

Anthem[®]

Realigning Reimbursement Policies for Quality and Value in Cancer Care

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Pay for Performance Summit
Mini-Summit V: Innovative Payment in Cancer Care
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Quality of cancer care is inconsistent

- Up to 1 in 3 people treated with chemotherapy do not receive a treatment regimen that is consistent with current medical evidence and best practices¹
- People are often hospitalized during treatment because of side-effects which could be avoided by using less toxic treatment regimens and appropriate supportive care²
- People frequently receive tests and treatment that they do not need, putting them at risk of side-effects, as well as imposing an additional care burden and cost²

1 J Clin Oncol 2011; 30:142-50; J Clin Oncol 2012; 30:3800-09; J Clin Oncol 2006; 24:626-34; Oncologist 2011;16:378-87;
2 J Clin Oncol 2002 20:4636-42. JACR 2012, 9:33-41; JAMA 2013, 309:2587-95; J Clin Oncol 2013; 31:repub.
3 Barr et al. J Oncol Pract. 2011;7: 2s-15s.

Rising healthcare costs are unsustainable

Median household income

\$52,250

Cost of family's healthcare

\$22,030

Employer premium contribution

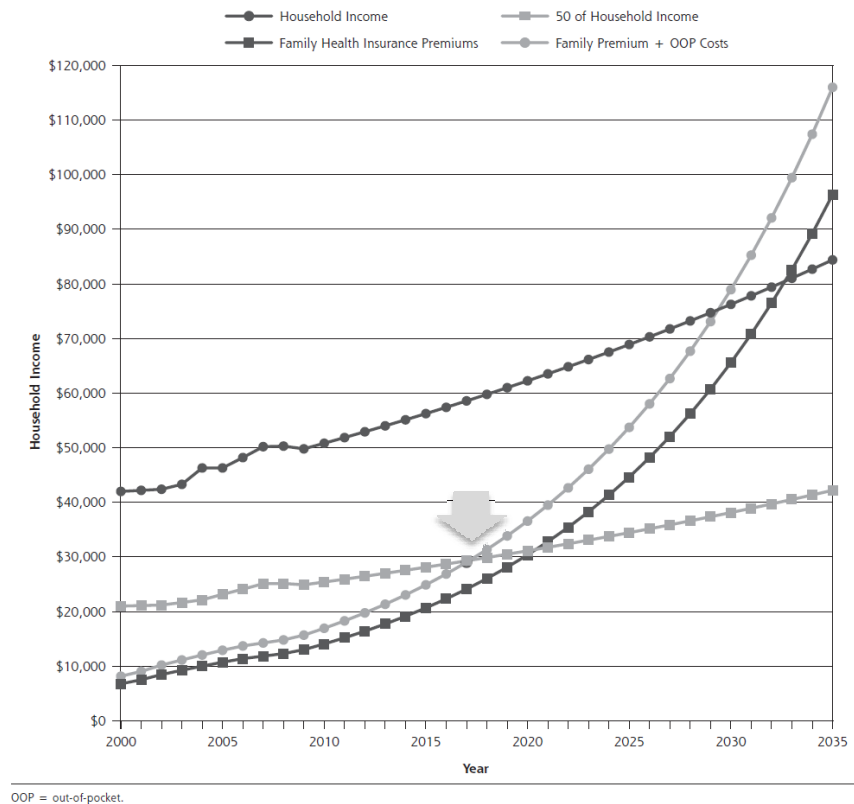
\$12,866

Employee premium contribution

\$5,544

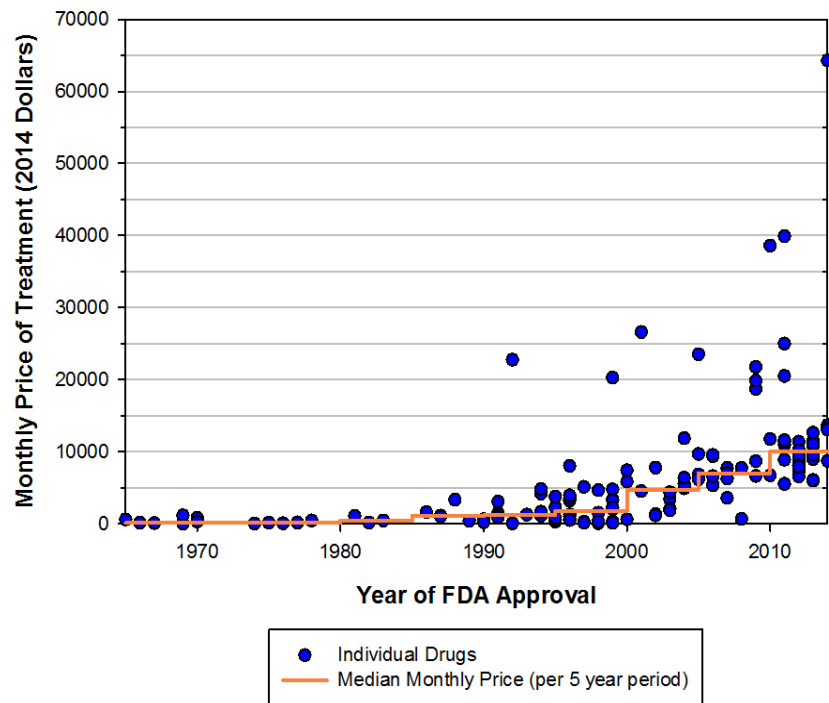
Employee expenses
(e.g. deductible, copays)

