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LOUISIANA DEPARTMENT OF HEALTH

Taking Aim at Cancer in Louisiana Summit: May 11, 2018
Pre-Read Document

Contents

Objective: **To provide an overview of the market environment, target interventions and collaboration structure as context for the May 11th Taking Aim at Cancer in Louisiana Summit**

What is the Impetus for Louisiana's Cancer Strategy?

Situation	Louisiana has the fourth highest cancer mortality rate in the nation, with more than 175 people dying from cancer every week. The State experiences significant disparities across populations, more late stage diagnoses than expected, and variations in treatment and costs beyond what can be explained by the underlying conditions.
Impetus for Change	The recent Medicaid expansion and other commercial and Medicare market factors present an opportunity for a Louisiana-wide initiative to improve cancer outcomes. Louisiana's Health Secretary Rebekah Gee, MD has convened a committed group of State officials, payers, providers, researchers and other stakeholders to find ways to make this possibility a reality.
Approaches to Change	This initiative will support the adoption and spread of best practices that will improve cancer outcomes in the state.

Source: Louisiana Comprehensive Cancer Control Plan 2017-2021

THEORY OF THE MARKET

Louisiana's Cancer Incidence and Mortality

Louisiana cancer incidence and mortality rates exceed U.S. rates by 7% and 13% respectively, with a handful of cancers causing a disproportionate share of the suffering.

Five Leading Cancer-Related Causes of Death in Louisiana

Average Annual Cases & Incidence per 100,000 (Age-Adjusted)

Cancer Type	Louisiana (2011-2015)[1]		U.S. (2010-2014)[2]
	Average Annual # Cases	*Incidence Rate*	*Incidence Rate*
Lung	3,515	68.8	61.2
Breast (female)	3,340	124.1	123.5
Prostate	3,387	137.4	114.8
Colorectal	2,347	46.5	39.8
Pancreas	725	14.4	12.5
All Cancer	**22,506**	**475.9**	**443.6**

Average Annual # Deaths & Mortality per 100,000 (Age-Adjusted)

Cancer Type	Louisiana (2011-2015)[1]		U.S. (2011-2015)[2]
	Average Annual # Deaths	*Mortality Rate*	*Mortality Rate*
Lung	2,701	53.6	43.4
Breast (female)	651	23.7	20.9
Prostate	412	21.6	19.5
Colorectal	874	17.5	14.5
Pancreas	653	13.1	10.9
All Cancer	**9,362**	**187.8**	**163.5**

By reducing Louisiana's cancer mortality rates to the national average, 1,500 fewer Louisianans would die each year from cancer.

Source: Louisiana Comprehensive Cancer Control Plan 2017-2021
[1]Louisiana Tumor Registry.
[2]NIH/CDC State Health Facts

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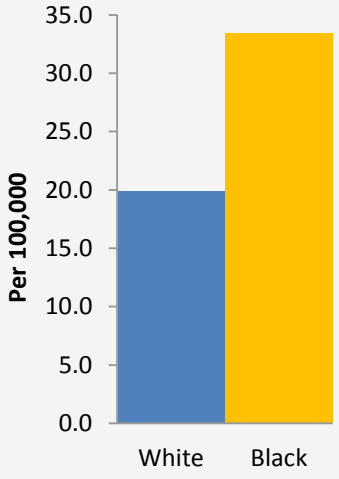
Cancer Disparities

Persistent and large racial disparities exist among the five most common cancers.

Breast

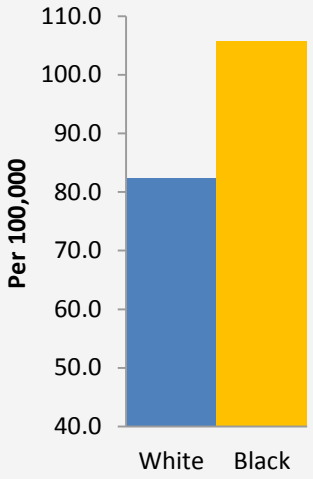
Mortality – Women



Breast cancer mortality rates for black women are 68% higher than for white women.

