Les Biller
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Ellen Kelsay
That's Les Biller, the founding director of the Sheri and Les Biller Family Foundation. After 33 years in the business sector, including leadership roles at several major corporations, Les and his wife co-founded a foundation in their name with the goal of creating meaningful lasting change related to important causes. One of those causes is supportive cancer care, a comprehensive evidence-based approach to care that produces meaningful outcomes yet remains underutilized.

I'm Ellen Kelsay and this is a Business Group on Health podcast, conversations with experts on the most relevant health and well-being issues facing employers.

Today, Les Biller and I discuss supportive cancer care, including what it is, why it matters to patients, caregivers, and businesses, along with the ways employers can advance its uptake.

Les, welcome to the podcast. We're so thrilled to have you on with us.

Les Biller
Thank you, Ellen. I'm excited about being here today.

Ellen Kelsay
Well, wonderful. I'm really excited to have this conversation and to share with our audience what you and your foundation are up to. So maybe we can start right there. Can you tell the audience, what is the Biller Family Foundation and how did it come to be and what is your focus?

Les Biller
The Biller Family Foundation was started in 2001. Our focus was something we call active philanthropy. We wanted to combine our time, our intellect, and our resources to try to fix problems in a way that move things forward. The main focus of the foundation is in three areas, economic opportunity for low-income individuals, typically communities of color, social impact theater, and then of course, the subject we're here to talk about today is supportive cancer care.

Ellen Kelsay
Well, let's talk about supportive cancer care. What is that? What does that mean?

Les Biller
Well, when you think about cancer, there's the clinical side most people identify with. So you have things like chemo, radiation, and surgery, but not everyone really focuses on the other supportive services, things that help you manage symptoms like depression and pain, things that help you have access to information about your disease and what are the latest opportunities for clinical trials, as an example, how to manage the payment system, am I covered by my insurance, and how do I deal with that. Then there are support groups, there's financial assistance to make sure you don't miss an appointment and many, many other kinds of services. When these things are provided, there's some real positive impacts from a patient and a caregiver standpoint. Supportive care is absolutely known to improve the quality of life of both the patient and the caregiver. But interestingly, at the same time, because you're managing symptoms, the overall cost of care goes down without denying access to services. So best way to describe that is if you think about people who are dealing with depression and pain, if you're not proactively dealing

with that during their treatment and even during their survivorship phase, they often end up in the emergency room, then get admitted and maybe into the ICU. When you're proactively dealing with these issues, you're addressing them before they get so severe that an emergency room visit is required. We've seen 25% reduction in emergency room visits as a result of supportive care services that are comprehensive and provided to patients and their caregiver loved ones.

Ellen Kelsay
Wow, that is quite comprehensive and spans so many different areas. You said physical, psychological, emotional, even spiritual, environmental, economic for sure, educational. So it's quite robust, the services that are considered supportive care. I'm curious to know though, how common is it? Is it well known? Do you have a percentage of individuals who actually benefit from supportive care or is it still an area ripe with opportunity?

Les Biller
I'd say it's an area ripe with opportunity and I speak as an optimist because we're nowhere near where we might have hoped we would be. When you think about it today, 61% of patients either have never heard of supportive care or don't think they've ever heard of it. And this is after we gave them a description and a survey of what the supportive care services are. So there's a big way to go. In our survey, we determined that roughly 15% of cancer patients actually are using supportive care services in a meaningful way. There's a ton of room to improve in that area. We're optimistic. We're focusing on it from several different fronts. One that I'm currently active in dealing with is I think part of why I'm on your podcast, which is the employer sector. Employers benefit from supportive care services in several unique ways. First of all, both cancer patients and their caregivers tend to be employees. For both of them, if they're struggling with cancer and navigating that journey, depression and lack of focus are often part of what symptoms they have. So often if you're not dealing with supportive care, you'll see absenteeism, lower productivity, and lack of focus. When we are dealing with those, we know this from talking to patients and caregivers, they're more focused on their work and focusing on their work is a big positive for them because it allows them to think about something other than their disease. So better quality of life for the patient and the caregiver, but the employer also benefits by the cost savings that occur when supportive care services are offered. We've determined in various studies that for every dollar spent offering supportive care services, there's about $3 roughly of lower claims costs. From an employer standpoint, you can do good, help employees who have cancer and their caregivers deal with their disease in a more proactive way, have a better quality of life, and at the same time, have a great return on investment as a result of the lower claims cost.

