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Reimagining cancer care strategies to drive meaningful outcomes and reduce costs

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It is no surprise that treating a patient with cancer is complicated and expensive for a multitude of reasons. There are more than 120 types of cancer, all with drastically different incidence and prevalence rates. Treatment is commonly multidisciplinary, requiring active coordination and management with varied and constantly shifting standards of care. Any diagnosis and subsequent treatment will vary by stage, pathologic subtype, and molecular and genetic profiles. If that were not enough, new therapies and indications are constantly changing.

From a financial perspective, oncology's impact is well known. Oncology care accounts for nearly a quarter of healthcare costs, growing from $183 billion in 2015 to $245 billion in 2030.[1] This is in large part due to an average 25% of new Food and Drug Administration (FDA) oncology-related drug approvals over the last five years, and 39% in 2020.[2] Traditional fee-for-service (FFS) models can neither ameliorate this rise in costs nor address the multidisciplinary nature of oncology care. In addition, the impact of costly overtreatment and growing guideline noncompliance will see payers increasingly look to implement value-based oncology care options.

One turnkey solution cannot address skyrocketing oncology costs and quality of care issues. Several effective strategies drive meaningful outcomes. We can use these approaches to some effect individually, but when employed in a coordinated manner, they significantly improve clinical outcomes, enhance revenue streams, and mitigate financial impacts (see Figure 1).

Moreover, they only succeed by leveraging technology and data—in conjunction with professional resources—to implement and monitor these initiatives. Among the most promising approaches are clinical trial access and integration, collaborative utilization management (UM), successful care management deployment, and a thoughtful approach to value-based contracting. These four strategies improve care, reduce costs, and augment revenue streams.

Clinical Trial Opportunities

Clinical trials drive down costs, enhance provider revenue, and improve care, but access is the biggest obstacle. The daunting application, regulatory, and administrative requirements of simply initiating participation in a study can be more than most community groups are equipped to handle. Even the first step of identifying a clinically appropriate study can seem out of grasp.

A successful clinical trials program that manages access, participation, and administration benefits from technological tools. These advanced systems connect sponsors with groups and operate as a database of all available sponsored trials. Additionally, experienced professionals who understand how the system works have an advantage in recruiting patients.

Clinical trial participation improves patient care, as approved protocols often integrate interval tests and rigorous monitoring, which can identify health issues early. Underserved populations gain increased access to cutting-edge therapies when trials are conducted in a community setting. Improved patient engagement is often noted by study patients, who also feel that future patients will benefit from their participation. Finally, an integrated clinical trial database