\$3,600



New cancer drugs are more expensive ... and producing less value

Monthly and Median Cost of Cancer Drugs at the Time of FDA Approval 1965-2014



Source: Peter B. Bach, MD, Memorial Sloan-Kettering Cancer Center

13 new cancer treatments approved by FDA in 2012

1

Survival extended by 6 months

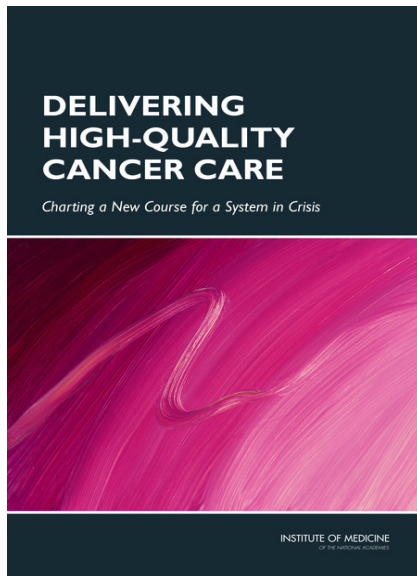
2

Survival extended by only 4-6 weeks

\$5,900

Average cost of treatment per month

Charting New Course for a System in Crisis



Institute of Medicine
2013

Care often is not patient-centered, many patients do not receive palliative care to manage their symptoms and side effects from treatment, and decisions about care often are not based on the latest scientific evidence.

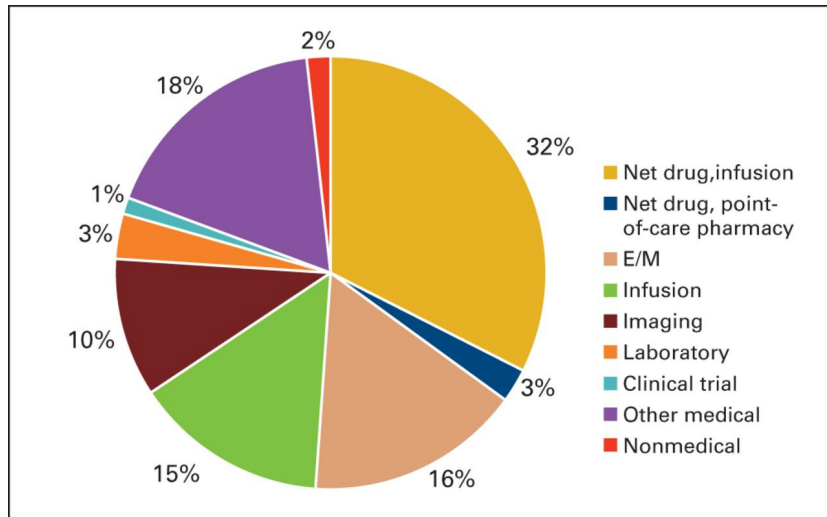
IOM Recommendations to improve the quality of cancer care

- A national quality reporting program with meaningful quality measures
- Improve the affordability of cancer care by leveraging existing efforts to reform payment and eliminate waste
- Reimbursement aligned to reward affordable, patient-centered high quality care

