

INNOVATIONS IN CANCER CARE: THE MOVEMENT IN VALUE-BASED CARE

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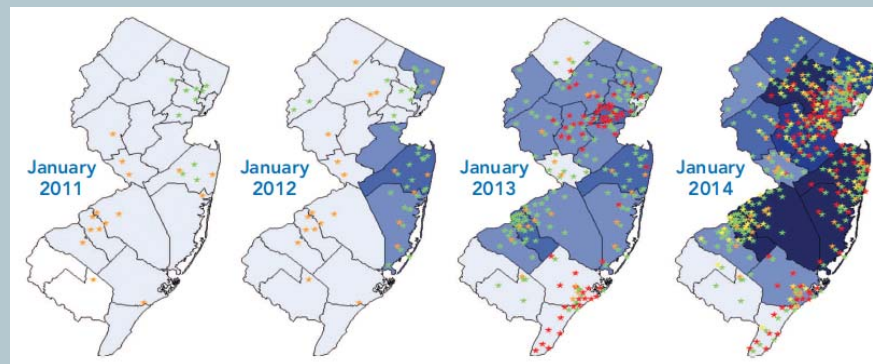
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THE MOVEMENT IN VALUE-BASED CARE

- Value Based Care: Payment for quality rather than quantity
- The Gordian knot – Measuring quality
- The Technology Engine – COTA – Cancer Outcomes Tracking & Analyses
- Summary

Horizon Blue Cross Blue Shield of New Jersey is committed to improving the quality of care, lowering the cost of care and improving the patient experience.



Our patient-centered programs include over 6,000 physicians that are committed to improving the quality of care.

Over 750,000 Horizon BCBSNJ members are in patient-centered programs including Patient-Centered Medical Homes, Accountable Care Organizations and Episodes of Care Programs

THE GORDIAN KNOT: MEASURING QUALITY

The Definition

1: an intricate problem; *especially*: a problem insoluble in its own terms — often used in the phrase *cut the Gordian knot*

2: a knot tied by Gordius, king of Phrygia, held to be capable of being untied only by the future ruler of Asia, and cut by Alexander the Great with his sword

Source: <http://www.merriam-webster.com>

A Familiar and Valid Refrain from Physicians

“my patients are sicker”

“the data is not timely”

“you cannot judge quality with a handful of measures”

“doctors should define quality measures not insurance companies”

The Path Forward

- Establish a digitized clinical taxonomy
- Build the front and back end technology engine to capture and report the data
- Enable Oncologists to be the Captains of Care, freed from insurance beaurocracy within a bundled payment model

Collaboration with COTA can help improve the quality of care, lower the cost of care and improve the patient experience.

THE ONCOLOGY MANAGEMENT SOLUTION: CANCER OUTCOMES TRACKING & ANALYSIS

What Is COTA?

COTA is an innovative solution that addresses a critical challenge facing oncology care providers & payers seeking to:

Improve quality
of care



Manage the
cost of care



Ensure
patient safety

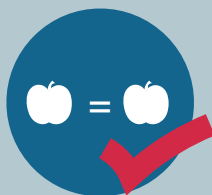


COTA provides real-time clinical, quality & cost analysis to enable **alternative payment models, improved outcomes & better quality of care through reduced variance.**

COTA: ENABLING VALUE BASED CARE & QUALITY IMPROVEMENT

How COTA supports our customer's needs:

Analytical/Clinical Approach:



1. Sorting of “like” cancers to enable valid “apples-to-apples” comparison of outcomes.



2. Comprehensive reporting of costs & outcomes at the clinical phenotype level for actionable insights.



3. Real-time performance metrics offering feedback & guidance for improvement to providers.

Putting Insights To Work:



1. Comparative effectiveness insights & patterns derived from “big data” set.



2. Decision support of rapid & precise pattern of care adjustments.



3. Management of value-based contracts through population health & cost reporting.

COTA SUPPORTS YOUR ONCOLOGY MANAGEMENT STRATEGY

Highly Flexible &
Complementary Solution



COTA can be your *core solution*, or it can **complement existing/in-flight initiatives**

COTA supports any value-based model aimed at **reducing cost & improving quality of care**