Ellen Kelsay
Now, for sure, there are tremendous benefits for the patient, as you said, their family and their caregivers, those in their community, their employer. You said that many patients might not know of supportive care or they're benefiting from some aspects of supportive care, but they don't know that it's referred to as supportive care. Is it education and awareness? Is it the nomenclature? Is it something that's lost in translation when they're talking to their clinical team and trying to navigate services that it's maybe hitting them at the wrong time? How would you help us understand that gap in awareness and actually leveraging and utilization of the actual services?

Les Biller
Right now, based on our studies, approximately 15% of cancer patients are receiving meaningful supportive care services. 61% of patients don't think they've ever heard of supportive care or not sure they have. There is definitely a communication problem. We've seen that 90 plus percent of clinicians say they talk to their patients about supportive care, but as I said, 61% don't think

they've ever heard of it. We think there's an issue there in how you communicate and we're studying that issue and we hope to assist clinicians in how to have that conversation in a way where patients and caregivers can hear it. On the employer front, we think there's a huge opportunity here because employers are both insurers and employers. So they get to decide what services they're going to offer. That benefits their employees, obviously, but it also benefits the company from a cost perspective. You know, when you think of the 85% of cancer patients that are not utilizing supportive care, we think the employer sector is a way to get a significant momentum in terms of increasing that level of supportive care from 15% to a higher level. Every 10 percentage points, we increase the utilization of supportive care, so if we go from 15% to 25%, that generates $4.6 billion of savings in the system, both from federal programs as well as commercial employer-based programs.

Ellen Kelsay
Wow, that is tremendous. That's amazing. Back to this gap in awareness and education, I would imagine too, it is not only how things are being communicated and the words and the manner that they're being communicated, but also the timing and when is the patient or their caregiver ready to receive the information, ready to know even what to do with the information. I can see why an employer outside of a clinical environment, which might be really acute time of stress and distress, that maybe in an employer ongoing communication around benefits might also be a good reinforcement of some of these services as well.

Les Biller
We think you're absolutely right, Ellen, because employers have conversations with their employees all the time around benefits, around issues individual employees may be having. I think that providing pieces of supportive care at the workplace is an important part of dealing with this. While we don't have data on this, my suspicion is that the gap between clinicians talking about supportive care and the number of patients who actually think they've ever heard of it being so large, we think that may have something to do with when the clinicians talk about it. I can give you just a brief example. Again, this is only my opinion, not backed up by data, but we're going to be studying this issue. If a doctor says, Mrs. Smith, I'm sorry to tell you you have this type of cancer and we have services that can help you navigate this journey, we're happy to offer them to you. If you're Mrs. Smith, the last word you heard is you have cancer. And then they're in full tilt. We think that the time of communicating about supportive care is not at the moment of the diagnosis and communicating that to the patient, but it may be, Mrs. Smith, you have this type of cancer. You're going to hear from Mary from our supportive care team, who's going to lay out all of the services we can provide you and expect to hear from her next week. Then if Mary calls next week and said, I'm here to talk to you about these services, Mrs. Smith is better able to address that in a proactive way for the benefit of herself and her loved ones.

Ellen Kelsay
You had mentioned earlier the role that employers play, both as employers and supporting their workforces, but then also the decision makers around coverage and insurance benefits. Are most of the supportive care services traditionally covered by a health plan or insurance benefit or some of these maybe outside of the health plan? What have you seen in your experience?

