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*Value-Based Oncology Care as a Method to Improve Patient
Care & Decrease Drug Costs*

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| Disclosures

- The presenters have no real or perceived conflicts of interest related to this presentation

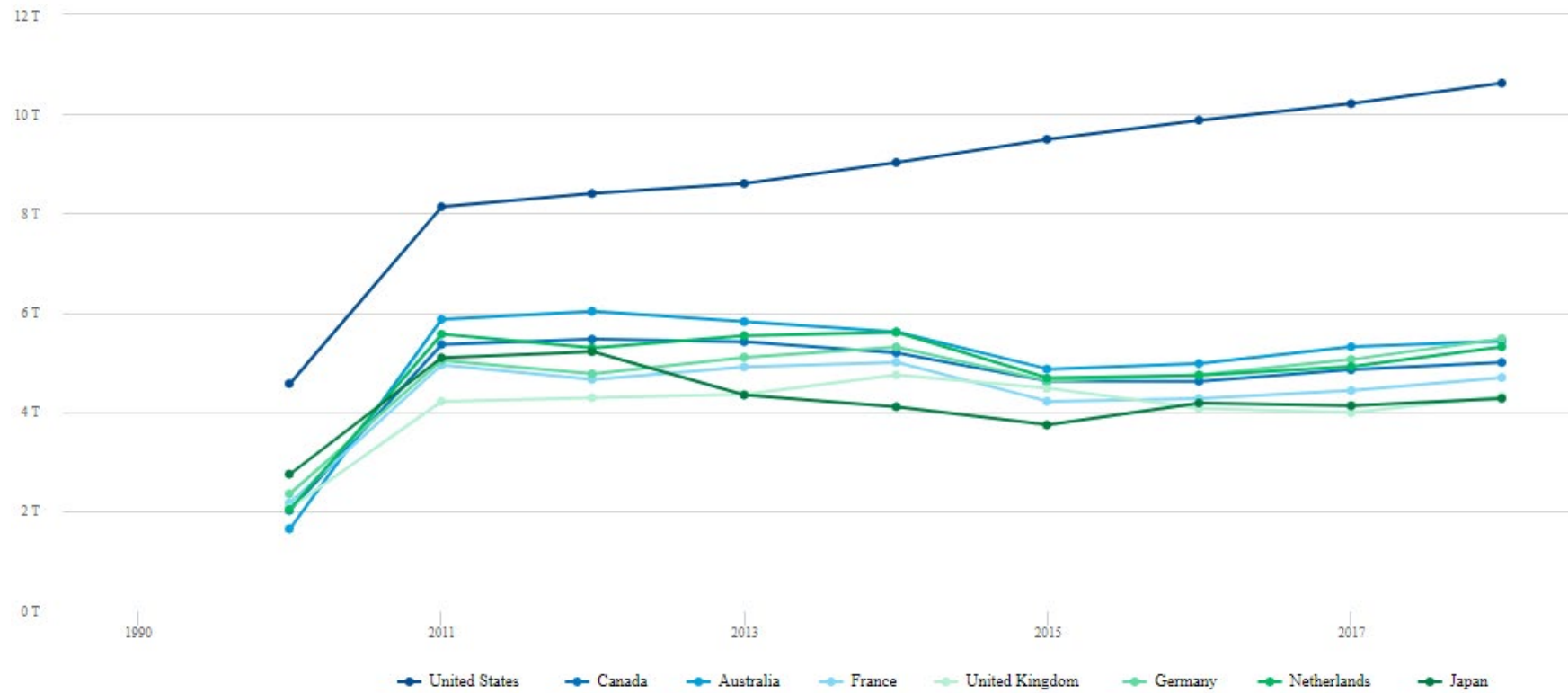
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| Learning Objectives

At the end of this session, participants should be able to:

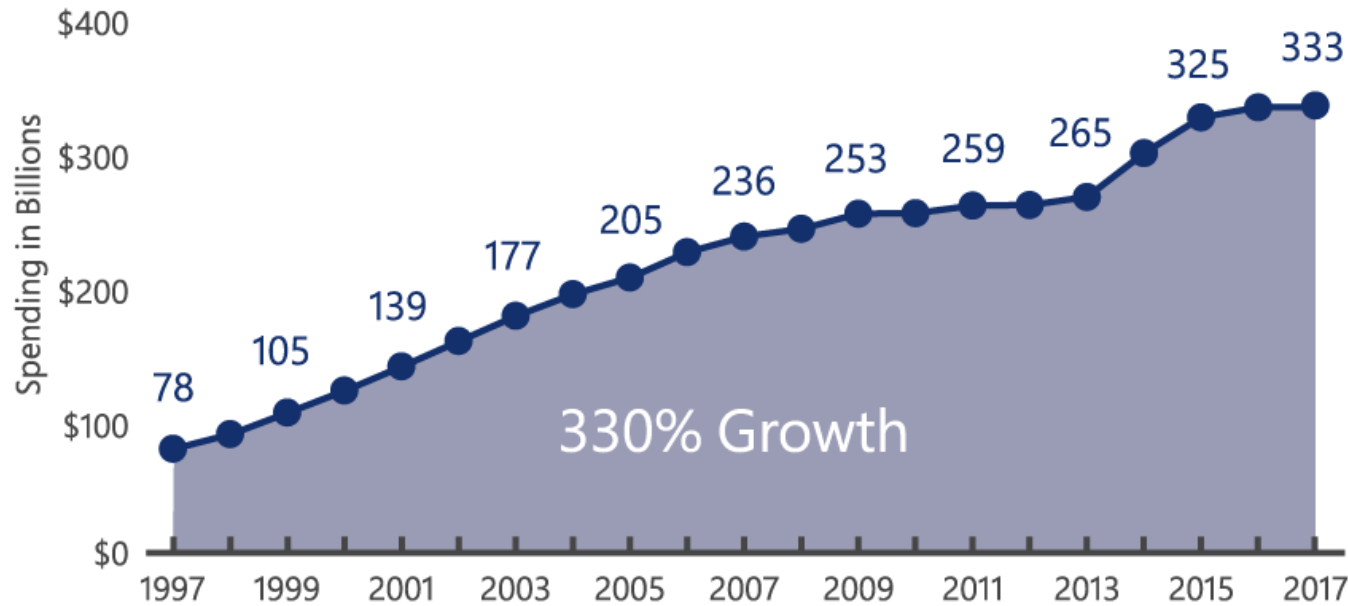
1. Define value-based care and its potential impact on oncology care lines
2. Identify key initiatives to improve oncology care and decrease drug costs
3. Describe processes to analyze data and engage stakeholders in value-based care analyses

