



PAYER EXCHANGE SUMMIT
ONCOLOGY PAYMENT REFORM
OCTOBER 28-29, 2019 | TYSONS CORNER, VA

NEW EMPLOYER-DRIVEN CANCER CARE PROJECTS: SPOTLIGHT ON FLORIDA & INDIANA

Sarah Cevallos, Florida Cancer Specialists/American Oncology Network
Bo Gamble, Community Oncology Alliance, Moderator
Kim Woofter, AC3 Health

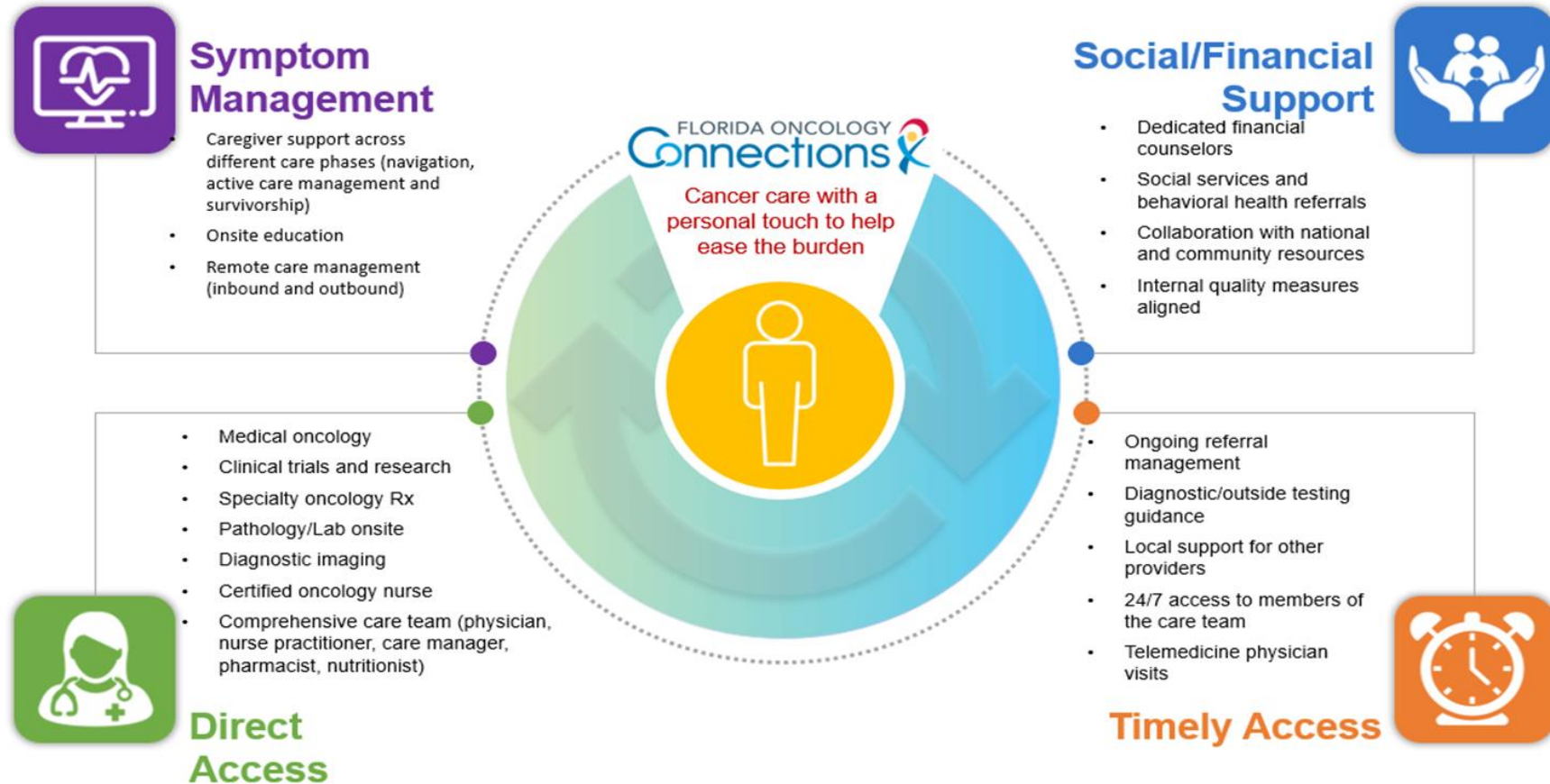


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FLORIDA ONCOLOGY CONNECTIONS PROGRAM

