

# NBCH action brief

## Oncology

Cancer costs were estimated at approximately \$264 billion in 2010—\$125 billion for direct medical costs and \$139 billion for indirect costs associated with lost productivity.<sup>1</sup> Additionally, cancer is the leading cause of death for Americans under the age of 85, accounting for one of every four deaths.<sup>2</sup> The significant financial burden of cancer, compounded with the emotional strain of diagnosis and treatment, can create a complex situation for employers.

This Action Brief outlines the scope of cancer as well as how health plans are addressing the issues based on data from eValue8, a resource used by purchasers to track health plan performance. Lastly, the brief highlights actions employers can take to both improve cancer prevention strategies in the workplace as well as better support their population and dependents facing diagnosis and treatment.

### WHAT'S THE ISSUE?

#### **CANCER REPRESENTS ONE OF THE TOP THREE MEDICAL EXPENSES FOR EMPLOYERS<sup>3</sup>**

#### **WHAT IS CANCER?**

- ▶ Normal cells grow, divide, and die in an orderly fashion. Cancer is the result of abnormal cell growth and division where cells do not die but rather evolve into a mass of tissue called a tumor.
- ▶ Benign tumors are non-cancerous, can often be removed, do not typically return, and do not spread.
- ▶ Malignant tumors are cancerous and can spread to other parts of the body through the bloodstream or lymph vessels. This process is known as metastasis.<sup>4</sup>

#### **CANCER FACTS & FIGURES**

- ▶ One in two men and one in three women will be diagnosed with cancer in their lifetime.<sup>5</sup>
- ▶ It is estimated that 1.6 million new cancer cases will be diagnosed in the U.S. in 2014, and approximately 580,000 Americans will die—nearly 1,600 lives daily.<sup>6</sup>
- ▶ Rates of new cancer cases for melanoma of the skin and cancers of the liver and thyroid are on the rise. Among the declines are lung, colon, breast, and prostate cancer, which represent the most cancer deaths.<sup>7</sup>
- ▶ Since 1991 there has been a 20% decline in cancer mortality, much in part to prevention and early detection.<sup>8</sup>

#### **WHY EMPLOYERS SHOULD CARE**

- ▶ Of the 12 million Americans with cancer today, an estimated 3 million are actively employed.<sup>9</sup>
- ▶ Employees with cancer result in more than 33 million disability days per year.<sup>10</sup>

- ▶ Cancer is the leading cause of long-term disability among employees, representing about 17% of claims.<sup>11</sup>
- ▶ Approximately 12% of an employer's total medical spend is attributed to cancer related expenses.<sup>12</sup>
- ▶ Specialty drugs—commonly used in the treatment of cancer—currently account for approximately 17% of the average employer's total pharmacy spend and are estimated to rise to 40% by 2020.<sup>13</sup>
- ▶ The site of care delivery can have a significant impact on the total cost of treatment.<sup>14</sup>
- ▶ Prevention programs such as tobacco cessation and regular screenings are proven methods of decreasing cancer risk, increasing early diagnosis, and increasing overall direct and indirect cost savings.<sup>15</sup>
- ▶ For example, early-stage treatment of breast cancer costs on average \$14,000 per year while late-stage treatment averages \$61,000 in the same year.<sup>16</sup>

### MEASURING UP

#### **EVALUE8™ RESULTS SHOW THAT PLANS ARE GENERALLY DOING WELL WHEN IT COMES TO INCREASING SCREENING RATES AND MANAGING CANCER PATIENT CARE BUT COULD BE DOING MORE AROUND TOBACCO CESSATION**

- ▶ In 2013, 95% of surveyed plans actively tracked tobacco dependence as well as participation in cessation activities for their members—58% monitored measures nationally, 37% regionally, and 53% at the employer level.
- ▶ One out of every ten plan members among the surveyed HMOs and PPOs in 2012 was a current smoker (an estimated 18.1% of U.S. adults smoke cigarettes<sup>17</sup>).
- ▶ Over 60% of surveyed plans employ various strategies to actively monitor tobacco screening at every provider visit.



## MEASURING UP CONTINUED

Common strategies include chart audits (75%), provider surveys or self-reports (31%), and use of electronic medical records (EMR) to monitor tobacco use (22%).

- ▶ Of the reporting plans, 40% offer tobacco cessation benefits (over the counter aides, quit kits, in-person or telephonic counseling) as part of the standard benefit option, while 60% offer employers the option to purchase such benefits.
- ▶ In 2012, the rate of prevention screenings for breast cancer was 69%, cervical cancer 77%, and colorectal cancer 59%—the latter of which is a 6% increase from the previous year.