Current Health Expenditure per Capita (U.S.\$)



Over the Last 20 Years, Drug Spending Increased by 330% Compared with a 208% Increase in Total Health Expenditures

Prescription drug spending, 1997-2017



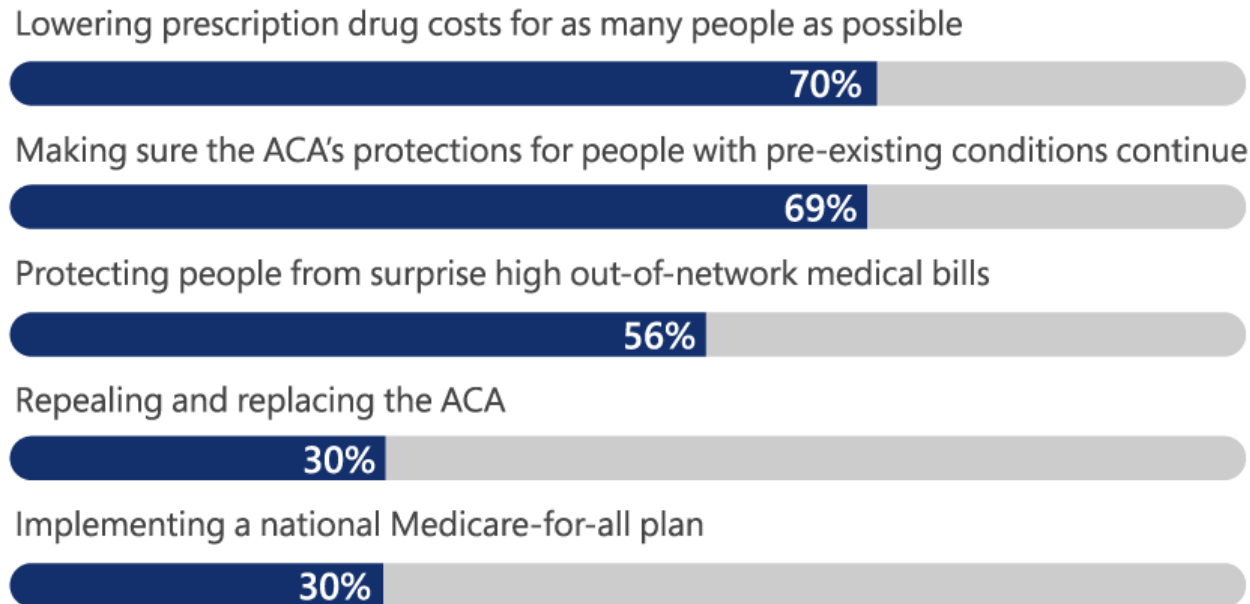
Total health spending, 1997-2017



cdn.jamanetwork.com/ama/content_public/journal/jama/938228/jig190004fa.png

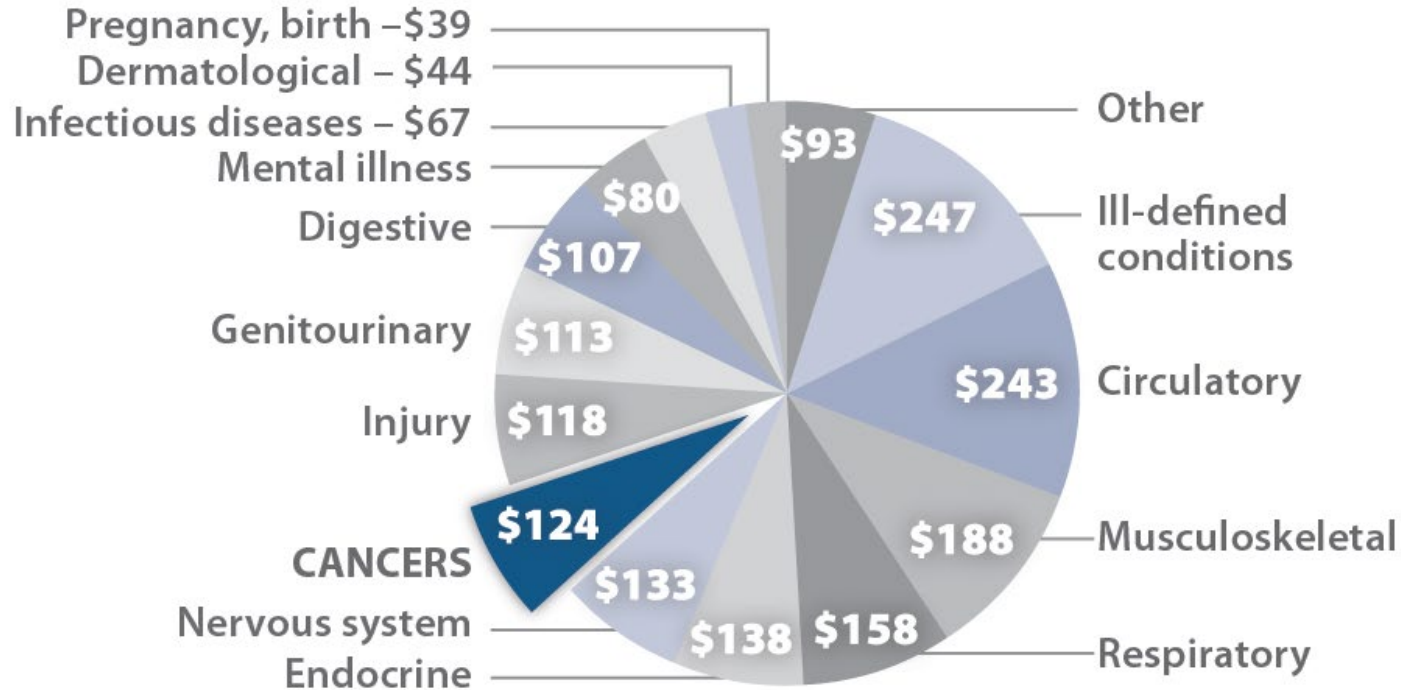
Lowering Drug Costs is One of the Public's Top Health Policy Priorities for Congress