Cancer drugs are one third of cost of cancer care

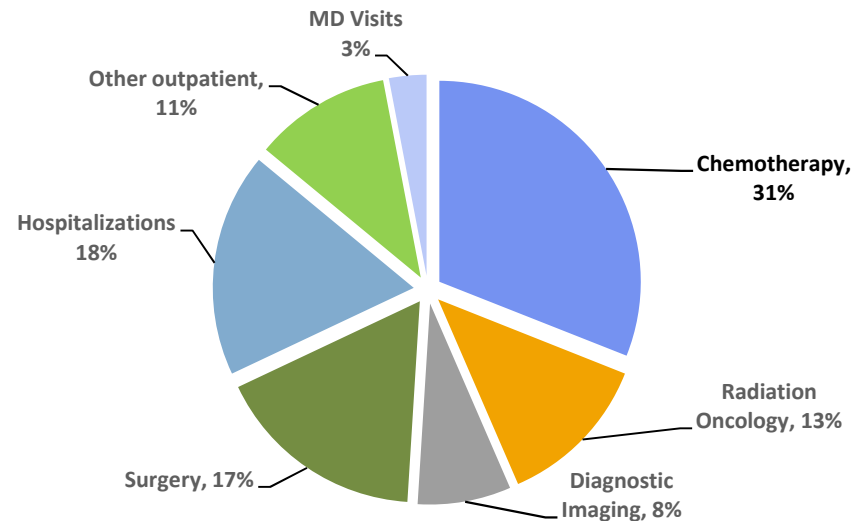
Oncology Practice Revenue Sources

Towle et al. JOP 2014;10:385-406



Systemic Therapy is One Third of Cost

Anthem affiliated health plans internal data 2013



Reimbursement model must change so that focus shifts to cancer care that is **value-based** and **patient-centered**

Our model: a Quality Initiative

The **Cancer Care Quality Program** provides a framework for **rewarding high quality cancer care**

Oncologists participating in the Cancer Care Quality Program will receive **additional payment** for treatment planning and care coordination when they select a treatment regimen that is **on Pathway**

Web-based platform with decision-support for Quality Initiative also **improves efficiency** of review against Health Plan Medical Policy and **decreases administrative burden** for practices

Quarterly quality reports for practices include pathway adherence, ER and hospitalizations, NQF end of life care measures



www.cancercarequalityprogram.com

Guidelines – very broad and inclusive

NCCN includes 64 platinum-based combinations as guideline-concordant treatment options for first line therapy of non-small cell lung cancer



NCCN Guidelines Version 1.2015 Non-Small Cell Lung Cancer

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

SYSTEMIC THERAPY FOR ADVANCED OR METASTATIC DISEASE (1 OF 3)

ADVANCED DISEASE:

- The drug regimen with the highest likelihood of benefit with toxicity deemed acceptable to both the physician and the patient should be given as initial therapy for advanced lung cancer.
- Stage, weight loss, performance status, and gender predict survival.
- Platinum-based chemotherapy prolongs survival, improves symptom control, and yields superior quality of life compared to best supportive care.
- Histology of NSCLC is important in the selection of systemic therapy.
- New agent/platinum combinations have generated a plateau in overall response rate (\approx 25%–35%), time to progression (4–6 mo), median survival (8–10 mo), 1-year survival rate (30%–40%), and 2-year survival rate (10%–15%) in fit patients.
- Unfit patients of any age (performance status 3–4) do not benefit from cytotoxic treatment, except erlotinib for *EGFR* mutation-positive patients.

First-line Therapy

- Bevacizumab + chemotherapy or chemotherapy alone is indicated in PS 0-1 patients with advanced or recurrent NSCLC. Bevacizumab should be given until disease progression.
- Erlotinib is recommended as a first-line therapy in patients with sensitizing *EGFR* mutations and should not be given as first-line therapy to patients negative for these *EGFR* mutations or with unknown *EGFR* status.
- Afatinib is indicated for patients with sensitizing *EGFR* mutations.
- Crizotinib is indicated for patients with *ALK* rearrangements.
- There is superior efficacy and reduced toxicity for cisplatin/pemetrexed in patients with nonsquamous histology, in comparison to cisplatin/gemcitabine.
- There is superior efficacy for cisplatin/gemcitabine in patients with squamous histology, in comparison to cisplatin/pemetrexed.
- Two drug regimens are preferred; a third cytotoxic drug increases response rate but not survival. Single-agent therapy may be appropriate in select patients.
- Cisplatin or carboplatin have been proven effective in combination with any of the following agents: paclitaxel, docetaxel, gemcitabine, etoposide, vinblastine, vinorelbine, pemetrexed, or albumin-bound paclitaxel.
- New agent/non-platinum combinations are reasonable alternatives if available data show activity and tolerable toxicity (eg, gemcitabine/docetaxel, gemcitabine/vinorelbine).