Lung

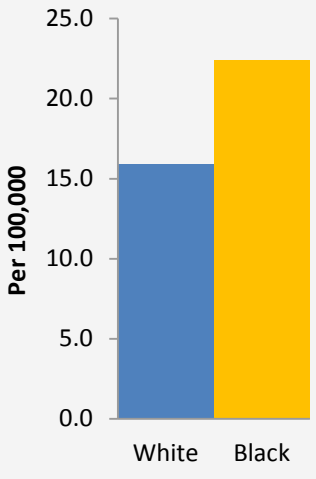
Incidence – Men



Incidence rates for black men are 58% higher than for white men.

Colorectal

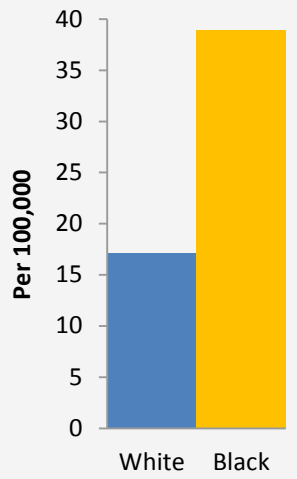
Mortality – Men & Women



Mortality rates are 40% higher for black people than for white people.

Prostate

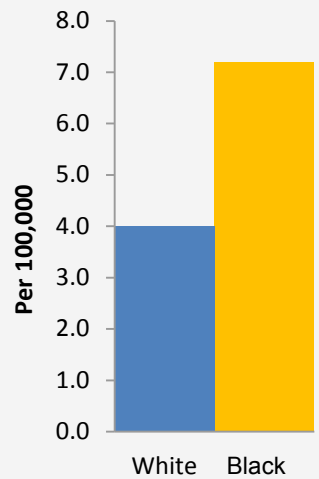
Mortality – Men



Mortality rates are 128% higher for black men than for white men.

Cervical

Late Stage at Diagnosis



Late stage diagnosis rate is 80% higher for black women than white women.

Cancer Care Concentration: Inpatient

Inpatient cancer care in Louisiana is concentrated; eight of the State's health systems provide over 80% of inpatient cancer care.

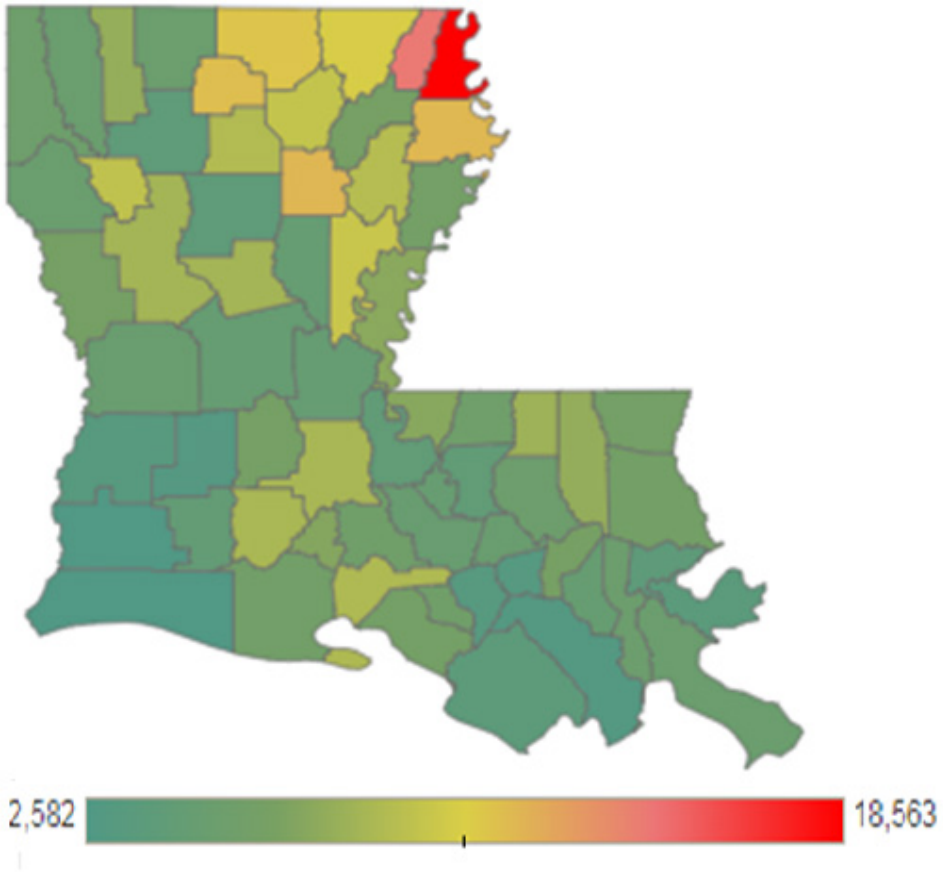
Health System	Facility Parishes	Discharges	% of Total
Ochsner	Orleans, St. Tammany, Jefferson, East Baton Rouge, Terrebonne, St. Charles, Lafourche, Rapides, Caddo, Calcasieu, Natchitoches, Red River, Evangeline, Ouachita	13,255	32%
Franciscan Missionaries of Our Lady Health System	East Baton Rouge, Lafayette, Ouachita, Ascension, Washington	5,505	13%
HCA	Orleans, Rapides, St. Tammany, Lafayette, Jefferson	5,505	12%
LCMC	Orleans, Jefferson	4,905	8%
Willis Knighton Health	Caddo, Bossier	3,470	7%
Lafayette General Health	Lafayette, Acadia, St. Martin, St. Landry	2,731	5%
Baton Rouge General	East Baton Rouge	2,004	4%
St. Tammany	St. Tammany	1,573	3%
	Cancer Discharges	**33,443**	**84%**