Percent as of September 2019 who say each of the following should be a top priority for Congress to do next year when it comes to health care



Cancer Spending Accounts for About 7% of the Disease-Based Health Expenditures

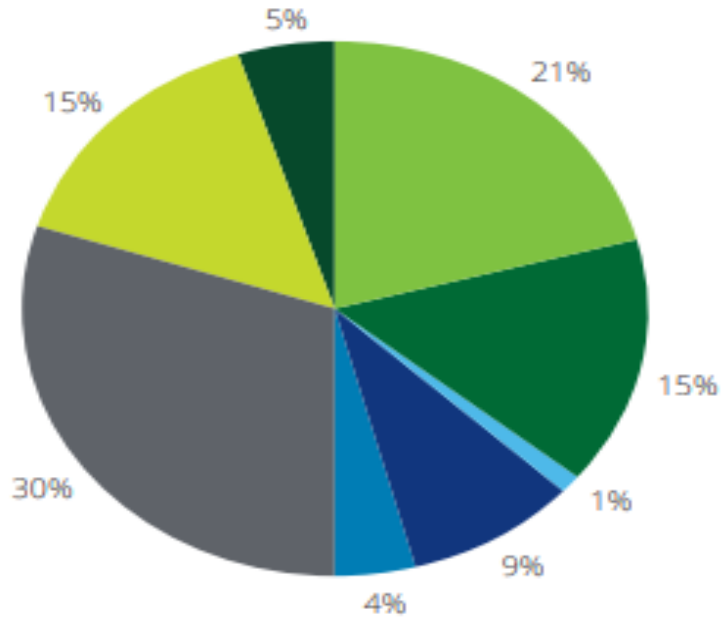
TOTAL EXPENDITURES IN BILLIONS BY DISEASE CATEGORY, 2012



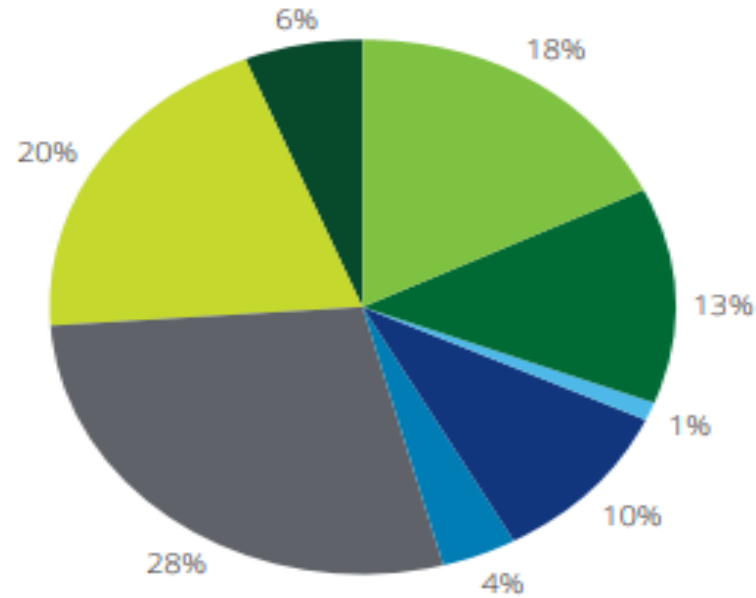
NOTE: "Cancer spending" refers to the cost of treating cancer (ie, medical services and drugs). It does not include research and prevention.

Contribution of Services to Overall Spending for Cancer Care

Commercial—2004
(Average per-patient, per-year: \$55,789)



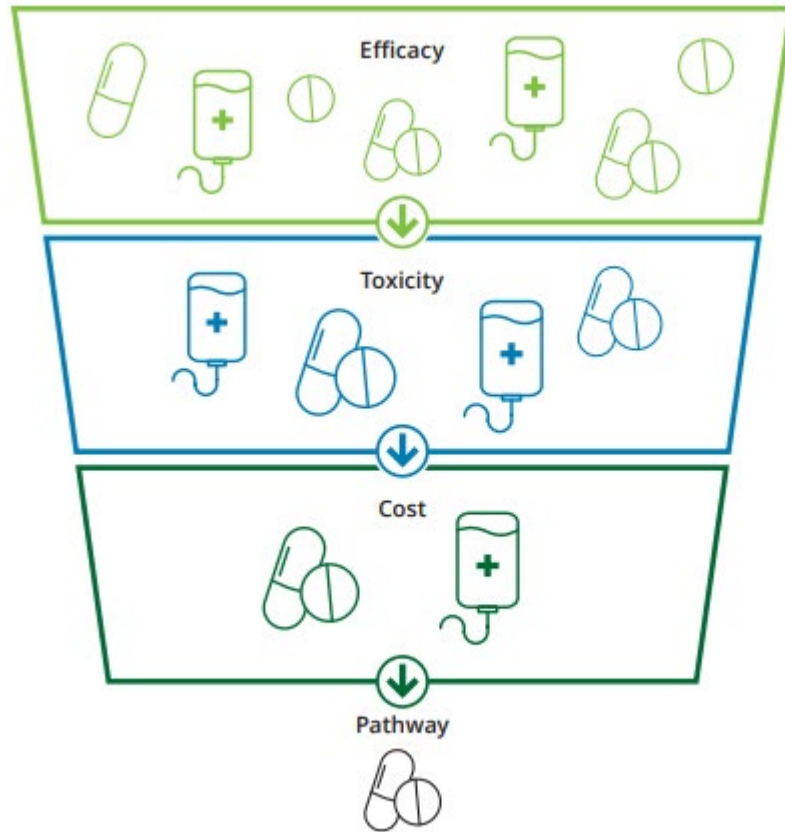
Commercial—2014
(Average per-patient, per-year: \$90,656)



- Hospital inpatient admissions
- Cancer surgeries
- ER
- Radiology (other)
- Radiation oncology
- Other outpatient services
- Chemotherapy*
- Other services