Variation in outcomes across 1st line regimens for non-small cell lung cancer*

	Estimated Survival (months)	Grade 3-4 Adverse Events	Any serious AE (Hospitalization)	Deaths on Rx (Deaths due to Rx)
Rx A	13.0 (NR) mos.	N/V risk: Moderate* FN + infection:1% Neuropathy: 11% Debilitating fatigue: 6%	53% (**)	<1% (<1%)
Rx B	10.4 (9.6-11.2) mos.	N/V risk: High FN + infection:4% Neuropathy: ND Debilitating fatigue: 5%	35% (**)	7% (1%)
Rx C	11.8 (10.4-13.2) mos.	N/V risk: High FN + infection:1% Neuropathy: ND Debilitating fatigue: 7%	37% (**)	7% (1%)
Rx D	13.1 (NR) mos.	N/V risk: Moderate FN + infection:1% Neuropathy: 3% Debilitating fatigue: 4%	** (**)	<1% (<1%)
Rx E	13.4 (11.9-14.9) mos.	N/V risk: Moderate FN + infection:4% Neuropathy: 4% Debilitating fatigue: 5% Bleeding 4%	75% (19%)	5% (4%)
Rx F	12.6 (11.3- 14.0) mos.	N/V risk: Moderate FN + infection:2% Neuropathy:0% Debilitating fatigue:11%	** (20%)	** (2%)

* Non-squamous histology; first line platinum based chemotherapy indicated when no EGFR or ALK mutation present ** Not reported

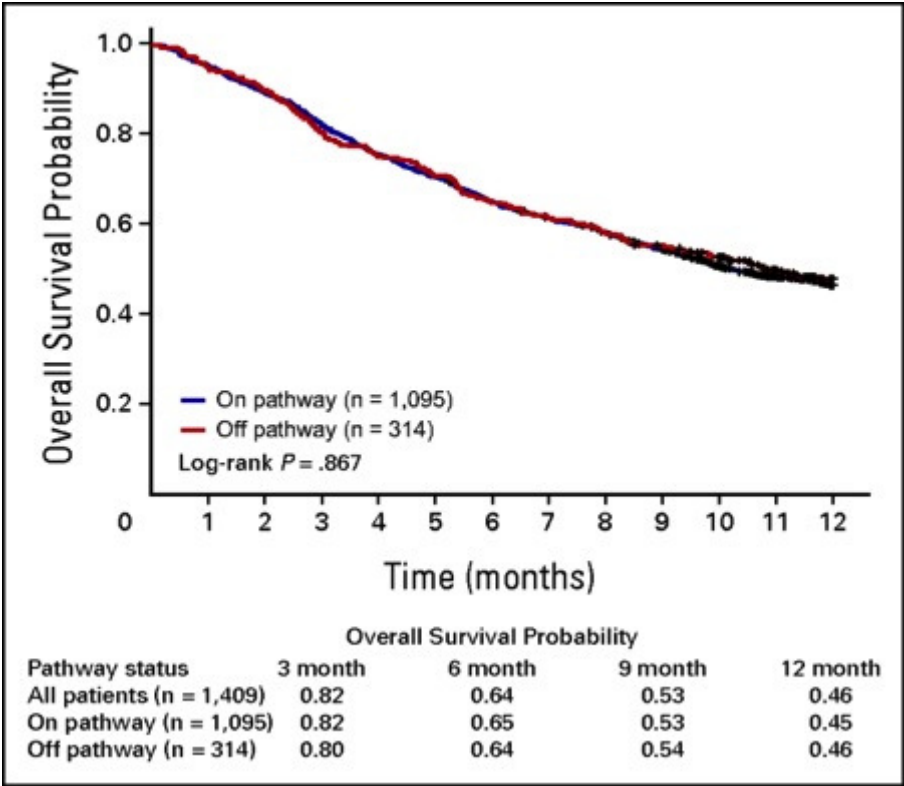
Little variation in patient outcomes but marked variation in treatment cost

	Estimated Survival (months)	Deaths on Rx (Deaths due to Rx)	Cost (4 cycles)
Carbo/Paclitaxel	13.0 (NR) mos.	<1% (<1%)	\$452
Gem/Cis	10.4 (9.6-11.2) mos.	7% (1%)	\$886
Cis/Pemetrexed	11.8 (10.4-13.2) mos.	7% (1%)	\$25,619
Carbo/nab-Paclitaxel	13.1 (NR) mos.	<1% (<1%)	\$24,740
Carbo/Paclitaxel/Bev	13.4 (11.9-14.9) mos.	5% (4%)	\$39,770
Carbo/Pemetrexed/Bev	12.6 (11.3- 14.0) mos.	** (2%)	\$64,988

