

## Day 1

### Breakout Session #1:

#### Patient Financial Burden of Cancer Care

##### Instructions:

Reflect on the discussions around patient financial burden from the morning presentation and panel discussion. Review the top causes of financial toxicity by table assignment and develop recommendations to address each cause. Price of pharmaceuticals and physician payments are not within the scope of this discussion. Focus on appropriate utilization, broad system wide changes and alignment across key stakeholders etc.

##### 60 minutes:

Develop one short-term and/or one long-term solution to address as many of the influencing causes in your area of focus.

Describe the challenges around implementing your recommendations and/or any best practices currently in the market place that could be replicated.

Deliverable: Solutions to address each influencing cause and a description of challenges and best practices.

**REPORT OUT** - The report out from each table should include:

- Provide a summary of the discussion around the opportunity and challenges with patient financial burden in oncology.
- Review of deliverable from discussion

**Breakout Session #1 Resource: Potential influencing factors for discussion:**

Table 1: Disease/treatment related

- Novel treatments and the promise of a cure
- Cost trends with supportive therapies
- Shift in treatment recommendations (e.g. surgery to chemo)
- Clinical progress and improved survival (acute to chronic care)
- Comorbidities
- End of life care

Table 2: Sociodemographic Risk Factors

- Age - A number of studies have consistently demonstrated an association between younger age at cancer diagnosis and higher risk of various types of financial hardship.
- Employment - Limited ability to work may reduce employment-based health insurance options and income
- Shared decision-making
- Pt engagement/knowledge of very sophisticated/ complicated disease and treatment
- Genetic testing – what will it inform – how can we use it to educate patients
- Quality of life

Table 3: Health Insurance Risk Factors

- Silo of benefits between pharmacy (oral chemo) and medical (infused) medications
- Multi-tiered prescription formularies
- Out of pocket cost due to health care benefit shift to higher premiums, deductibles, and coinsurance and copayments
- Mandated coverage policies

Table 4: Health System Risk Factors

- Site of care - The portion of chemotherapy infusions being performed in generally more expensive hospital outpatient settings increased by at least 30%, from 2004 to 2014 with a corresponding reduction in the generally less expensive physician office settings.
- Consolidation among outpatient oncology providers and hospitals or health systems
- Non-medical treatment related costs
- Inconsistent access to patient assistance programs
- HIT

## Breakout Session #2:

### Current Quality Metrics and Gaps with Oncology Pharmaceuticals

#### Resources:

1. Summary grid of current quality metrics related to pharmaceutical use
2. Summary findings on gaps in quality metrics in oncology

#### Instructions:

Reflect on the discussions around measuring quality in oncology and the opportunities and challenges from the morning presentation and panel discussion. At your table, review current measures for consensus on their importance to stakeholders and further explore gaps in measurement around oncology pharmaceuticals. What is most important for managed care decision makers to improve efficiencies in the system and quality of care? You will have 60 minutes to discuss and identify the opportunities or challenges for managed care as it relates the following:

#### 30 minutes:

Which of the current measures do payers or managed care currently focus on (make a list)?

How is managed care currently using published oncology measures in evaluating quality of care in oncology?

Deliverable: A list of oncology measures currently used by managed care and context for how they are used.

#### 30 Minutes:

What are the current gaps in measures in oncology? What aspects of care are not being measured?

What cross-cutting measures could we propose to better measure the value of pharmaceuticals in cancer care?

Deliverable: List of remaining gaps in oncology, with a specific focus on gaps in measuring pharmaceuticals and potential cross-cutting measures that could be developed.

**REPORT OUT** - The report out from each table should include:

1. Summary of key discussion points and insights from your table discussion
2. Review of deliverables (two lists) from discussion

## Day 2

### Breakout Session #3:

#### Current Value Measurements and Gaps with Oncology Pharmaceuticals

##### Resources:

Summary grid of current value measurements related to oncology pharmaceutical use

##### Instructions:

Reflect on the second panel discussion around special considerations in cancer care measurement and quality improvement. At your table, you will have 60 minutes to review the measures of value that enter into published value frameworks and other studies of choice of therapy in oncology. Seek consensus on the relative importance of these measures. Consider whether there are important measures that are missing. Explore whether a useful tool could be constructed that displayed or otherwise summarized these measures for pharmaceutical oncology regimens.

##### 50 minutes:

##### Value Measurements

1. Which of the current measures of value do managed care entities find most useful? (make a list)
2. Is it more useful to use separate, that is, disaggregated measures (e.g. Overall survival, percent of serious adverse events, duration of therapy, mode of administration) or is it more useful to obtain aggregated measure such as cost per additional quality-adjusted life year (QALY) and/or aggregated measures from several value frameworks (such as ASCO, NCCN, MSKCC, ICER, ESMO)?
3. Are there additional (different) measures that should be developed and provided? (make a list)

##### 10 minutes – Dashboard Concept

4. Would it be useful to have a national oncology measurement dashboard? (yes/no)
  - a. If Yes, what value measures and quality metrics are most important to be displayed?
  - b. If No, why not and how are you communicating and tracking these now?

Deliverables: List of current value measures that managed care finds useful. Description of the desired value measures that are still needed and insight on the usefulness of a dashboard on oncologic pharmaceutical treatments.

**REPORT OUT** - The report out from each table should include:

1. Summary of key discussion points and insights from your table discussion
2. Review of deliverables from discussion