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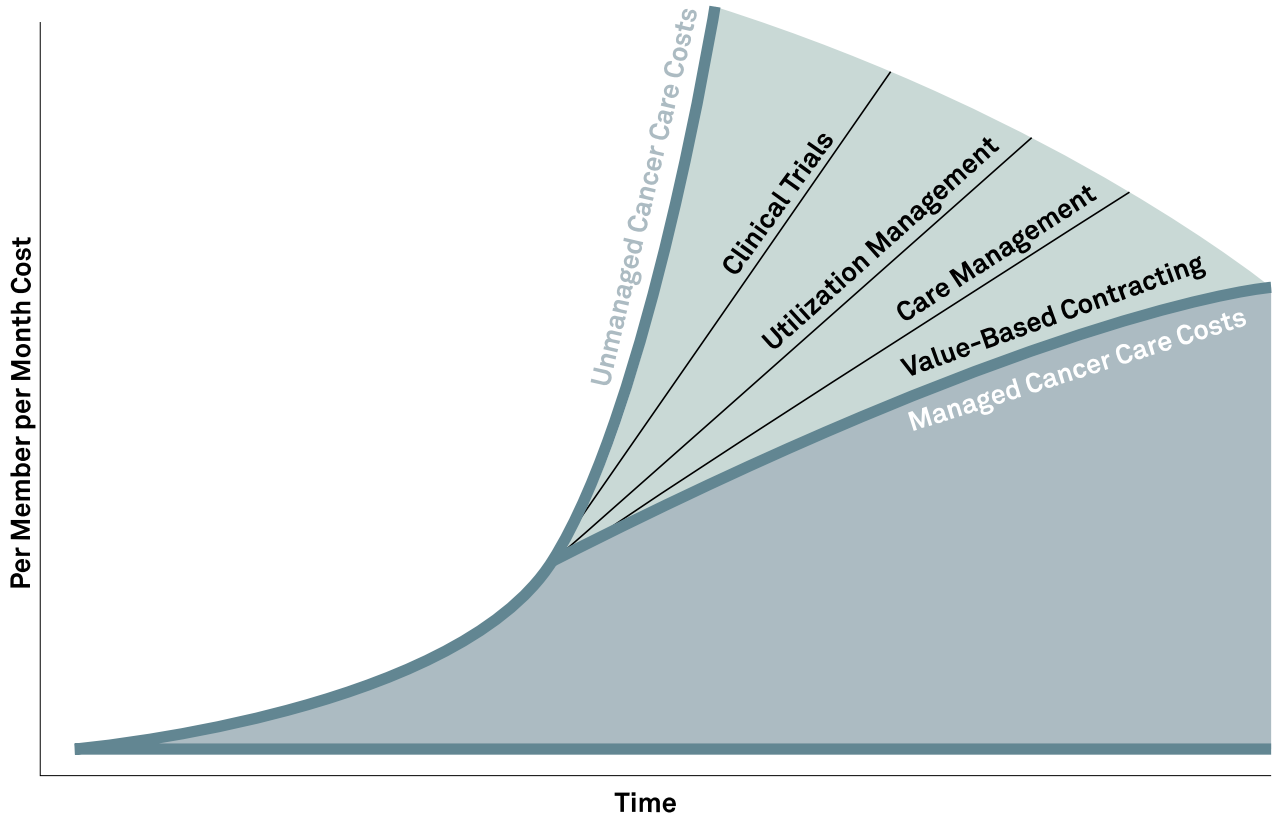
Figure 1

Incremental Impact of Cost Savings Efforts



system helps identify patients who may be eligible for other patient support programs such as expanded access or "compassionate use." (See "The Stipend Bonus.")

In 2020, Oncology Physicians Network (OPN) Healthcare's clinical trials program created an average Medical Loss Ratio (MLR) savings of nearly $50,000/patient referred to tertiary trial sites. Studies opened at OPN primary trial sites received from $20,000 to $25,000 for administration setup and between $30,000 and $60,000 per participating patient.

Data-Driven, Actionable UM

Successful UM works best when it is data driven and based on real-time, actionable guidance with insights into the care being provided. However, a good UM program does not rely solely on a technological component. Effective UM connects information and intelligence with clinical expertise to optimize evidence-based, cost-effective care. Data are accessible immediately, and modern portals allow for quick review turnaround times.

Evidence-based UM programs mitigate costs, and treatment regimens can be highly customized to each patient's situation. In one medical oncology case involving a 57-year-old male with stage III Hodgkin's lymphoma, the oncologist requested brentuximab as part of a chemotherapy regimen. Brentuximab has a rare but potentially life-threatening side effect for severe pulmonary toxicity. It was suggested to delay the use of brentuximab due to the patient's progressive lung damage and continue with the rest of the regimen. As a result, there was a financial savings of nearly $200,000. More importantly, the patient avoided potentially life-threatening treatment-related complications (see Figure 2).