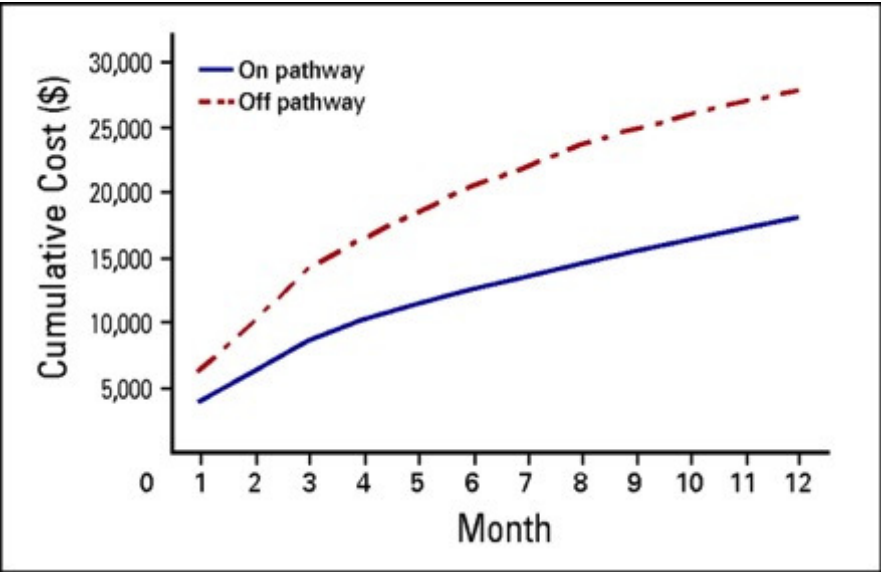
US Oncology found pathways associated with same overall survival and 30% lower cost

Outcomes associated with pathways vs. usual care for advanced non-small cell lung cancer