Les Biller
I think in general, if we look at employers as a group, there are some services that are covered. They're not generally clearly understood by employers or patients. And there's a significant number of them that are not. In the subgroup of employers who are also self-insured, we're seeing a more rapid uptake in determining the services, the supportive care services, that they will reimburse for. Those employers are also studying the impact that's having, not only on quality

of life for the patient, but also on the overall claims data and the overall cost of cancer care. So it's a mixed bag. We need to be very clearly focused on, for those things that you can get reimbursed for, we need to explain to everybody in that chain what they are, how you get reimbursed for them, what the codes are, and so forth. For those that aren't, we need to make the case for why they should be covered in general. If it's a self-insured plan, it's a little easier talking directly to that employer.

Ellen Kelsay
I imagine too, you know, we're talking specifically about cancer, but the components of supportive care could easily translate to many other conditions. Is your foundation doing work beyond just cancer relative to supportive care?

Les Biller
This is where we started with cancer and the reason we did that is because there's lots of data out there. It's a disease that hits so many people, either as a patient or as a caregiver. 40% of people in their lifetime will develop cancer, unfortunately. So we went where the awareness was, and we went with a significant accepted disease that people were committed to addressing. But to your point, if you have a neurodegenerative disease like Alzheimer’s or Parkinsons or a pulmonary or other serious illness, supportive care makes sense because it helps you and your loved one caregivers navigate this disease, which is terrible, whether it's cancer or something else. So we're starting with cancer. Once we get momentum on the cancer side, which we think will be in the next year or two, where we can point to data for uptake of the percentage of people who are utilizing supportive care services, we're going to begin the bridge to other diseases.

Ellen Kelsay
That's great. Well, maybe we can speak now a little bit more specifically about what is the foundation doing to expand access to supportive care services?

Les Biller
Well, the foundation a year ago created a coalition called Coalition Together for Supportive Cancer Care. And we brought together key stakeholders in these groups. So if you think about cancer, who's involved? You've got the insurer, you've got the maybe big farmer, you've got the patient and patient advocacy organizations, you have employers, you have providers, and you have policymakers. So we brought them all together last year to talk about supportive care with this statement that I made at the opening of our session. If it improves the quality of life of patients and caregivers, and it reduces overall cost while at the same time expanding access to service, why doesn't this have momentum all on its own and why isn't it like a ball rolling down a hill. So we try to get at the issues that were keeping people from more broadly adopting these services. Two things came out of that summit. One that all these stakeholder groups said, this is the first time we've ever been in a room with everybody else. Typically, we'd go to a conference and there would be people, either clinicians, or there would be policymakers, or what, but there wouldn't be cross-discipline participants. The second thing they did is said we want to work together to try to address where the obstacles are and how we get around it. We created the coalition out of that first meeting in September of 24 and so we just had our first anniversary. We have work groups working on key issues like policy, research, so we can get at data that proves that this really works. We've got patient and patient advocacy focus, and we have employers, all of which are key work streams to improve the percentage of people that are utilizing supportive care services. We also will repeat our survey that we did in the beginning of 2024, where we'll look at the percentage of people that are utilizing supportive care services in a meaningful way. That'll come out of that survey in the first half of 26, and also we'll repeat access to awareness of supportive care services, so we can see if we're making progress in these critical areas. Everything

we do, we're going to assume is directionally right, but we want to prove it's right by constantly resurveying. We think two years is about as long as we want to go before we come back in and take a look.

Ellen Kelsay
That's great and quite comprehensive that coalition you've assembled and the number of different areas that you're exploring and the survey will be quite interesting to see when you resurvey again in another year. You also have partnerships with a couple other organizations that I wanted to explore. One is the City of Hope and another is the Dempsey Center. Can you share with the audience what you're doing with those organizations?