Sources: Louisiana Inpatient Hospital Discharge Dataset

Cancer Care Variation

There are significant variations in cost per patient across Louisiana parishes.

Allowed Per Claimant 2013-2017 Member Parish Filtered for Servicing Provider Entity Type - Practitioner



Highest Cost by Parish of Residence	# Claimants	Allowed Amounts	Allowed per Claimant
East Carroll	56	$1,039,521	$18,563
West Carroll	81	$1,166,407	$14,400
Caldwell	96	$1,122,622	$11,694
Madison	94	$1,090,965	$11,606
Lincoln	420	$4,769,164	$11,355
Union	183	$2,023,975	$11,060
Morehouse	192	$2,012,722	$10,483
Catahoula	120	$1,181,594	$9,847
Ouachita	1,067	$10,261,723	$9,617

Lowest Cost by Parish of Residence	# Claimants	Allowed Amounts	Allowed per Claimant
Terrebonne	788	$3,027,748	$ 3,842
Saint Bernard	218	$794,822	$ 3,646
Beauregard	316	$1,039,677	$ 3,290
Assumption	267	$855,280	$ 3,203
Saint James	203	$629,898	$ 3,103
Allen	205	$620,572	$ 3,027
Lafourche	1,050	$3,133,745	$ 2,985
Calcasieu	1,934	$5,168,357	$ 2,672
Cameron	94	$242,700	$ 2,582

Sources: Commercial claims analysis

Louisiana Payers

Ten payers provide coverage for the vast majority of residents with cancer in the State.

Inpatient Discharges for Cancer Care by Payer in 2016

	Payer Type			
Payer	All Discharges	Commercial	Medicaid	Medicare
MEDICARE FFS	13,242	0	0	13,242
BLUE CROSS BLUE SHIELD	4,699	4,683	0	16
HUMANA	4,693	2,876	0	1,817
MEDICAID FFS	2,854	0	2,772	82
UNITED	1,869	1350	448	71
PEOPLES	1,725	839	0	886
AETNA	644	417	177	50
LOUISIANA HEALTHCARE CONNECTIONS (CENTENE)	557	1	556	0
CIGNA	376	376	0	0
AMERIGROUP	290	0	290	0
Total Cancer Discharges in Louisiana*	**41,399**	**12,451**	**4,653**	**16,554**
% of Total	**75%**	**85%**	**91%**	**98%**

Sources: Louisiana Inpatient Hospital Discharge Dataset, includes discharges within the State in 2016.
*7,741 cancer discharges (18% of total), were "self-pay" or uninsured