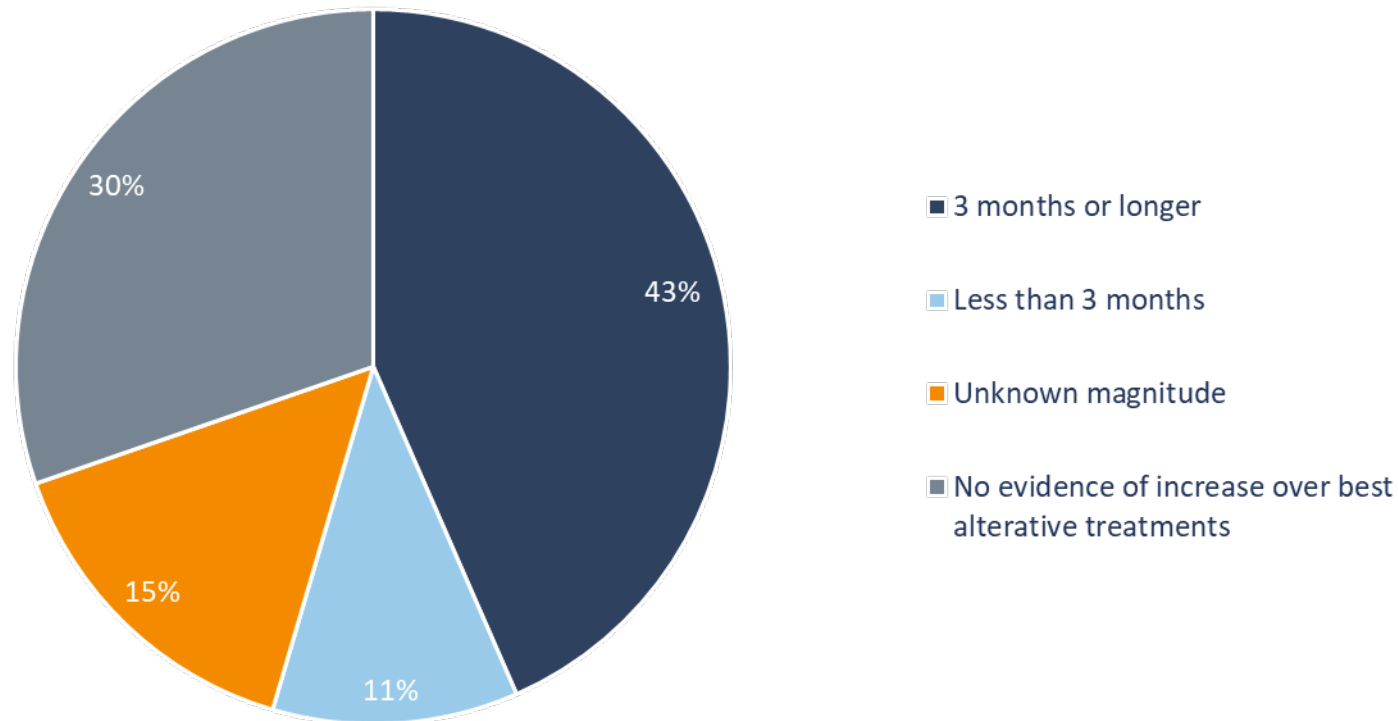
*Includes cytotoxic chemotherapy, other chemo and cancer drugs, and biologic chemotherapy.