Makes The Complex
Simple For Payers



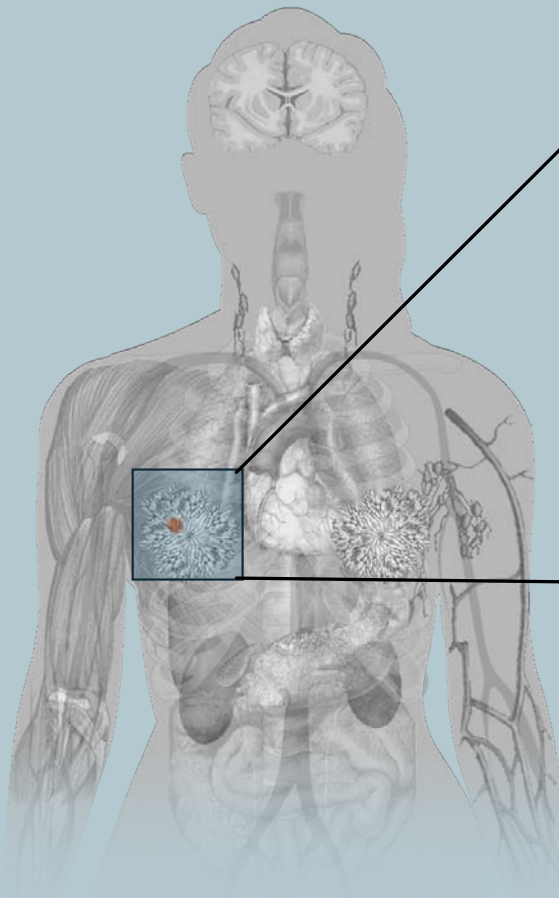
COTA's unique **approach** transforms the **complex into simple & actionable tools & insights**

Creates Natural Alignment
Between Payers &
Providers



COTA provides a common set of **data & analytics** for **payers & providers** to **effectively co-manage patients**

COTA NODAL ADDRESSES: A NEW DIGITAL CLASSIFICATION FOR CANCER PATIENTS



ICD-9 Code:	174.9