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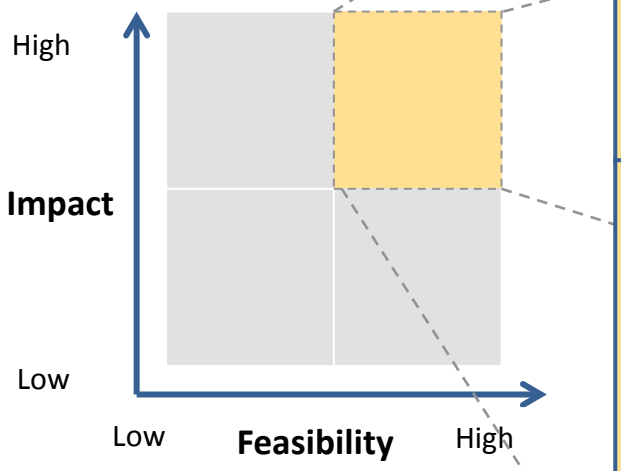
The Big Picture

Theory of Market	Implications
A handful of cancers cause a disproportionate share of mortality in Louisiana.	Initiatives should focus on select cancers.
Persistent and large racial disparities in terms of incidence, mortality and stage at diagnosis exist across all major cancers.	Any statewide strategy must address disparities.
Limited access to care put Louisianans at increased risk of later stage diagnoses.	Interventions must improve residents' access to prevention, screening and treatment services.
Medicaid expansion has yielded improved access to screenings and treatment.	Further use of payment and regulatory levers can support better cancer outcomes.
The majority of inpatient cancer care in Louisiana is delivered in eight health systems.	With broad health system participation in a "big tent" initiative, we can reach a high percent of residents.
Significant variation in cost per case exists across parishes.	Establishing standards of care could help reduce outliers and cost, and improve outcomes.
Ten payers cover the vast majority of Louisiana residents with cancer.	Coordination across Louisiana's biggest payers can align incentives to drive meaningful improvement in cancer care.

INTERVENTION RECOMMENDATIONS

Intervention Recommendations

We recommend focusing initially on a small number of interventions that are achievable and can demonstrate improvements and value for Louisiana residents, payers and providers.

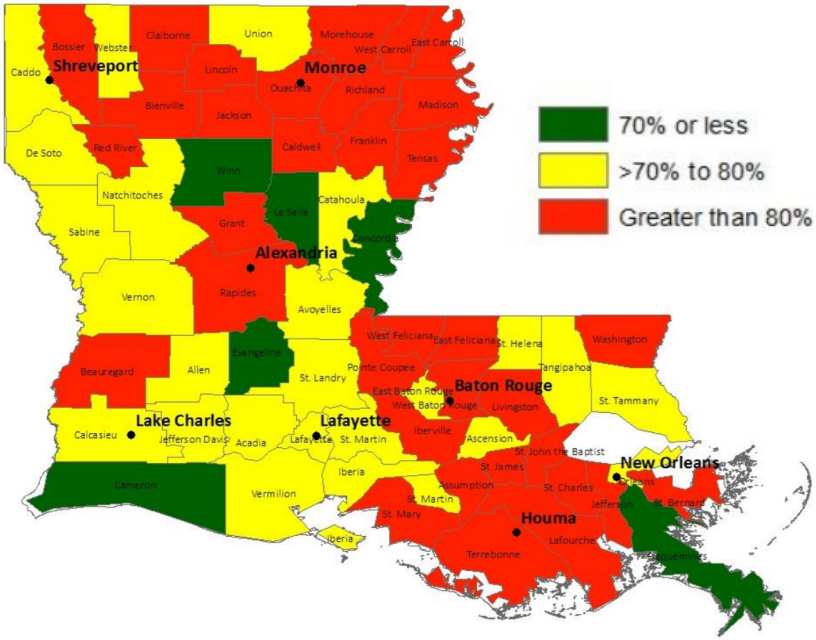


	Recommended Interventions	Criteria
Initial Priorities	• Colorectal cancer screening • Breast cancer treatment	• Robust evidence of efficacy and models that work • Strong local program foundation and support • Significant opportunity for improvement • Measurable outcomes • Cost/benefit
Later Waves	• Multi-cancer: screening • Multi-cancers: survivorship • Multi-cancers: end of life care • Cervical cancer prevention, early detection and treatment • Lung cancer early detection and treatment • Expand tumor board access	

Low colorectal cancer screening rates result in more late stage diagnoses, higher mortality and higher cost.