Sarah Cevallos, Florida Cancer Specialists/American Oncology Network

PROGRAM VISION AND MISSION



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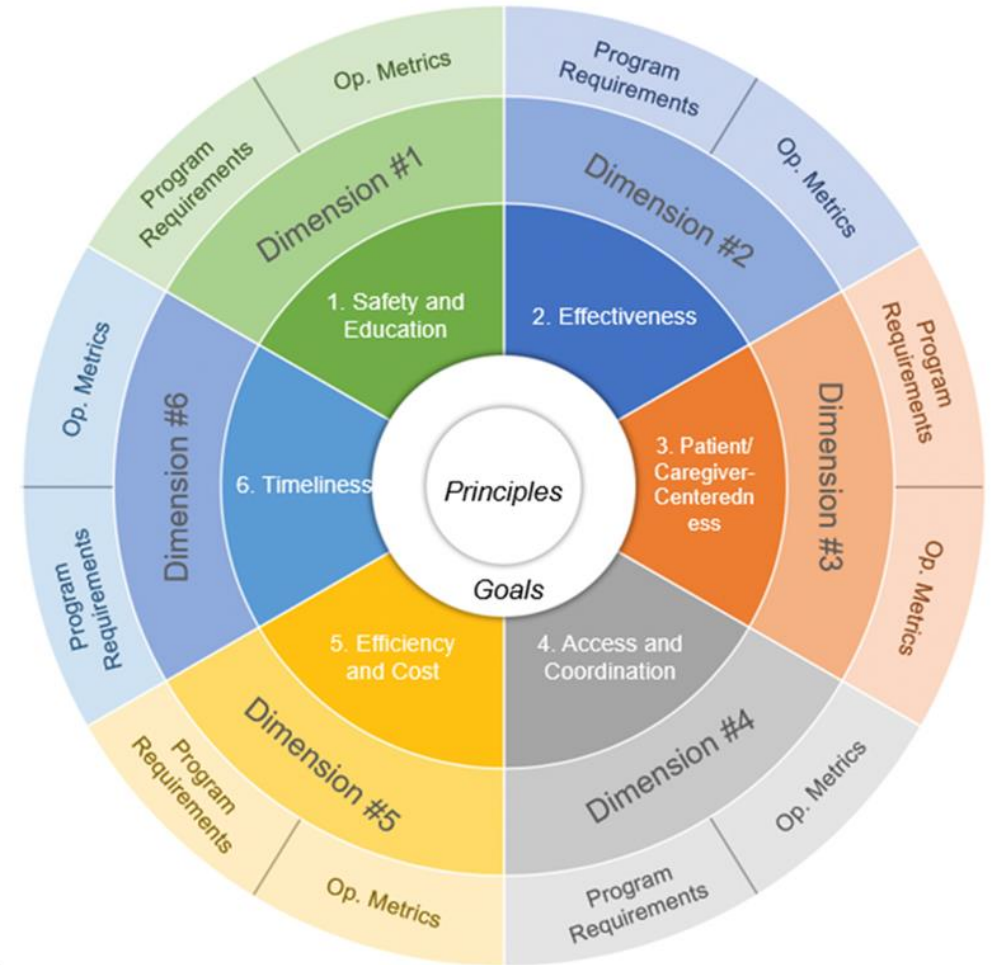


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CURRENT STATE OF IMPLEMENTATION

Development Principals, goals, quality framework to ensure ongoing employer engagement



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CURRENT STATE OF IMPLEMENTATION



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PRINCIPLES

- Improving the patient-employee's experience to make sure that it's more connected, particularly by reducing the confusion, stress, and uncertainty during the time of diagnosis.
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- Ensure that diagnoses are accurate, that access to care is oriented to the patient-employees' needs and is aligned with the appropriate scientific evidence.
- To provide patient-employee's with support outside of the clinic visit and to deepen their understanding of their condition as appropriate while empowering them to manage their condition as feasible.



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OPERATIONAL GOALS

- Better enabling patients to find appropriate care in a timely fashion during first diagnosis
- Ensuring care is as convenient as possible by expanding access past the traditional clinic visit
- Increasing support for patient-employees through a team-based approach
- Improving coordination of care
- Reducing avoidable ED visits and hospitalizations



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DIRECT TO EMPLOYER MODELS IN ONCOLOGY

Local and national conflicts presenting opportunities for enhanced collaboration and framework design optimization:

- Employer plan design
- Payer integration
- Access to data
- Outside influences



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MICHIANA HEMATOLOGY- ONCOLOGY: THE ENHANCED PROVIDER- EMPLOYER RELATIONSHIP

Kim Woofert, Advanced Centers for Cancer Care (AC3)

WHERE IS MICHIANA?



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THE KEY TO SUCCESS?



Transparency in the cost of care

Collaboration in controlling costs



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WHERE DID WE START?

- Goal of Initial Engagement
 1. Develop Trusting and Transparent Relationship
 2. Solve the “Employers” Problem
- Initial Strategies
 1. Evaluate Employer Spend – Big data lake access
 2. Develop Meaningful Fee Schedule – Quick win
 3. Demonstrate Site of Service Savings – Validate with data
- Anticipated Outcome
 1. Value for Employer / Volume for Provider



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WHAT DID SITE-OF-SERVICE DATA DEMONSTRATE?

Treatment	Cost at Provider A (Hospital)	Cost at Provider B (Independent Clinic)
Keytruda	\$38,850	\$9,714
Neulasta	\$19,519	\$4,442
Neupogen	\$2,856	\$480
Chemotherapy Infusion 1 hr	\$491	\$440
Extremity Scan	\$490	\$264

Patient Journey

financial impact
of patient choice



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WHAT HAPPENED NEXT?

- Positive:
 - Dedicated Employer Team – SEMMA
 - Expanded Specialties – Orthopedics, Surgery, Multi-Specialty, Imaging
 - Expanded Access – Facilities close to home
 - Cadence of Communication – Providers, Employers and Community Leaders
 - Intelligent Plan Design “Discussion” – Shared Savings, Co-Pay Alignment, Fee Schedules
- Learning Opportunities
 - Need for an Audit Solution – Ineligible participants, Pre-Cert elimination
 - Need for a collaborative TPA Solution



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WHERE ARE WE NOW?

- Expanding Employer Network – Local Employers and Labor Unions
 - National Employer - data analysis and regional “best value” providers
- Plan Design to Drive Value
 - Shared Savings (Employer-Employee)
 - Co-Pay Segregation by Site of Service
 - Community Based “Thoughtful” Fee Schedules
- Provider Access to Employees
 - Education and Prevention
 - Direct to Consumer Relationship Building



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THANK YOU



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QUESTIONS?