Therapy Type:	Adjuvant
Progression Track:	0
Sex:	Female
Age:	49
Estrogen Receptor:	Positive
Progesterone Receptor:	Positive
Her2neu:	Negative
Tumor Size:	<1mm
Nodal Involvement:	None
Metastatic Sites:	None
ECOG at Presentation:	0
OncotypeDX:	12



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Neoplasm of the breast

Phenotype 15

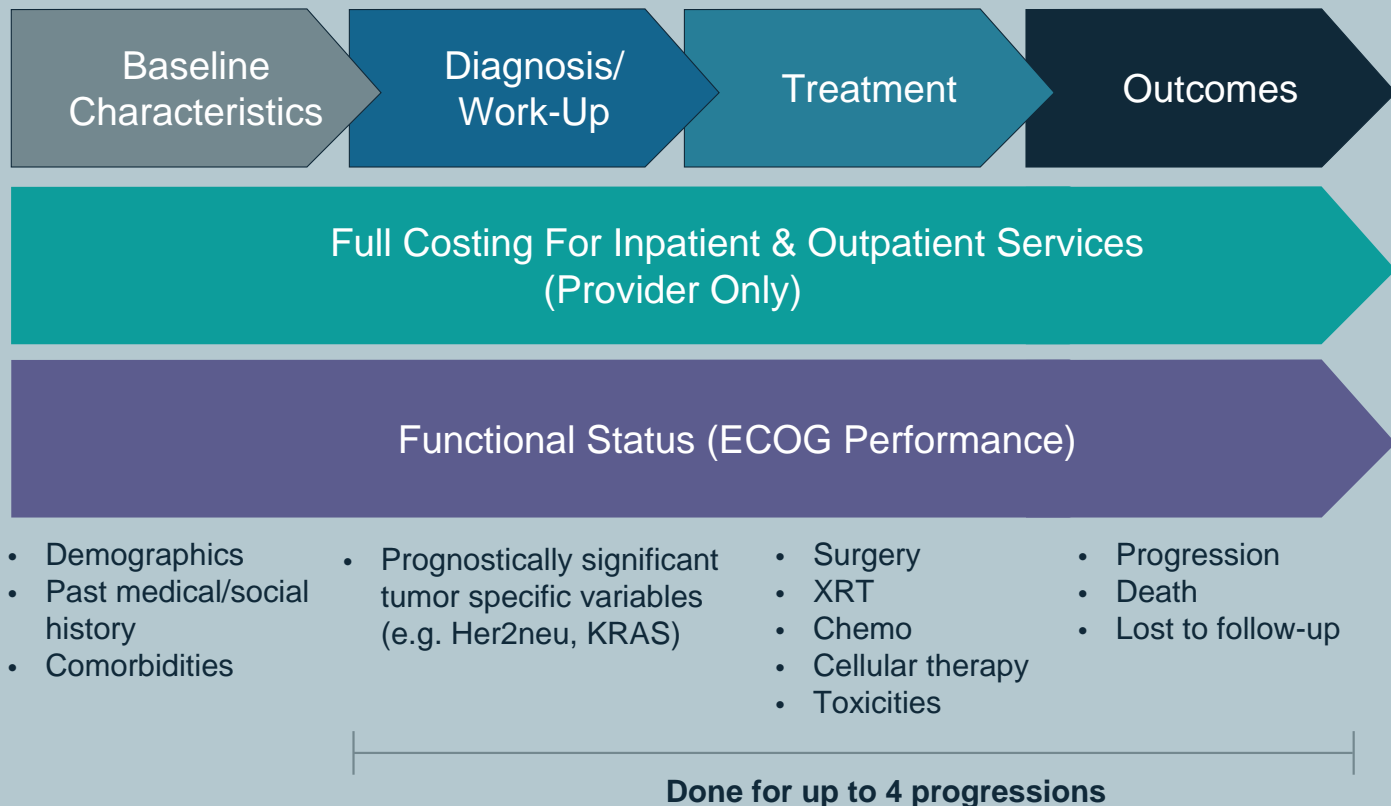
Therapy Type 1
(Adjuvant)
Progression Track 0
(No prior treatment)