Colorectal Cancer Screening[2]

Respondents fifty years of age and older who have not had a blood stool test within the past two years



	Advanced Stage Cancer Diagnoses in Louisiana (2011-2016)[1]		Advanced Stage Cancer Diagnoses in U.S.(SEER 2009-2013)	
	Whites	Blacks	Whites	Blacks
Males	55.1%	55.7%	52.9%	53.5%
Females	55.3%	55.7%	52.8%	52.5%

	Spending & Survival Rates			
	Stage I	Stage II	Stage III	Stage IV
First Year Spending Per Patient[4]	$49,189	$66,613	$83,980	$108,599
5-Year Survival Rate[3]	92%	IIA: 87% IIB: 63%	IIIA: 89% IIIB: 69% IIIC: 53%	11%

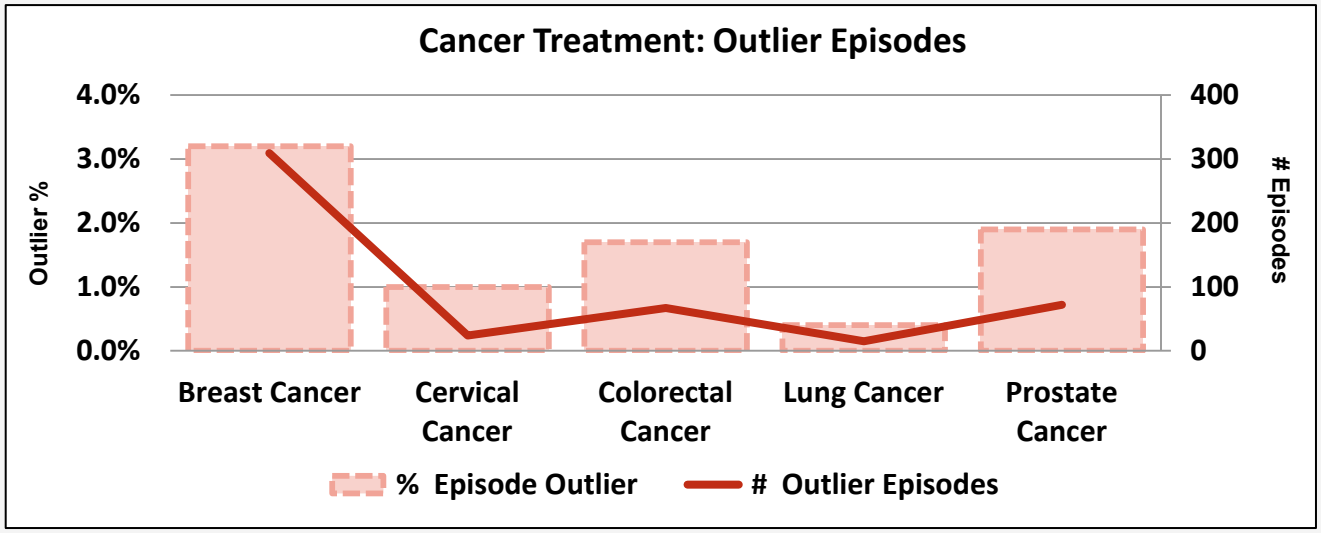
[1] Louisiana Tumor Registry, Louisiana Cancer Prevention & Control Program;
[2] Louisiana Comprehensive Cancer Control Plan 2017-2021,
[3] 2004-2010, American Cancer Society: https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/survival-rates.html
[4] Medicare spending, in: Styperek, A.; Kimball, A.B. Malignant Melanoma: The Implications of Cost for Stakeholder Innovation. Am. J. Pharm. Benef. 2012, 4, 66–76.

Intervention Concept

This intervention would focus on reducing mortality associated with colorectal cancer via improved screening.