Clinical Pathway Considerations



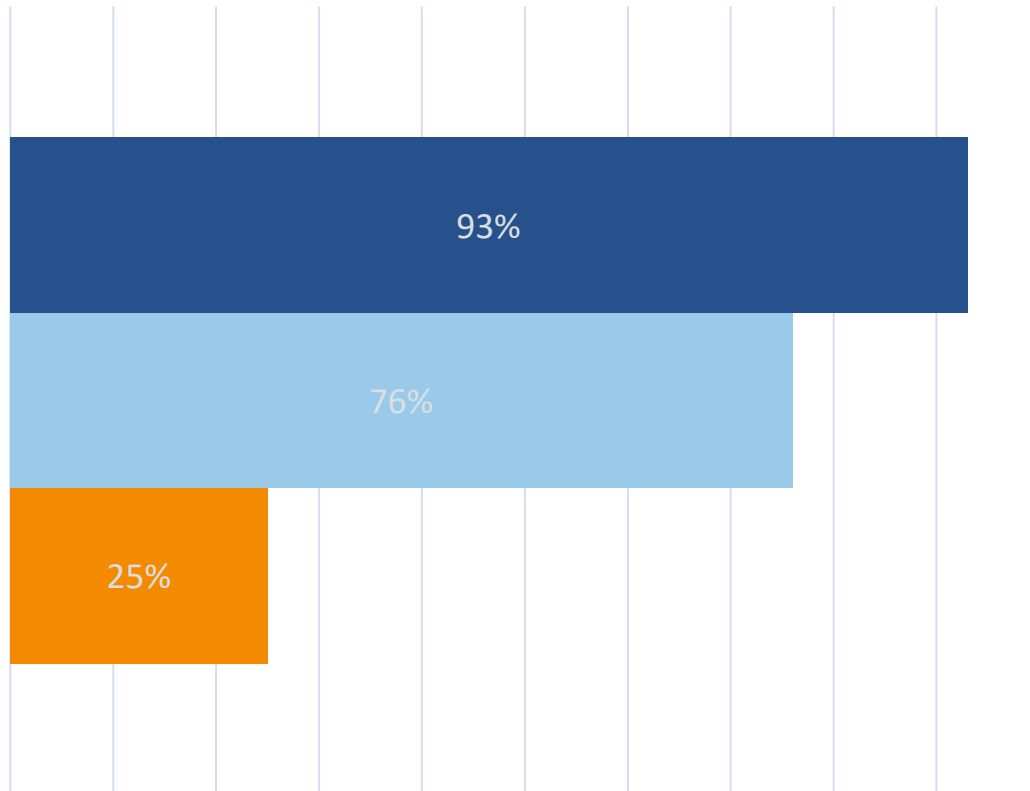
Survival Benefit of New Cancer Drugs

Drugs approved by the FDA & EMA (European Medicines Agency) 2003-2013



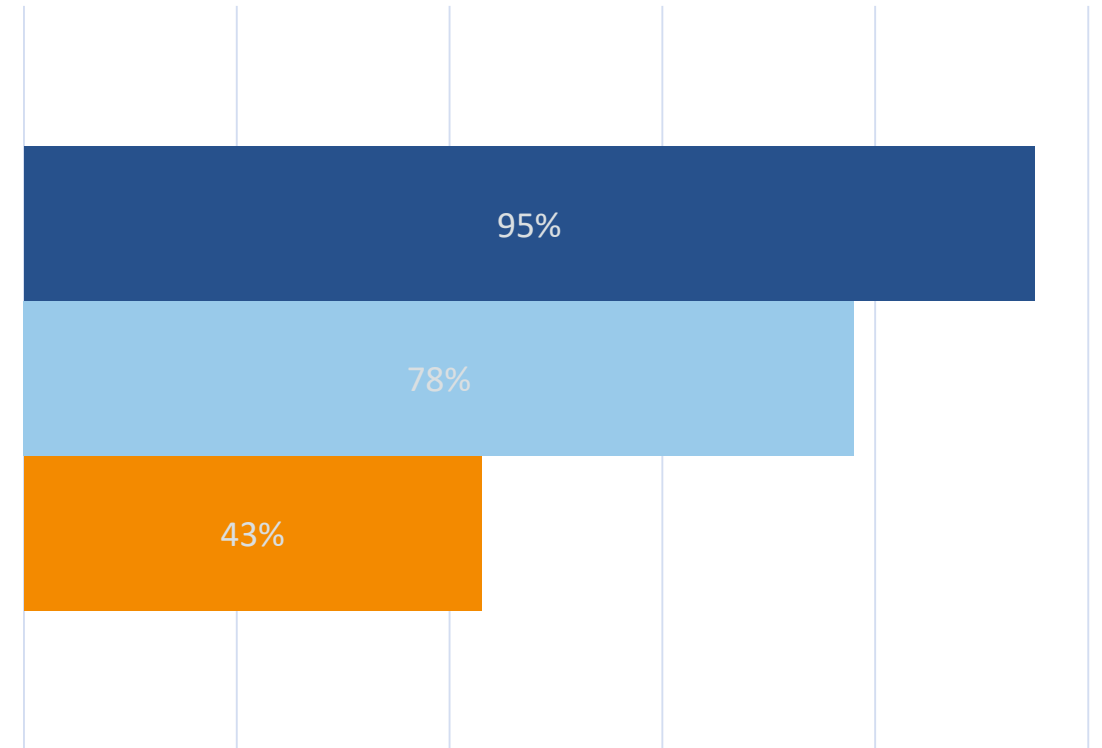
Overall Survival & Progression Free Survival for Targeted Cancer Drugs Approved by the FDA through December 2019

Overall Survival



■ Less than 36 months ■ Less than 24 months
■ Less than 12 months

Progression-Free Survival



■ Less than 24 months ■ Less than 12 months
■ Less than 6 months

| Why is Value an Important Issue in Oncology?

- Current Model — Any improvement, even if marginal, is acceptable
 - Not all improvements are clinically meaningful
 - Cost is often not studied
 - Creates access barriers and burden for patients
- Is the higher cost of care producing superior outcomes?
 - If an expensive treatment clearly produces a better result, that would be one thing. But in the opinion of payers and many oncologists, that often isn't the case.
 - New Cancer Drugs:
 - Often result in only modest gains
 - Me-too agents
 - Adhering to evidence-based medicine and choosing equally effective but less expensive treatments will lower cancer costs and preserve or even enhance outcomes.

| What is Value Based Care?

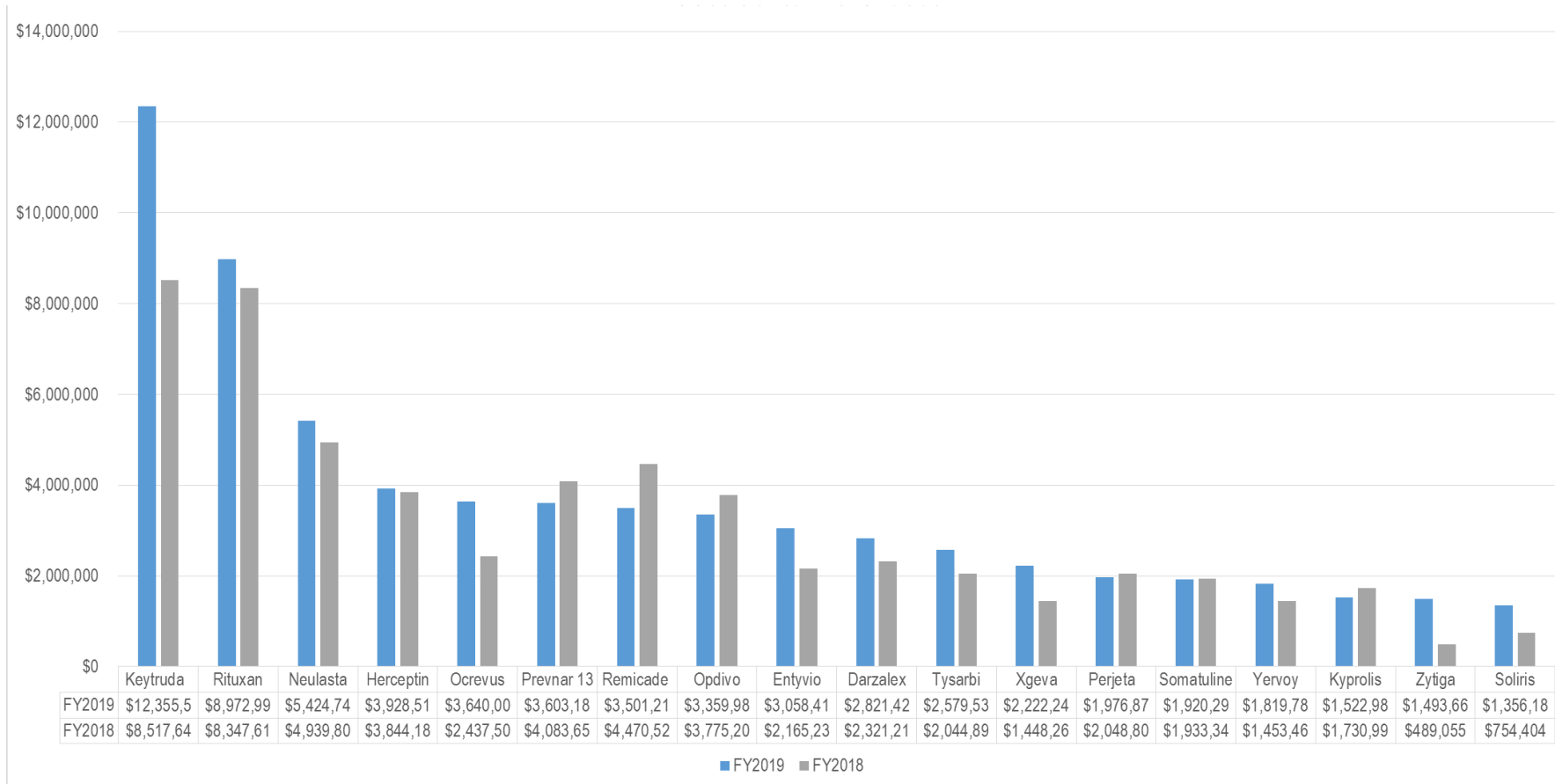
$$\text{Value} = \frac{\text{Outcomes}}{\text{Cost}}$$