* Provisional patent application submitted

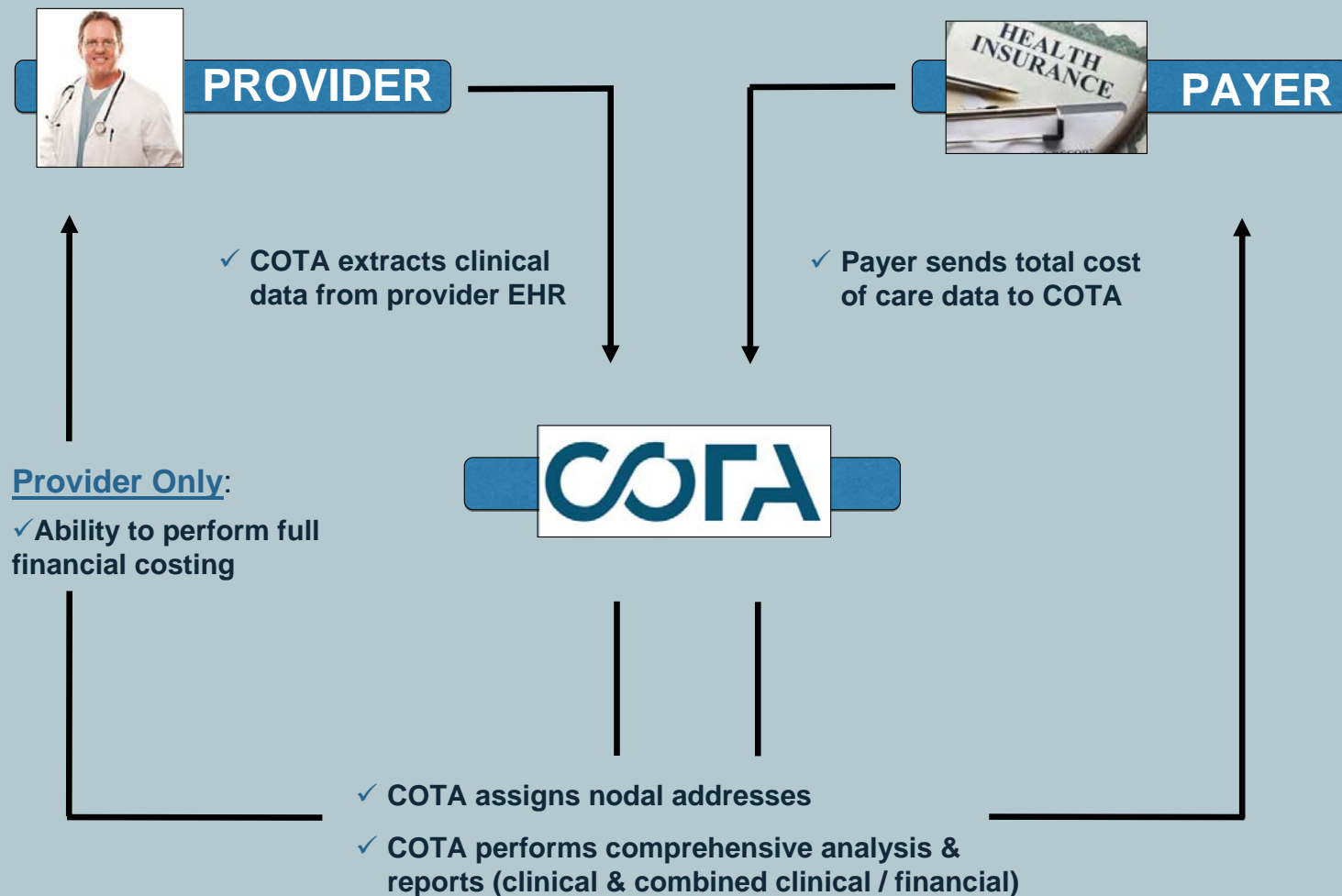
COTA DATA COLLECTION IS LONGITUDINAL



Jane Doe



COTA WORKFLOW: HOW WE WORK WITH PAYERS & PROVIDERS



COTA USE CASE: TESTING FOR EGFR/ALK IN NON-SQUAMOUS NON-SMALL CELL LUNG CANCER (NSCLC)

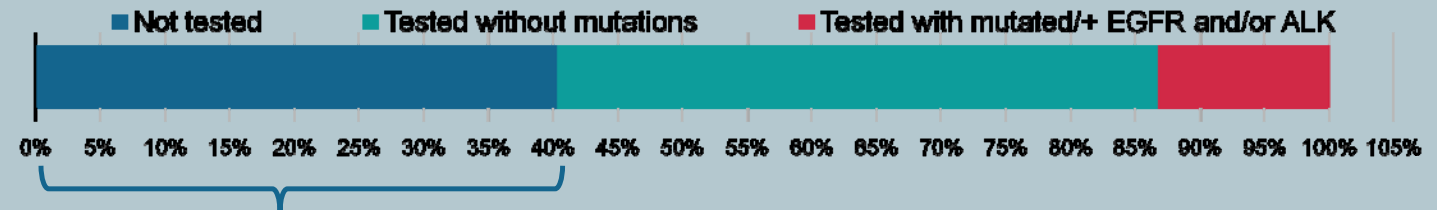
COTA enables analysis of utilization & impact of testing in the community setting. With COTA analytics, appropriate candidates can be identified for targeted therapy

In our database, we identified:

722 patients with stage IV NSCLC*

431 patients tested for EGFR and/or ALK (60% of total)