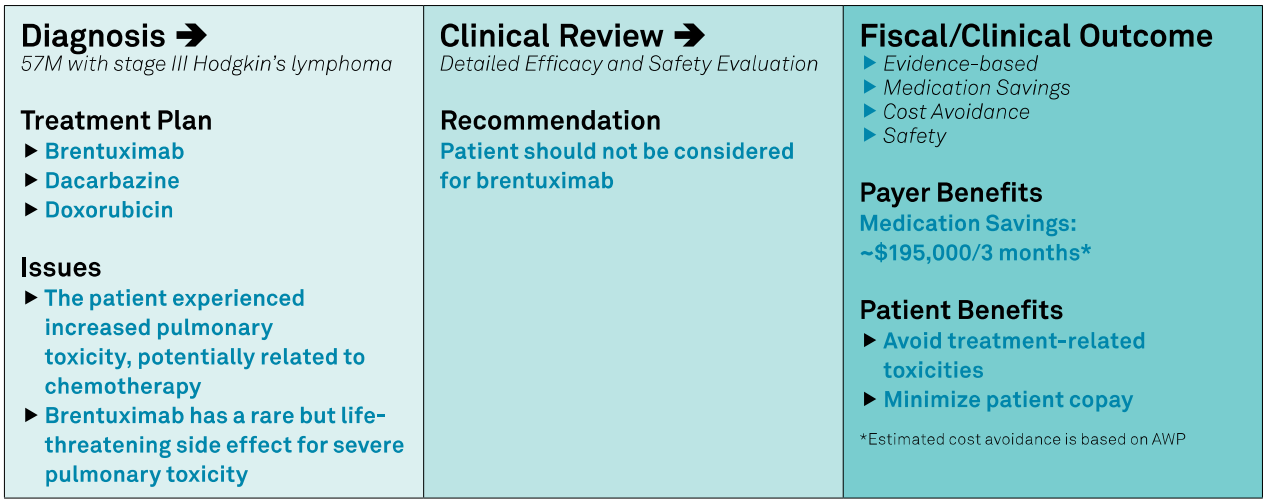
However, this class of UM is not a one-way approach to care—by its nature, it is incredibly collaborative. Effective programs act as a support tool that empowers oncologists to make effective and cost-conscious treatment decisions. Practicing oncology sub-specialists peer review plans, but rigid treatment pathways are not set. Instead, treatment decisions are analyzed collaboratively against an evidence-based standard of care.

Beyond UM

A comprehensive care management program goes beyond UM. It offers patient navigation and case triaging, all based on clinical and financial data modeling and analytics. It assesses and helps coordinate treatment options, clinical trial access, and hospice/palliative care options.

Figure 2

Dashboard for Utilization Review



Patient care coordination and case triaging will review patient issues that do not require oncologist care, including social determinants of health. This reimagines the care process by sequencing diagnosis and treatment for efficient patient and provider experiences. An educational component clarifies care for patients and prepares them for potential side effects and other treatment-related issues. Oncologists focus on care planning and find relief from administrative tasks.

A well-implemented care management and UM program addresses all the major ongoing patient care and cost factors of oncology care. It commonly results in reduced network leakage, improved patient satisfaction, curtailed emergency room diversions, and reduced hospital bed days. Robust data-driven guidance is the best engine for powering population health, providing timely information that keeps it up to date and relevant to each individual market.

Value-Based Contracting

Health plan contracting and physician compensation must be reimagined to incentivize care quality over quantity. As health care increasingly migrates to value-based contracting, it behooves even specialty practices such as oncology to take advantage of this shift. Payers and risk-bearing entities will seek out providers who understand how to operate in a value-based environment. Providers will see increasing opportunities to acquire new patient pools and enhance current revenue streams that offer guaranteed and consistent income for established practices.

These models are structured in several ways. Capitated contracts provide steady revenue based on the number of enrollees, and gain shares make direct payments to physicians by aligning them with effective therapeutic choices that reduce costs while meeting quality of care standards. Alternative models can be structured with no, some, or full risk to the provider and medical group.

Whichever model is employed, flexibility, supportive resources, and actionable guidance ensure that value-based contracting has the desired impact on both care and cost. Non-compliance with guidelines from under-treatment could occur, so collaborative care and UM assist providers in treating their patients appropriately while still operating effectively. Practices may need time to adapt to these models before they can function at a high-performing level and potentially take meaningful risk, so support services will remain pivotal. Additionally, every market is different, so value-based contracting must be customized.

