



Cancer Care Management The New Frontier

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A satisfied guest is not the result of a series of happy accidents.

Inside the Magic Kingdom

Optimized outcomes in health care are not the result of a series of happy accidents either!

Results from an organized approach, an intelligently designed, comprehensive care management program.

Cancer Facts

- 10 million current cancer patients in the US
- 1.5 million new cancer patients per year by 2010
- Longer survival
- For top 16 cancer types
- 46 phase III drugs in development
 - New indications and new molecules

Genentech Market Research

- Non financial barriers
 - Physicians
 - Patients
 - Caregivers
- To compliment our drug assistance programs

Market Research Sources

- Primary Data Source: 55 Patient, caregiver, physician, nurse and social worker one-on-one telephone interviews conducted in March-April 2006
- Materials from the Patient Marketing Group: “Determining the Potential for Patient Marketing Efforts,” The Brand Engineers & The Brandware Group, Wave 2, March 10, 2006.
- “Policy Challenges and Opportunities in Closing the Racial / Ethnic Divide in Health Care,” Race, Ethnicity and Health Care Issue Brief by The Henry J. Kaiser Family Foundation, March 2005.
- Brooks Group Reports on Non-Financial Barriers to Patient Access, March 2006
- Site Visits in San Francisco and Houston, April 2006
- Expert interviews conducted by Monitor Group, March-April 2006

Colorectal Cancer Patient

- Diagnosed 3 years ago
- Rural area
- Comments:
 - Physicians “go too fast”, “overload patients”
 - No support
 - Depressed
- Recommendation: Call patients to check up on them every once in a while

Lung Cancer Caregiver

- Mother diagnosed in 2005
- Need to have “someone available who could answer questions and provide guidance on where to go”
- Has not found doctors offices to be too helpful

Colorectal Cancer Caregiver

- Father diagnosed in 2003
- Multiple rounds of chemotherapy
- Told by his GI doctor to find a cancer doctor on his own
- Wishes that there was an organization you could call to find out more information and get direction

Metastatic Breast Cancer Caregiver

- Wife diagnosed in 2005
- Have had to learn about services through word of mouth
- Did not know how to select a doctor
- Went on-line
- Wishes to have a 800 number to call to get information about living with cancer, finding a doctor and learning about support services

Breast Cancer Patient

- Diagnosed in 2004
- Main frustration has been “dealing with insurance company”
- Her doctor and she had to jump through many hurdles to get tests done

Breast Cancer Patient

- Diagnosed in 1992, recurred three years ago
- “I was very angry and very upset”
- Make services available to patients who do not live in the major cities

Breast Cancer patient

- Physician gave her “a huge packet of information and pamphlets”
- Too much information
- Desires that information be more streamlined
- Share what survivors do to cope with the emotional impact of side effects
- Provide a one stop shop to help people on how to solve problems and where to get things done

Breast Cancer patient

- Diagnosed in 2000
- Biggest issue: dealing with insurance
- Need an advocacy program
- Offer a service to help patients schedule appointments and give advice on how to handle issues

Oncologist

- 50 % of patients have problems handling side effects
 - Drug companies have phone lines to help
- Nurses have limited knowledge of support services available for patients who need assistance
 - Need a reliable service

Oncology Management

- Health Plan: Minimal focus
- Vendors:
 - Quality Oncology
 - Cardium



Challenges

- Sacred Cow
- Lack of systems
- Retreat from 1-800-NO approach
- Lack of “Guidelines”
- Emotional Issue

Goals of Management

- Reduce suffering
- Support psychosocial needs
- Improve clinical outcome
 - Acute
 - Long term
- Ombudsman
- Concierge

Goals for a Cancer Management Program

- **Improve outcomes and support efforts to maintain quality of life for members with cancer**
 - Enhance Productivity
- **Deliver education and help members with cancer and their families better navigate the complexities of treatment regimens and palliative care**
- **Enhance member communication with health care providers; encourage an active role in their care**
- **Proactively identify and communicate with providers those potentially adverse complications of disease and treatments to reduce hospitalizations**

Components of a Care Management Program

Intellectual Property

Hardware and Software Application

Relational Database

Clinical Staff

Call Center

Technology

Bricks and Mortar

Informatics

Identification

Data Collection

Outcome Analysis

Key Components

- Member identification
- Clinical assessments
- Targeted interventions for physicians and members
- Program evaluation

Member Identification

- Member identification algorithm using ICD-9, NDC, CPT, provider specialty and location codes
- Referral Mechanisms
 - **Provider**
 - **Case management and utilization management**
 - **Self-referral**

Clinical Assessment

The telephonic assessment needs to contain:

- “Scripting” for introducing program to providers and members
- Problem specific interventions
- Member goals and outcomes
- Care plan
- Clinical “HELP” section for the nurse for each oncology topic
- Follow-up calls for ongoing management

Critical Clinical Components

- Chemotherapy:
 - **Side effects and management**
- Central venous access management:
 - **Care and maintenance,**
 - **Preventing local and systemic infections**
- Radiation therapy:
 - **Skin care and radiation site precautions**
- Psychosocial assessment:
 - **Support system, assist the patient in dealing with their diagnosis**
- Self monitoring:
 - **Treatment related symptoms to report to the physician**

Critical Clinical Components continued

- Pain management:
 - **Pain assessment, education and follow-up with the physician**
- Anemia and neutropenia:
 - **Symptoms, testing and treatments**
- Fatigue and energy management:
 - **Assessment and education on managing fatigue**
- Diet: Healthy choices and weight maintenance during cancer treatment
- Depression screening: Identify symptoms of depression and follow-up with the physician
- End of Life Care

Potential Interventions

- Scripted interventions based upon clinical assessments
- “Ask Your Doctor” worksheet
- Report letters to the oncologist
- Self-care handbook
- Symptom diary

Sample of Programmed Assessment

Member: **Robert Jones** ID: **0909090909** Enrollment Date: **090906**
PCP: **John Johnson** Oncologist: **John Smith** Contact: **Sally Jones**

How would you rate your "average" level of fatigue on most days since your treatment began, using a scale of 0-10, with 0 being a good day and 10 being your worst day?

Select level of fatigue:

0
1
2
3
4
5
6
7
8
9
10

Sample of Programmed Assessment

Member: **Robert Jones** ID: **0909090909**

Enrollment Date: **090906**

PCP: **John Johnson**

Oncologist: **John Smith**

Contact: **Sally Jones**

Interventions for Fatigue:

1. Explain that fatigue may result from the cancer itself or the cancer treatments, anemia, depression or infections.
2. Explain that severe or worsening fatigue should be reported to the oncologist in order to identify and potentially treat the underlying cause.
3. Encourage activity pacing, avoiding extremes in temperatures, rest periods and delegating tasks that are too tiring for the member to perform.
4. If the member reports a level of 5 or greater, schedule a follow-up call to evaluate whether the member has made an appointment or discussed his or her symptoms with the physician.

Sample of Programmed Assessment

HELP: FATIGUE

- Cancer-related fatigue is defined as a persistent and subjective feeling of tiredness that occurs during cancer treatment. It is not like general fatigue that one experiences from time to time that resolves with rest. Cancer-related fatigue is more severe and more distressing for the individual; it does not resolve with rest. For some people, the fatigue may be even more distressing to them than pain, nausea, vomiting, or depression. Cancer-related fatigue may last months and even years. While fatigue usually subsides in about 6 months, in some cases it becomes chronic, lasting years after therapy has ceased. Thirty percent to 75% of survivors report fatigue continuing for months or years after completing active treatment. The fatigue can reach the point where it interferes with activities of daily living and other important areas of one's life.

Outcomes

- Outcomes Module with key program and performance measures
 - **Avoided hospital days**
 - **Avoided unscheduled office visits**
 - **Avoided ER visits**
- Member satisfaction survey
- Provider satisfaction survey



Genentech's Solution

Cancer Champion

Program Objectives

Genentech's Targeted Care initiative: "Cancer Champion", provides MCOs with a non-branded set of disease management resources to:

- "Jump start" an oncology care management program that is increasingly becoming a standard of care for HMOs, by significantly reducing its development time
- Improve member satisfaction and the quality standing of the health plan in the community
- Improve outcomes for patients with cancer
- Address employers needs for returning employees with cancer to the highest functional level possible

Advisory Board / Clinical Experts

- **Russell K. Portenoy, M.D.** Chairman, Department of Pain Medicine and Palliative Care, Beth Israel Medical Center
- **Ronald H. Blum, M.D.** Director Cancer Center and Programs Beth Israel Medical Center and St. Luke's Roosevelt Hospital Center, Hospice Medical Director
- **Marilyn Bookbinder, RN, PhD,** Director of Nursing Pain Medicine & Palliative Care, Beth Israel Medical Center
- **Thelma Myers Navarro FNP, OCN** Nurse Manager Cancer Center, Beth Israel Medical Center,
- **Margaret E. Kiss RN MS, OCN**

NCQA Certification and Updates

- Genentech is in the process of obtaining NCQA certification for “program design”
- The clinical content will be updated every year
- Updates will occur more often if significant clinical information or guidelines change



Genentech's Goal

- Assist patients
- Assist health plans
- Be the leader in Oncology