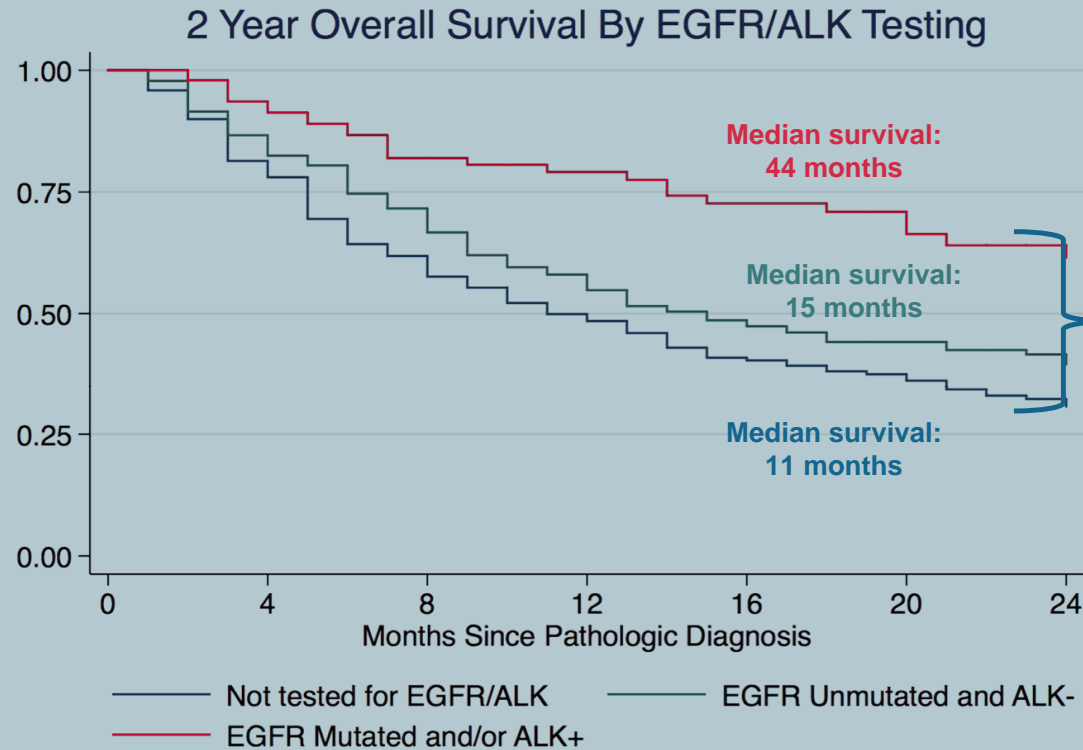
96 patients with mutated/+ EGFR and/or ALK (22% of tested)



Quality Improvement Opportunity: *Testing rate for patients with NSCLC could be improved*

* Excluding patients with squamous histologies

COTA USE CASE: GENOMIC PROFILING FOR EGFR/ALK IN NON-SQUAMOUS, NON-SMALL CELL LUNG CANCER (NSCLC)

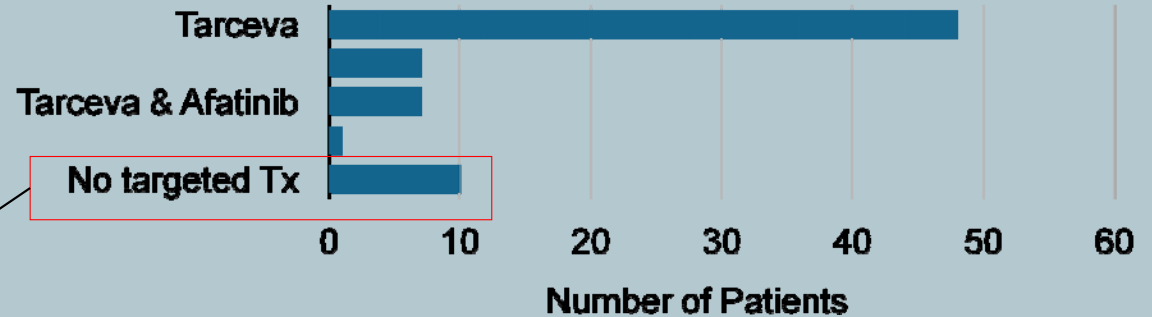


Key Insight:
Survival rate correlation with testing for EGFR and/or ALK of 4x: 44 months vs. 11 months

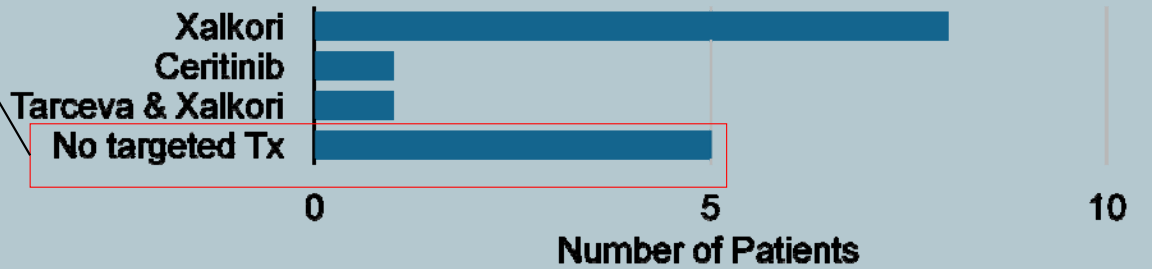
COTA USE CASE: GENOMIC PROFILING FOR EGFR/ALK IN NON-SQUAMOUS, NON-SMALL CELL LUNG CANCER (NSCLC)