Overall survival by Pathway status

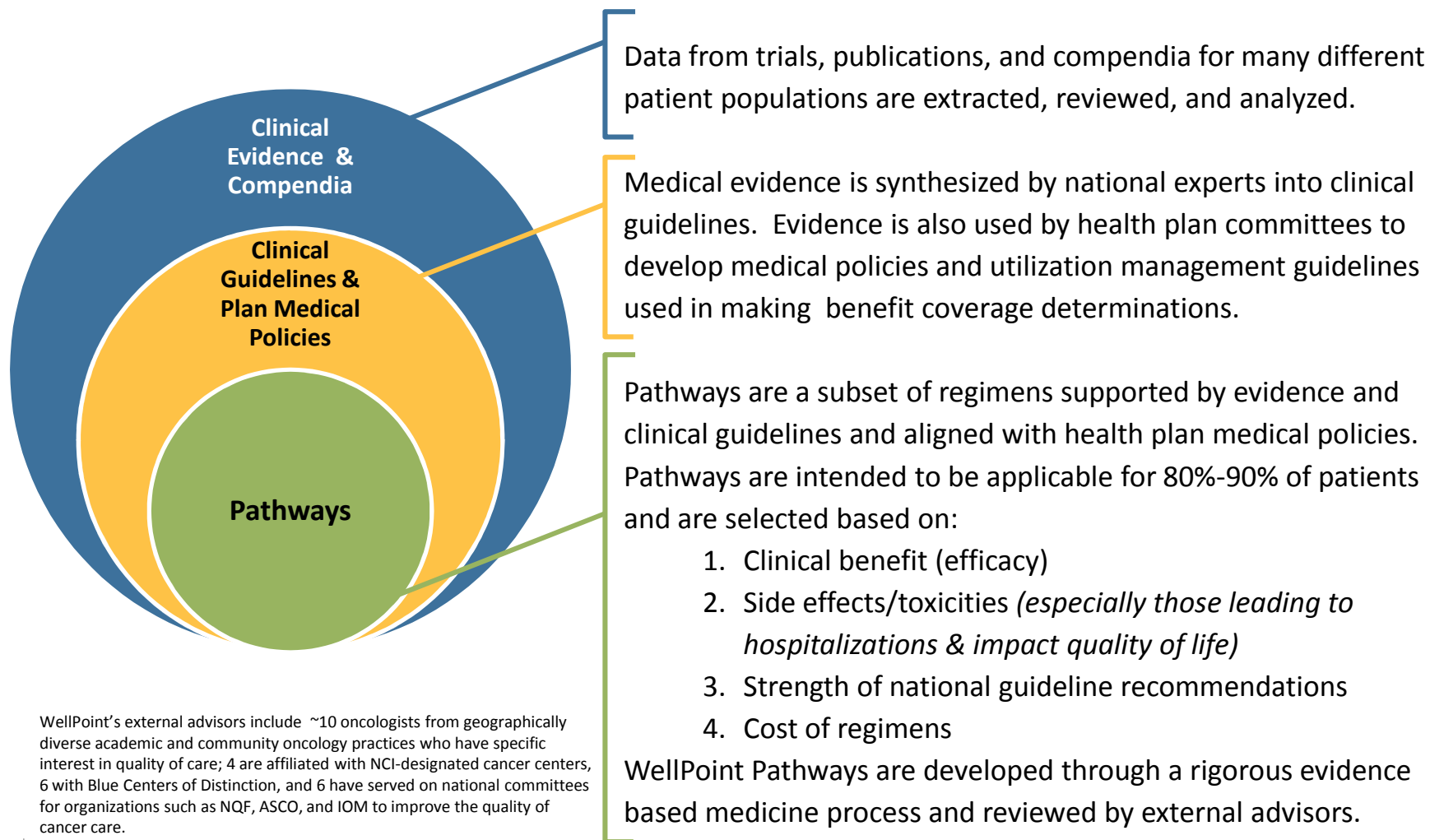


12-month cumulative cost by Pathway status



Neubauer M A et al. JOP 2010;6:12-18

Anthem's Approach to Pathway Development



Include Pathways for cancers contributing to 90% of chemotherapy spend

Cancer Treatment Pathways Worksheet

Breast Cancer

Patient name:
 Member number:

Breast Cancer:

- AC weekly P
- TC: Docetaxel
- ddAC weekly
- AC: Docetaxel

Breast Cancer:

- AC TH - Docetaxel
- TCH: Docetaxel

Breast Cancer, (1st line+)

- Adriamycin (D)
- Epirubicin
- Gemzar (Ge)
- Navelbine (V)
- Taxol (Paclitaxel)
- Xeloda (Capecitabine)
- Supportive C

Breast Cancer, (1st line+)

- Pertuzumab
- Pertuzumab
- Capecitabine
- Trastuzumab
- Vinorelbine a

Cancer Treatment Pathways Worksheet

Lung Cancer

Patient name:
 Member number:

1st Line Ther

- Crizotinib

1st Line Ther

- Erlotinib
- Afatinib

1st Line Ther with BCOG p

- Carboplatin
- Cisplatin+P
- Cisplatin+G
- Paclitaxel +
- Bevacizumab

1st Line Ther BCOG perform

- Carboplatin
- Cisplatin+G

Maintenance Non-squamous

- Continuation
- Continuation
- Pemetrexed
- Supportive
- Switch
- Pemetrexed

Cancer Treatment Pathways Worksheet

Colorectal Cancer

Patient name: Date of birth:
 Member number:

Colorectal Cancer, Adjuvant

- FULV Fluorouracil (5-FU) and Leucovorin
- FOLFOX-6 - Fluorouracil (5-FU), Leucovorin and Oxaliplatin
- FLOX: Fluorouracil (5-FU), Leucovorin and Oxaliplatin
- Capecitabine

1st Line or 2nd Line Therapy for Metastatic Colorectal Cancer

The following regimens are options for patients regardless of KRAS status (KRAS-WT or KRAS mutant):

- FOLFOX (Fluorouracil, Leucovorin and Oxaliplatin)
- FOLFOX (Fluorouracil, Leucovorin and Oxaliplatin) with Bevacizumab
- FOLFIRI (Fluorouracil, Leucovorin and Irinotecan)
- FOLFIRI (Fluorouracil, Leucovorin and Irinotecan) and Bevacizumab
- FULV (Fluorouracil and Leucovorin)
- FULV (Fluorouracil and Leucovorin) with Bevacizumab

1st Line or 2nd Line Therapy for Metastatic Colorectal Cancer

In addition to the above, the following regimens are also options for patients with tumors that are KRAS-WT:

- FOLFIRI (Fluorouracil, Leucovorin and Irinotecan) with Panitumumab
- Irinotecan (Capegoan) and Vectibix (Panitumumab)

3rd Line+ Therapy for Metastatic Colorectal Cancer

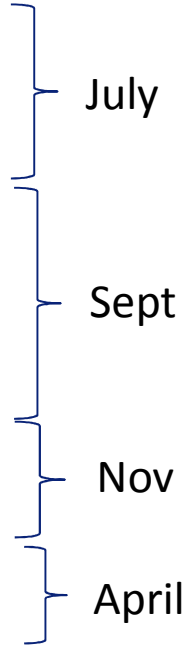
The following regimens are options for patients regardless of KRAS status (KRAS-WT or KRAS mutant):

