Patient Access

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NMDP Forum

- Forum on Quality, Transparency, Cost and Value
- July 29-30, 2013
- Presentations available
- https://www.dropbox.com/sh/mmyyt61wqicayfy/q_QFXRITxz

1 year Costs 2013 (T Scott Bentley)

- Allo SCT $902K use increasing 4% annually
- Auto SCT $368K
- Heart $1,136K
- Kidney $306K

Costs (T Scott Bentley)

	2002	2013
Allo SCT	$398K	$902K
Auto SCT	$244K	$368K

Promotion of Quality and Cost Effectiveness

- American Society for Blood and Marrow Transplantation (ASBMT)
  - Treatment Guidelines
- Center for International Blood and Marrow Transplantation (CIBMTR)
  - Center Specific Outcomes
- Foundation for the Accreditation of Cellular Therapy (FACT)
  - Standards
- National Marrow Donor Program (NMDP)
  - Sponsored forum with payors

Donor Costs (Boo)

- NMDP
  - Prelim Search – free
  - Formal Search Activation Fee: $1,650
  - Donor Testing and Management: Average of $5,000-$15,000 based on patient case
    - Less common HLA requires more donors to be tested

Procurement

- **$30,000- $60,000+**
- **• Lower cost – U.S. adult PBSC or marrow**
- **• Medium cost – International adult PBSC or marrow; single cord blood unit**
- **• Higher cost – Two cord blood units, particularly if sourced from international registries**
- **• All cord blood banks and registries set their own pricing**

Insurance Benefit Design (Liz Danielson NCCN/ NBGH)

- NCCN Guidelines and other resources are widely used by physicians,nurses, pharmacists, billing staff, managed care organizations and patients
- – NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)
- – NCCN Drugs & Biologics Compendium (NCCN Compendium®)
- – NCCN Guidelines for Patients

Benefit Plan Recommendations

- Benefit plan should include access to a “centers of excellence” program for bone marrow/stem cell transplants,

- Key Medical Benefit Recommendations
- rigorous qualification process for both adult and pediatric programs.
- In addition to covering pre-transplant, transplant and posttransplant care as recommended by the transplant center, the benefit plan should cover donor search and typing costs, including:
- – Full cost of biological sibling typing;
- – Full cost of unrelated donor search, including typing and testing of potential donors, through the National Marrow Donor Program (NMDP) or other approved registry;
- – Full cost of related donor procurement, including travel and lodging of the selected related donor for the donation process; and
- – Full cost of donor cell product procurement for the unrelated donor.
- Benefit plan should cover nutrition counseling and medical nutritional therapy for individuals with a diagnosis of cancer.

Benefit Plan Recommendations 2

- Key Medical Benefit Recommendations
- • Benefit plan should cover dental prevention services and treatments in the medical plan when such services are required prior to, during or after cancer treatment or SCT, and when nototherwise covered by the dental benefit.
- • Benefit plan should cover standard fertility preservation treatments when a medically necessary treatment may cause infertility.
- • Stop-loss insurance should apply benefits in a way that is consistent with the company's health care plan, including coverage of clinical trials and off-label use of drugs. Approved clinical trials should not be excluded under "experimental and investigational" language.
- Reasonable out-of-pocket thresholds should be established so that cost is not a significant barrier for patients to obtain their Key Pharmacy Benefit Recommendations
- medications. (Max of $100 per script and aggregate $200 per month)
- • Medical plans, pharmacy benefit plans and specialty pharmacy benefit plans should cover evidence-based cancer treatment, whether paid under the medical or pharmacy benefit. This includes coverage for off-label use of drugs and biologics when supported by evidence, as indicated in NCCN Guidelines.
- • Benefit plan should establish parity of patient cost-sharing between the medical and pharmacy benefits.
- Travel, housing costs

