

Why is it happening?

FEMALE

60%

MALE

40%

COST & UTILIZATION OF CANCER VS NON- CANCER MEDICAL SERVICES

46 - 65





UNITS PER 1000

183

Cancer Services	Benchmark	Non-Cancer Service	Benchmark
3526	1 5%	2541	5 %
176	∱ 5%	121	1 5%
796	↑ 5%	652	5 %
2015	1 5%	1962	♠ 5%
5711	♠ 5%	4562	1 5%
342	1 5%	127	5 %
721	5 %	472	5 %
	3526 176 796 2015 5711	3526 ① 5% ① 796 ② 2015 ② 5% ③ 5% ③ 5% ③ 5% ③ 5% ③ 5% ③ 5% ③ 5%	3526 176 176 15% 121 796 15% 652 1962 5711 15% 4562 342

23%

SPOUSE

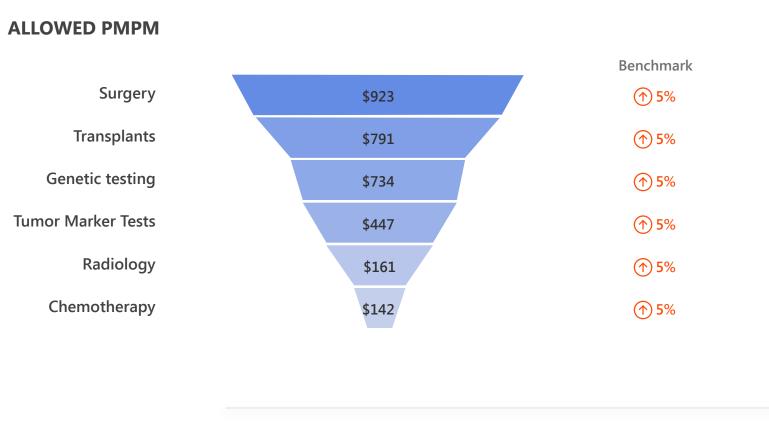
DEPENDENT

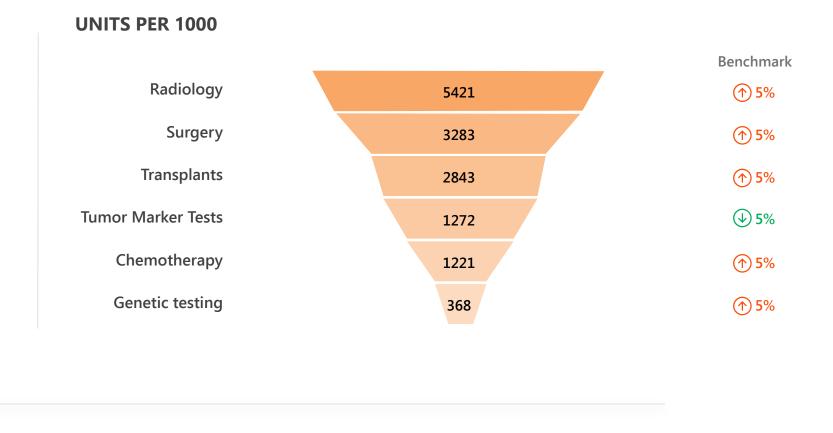
EMPLOYEE

16%

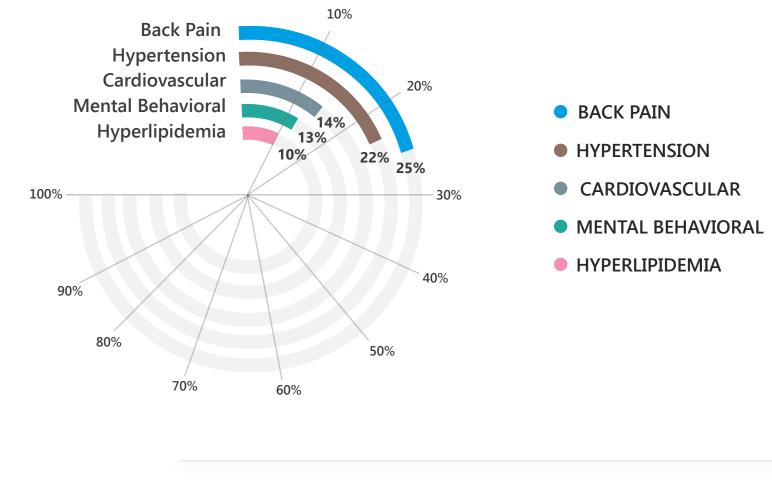
OTHERS

COST & UTILIZATION OF CANCER RELATED SERVICES



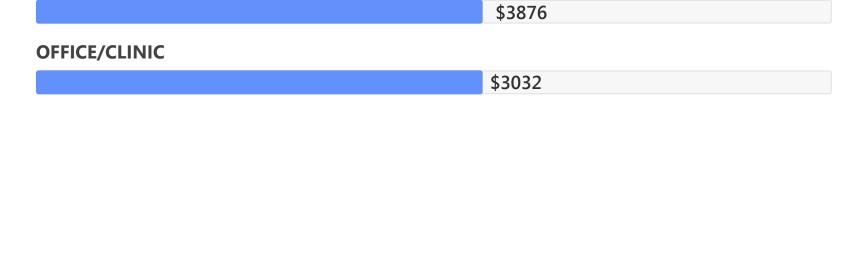


TOP COMORBID CONDITIONS & GAPS IN CARE FOR MEMBERS WITH CANCER



OUTPATIENT HOSPITAL

TOTAL ALLOWED AMOUNT OF SPECIALTY DRUG BY SITE OF CARE



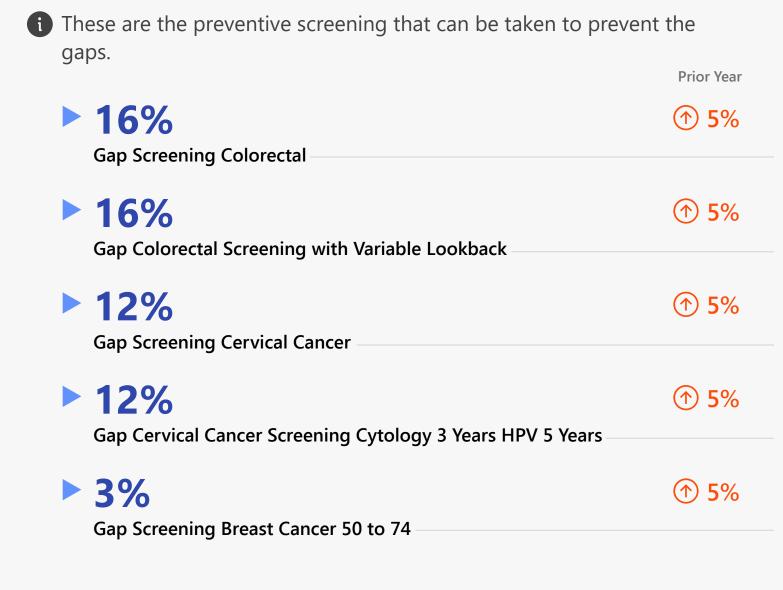
PREVALENCE RATES FOR GAPS IN CARE AND PREVENTIVE SCREENING RATES



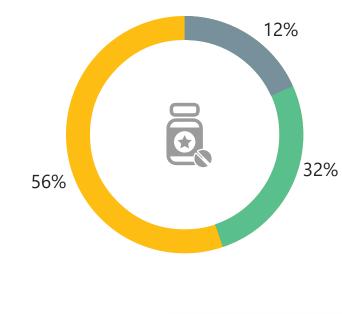