- Regorafenib (Zivarga)
- KRAS mutant ONLY)
- Supportive care

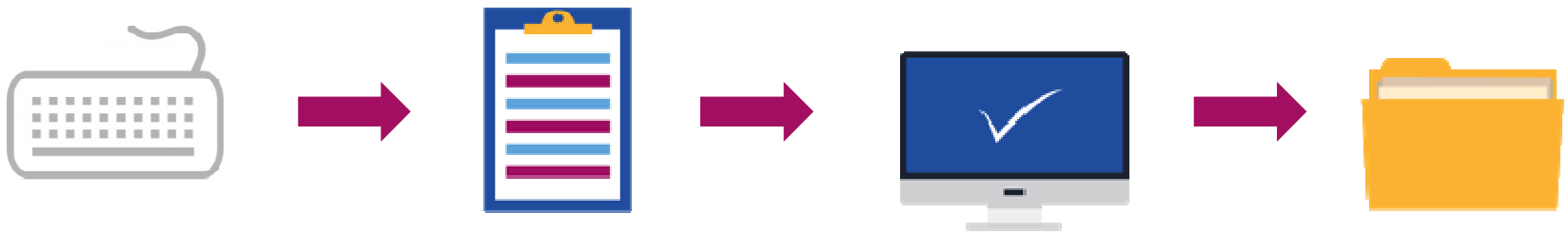
In addition to the above, the following regimens are also options for patients with tumors that are KRAS-WT:

- Vectibix (Panitumumab) Monotherapy
- Irinotecan (Capegoan) and Vectibix (Panitumumab)

Tumor Types	Cumulative Chemotherapy Cost %
Breast Cancer	27%
Colorectal Cancer	45%
Lung Cancer	56%
Lymphoma	67%
Myeloma	71%
Ovarian Cancer	75%
Pancreatic Cancer	78%
CNS	81%
Melanoma	82%
Leukemia	88%
Prostate	~90%



Cancer Care Quality Program administered by AIM Specialty



CLINICAL REQUEST

Request is made by a Provider via the AIM **ProviderPortal_{SM}**

TREATMENT REVIEW

Treatment request reviewed against an evidence-based regimen library for alignment with health plan medical policy for members in that health plan
Wellpoint's Pathways are based on efficacy - toxicity and cost are also highlighted

DECISION RENDERED

Immediate approval is granted if consistent with plan medical policy
Clinical experts available as necessary for peer-to-peer discussion
Notified if Pathway option available

PATHWAY ADHERENCE

Practice authorized to bill S0353 and S0354 for **Treatment Planning and Care Coordination** when regimen is on pathway
Quarterly Analytics and Reporting are available

Treatment planning payments support cost-effective care



Enhanced reimbursement for treatment planning and care coordination will be provided when patient is registered with the Cancer Care Quality Program and treatment regimen in on pathway



S0353 reimbursed \$350 once at the onset of treatment
S0354 reimbursed \$350 no more than monthly while managing care for an established patient*



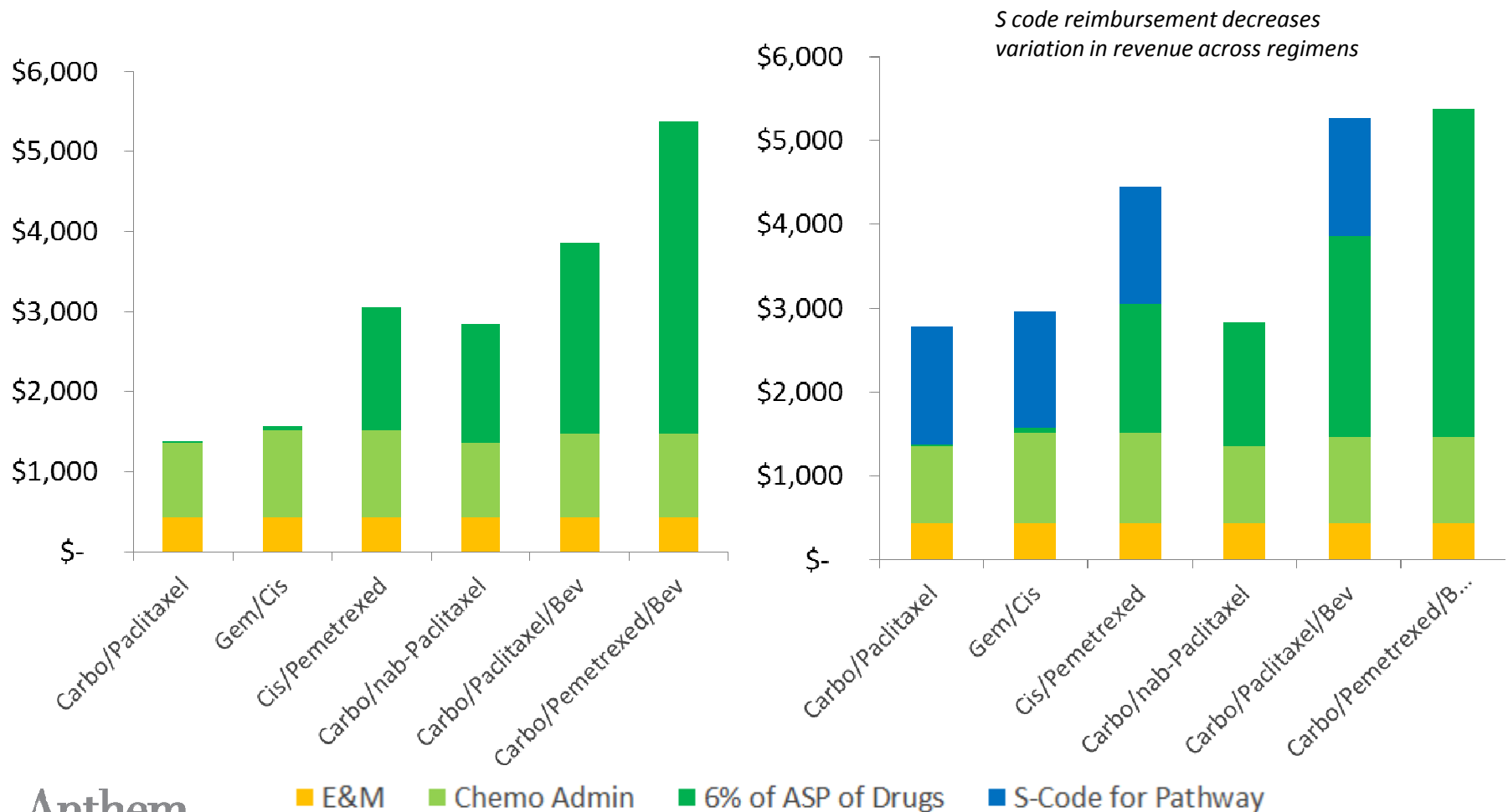
S-code billing authorization is triggered through AIM **ProviderPortal** when practice selects a regimen that aligns with Anthem Cancer Treatment Pathways

