

TBGH-DFWBGH EMPLOYER FOCUS GROUP SUMMARY

January 21, 2016

PERSONALIZING ONCOLOGY TREATMENT

DFWBGH's August 2016 Pulse Survey asked employer members about their top healthcare claims, in terms of cost and prevalence. Nine of the survey respondents, who had indicated "Cancer/Neoplasms" as a top cost and/or prevalence, were invited to participate in an Employer Focus Group on January 21, 2016 to discuss precision medicine for oncology. The Focus Group was co-hosted by TBGH and DFWBGH, and sponsored by Genomic Health, Inc.

Focus Group goals were to:

- Learn more about precision medicine overall and specific to oncology
- Discuss what tools and strategies are currently in place to address oncology spend
- Define opportunities/obstacles to implementing a personalized medicine strategy for oncology

Two short video clips were shown to Focus Group participants to provide insight into this topic:

- Patient Testimonials: <https://www.youtube.com/watch?v=-uenpBkiD5k>
- Genomic Health "About Us" video <https://www.youtube.com/watch?v=BgZ6id-6-3Q>
- Helpful Website/Resource – www.mybreastcancertreatment.org

Overall, the group indicated that the presentations contained useful information that may help employers with oncology management and benefit design strategies. Focus Group participants also were supportive of having additional employer focus groups in similar small group settings, which would allow for more interactive and richer discussions.

Additional topics of interest were suggested for future Focus Group discussions:

- Education on new, verified, improved diagnosis and treatment is helpful, particularly when it can take so long for "best practices" to actually make it to the doctor's office. Information should be non-biased and not used as a marketing opportunity.
- Impact of high deductible plans on lower income employees: How do employers ensure that employees will seek appropriate care?

As a next step, there was interest in hearing from the provider side to get their perspective on precision medicine and genomic testing with regard to adherence to testing guidelines. And where adherence is lower, it would be helpful to better understand possible contributing factors.

Participating employers' perspectives:

- Be wary of ideas/suggested topics from consultants and vendors on what is new in the market for healthcare treatments and/or benefits strategies, without gathering more information and validating the ideas before blindly adopting them.
- Sensitivities exist around making changes to the status quo and traditional benefits strategies, as such changes could cause complications for employees who need cancer treatment
- In general, many employers have not been active in trying to manage oncology quality and spend. It's been more of a hands-off approach, due to sensitivities mentioned in the previous bullet point.
- No participant in the Focus Group was using an outside company or services to specifically manage oncology spend.
- There was sensitivity to implementing changes that seem experimental or are hard to distinguish between other experimental treatments that are not covered.

Opportunities that emerged from the Focus Group discussions include:

- Oncology Toolkit for employers that could be embedded into the TBGH and DFWBGH websites, and made available to all coalition members.
 - Toolkit could include: Comprehensive list of oncology terms, definitions and acronyms; educational videos; patient education pieces, actuarial model for running budget impact; roadmap for health plans; and a "what to ask for" list when assessing provider quality/compliance for oncology coverage.
- After further research on precision medicine for oncology, there was interest in a TBGH-DFWBGH webinar for the broader memberships of both coalitions to share this Focus Group's information.
- There also was possible interest in a demonstration pilot project that could test and prove the value of a 3-pronged integrated approach involving employers, health plans, and providers to implement a personalized oncology strategy with measurable outcomes. The outcomes would need to be scalable to other employers.

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