Les Biller
Yes, let me start with City of Hope. Our involvement with them really stems from Sheri's experience as a caregiver to those two girlfriends of hers who had breast cancer and caused Sheri to say, if we ever have the resources, she wants to proactively work to improve this. So Sheri, when we moved to LA in 1999, shortly after joined the board of City of Hope, and she's a past chair of their board as well. In 2008, we opened a patient and family resource center, which is a central hub where supportive care services are offered. If you're there for a clinical appointment, it's a quiet place to sit before your treatment, but it also has access to information, computers, you could meet with a clinician or a psychologist if you're depressed. All of the services wrap around their patient navigation and so forth. The results there have been very positive. They did a survey a couple years after they opened and we saw that when they offer these services, clearly the quality of life for the patient and caregiver went up, but for every dollar they were spending on services, there was roughly a $3 savings in terms of medical costs. Now fast forward from 2008 to probably 2022, Sheri and I were sitting around and saying, it's great that they're doing this at City of Hope, but that's not enough to move the needle nationally. So what do we do? That was the genesis of convening all these stakeholders that ultimately created the coalition. Our goal is that no matter who you are, no matter where you live, no matter what your means, you should have access to quality supportive care as you navigate this journey of cancer with your loved ones. So that is what we're all about. We're now nationally, how do we move the needle from 15% to 25% to 35% and onward to benefit millions of more people with cancer and multiples of those millions of caregivers.

The Dempsey Center is one of the things that we've started spending time with. There are other states where pilots are going on, but the Dempsey Center into itself is quite interesting and to some degree unique. It was started by the actor, Patrick Dempsey, as he became a caregiver for one of his parents and said, this system doesn't work. So he created the center, helped with the philanthropic fundraising and today the Dempsey Center is helping 3,000 to 4,000 people, unique people a year, providing supportive care services from counseling to movement classes, to nutrition and all of the other things. And they're bringing in people from remote locations where they don't have the physical center using video conferencing to let them participate either individually with a counseling session or participate in a movement class remotely. The interesting thing about their model and we're working with them to tease out their data. It's not easily scalable because it's a hundred percent philanthropic, but what they've proven, and again, their data will demonstrate that they have done this in the second most rural state in the nation, they will have, I'm convinced, excellent results to share. So we're all about sharing things that work, whether it be at the Dempsey Center, there's incredible work going on in Hawaii about providing supportive care services. We want to shine a spotlight on all of these organizations so that people know who's doing what and how well it's going. The last thing I'll say there is it's so important to beg, borrow and steal good ideas in this field. You know, the idea that we can't do it their way because we're different, you should really say, looking at how someone else is doing it and the results they're getting, how would we implement that in our environment to get the same results and the same benefit for our patients and their caregivers?

Ellen Kelsay
Those are such excellent examples and demonstrate a lot of varied approaches and geographic programs, supportive programs, larger facilities, smaller organizations. You've really scaled and have partnered quite interestingly. I'm excited to hear what you have planned for the future and we'll get to that in just a minute. I do also want you to share with our audience, you are a former executive, you had fairly, very, very senior roles at some well-known companies. So speaking from wearing a hat of, you know, an executive at an organization and at a large employer, how would you make the business case or how would you suggest that other leaders make the business case for supportive care?

Les Biller
Yes, as a bank executive and the chief operating officer at a top five bank before I retired, I'm uniquely aware of the impacts on employee retention and employee focus and employee absenteeism that are generated by disease that may take them out of the workplace. I think what I would say if I were sitting here with a chief executive of a large corporation would be this, let me share the results with you that we have in the research that we've done and we know this is going to be realizable in your organization as well. When you provide these services, supportive care services to your employees, you're really affecting two groups of employees, patients and caregivers. What you will do by providing these services, improve the quality of life and the outcomes for those two groups. The benefit to the organization is significant. They will so appreciate that you care enough about them to provide these services, so you'll have great employee morale and retention, but you'll also have improvements in absenteeism, improvements in productivity because they can operate more effectively while they're dealing with cancer. The other thing is your costs for cancer care will go down. For every dollar you're going to spend providing these services, you'll see about $3 of lower claims costs. So you can do good, helping your employees live a more productive and higher quality life and you can do well at the same time, lowering your overall cost of care. I think organizations that do this will be employers of choice and every large corporation and corporate C-suite executive wants to be just that.