83% of patients with mutations received targeted therapy:

EGFR Mutated



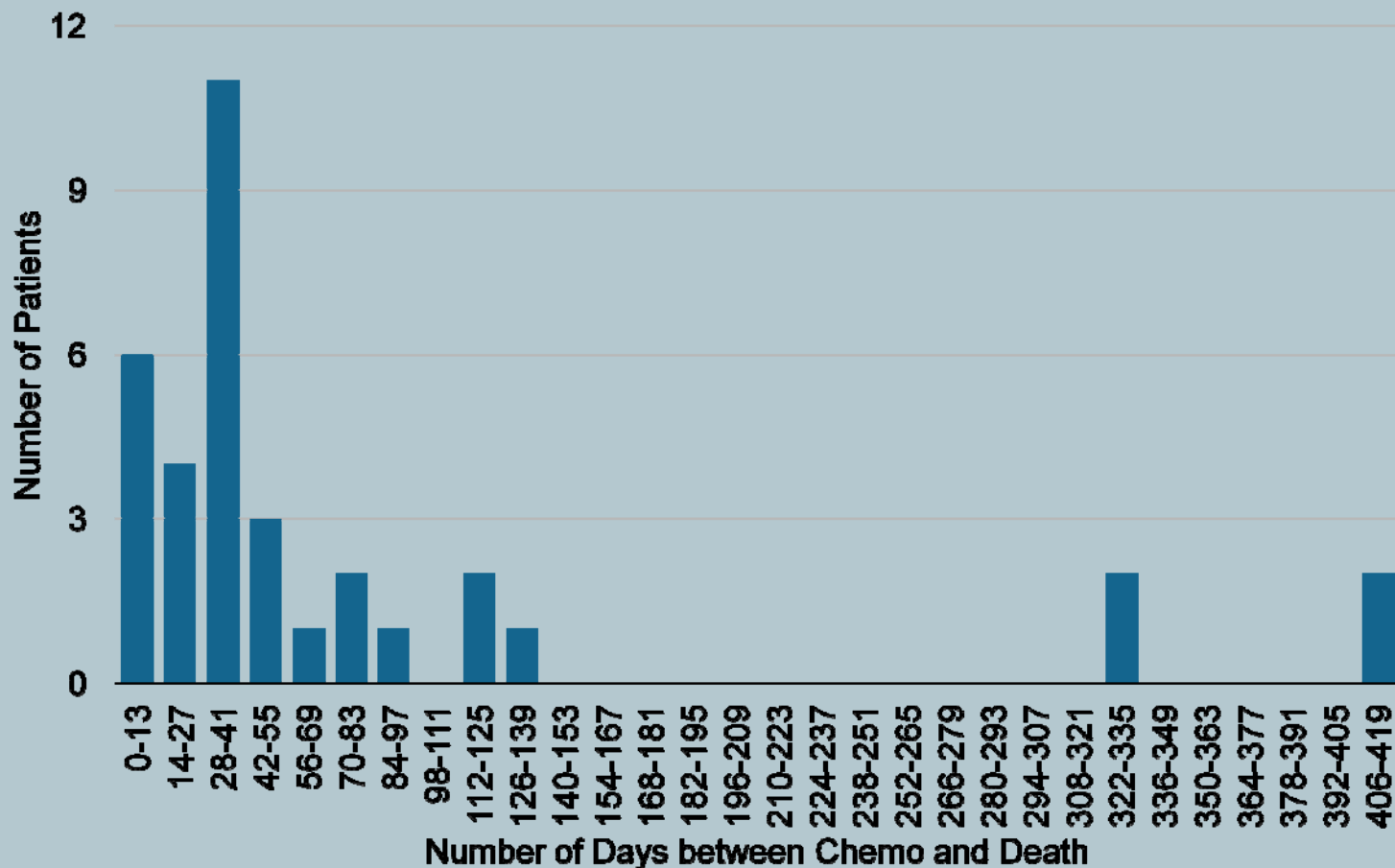
ALK Positive



Quality Improvement Opportunity: 15 patients with mutations did not receive targeted therapy