Impact of enhanced reimbursement and support for Pathways

Mean Practice Revenue across regimens

without S code \$ 3,010 (SD \$1,488)

with S code \$ 3,943 (SD \$1,230)

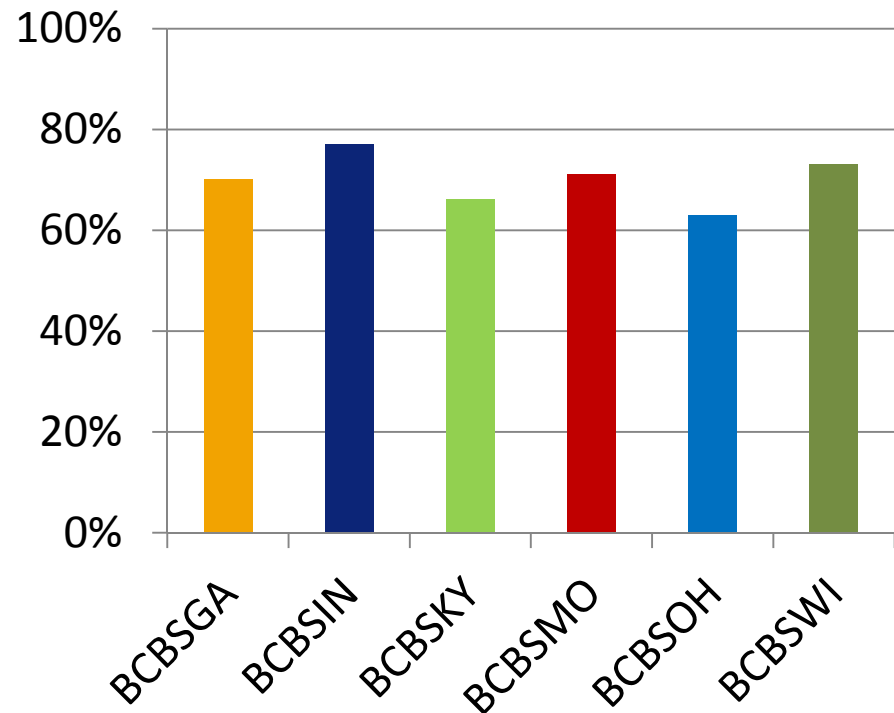


Initial Participation in Cancer Care Quality Program in Central Region

Participation July-Dec:

- 616 practices
- 5538 patients
- Mean 8.7 pts/practice
- Range 1 to 275

**New Chemo Claims Sept-Oct
members registered with CCQP**



Anthem's Model: Value for All Stakeholders

- Quality affordable cancer care
- Reimbursement for providers aligned to achieve desired outcomes
- Encourages innovation