Ellen Kelsay
So well said. What is next for the foundation? What are your plans?

Les Biller
Well, I would say our plate is pretty full with supportive care. I mentioned we have other initiatives in the theater world on social impact theater, trying to bring different perspectives together and also in job training for low-income individuals to create access to great jobs where they have the attitude and aptitude to succeed, but not the access. But I think for the next several years, the big focus is going to be on supportive care, taking this from 15% to a much higher number, and then doing that by having proof points, both at state levels and employer levels, and then communicating with the federal government. The biggest insurer in the nation is federal government on Medicare and Medicaid. We need to find a way to communicate with them how they can lower overall health care costs by offering these services to their citizens. If they do that, they'll be viewed very positively. This is not a Democratic or Republican issue. This is a human issue. This should be on both sides of the aisle. No one wants people to suffer, and no one wants to spend unnecessary money. This should be an issue that can bring the sides together in a common way to do good and do well at the same time. I know that's a big lift, but it's out there, and the logic behind it is clear and absolutely simple. Save money and help your people get a better quality of life. Why wouldn't you want to do that?

Ellen Kelsay
Are you speaking to federal policymakers relative to your last point there?

Les Biller
Yes. We've been on the Hill now for the last two years, having conversations both in the House and at the Senate. The advice we've gotten is to try to get as many proof points at the state level because it's easier to fund a pilot than it is to do something nationally at the federal level. Those pilots will then be the basis for results that will cause the federal government to move in the direction we all want them to do. That's why we're focused on things like the Dempsey Center, the tests that are happening in states like North Carolina and New Jersey and Ohio. We're getting these proof points and then we're going to be sharing that. We hope to get in front of in the next year some of the caucuses on the Republican and the Democratic side around health care issues. We have a lot of friends on the Hill who say they'll help open those doors for us. As I said at the beginning, I'm an optimist. I look at data, and it's pretty straightforward and simple. Who wouldn't want to do this? We have to understand what the obstacles are and then find a way to overcome those obstacles, whether it's the timing of going to Congress to do something or whether it's the obstacle of someone saying, well, if I pay for these services now, I may not get the benefit for two years and thinking about this in terms of their financial statements. There are no bad obstacles. We just have to figure out how to help people get around them so that we can do what we need to do.

Ellen Kelsay
I love how you phrased that. You led me right to my last question for you when you said that you're an optimist. Through that lens, what gives you hope as you think about the future?

Les Biller
I definitely believe that we have a business case for supportive care. That fact alone is great because ultimately, if we can present our material in a clear, unambiguous way, people will see the logic of it and the benefit of it. I also think that the key to getting to a significant level of utilization of supportive care is to figure out how we go from 15% to 20% to 25% to 30%. That's where our focus on corporations is. The insurer and the employer, they get to some degree to set the services that they pay for. I think we can show significant improvement. The more proof points we have, the more we can go and talk to legislators and say, here it is. If there's anything else you don't see here that you want us to get, tell us, and we'll get it for you. That's always the way I approach it. You don't see it here, tell me what you need to see so I can convince you that this makes sense. I'm optimistic that this will happen and then that will also take it to other diseases to benefit patients and caregivers all over the country and have them live a better life. We like to say that supportive care allows patients and caregivers to live healthy while dealing with cancer.

Ellen Kelsay
Wow, Les, we are grateful for the work you and your family foundation are leading in this space. You're clearly having a meaningful impact already. As you've well articulated, it's an area with remaining tremendous opportunity. We look forward to the impact you and the foundation will continue to have in the future. Thank you again for joining us.

Les Biller
Thank you, Ellen. Thank you for giving me this opportunity through your platform to share these facts with your audience. I look forward to following up in any way possible to advance this cause.

Ellen Kelsay
I've been speaking with Les Biller about supportive cancer care, an approach that incorporates physical, mental, and financial health needs, and can improve outcomes and lower costs. For more information, visit https://billerfamilyfoundation.org/.

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