



Addressing Cancer in the Workplace – A Consultants Meeting

Summary and Highlights

Tuesday March 1, 2011 12-1 p.m.

Presentations

This webinar brought together seven consultants from different consulting firms to share their insight and discuss their experiences with the employer's role in cancer management and other issues that affect large employers. The webinar began with presentations from Wendy Slavit, National Business Group on Health and Ken Mitchell, PhD, WorkRx Group. Wendy's presentation outlined some of the key issues that employers face today in cancer coverage and management including: caregiver issues, costs, workplace burden, absenteeism/presenteeism, short- and long-term disability, treatment, prevention, behavioral health, and cancer as a chronic condition. Ken Mitchell's presentation elaborated on these topics from the perspective of a former disability manager and included data and figures from several industry studies.

Patient treatment options

Consultant A claimed that there needs to be a greater emphasis on up-front support for treatment options with cancer. He claimed that disability and leave are drastically affected by which treatment choice a patient makes. Most patients tend to make treatment decisions in a vacuum and simply go with what the first oncologist says, which is not always the best course of treatment. Employers need to put in patient treatment support up-front as quickly as possible in the treatment process.

Consultant A, who has been caring for a family member with cancer, also lauded his company for granting him flexible work arrangements which allowed him to continue his work while taking care of his family member.

Clinical trials and genetic testing

Consultant B brought up the issue of clinical trials by highlighting the concern that clinical trials can take a patient out of hospice availability. He cited some of his company's studies which found that survival rates from hospice are comparable to survival rates promised by some biotech drug companies in their trials. This goes back to the importance of selecting treatment options and providing patient education.

Consultant C agreed on the controversy surrounding clinical trials, stating that many employers have shied away from clinical trials at the advice of their health care provider while others have embraced it by providing some structure to it.

Consultant D drew attention to the uncertainty surrounding genetic testing, claiming that it was not yet 100% clear which therapies would be available for testing and who pays the cost of testing.

Consultant B followed up on these comments by mentioning the minimal standards surrounding genetic testing and how very few tests lie on a strong evidence base. He stated that there is really a need for more explicit clinical guidelines.

Disease management

Consultant E asked about cancer disease management, and whether standards exist. He stated that many vendors offer cancer disease management programs that provide little to no evidence that what they do changes anything in terms of quality of care, cost, disability, or effectiveness of treatment.

Consultant B stated that his company has witnessed the trend in cancer costs fall below that of other diseases, but the typical bend formula for disease management would probably automatically work for cancer on a per capita basis. He then explained that more cancers are being detected earlier when it is less expensive to treat them, so case management can be easily manipulated in terms of cost.

Consultant D claimed that his company was experiencing the same difficulty with vendors, citing the multitude of existing vendors and the frequency of mergers and acquisitions which tend to confuse his clients. He questioned the type of value these programs can bring an employer, especially an employer who already has existing programs. At the same time, recognizing the significant costs of cancer surpassing others, employers are all looking at this issue very closely.

Consultant A gave a personal example of the difficulties associated with coverage of self-administered medications, in which a carrier switch occurred from a carrier that covered 100% of a certain medication to a carrier that did not cover them, almost leading to a several-thousand dollar bill.

The Cancer Guide

Consultant C brought the attention to the Business Group's draft of a soon-to-be-published cancer guide by citing some interesting connections between cost and treatment. He claimed that there may be some value in providing information on specific treatment regimens and their productivity implications.

Consultant A then asked about the rationale behind choosing the four most expensive cancers (breast, colorectal, lung, prostate) and eliminating lymphoma as the fifth-most expensive cancer. Wendy explained that the choice of cancers was based on prevalence and not necessarily cost.

Concerns of clients

Consultant A cited his clients' concerns on mammography and colonoscopy coverage, claiming that there has never been a definitive cost study on the return on investment of these procedures.

Consultant B mentioned the NCI c-scan study for lung cancer screening and brought to attention questionable costs that employers could bear if lung cancer screening becomes more popular.

Consultant F has witnessed many of his employer clients focusing on “right care, right place, right time” around cancer, from leveraging vendor-developed cancer resource networks or directly contracting with outside identity. There is a lot of focus on narrowing the scope of where to send employees who have cancer for treatment and how to ensure that it is cost-effective and high quality as opposed to participant engagement in a more traditional disease management venue.

Consultant A claimed that these comments raised the issue of network design. He did not know whether you can examine the comparative quality of different treatment centers because cancer is often discussed as one disease when it is really not.

Consultant E cited Sloan-Kettering advertisements in New York that state “Where you get treated can make the difference” as an example of confusion around the comparative quality of different hospitals. He claimed that cancer is an area that begs for standards and that it will be a major challenge for employers.