

NOSN

NATIONAL ONCOLOGY STATE NETWORK

COLLABORATIVE CARE TEAM TELECONFERENCE THURSDAY, AUGUST 15, 2019

9am Pacific/ 11am Central/ 12pm Eastern

Dial #: 1-866-423-8755 and enter Passcode: 858324#

*(Press *6 to mute and un-mute your line)*

Present: Sheryl Riley, RN (*Chair*); Wendy Alfaro; Luanne Bankert; Nichole East; Jason Enlow, AbbVie; Diane Gerards-Benage; Loretta Goodson; Dawn Holcombe; Damon Madison, AstraZeneca; Chuck Miller, M.D.; Fran Spine; and Kim Woofter, RN.

Absent: Peggy Barton, RN; April Christensen; Leslie Fox, JNJ; Mike Hughes, AbbVie; Ellen Ivy, JNJ; Mariana Lamb; Christian Lang, Celgene; and George Malouly, Celgene.

MINUTES

I. New Business:

As discussed at the Annual Meeting, this Collaborative Care Team will work with employer groups and business coalitions on access to oncology care for their employees.

A. Discuss the state of oncology for employers, what are they looking for.

Discussion:

1. Kim stated that in her experience, the employers are not very familiar with codes and sites of service. There is a huge opportunity to educate them on oncology.
2. Dawn stated that several of her discussions had to start from the very beginning, as they were unfamiliar with OCM and oncology in general.
3. Dawn and Sheryl discussed the oncology profile, completed in 2018 for NAMCP, made up of 2.5 million employer lives. This data analysis showed the disparities with payers when it comes to employers in different parts of the country. Sheryl will share article with the group.
4. Sheryl also discussed what the Nation Business Coalition on Health is doing and will share their recent article on oncology
5. Sheryl discussed article sent out to group prior to meeting that discussed drug spend for employer groups and how employers might be giving drug rebates to employees to offset cost. Sheryl shared her recent encounter with CT coalition and the national group and their focus on centers of excellence not community practices

Action:

1. AbbVie has a specific team of managers that call on employer groups; Jason will contact them for more information and then share with the Team on the next call.
2. AstraZeneca also has a team that calls on large employer groups; Damon will contact them for more information and then share with the Team on the next call.

B. Listen to what Michigan has done so we can outline a template.

Discussion:

Kim shared her experience in Indiana/Michigan. Their strategy was to establish a working relationship with mid-size employers (8,500-10,000 employees) and work towards spend transparency for the self-insured plans. She worked with employers to help them understand “the spend” per person on the total cost of care; it was not specific to oncology. Together, they broke down the three highest costs, 1) Ortho, 2) Imaging, and 3) Oncology. Upon reviewing the data, it was determined that 98% of the imaging was done on a different day than the office visit, so this led them to believe it was a non-emergent service. In that case, the employee could choose where to have it performed, which ended up being less expensive. Key areas of opportunity:

1. Pricing transparency to great a trusting relationship.
2. Educate on bill rate vs paid rate.
3. Site of service- COE not always needed CO might be a better option.
4. Outcomes.
5. Medical Episode Spending Allowance (MESA)

The employers’ perception was that the local hospital was less expensive than the community practice; they were shocked to learn that it was the complete opposite. For example, when Opdivo is administered in the office instead of the hospital, approximately \$1.4 Million was saved on a single patient. The employers know codes and sites of services. They were shocked to learn the difference between what they paid and what physicians were reimbursed. So they developed an internal fee schedule based on real costs and noticed a huge difference. Overall, this experience established a working relationship and earned their trust while having saved them millions of dollars.

Kim is also working with the very strong, “Electrical Workers Union” and they are very eager to understand “the spend”.

C. What are we able to deliver as a final goal of this group?

Discussion:

The Team discussed creating a template that will outline the following:

1. Identify the players and their roles within in your individual state.
2. Understand the book of business/state dynamics.
3. How to start the conversation.
4. Obstacles/pitfalls.

D. Discuss the needs for Arizona.

Discussion:

The Team was unaware of the specific needs of Arizona at this time. Arizona was identified as a beta state. Once the template has been finalized, it can be shared with other states.

Action:

LuAnne will bring this to the attention of the Arizona Society to see if they have any specific needs.

E. Begin to create a template.

Action:

The Team will work together to create a template that includes How to identify the players and their roles within in your individual state; understand the book of business/state dynamics; how to start the conversation; obstacles/pitfalls. This will be shared via email and Dropbox for everyone to view and comment.

II.

Next Teleconference:

Tuesday, September 17th at 9am Pacific/ 11am Central/ 12pm Eastern.

The meeting adjourned at 9:54AM-PST

