Almost one year into its oncology pathways initiative, Anthem, Inc. continues to expand the program aimed at rewarding oncologists for providing high-quality cancer care.

Through the Anthem Cancer Care Quality Program — which is implemented through Anthem subsidiary AIM Specialty Health — oncologists in Anthem’s network can enroll patients in the program, select a treatment regimen that is on pathway and then file a claim to receive $350 per month for monthly management. They also receive a one-time $350 payment when initiating therapy for planning the treatment and coordinating care. And when providers select on-pathway regimens that need prior authorization, approval is granted at the time they file their treatment plan as well, reducing the administrative burden.

Providers are not penalized for not following pathways — they just don’t receive the extra payment, and they will have to go through the standard process for prior authorizations, explained Jennifer Malin, M.D., Ph.D., medical director for oncology at Anthem, during a recent webinar hosted by AIS on the Anthem Cancer Care Quality Program.

According to Malin, Anthem spends about $5.4 billion on all forms of cancer care for its fully insured members, and the plan estimates the program will save about 3% to 4% of those costs after about four years of implementation.

Deciding on Pathways Takes Many Steps

The program launched last year in July with pathways for breast, colorectal and lung cancer. After adding pathways for more types of cancer, Anthem as of February had pathways “for cancers that contribute to approximately 90% of Anthem’s oncology spend.” The program also is being rolled out in different areas of the country at different times. And a usual cancer regimen runs at least six months, so it was only this year that the first patients would have hit that mark. Because of all the moving parts, it’s been hard early on to get a sense of the program’s impact, but Malin said that “approximately 70% of our members were being registered with the portal prior to starting chemotherapy” for the initial three months of the program, which is in line with what the payer had predicted. Also aligning with predictions is the 50% initial pathway adherence rate.

The pathways development process starts with Anthem oncologists, pharmacists and oncology nurses who review all the available clinical data for all the regimens for a given tumor type. They summarize the evidence and break it down as far as various outcomes, quality-of-life data, side effects and any comparative-effectiveness data from head-to-head trials among the regimens. A group of external advisers — about half are from major cancer centers, with the other half from community oncology practices — review those data to find “regimens for pathways that would be appropriate for 80% to 90% of patients.” Then the pathways — which are publicly available — are selected based on, first, clinical benefit, then side effects, followed by the strength of what national guidelines recommend and then finally cost.

And costs can be quite different depending on the regimen. As an example, Malin pointed to six first-line regimens for non-small cell lung cancer. While they were fairly similar in terms of adverse events, estimated survival and deaths, the treatments differed tremendously in cost — from $452 to $64,988 for four cycles.

Quality Called ‘Inconsistent’

Much of the discussions around the oncology space focus on “new innovative therapies and higher-cost therapies,” pointed out Malin. But one constant issue is “the quality of cancer care is inconsistent....Numerous
studies have shown that up to one in three people treated with chemotherapy do not receive a treatment regimen that is consistent with current medical evidence and best practices.”

Anthem set up its program to build on three key changes recommended by a 2013 Institute of Medicine (IOM) report, said Malin:

◆ Implementing “a national quality reporting program with meaningful quality measures regarding cancer care,”

◆ Focusing “on improving the affordability of cancer care by leveraging existing efforts to reform payment to eliminate waste,” and

◆ Aligning reimbursement “to reward affordable patient-centered high-quality care.”

The IOM report’s emphasis on both patient outcomes and costs of care was one of the first times Malin said she’d seen those two together. “I think up until recently there was often this implicit idea of a tradeoff, that if you focused on cost you were going to have to give up on quality. And I think the challenge the Institute of Medicine has put out here for us is that we can no longer look at it as a tradeoff; we have to figure out ways to do both.” And in order to do that, new payment models are needed.

When oncologists administer drugs in their office, the reimbursement for the drugs can be a substantial source of overall revenue — as much as 69%, according to one study. “So any new reimbursement system that decreases the revenue from drugs to practices needs to have a way to make up that revenue so that the practices stay whole and can continue to provide care to the patients,” explained Malin.

And on the payer side, Anthem 2012 internal data showed that chemotherapy and supportive care drugs were about 25% of total costs for members being actively treated for cancer, “a substantial portion of the cost,” Malin said. And “these costs are rising rather dramatically. And so it is an important area for us to ensure that we have a strategy to be able to ensure that our members are getting the most effective care and the most cost-effective care.”

View information about the program, as well as the pathways themselves, at www.cancercarequalityprogram.com.

To purchase a recording of the Feb. 18 webinar, Anthem’s Cancer Care Quality Program: A Blueprint to Improve Care and Reduce Costs, visit the MarketPlace at www.AISHealth.com or call (800) 521-4323.