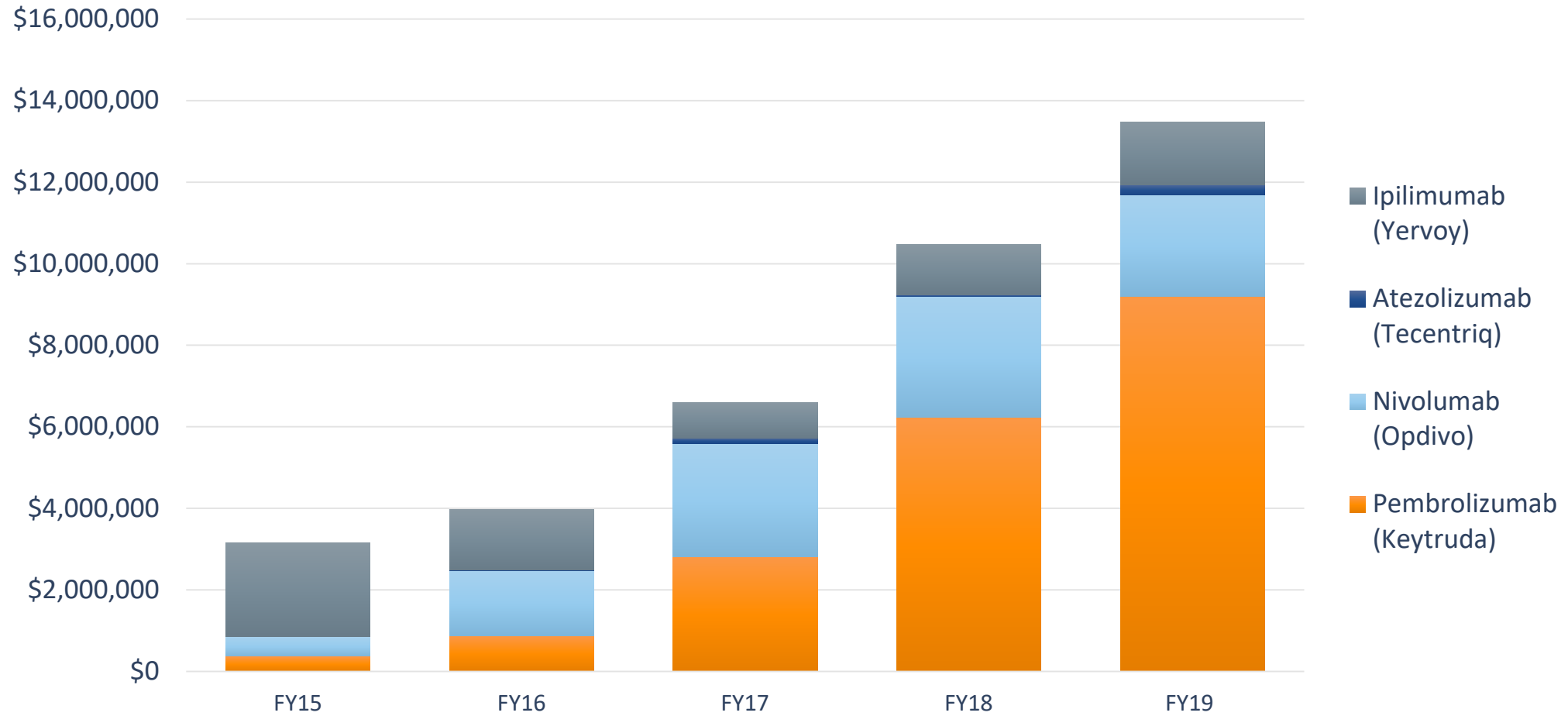
| Scripps Health Experience

- In December 2019, Scripps MD Anderson (SMDACC) created a Value-Based Oncology Committee
- Scripps MD Anderson is committed to being a national leader in value-based oncology
 - Value = outcomes (Cancer metrics, toxicity, patient reported) divided by cost
 - Goal: Provide actionable recommendations to minimize heterogeneity of practice patterns and decrease costs
 - Secondary Goal: Create long-term value-based culture that enables constant improvement initiatives.
- Value-Based Oncology Committee includes membership from organizational leadership, oncology physician leaders, community partners, and pharmacy leadership.
 - Goal is to leverage data analysis, financial tools, and expert opinions to standardize care and increase value while still providing optimal patient care with maximal impact.

Scripps Health Ambulatory Top Spend – FY18 vs. FY19



Scripps Clinic Spend on Checkpoint Inhibitor Chemotherapy



| Opportunities of Focus

The Value Based Oncology Committee met and Reviewed Potential Areas of Impact

- Increase Biosimilar Utilization
 - Filgrastim
 - Pegfilgrastim
 - Bevacizumab
 - Trastuzumab
 - Rituximab

- Evaluation of Zoledronic Acid use vs. Denosumab

Audience Poll Question: #1 of 3

Does your organization have a dedicated committee, outside of P&T to assess the value of oncologics?

