



**TBGH-DFWBGH Cancer Care Discussion Group**  
***Continuing the Cancer Care Journey***  
***from Diagnosis to Treatment to Return to Work***  
**May 22, 2018**  
**Summary Report**



**Executive Summary**

Employee benefits managers from leading Texas based employers participated in a facilitated discussion about the employee's cancer care journey and the role employers could play to ensure that employees receive the best cancer care and employer support possible throughout that challenging journey from diagnose through treatment to return to work.

Participants in this focused Discussion Group were TBGH and DFWBGH member companies representing local, regional, national and international employee populations. All indicated a readiness to explore topics related to the employee's difficult cancer journey and to learn from each other's experience as benefits managers. This group of employers were joined by cancer care experts from Cancer Treatment Centers of America (CTCA), who provided professional information and insights about quality cancer care, costs and outcomes. The National Director of Employer Initiatives from Pfizer facilitated the interactive discussion. In addition, and several CTCA executives observed the discussion. A list of participants appears at the end of this report.

The interactive discussion among participating employers and cancer care experts centered on six key areas of concern regarding the cancer care journey and opportunities relating to effective cancer care management and patient support.

**Areas of Focused Discussion:**

1. *Patient Perspectives in Cancer Care Management*
2. *Employer Perspectives in Cancer Care Management*
3. *Coordination of Patient Services*
4. *The Role of Telehealth*
5. *Controlling Treatment Costs*
6. *Return to Work Support*

**Participant Comments and Insights**

**1. *Patient Perspectives in Cancer Care Management***

- A big concern for patients is how their quality of life will be affected during and after treatment.

- Patients care about symptom management, and they experience the best outcomes when their symptoms are managed well.
- Patients are smart and want access to better care options and a team of specialists—registered dietitians, physical therapists, behavioral health experts and naturopathic medicine – all in an outpatient setting with live connections back to providers at the hospital.
- They want better and faster decisions related to their diagnosis and treatment.
- Patients want to be included in decision-making related to their care.
- In clinical trials, patients want to receive the new treatment and not be part of a placebo group.
- Insurance coverage is always top of mind.

## **2. *Employer Perspectives in Cancer Care Management***

- Employers don't want to intrude on an employee's medical care. They believe it's the employer's role to support the employee and provide coverage and access, but not to decide on his/her treatment.
- They are concerned that if they push too hard on cancer care issues, employees won't trust the employer.
- Some employers want to help but are not sure how.
- It is easier to provide incentives for wellness programs to avoid a diagnosis rather than after a serious diagnosis.
- Some employers have contracted with nurse navigators (a medically trained point of contact who provides resources and assistance for the patient), which is a great concept, but only if employees will engage with the navigators. Sometimes, the patient trusts his/her own doctor more and will refuse to use the navigator service.
- Some companies do not offer navigator services related to cancer but do provide the service for those with diabetes, an effort that began about 10 years ago when the burden of diabetes became a key issue for employers.
- Employers don't want to place restrictions, such as mandatory requirements for care, on benefit options. Perhaps offering incentives is the way to go. One participant is working on this now.

## **3. *Coordination of Patient Services***

- Coordinated care is important because of the long journey the cancer patient faces: perhaps one to two years of active treatment and then for life thereafter.
- In many cases, the care is disjointed rather than integrated. For example, a cancer patient goes to the emergency room, then to a primary care doctor, then to an oncologist, with no connections or continuity of care along the way.