CHEMO AT END OF LIFE IN LATE STAGE LUNG CANCER PATIENTS

Distribution Of Days Between Last Chemo & Death

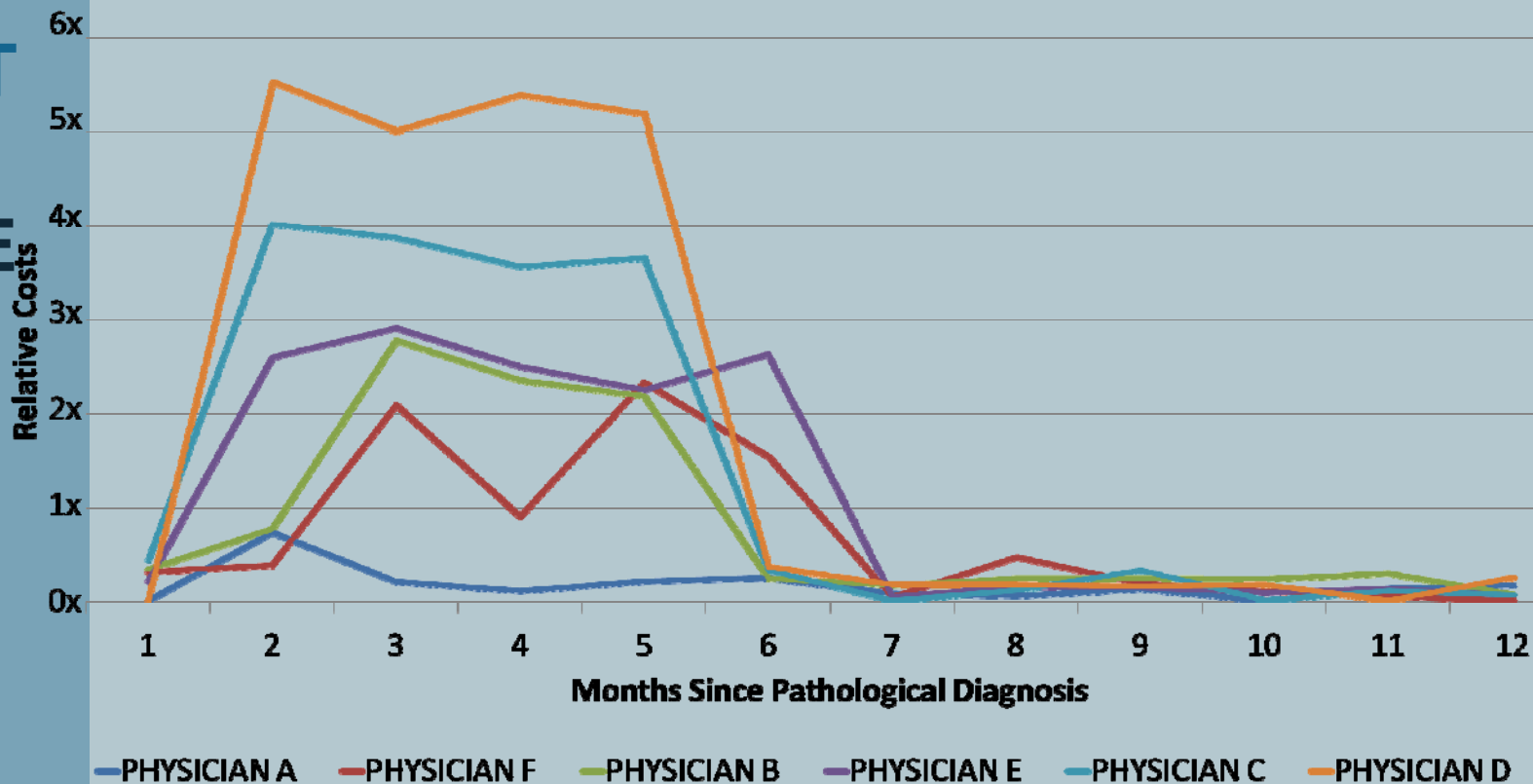


COSTING AT PATIENT/PHENOTYPE LEVEL

Costs Over Time For COTA Nodal Address 45

F, ER+, Her2-, Tumor >5mm <=5cm, no micromets, OncotypeDX score of 18-31

Total Cost Per Treatment Month By Physician

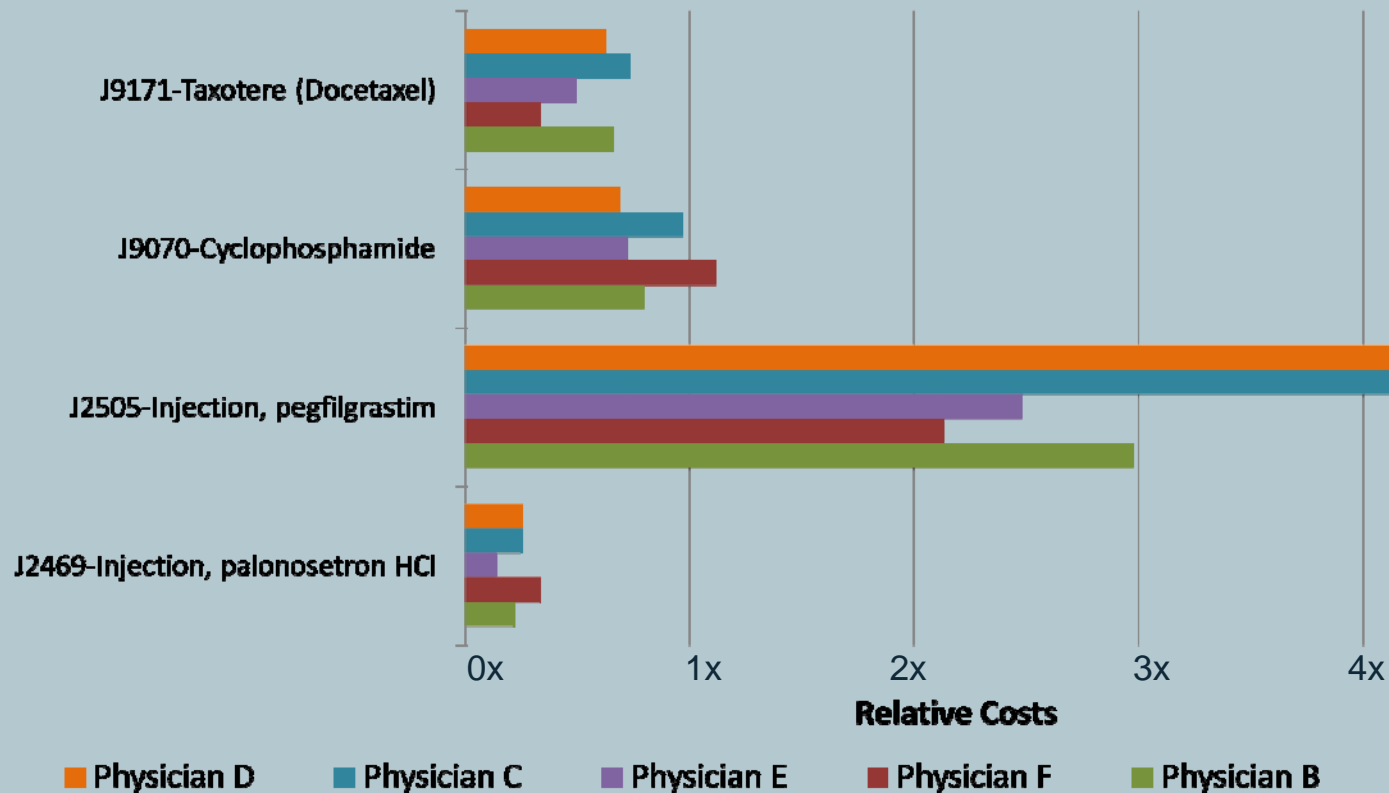


COTA ANALYTICS: BREAST CANCER

Drug Costs For COTA Nodal Address 45

F, ER+, Her2-, Tumor >5mm <=5cm, no micromets, OncotypeDX score of 18-31

Total Drug Cost in First Year of Treatment by Physician



SUMMARY

- Adjuvant Breast Cancer Bundle
 - Payment initially retrospective allowing for financial protection while physicians learning to manage cost and utilization
 - Shared savings linked to safety and quality thresholds
 - Each business agreement tailored to account for patient panel size, practice resource support and willingness to collaborate on patient inclusion criteria during the episode