- a. Yes
- b. No

| Assessment Question 1 of 3

- Value based care evaluates:
 - a. Outcomes and Cost
 - b. Price and reimbursement
 - c. Adverse events and death
 - d. Brand vs. Generic



| Assessment Question 1 of 3

- Value based care evaluates:
 - a. Outcomes and Cost**
 - b. Price and reimbursement
 - c. Adverse events and death
 - d. Brand vs. Generic



Assessment Question 2 of 3

What is a key initiative to improve oncology care?

- a. Create a standard of care for what agents are preferred for oncology types
- b. Develop standards on which agents should be used inpatient vs. outpatient
- c. Focus on checkpoint inhibitors and maximization reimbursement using value-based models
- d. All of the above



Assessment Question 2 of 3

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| Assessment question 3 of 3

True or False: A current value based care analysis evaluates cost only?

- a. True
- b. False



| Assessment question 3 of 3

True or False: A current value based care analysis evaluates cost only?

- a. True
- b. False**





Initiatives Undertaken by Value Based Oncology

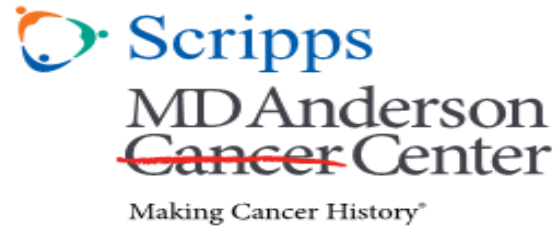
Rina Patrawala, PharmD, BCOP

Zoledronic Acid to Denosumab Conversion

| Denosumab (Xgeva[®]) to Zoledronic Acid

- Goal to increase comparative utilization of zoledronic acid vs. denosumab for appropriate patients
- Strategies:
 - Develop criteria for appropriate use of denosumab
 - Work with oncology leaders to communicate with oncologists
 - Inform patients of change
 - Perform conversions
 - Track conversion
 - Future: electronic strategy to enforce criteria of use

Denosumab (Xgeva®) to Zoledronic Acid



At Scripps, our mission is to always keep you informed. That is why we are writing you to tell you that our Scripps Health Plan is changing its preferred medications.

Dear Scripps Patient,

You are taking a medication known as denosumab (Xgeva®). It is a bone resorption inhibitor used to reduce the risk of skeletal complications that can occur from bone weakness from cancer or metastases.

Our physician leaders and healthcare team have reviewed the available bone resorption inhibitors. Our preferred agent will now be zoledronic acid. Patients currently on denosumab (Xgeva®) who have no contraindications will be switched to zoledronic acid. Your physician is aware of this change. Please note that there is no known difference in your cancer outcome associated with one agent over the other.

What should I expect?

During the next month, your medication will be updated. Zoledronic acid is a short 20-minute infusion rather than an injection and is given every 3 months instead of every month as denosumab usually is administered. We are identifying extra ways to keep you safe and healthy during this pandemic - you may have fewer visits to the clinic for these treatments. Additionally, there may be a reduction in your copay, particularly since you will likely have fewer treatments.

Please ask your physician's office if you have any additional clinical questions. For billing questions call the Customer Service Department at (877).....

| Denosumab (Xgeva[®]) to Zoledronic Acid



35% Reduction in Denosumab utilization in target patient
Cost savings attained by product switch (6 months): \$396,478