- For high acuity cases (cancer patients who are very ill), providing supportive therapies through outpatient clinics and via telehealth are important pieces of the integrated care model.
- Providers and employers need to get better about communicating the reality of the cancer journey, including what happens after treatment and return to work.
- Coordinated cancer care services that need to be developed will depend on each employer's population, geography, availability of primary care services, and other factors.
- Some areas are using navigators to coordinate care, but this often depends on what the healthcare provider has initiated.
- New innovations like genetic testing, clinical trials, and better ways to manage side effects are all good things for patients. But coordinated and wrap-around services for such innovations are needed.
- A system should be in place to ensure that cancer care providers are practicing team-based care, provide access to high acuity hospital care, and offer more advanced genomic testing and clinical trials.
- A few years ago, metastatic melanoma was incurable and often fatal. Now, we have drugs that treat metastatic diseases like this, and there are patients with 5+ years of survivorship. Clearly, cancer care providers and patients need early access to such drugs.
- As cancer becomes more of a chronic disease, long-term engagement with the patient is needed. Nutrition is one area of care that is often overlooked.
- Other issues can impact the patient too. For example, responsible and appropriate pain management is important. An estimated 10 to 15% of colon cancer patients are still on narcotics 6 months after surgery and should receive cancer pain management and narcotic management support. Another example: A breast cancer patient survives but has issues with obesity. Weight management is a cancer prevention tactic. (Note: The Centers for Disease Control and Prevention (CDC) says that obesity has the same risk as smoking when it comes to cancer.
- A Center of Excellence (COE) could provide coordinated cancer care, including management of opioid use, pain management, weight management and nutrition services.
- COEs might be best for more advanced cancer patients but an early stage patient may not need full service care. Telehealth may be the better approach.
- COEs can be a good choice but having only one COE in a market is not enough for a broad market like Dallas-Fort Worth. Better access to COEs is needed. Perhaps DFWBGH could launch a project to develop employer-centric criteria for COEs.

#### **4. Role of Telehealth**

- All employers participating in the discussion group offer some type of telehealth program for their employees.

- Approximately 90% of telehealth is provided in the primary care setting or in emergency settings, such as the ICU where expertise is required.
- Specialty cancer care using telehealth is new and does offer patients more choices.
- A cancer diagnosis can affect everything in a person's life. Using telehealth services can help coordinate the many care services needed to help the patient achieve the best outcomes.
- The challenge for employers is how to play a role in coordinating telehealth services when the employer does not direct the employee to a particular provider.

## **5. Controlling Treatment Costs**

- Some employers are pushing back on pharmacy and drug costs to ensure appropriate use of medicines.
- New specialty drugs, specifically, biosimilars, are coming to the market and could help reduce costs.
- Cancer treatment is unique and very costly. Employers need to make sure that specialty drugs are administered in the right setting. The PBM should help with this.
- Employers can influence site-of-care treatment decisions by structuring the benefits design to encourage lower cost steps that won't affect quality of treatment.
- Doctors should start talking to their cancer patients about costs and options.
- The cost of genetic testing has decreased significantly, between \$500 to \$1,000. Genetic testing can provide more targeted treatments, thus saving the patient months of futile treatment, negative side effects with no benefit to the patient, and unnecessary costs. When offering genetic testing, a genetic counselor needs to be part of the mix to interpret the results. Telehealth can play a role in genetic testing, too.
- Clinical trials used to be about cost and quality. Now, the patient experience has been added to the mix.
- Minimally invasive procedures also can help keep costs down.

## **6. Return to Work Support**

- Employees do not always contact human resources when they return to work. Benefits managers could provide a cancer care toolkit, a tip sheet for managers, a resource guide and a nurse navigator.
- One employer participant created a resource guide for employees dealing with cancer so that they don't have to personally approach the employer with a sensitive issue. Employees can access information about the benefits available based on where they are in their cancer journey – immediately after diagnosis, at the second opinion stage, what they need while away from work, nurse navigator support, and return to work guidelines.

## **Conclusion**

DFW area employers are clearly interested in gaining a better understanding of the complex and edifficult cancer care journey from the patient's perspective and from the benefits management perspective. They are eager to know how their peers at other companies are dealing with these challenges about cancer care management, care coordination, costs, and patient support. They also are willing to openly share their own concerns, benefits strategies, and their desire for improvements overall in cancer care management.

Insights garnered from this valuable discussion will be used to inform our educational programs on cancer care management strategies, development of useful tools for employers, and communication of other valuable resources.

***We are very grateful to Cancer Treatment Centers of America for sponsoring this valuable program and assisting in its development.***

## **About TBGH and DFWBGH**

Texas Business Group on Health (TBGH) and Dallas-Fort Worth Business Group on Health (DFWBGH) are committed to providing Texas employers opportunities to learn from industry thought leaders and subject experts, whose numbers include fellow employers, healthcare providers, health plans and consultants. We will continue to move forward on our cancer care "discovery journey," using valuable input from discussion groups such as this to broaden and deepen our understanding of what it takes to manage cancer care in the workplace more effectively and support employees with cancer in their journey from diagnosis to treatment to return to work.

**Discussion Group Facilitator**

Becky Brosche, National Director, Employer Initiatives, Pfizer

**Discussion Group Participants**

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**Sponsor**

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