finding the opposite to be true. Increased costs of cancer drugs may be attributed to several factors, including the cost of research and development and market pricing.

Adding to the confusion is that drug benefits are not covered under one uniform plan. Instead, drugs may be covered under a medical plan or a pharmacy plan.

When payers and providers work together to offer coverage under pharmacy benefits or medical benefits, patients (and their providers) will have access to the carefully vetted drugs they need – all while managing costs for payers.



Consider:

- Minorities will make up roughly **45% of the population** by 2030.¹¹
- Cancer rates among minorities are expected to **increase from 23% to 28%** by 2030.¹
- **20% of deaths** among Latinx Americans in 2019 were cancer-related.¹²
- Women of Latin ancestry are **1.3 times more likely to die** from cervical cancer than white women.¹²
- Cancer-related death rates are **22% higher for Black Americans** compared to white Americans.¹³

Changing the face of cancer care

Cancer care will become sustainable when payers, providers and patients work together, driving toward better outcomes and reducing the financial burden. Payers have many opportunities to change the face of cancer care and reimbursement, including:

- ✓ Recommend the best, most evidence-based therapies for cancer patients.
- ✓ Stay up to date on the latest approvals and withdrawals in cancer therapies.
- ✓ Embrace opportunities for value-based reimbursement, including comprehensive services that offer care navigation, evidence-based care and support programs that improve the patient's quality of life.
- ✓ Create programs that allow patients to be active participants in their healthcare, ultimately lowering costs, improving outcomes and compliance.
- ✓ Understand the unique patient journey and risk factors among diverse populations to reduce barriers to care meet patients where they are.
- ✓ Improve access to care for all patients, including access to second opinions from National Cancer Institute-Designated Cancer Centers.

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Find out how our Oncology Management Programs can drive cost savings and improve outcomes.



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