To illustrate this, consider a case in Southern California:

A single provider there worked under a strictly FFS contract with demonstrably higher costs than comparable practices in nearby areas. The payer wished to keep the existing practice as a network provider but looked to bring its costs under control through

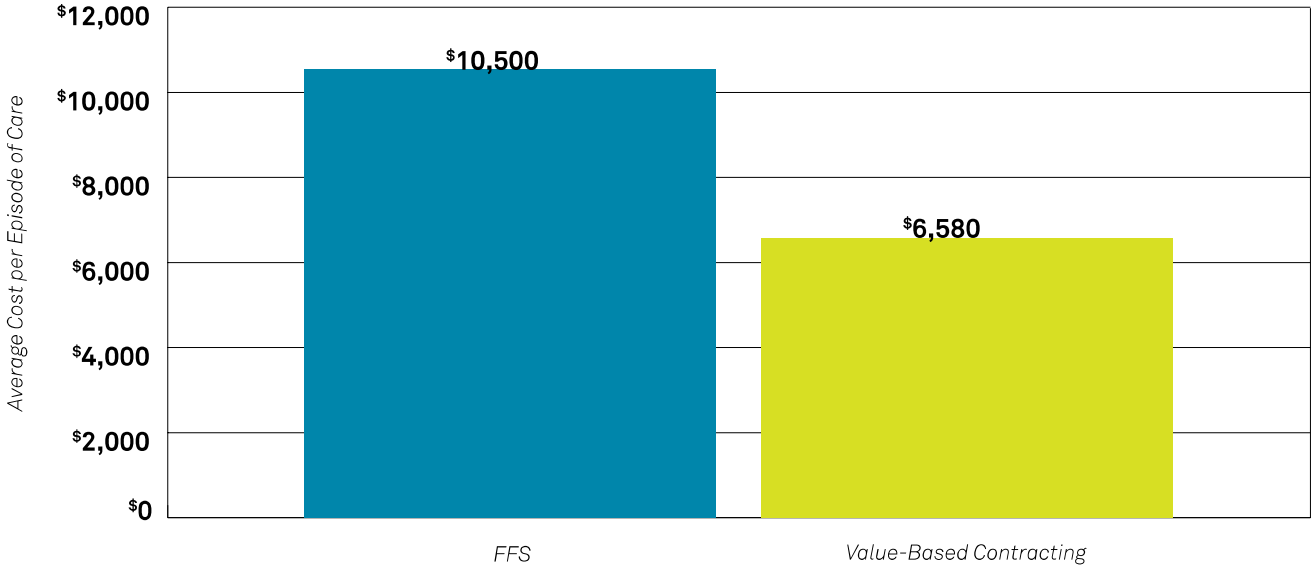
The Stipend Bonus

Clinical trial participation can reduce the overall cost of care and offer new revenue streams. Practice revenue benefits from stipends to administer these programs and high reimbursement rates. Study sponsors often cover scans and tests, further reducing costs.

Once a program is established, future study opportunities become available. For payers and medical groups taking oncology risk, clinical trials reduce population-based costs through study sponsor reimbursements, stipends, and covered drug costs.

Figure 3

Oncology Spend per Episode of Care for a Six-Month Period



value-based contracting. The provider was unable to work effectively in a value-based environment, so the payer engaged a nearby market provider who had an extensive background working with capitation. Not only was the same level of patient satisfaction maintained, but oncology costs per episode of care in a six-month period for that market were significantly reduced by close to 40% (see Figure 3).

When properly implemented, value-based contracting aligns physician interests with patient care using data analytics in conjunction with professional and clinical expertise to guarantee appropriate care within effective cost parameters.

Access also improves with value-based contracting. In an area near Los Angeles, the patient population had grown substantially, and provider availability began to negatively impact patient satisfaction. Additional providers that had significant experience with value-based contracting were brought on board. The network added four new physical offices with five new physicians. Legacy and new providers welcomed this change, as it represented an opportunity for additional patient attribution and income. Their understanding of value-based contracting resulted in an almost seamless integration that improved patient access, quality of care, and costs. After the expansion, no patient or primary care provider (PCP) complaints were reported to the health plan or other affiliated parties.

Beyond access, patients receive appropriate treatment rather than a high quantity of treatment. Because enhanced monitoring is part of the value-based contracting model, care is constantly evaluated. In addition, coordination of care ensures the sequence of when and what care takes place, which leads to efficient and streamlined care opportunities.

Models for the Future

We must find ways to mitigate soaring oncology care costs while providing high-quality patient care standards. Oncology programs have succeeded with the deployment of clinical trials programs, collaborative UM, care management services, and value-based contracting. These can serve as future models for healthcare specialties to implement. GPJ

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