- ▶ Among the surveyed plans in 2012, 75% used educational messaging to encourage breast and colorectal cancer screening, while 71% used such messaging to encourage cervical cancer screening. The use of direct patient reminders to encourage cancer screening was used to a lesser extent by plans—58% providing reminders to more than 75% of eligible breast, cervical, and colorectal cancer screening patients.
- ▶ To ensure that cancer patients receive better treatment and have better survival outcomes, 85% of plans encourage patients to obtain care from oncology Centers of Excellence, (COE) while 4% require care at COE.

## TAKE ACTION

### Action Item #1: Develop workplace support strategies focused on cancer prevention

- ▶ More than one-third of all cancers are related to modifiable lifestyle factors that include lack of physical activity, poor nutrition, and tobacco use.<sup>18</sup> Weave cancer prevention messaging into existing wellness programs and communications.
- ▶ Create a tobacco-free workplace policy, and encourage the utilization of covered preventive services, including tobacco cessation programs. Further use and promote the wealth of free tobacco cessation resources available at [smokefree.gov](http://smokefree.gov).
- ▶ Encourage the appropriate utilization of recommended cancer screenings by:
  - bringing health educators to the worksite;
  - conducting awareness campaigns aligned with national cancer campaigns (e.g., promoting mammograms in October);
  - requiring plans to send cancer screening reminders to eligible workers; and
  - reducing or eliminating copays and deductibles for recommended screenings.<sup>19</sup>
- ▶ The American Cancer Society's [Workplace Solutions](#) and Partnership for Prevention's [Investing in Health](#) offer free programs, tools, and communications to encourage cancer prevention as well as health improvement.
- ▶ NBCH's [ValuePort™](#) offers a variety of cancer screening strategies for employers.

### Action Item #2: Engage your health plan and vendors to support workplace strategies for employees with cancer

- ▶ In addition to screenings, ensure coverage for diagnostic follow-up as well as treatment.
- ▶ Establish a benefit plan that includes access to a wide range of cancer care providers.
- ▶ Identify plans and/or hospitals that provide patient navigation programs, which provide personal guidance to cancer patients, including treatment options and resources available.
- ▶ Due to the high price of many cancer drugs, (see [Specialty Pharmacy Action Brief](#)) ensure that there are reasonable out-of-pocket caps in place.
- ▶ Work with your service providers to ensure that they offer robust reporting tools to drill down into the clinical as well as economic data across medical and pharmacy benefits.
- ▶ Provide adequate palliative care and hospice coverage, and remove disincentives to accessing such benefits.
- ▶ Implement effective and flexible return-to-work programs that support the worker as they transition back into the workplace.

### Action Item #3: Become a leader in your community

- ▶ [Employer-based health coalitions](#) serve as vehicles for improving workforce and community health at the local level and achieving the most value for health care expenditures. These collaborations leverage the voice and power of their employer purchaser members, often through public-private partnerships, in improving health and health care.

## Endnotes

- 1 [Cuomo, M. "The Truth About Health Care Costs." Huffington Post. Trust for America's Health. September 2012.](#)
- 2 ["American Cancer Society Stewardship Report." American Cancer Society. 2013.](#)
- 3 [Miller, S. "Employers Focus on Cancer Prevention and Care." Society for Human Resource Management. November 2013.](#)
- 4 ["Defining Cancer." National Cancer Institute. National Institutes of Health. Stand Up To Cancer.](#)
- 5 [Simon, S. "Cancer Statistics Report: Deaths Down 20% in 2 Decades." American Cancer Society. January 2014.](#)
- 6 [Simon, S. "Facts and Figures Report: Declines in Cancer Deaths Reach Milestone." American Cancer Society. January 2013.](#)
- 7 [Ibid.](#)
- 8 [Miller, S. "Employers Focus on Cancer Prevention and Care." Society for Human Resource Management. November 2013.](#)
- 9 ["Cancer Costs Billions Yearly in U.S." US News and World Report. December 2012.](#)

- 11 [Miller, S. "Employers Focus on Cancer Prevention and Care." Society for Human Resource Management. November 2013.](#)
- 12 [Ibid.](#)
- 13 [Herr, J. "Employers Becoming More Savvy About Specialty Pharmacy, but Need More Cost Controls." Midwest Business Group on Health. February 2013.](#)
- 14 [Pyenson, B., Fitch, K., Iwasaki, K. "Comparing episode of cancer care costs in different settings." Milliman. October 2013.](#)
- 15 [Mehner A. "Employment and work-related issues in cancer survivors." OncolHematol. 77\(2\):109-30. February 2011.](#)
- 16 [Miller, S. "Screenings and Early Intervention Can Reduce Medical Costs." Society for Human Resource Management. April 2012.](#)
- 17 ["Adult Cigarette Smoking in the United States: Current Estimates." Centers for Disease Control and Prevention.](#)
- 18 [Pyenson, B. "Cost of Cancer to Employers." Milliman, American Cancer Society, C-Change. 2007.](#)
- 19 [Hannon, P. and Harris, J. "Interventions to Improve Cancer Screening." American Journal of Preventive Medicine. July 2008.](#)