Biosimilar Conversions

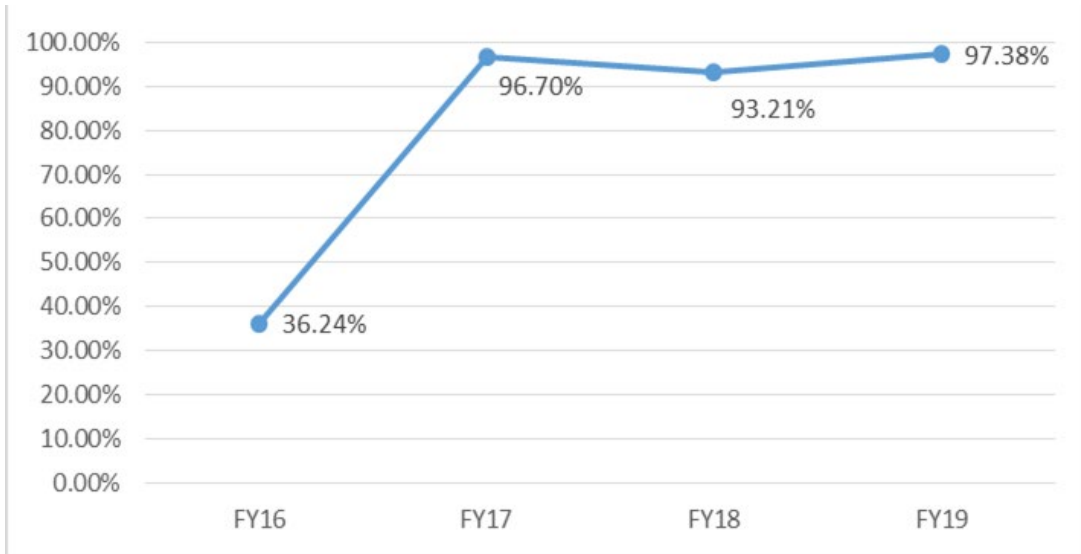
Filgrastim — Successful Conversion

June, 2016
Automatic Interchange of filgrastim biosimilar approved

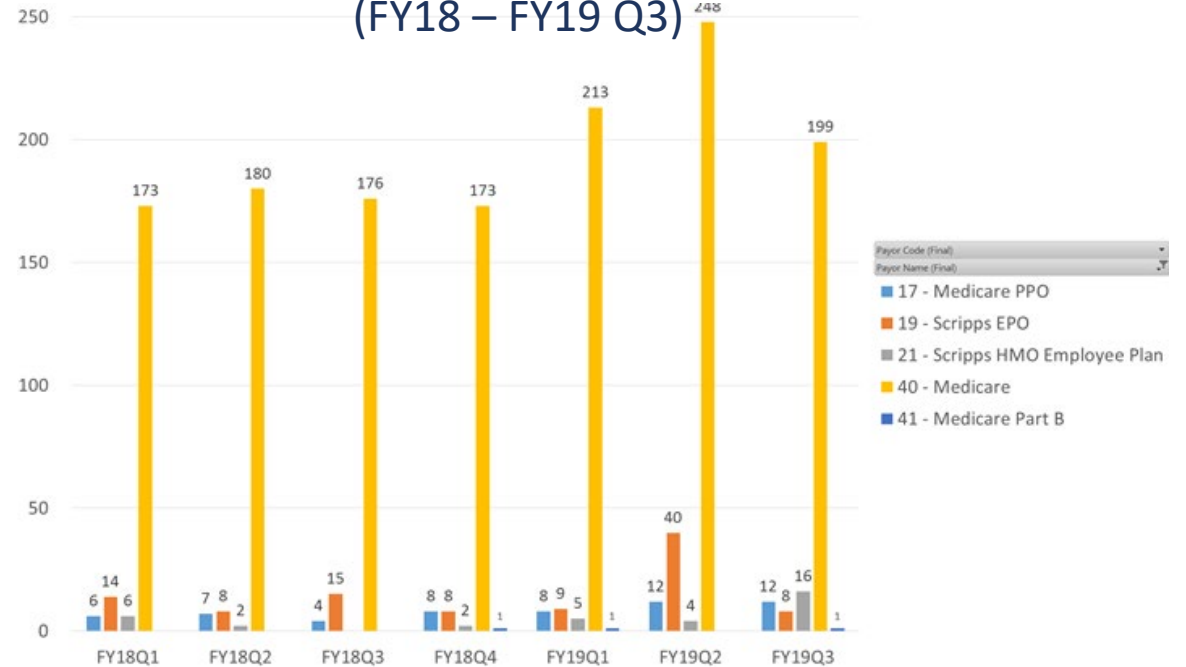
April, 2017
Implementation of Beacon (Epic). Orders defaulted to filgrastim biosimilar

October, 2019
Near full conversion systemwide of filgrastim to filgrastim biosimilar

Filgrastim Biosimilar Percent of Class Spend
Scripps Health (excluding retail)



Filgrastim Biosimilar Patients per Quarter
(FY18 – FY19 Q3)



Cost savings attained for Medicare patients by product switch (FY18 and FY19): \$223,776

Audience Poll Question: #2 of 3

What approach does your organization use for the selection of preferred biosimilar agents?

- a. Utilize preferred biosimilar agent
- b. Stock all biosimilars and utilize based on payor
- c. Hybrid of A&B

Process & Contingencies for Oncology Biosimilar Agents

- Physician buy-in
- Oncologist leads to discuss with providers
- Needed to be seamless for ordering providers
- Choice of preferred product based on payor coverage first
- Oncologist request to not change more frequently than once a year
- Began with bevacizumab and trastuzumab first for proof of concept
 - De novo patients with gradual conversions over time
- Rituximab added later after proof of concept
- Needed to develop metrics that were not volume dependent to track outcomes

Audience Poll Question: #3 of 3

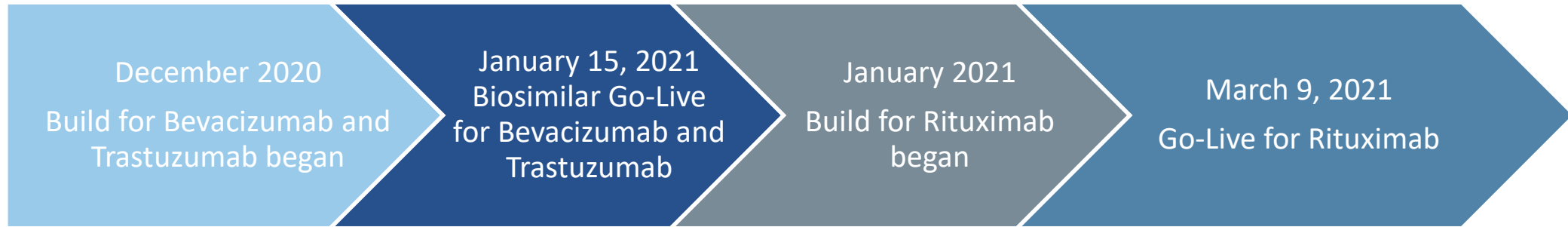
Does your organization use a tool in your electronic medical record to streamline biosimilar utilization?

- a. Yes
- b. No

| EMR Changes to Support Workflow

- Rules created that looked at SLA (referral tables)
- Based on the code for the approved medication at the time of dispense, the rules are evaluated → proper medication to be dispensed in the verification queue
 - This allows for insurance changes if needed one time
 - Also allows for providers to simply put in the base medication and the patient's payor will drive what is dispensed.
- The “orderable” medication was added to the treatment plans. This is what was signed by providers and does not need further modifications as the medication rules are only evaluated at the time the medication hits the verification queue.

Oncology Biosimilars — Results



Biosimilar Impact vs. Prior Year			
Biosimilar Group	YTD FY20	YTD FY21	Increase in Biosimilar Use
Bevacizumab	16.5%	35.9%	19.4%
Trastuzumab	11.5%	33.5%	22%
Rituximab	0	13.1%	13.1%
Overall Increase in Biosimilar Use (Weighted)			19.6%
Financial Impact (Savings)			\$430,846

| Next Steps

- Site of Care
 - Develop standards on which agents should be used inpatient vs. outpatient
 - Infusion cycles surrounding inpatient use – standard durations
 - Home health for non-complex infusions
- Preferred Clinical Pathways
 - Develop standards for which agents are preferred for oncology types
 - Focus on checkpoint inhibitors and maximization reimbursement using value-based models

References

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- [us-lshc-evolution-of-oncology-payment-models.pdf](#)
- [Assessment of Overall Survival, Quality of Life, and Safety Benefits Associated With New Cancer Medicines | Oncology | JAMA Oncology | JAMA Network](#)
- A Survey of Survival Outcomes for Targeted Cancer Drugs Approved by the US Food and Drug Administration; The Innov Regul Sci. 2021 March 8.

Thank you...

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