GAPS IN CARE FOR CANCER MEMBERS BASED ON PREVALENCE



PREVENTIVE CANCER SCREENING RATES FOR AT RISK MEMBERS



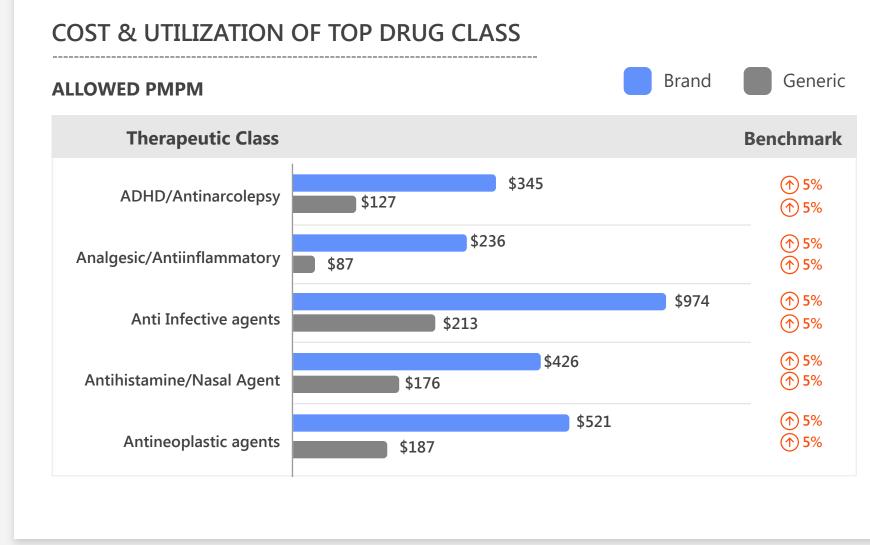
DRUG TYPE UTILIZATION DISTRIBUTION

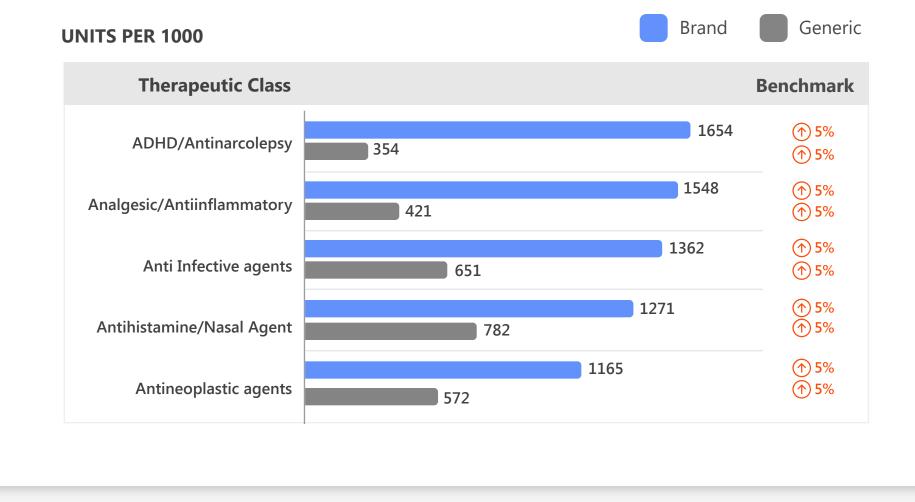


Generic 12% Specialty Brand 32% **56%**

UTILIZATION % OF MEDICATIONS FOR CANCER TREATMENT

	MEDICAL	PHARMACY
Chemotherapy	31%	20%
Targeted hormonal/ Immunotherapy	22%	16%
Supportive Medication	6%	5%





What can you do about it?

EARLY IDENTIFICATION OF MEMBERS FOR PREVENTIVE SCREENING



Breast Cancer 2374

Cervical Cancer

3461

476 **Lung Cancer**

1769

953 **Prostate Cancer**

RECOMMENDATIONS Proactively reaching out to members who are at risk for cancer and

- should receive annual preventative screenings. Use of incentives, onsite clinics, or mobile vans to bring cancer
- screenings to home helps identification of cancer members.

Transportation Difficulty Access to Care

Health Literacy

Economic Instability

Housing Instability

SOCIAL BARRIERS FOR CANCER MEMBERS AND ADD PREVALENCE % TO THE BARRIER

Colorectal Cancer

- **RECOMMENDATIONS**
- Provide Caregiver Support to family members of Cancer patients. Encourage members to connect with the American Cancer Society
- and other cancer foundations for education and support.

SURGERY SCHEDULING



Duration from Cancer diagnosis to surgery is critical for patient's outcome. Timely surgery diagnosis results better

RECOMMENDATIONS

financial and health outcome.



- Improve surgery scheduling process and reduce wait time for newly-diagnosed cancer patients.

PROVIDER NETWORK STEERAGE

There are 335 out of network providers and total out network

There is an opportunity to save \$1M which is the difference in cost

of service between in network and out network providers.

This accounts to 52% of overall costs as leakage.

allowed amount is \$1.1M.

RECOMMENDATIONS

- Reduce provider network leakage through negotiation with health
- plans Steerage towards efficient providers; negotiate with specific facilities for better discount rates.