Clinical Initiatives	• Expand mobile medical clinics' geographic coverage, using FIT kits and colonoscopies • Establish screening programs that are culturally competent in coordination with community and faith-based organizations to meet the needs of diverse communities across the state • Conduct educational campaigns targeting at-risk population including French-Acadian community that encourage at-risk individuals to get screened • Develop navigator programs to connect individuals with screening programs and appropriate follow-up care as needed; potentially as a centralized resource to work with health systems and primary care providers in target regions to identify and recruit target patients and follow-up with patients on outstanding screening samples and results • Develop screening and follow-up treatment guidelines and protocols • Evaluate the provider network to identify areas where access to GI is lacking
Incentives and Support	• Establish incentives for providers and patients to participate in screening (e.g., wellness incentives, zero out of pocket for screening) • Fund public education and outreach targeted to at-risk populations to promote screening • Collaborate with community and faith-based organizations
Measurement & Reporting	• Set screening rate targets • Measure and report screening rates at provider, health plan, parish and statewide levels

Preliminary analysis of Louisiana Medicaid claims shows a 2-3x higher outlier rate for breast cancer treatment costs as compared to that of other cancers, and higher variability in treatment patterns of breast cancer.



Stage at Dx	Per Patient Allowed Costs By Stage for Commercially Insured Breast Cancer Patients		
	0–6 Months Post-Diagnosis	0–12 Months Post-Diagnosis	0–24 Months Post-Diagnosis
0	$48,477	$60,637	$71,909
I/II	$61,621	$82,121	$97,066
III	$84,481	$129,387	$159,442
IV	$89,463	$134,682	$182,655

Intervention Concept

This intervention would focus on improving outcomes and reducing treatment variation.

Clinical Initiatives	• Develop community standard of care for breast cancer treatment • Engage providers and payers in guideline and pathway development and updates, and review provider compliance with care standards • Utilize mobile mammography vans and telehealth to support treatment in coordination with rural PCPs (e.g., Project ECHO) • Explore facilitation of clinical trial access (inducements and barriers) – may include cross-institutional contracts, streamlined IRB process and engagement of pharmaceutical companies • Increase community-based clinical trial accruals
Incentives and Support	• Define care bundle based on episodes of care (including surgery, radiation oncology and medical oncology) and/or establish incentives for adopting and using guidelines and protocols* • Explore criteria for establishing Centers of Excellence or Networks of Excellence based on process and outcomes measures
Measurement & Reporting	• Leverage tumor registry, claims data and other sources to measure access to care by payer and outcomes (unplanned care, patient reported outcomes, relapse) • Report process (guideline adoption, bundle adoption) and outcome measures at the provider, health plan and statewide level

*Payers would negotiate and establish bundle and/or incentive reimbursement directly with providers, not through the collaborative

COLLABORATION FRAMEWORK AND ROADMAP

Value of Collaboration

We have an opportunity to work together to improve cancer outcomes in Louisiana.

Stakeholders	Value of Collaboration
Patients	✓ Better outcomes ✓ Improved access to prevention, screening and standard of care treatment for patients with cancer
Providers & Health Systems	✓ Healthier patients ✓ Opportunity to define new approaches to care ✓ Transparency into how clinical practices compare to standards of care ✓ Standardized approach to cost/quality incentives ✓ Financial and logistic support for screenings
Payers	✓ Healthier members ✓ More efficient healthcare spending due to increased screening & earlier treatment ✓ Improved member experience and satisfaction
State of Louisiana	✓ Healthier population and workforce ✓ More efficient use of general funds and healthcare spending due to increased screening & earlier treatment

Cancer Collaborative Care – Proposed Structure

NCORP

NCI Clinical Trials

Unified NCORP for LA

Cancer Care Collaborative Executive Committee

Fiduciary responsibility for statewide care collaborative

- Define collaborative priorities
- Define approaches to program sustainability and secure funding sources
- Communicate progress & outcomes to stakeholders
- Oversee staffing/ops

Committee would be composed of up to 13 participants:

- Payers (4)
- Providers (4)
- Business leaders, philanthropists and consumers (4)
- State (1)