Benefit Design for Hematopoietic Cell Transplantation

Recommendations for designing an effective benefits plan

	Donor Search	Cell Procurement	Cell Infusion/HCT	Travel/Lodging	Length of Stay	Medications	Clinical Trials
Recommended Benefits	Unrelated donor: coverage of tissue typing/testing through NMDP or other approved registry Related donor: coverage of tissue typing No limit on typing/testing costs if potential donors are in covered categories	Unrelated donor: full coverage of procurement; no limit. Related donor: full coverage of procurement, including travel and lodging of selected donor Autologous collection: full coverage of preparation, harvest and storage of cells	Coverage of HCT and subsequent therapeutic infusions for all medically necessary indications	Full coverage of travel and lodging costs for member and caregiver(s) for the transplant visit, in addition to necessary pre- and post- transplant evaluations Cover costs for second caregiver if patient is under 18 years of age	No limit on inpatient days or clinic visits	Coverage of all necessary medications throughout the HCT process, including post-transplant medications, without co-payment or co-insurance	Coverage of clinical trials appropriate to patient's stage, indication and clinical condition Minimum: coverage of routine care for patients on clinical trials, per the requirements in the *Affordable Care Act*
Rationale	Amount of testing needed to find donor is based on genetics of patient; 70% of patients need an unrelated donor Limiting or excluding search coverage can negatively affect transplant outcomes and may result in unnecessary and costly complications	Obtaining cells for transplant is a necessary part of process For allogeneic HCT, cost dependent on donor location and type of cells selected for transplant	Transplant indications are expanding rapidly and improving lives of patients with otherwise fatal conditions Limiting access to transplant as treatment may result in increased costs and poor patient outcomes, including death	Patients may have to travel to center able to treat condition and/or within insurance network. Allogeneic HCT stay may be up to 100 days after cell infusion Limiting travel/lodging benefits may create difficulty in affording other necessary medical and/or living expenses	Several inpatient visits are often needed for treatment of primary disease, preparation for transplant and recovery; length of stays varies by disease, condition, graft success and complications Limiting inpatient days is counterproductive to treatment and may be life-threatening.	Access to medications is critical for success of HCT Prohibitive co-payments or co-insurance on medications may result in non-compliance, poor outcomes, graft failure and/or expensive hospital readmissions due to infection or complications	Results of clinical trials improve care for all patients Limiting access to clinical trials slows improvements in standards of care. Paying for identical care outside of a trial has identical cost without gaining future benefit from trial outcomes
Administrative Guidance	Place search and procurement into separate benefits to ensure funds are available for each phase of activity Do not require proof of donor insurance denial of HLA and other donor tests. Donors should never be billed for recipient costs, per Medicare guidance; this can significantly delay treatment process	Place search and procurement into separate benefits to ensure funds are available for each phase of activity	Include all transplant benefits under general medical benefit spending; do not implement a separate transplant-only benefit and spending limit	Use discounted housing options offered by transplant centers Adopt IRS reimbursement guidelines for taxable amounts or allow flexible spending of patient allocation. Patient reports to IRS; 1099 form. Consider reloadable debit cards		Understand off-label use of medications is common for cancer care Review medication list and test claims to assess coverage and co-payments/ insurance costs before patient is discharged from initial hospitalization	

Visit marrow.org/payor for overview of donor search costs.

The recommendations in this guide were developed by a multi-disciplinary stakeholder group convened by the National Marrow Donor Program®. The group included transplant physicians, representatives from national health insurance companies and transplant networks, and administrators from hospitals with HCT programs.

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Self Funded and Stop Loss

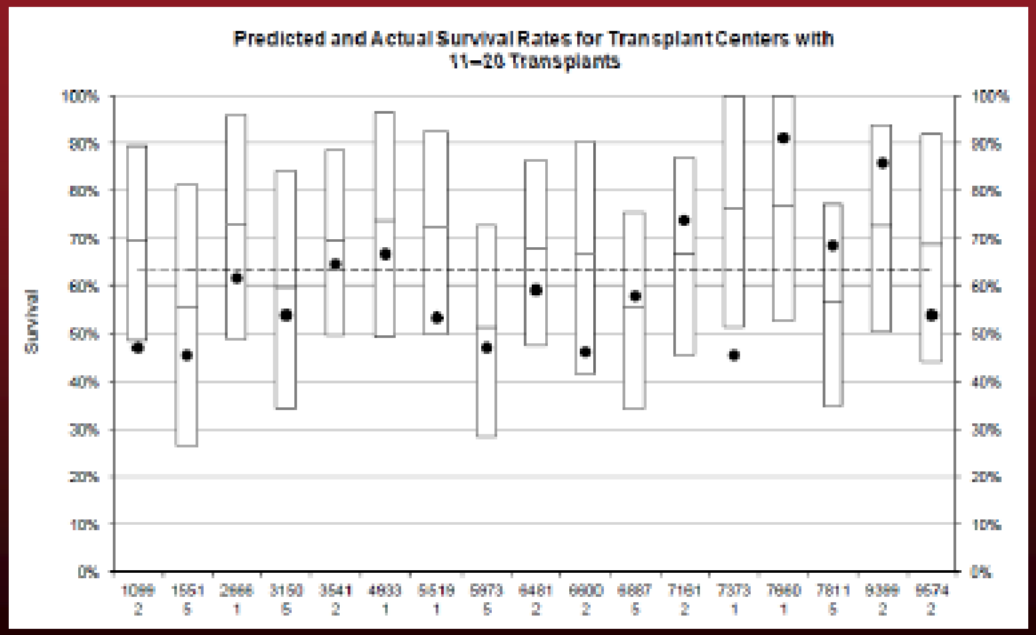
- 60% plans self funded; insurers are contracted administrators
- Reinsurance- insurance for insurance companies. These provisions restrict coverage decisions, particularly clinical trials.

Value of BMT

- What is the measurable value of BMT
- • Cannot be measured in single year and appeal to Financial reviewers
- • Must build the value as a view over time
- • BMT prevents ongoing catastrophic care, so measure results in 2, 3
- & 5 year periods
- • Value of the Match – NMDP services and quality to avoid
- complications

Center Specific Results

Reporting Results



CIBMTR


ConsumerReportsHealth
MHQP
Special Report for Massachusetts residents
How Does Your Doctor Compare?
Exclusive: Patients rate 487 adult, family & pediatric practices
How to get the best care
Quiz: Does your physician measure up?
GUIDE TO PRIMARY CARE PHYSICIANS IN MASSACHUSETTS
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Affordable Care Act

- ACA mandates Clinical Trial Coverage for all plans as
- they renew January 1, 2014 and thereafter
- Requires coverage for Routine patient Costs
- Phase I, II, III or IV meet the definition
- Treatment of Cancer or life-threating Disease
- Clinical Trial setting would not invalidate Routine Costs