Staff

Support and manage collaborative

Program Director, committee support

Clinical Committee

Establish standards of care

- Define protocols and pathways for prevention, screening, survivorship, and end of life care
- Establish guidelines related to provider participation in cancer treatment
- Evaluate emerging technology, procedures, and processes
- Identify alternative models of care and innovative interventions
- Recommend clinical program requirements
- Identify and support delivery of training and best practices
- Support linkages with clinical research and trials

Policy Committee

Develop recommendations to improve access, quality and reduce cost

- Identify gaps in care and recommendations to improve access
- Define and recommend payment structures that will enhance service provision and meet patient needs
- Assess alternative payment methodologies to promote care quality (Cost)
- Assess opportunities to reduce administrative burden on providers
- Define and recommend appropriate indicators and metrics for quality measurement
- Advocate for public policy, including developing recommendations to enhance prevention and transform cancer care system
- Identify conditions for which creating a Center of Excellence is in patients' best interest

Data & Reporting Committee

Collect, analyze and report data to identify opportunities, support recommendations and demonstrate progress

- Leverage data to conduct a root cause analysis
- Assess cost implications of the problems e.g. Quality outcomes, capacity, access, population, geography
- Provide updates and report progress

Sectors' Contributions to Collaborative

The committees should be comprised of representatives from key sectors to ensure the collaborative has the breadth and depth of expertise to fulfill its charters.

Sector	Expected Role in Collaborative
State Government Agency	• Contribute patient- and population-level data to inform decision-making • Contribute to collaborative's sustainability
Provider	• Contribute patient- and population-level data and findings to inform root cause and impact analyses • Provide feedback, evaluate and recommend potential clinical priorities and practices • Contribute to collaboration's sustainability
Payer	• Contribute patient- and population-level data to inform root case and impact analyses • Evaluate and recommend clinical priority areas and potential payment arrangements • Contribute to collaboration's sustainability
Education/Research Institution	• Contribute patient- and population-level data and findings to inform root cause and impact analyses • Evaluate and recommend potential clinical priorities, practices and performance metrics • Identify opportunities for research and clinical trials recruitment
State Association	• Represent diversity of Louisiana providers' perspectives related to the collaborative' s interests (e.g., administrative burden) • Contribute relevant data
Patient Advocate/ Community-based Organization	• Keep patient outcomes and experience central to the mission of the collaboration
Others (e.g., policy experts, business)	• Contribute unique subject matter expertise

Proposed Roadmap

The committees will launch initial interventions in the first year, refine/enhance approaches in the second, and demonstrate value and results to support longer term planning in the third.

	Year 0	Year 1	Year 2	Year 3
Executive Committee	• Define operating model • Constitute committees and charters • Identify and retain Director • Define initial targets & set annual goals	• Select year two interventions • Fundraising	• Select year three interventions • Fundraising	• Direct development of next three-year strategic plan • Select new fundraising target
Clinical Committee	Assess and define initial priorities including target conditions and associated interventions	• Define and implement guidelines and interventions • Define and implement program elements • Recruit sites/physician champions as needed	• Refine interventions and guidelines • Recommend year 2+ priority areas and interventions	• Contribute to evaluation of clinical intervention impact • Recommend guidelines and interventions to support strategy
Policy Committee	• Conduct economic impact analysis • Assess cost of care variation	• Convene stakeholders to define and prioritize intervention recommendations • Define short-term policy and programmatic changes that are needed to promote better access, reduced cost, and higher quality	Implement short-term policy and programmatic changes	Contribute to evaluation of impact of short-term policy and programmatic changes
Data & Reporting Committee	• Assess mortality rate and incidence • Identify variation in care, treatment patterns, cost and utilization outliers • Define service provision • Define disparity parameters	• Assess variations, high cost clinical areas • Define measures (clinical, financial, access, experience) • Establish baseline measure and reporting • Begin any new data collection for baseline	• Continue to refine registry, claims, and other data collection elements • Measure & publish results (i.e. baseline Y1 outcomes)	Lead evaluation of interventions and generate reports
Staff	• Director recruited and on-boarded	• Facilitate committees, selection and implementation of interventions • Facilitate fundraising	• Facilitate committees, selection and implementation of interventions • Facilitate fundraising	• Facilitate committees, development of three-year strategic plan • Facilitate fundraising