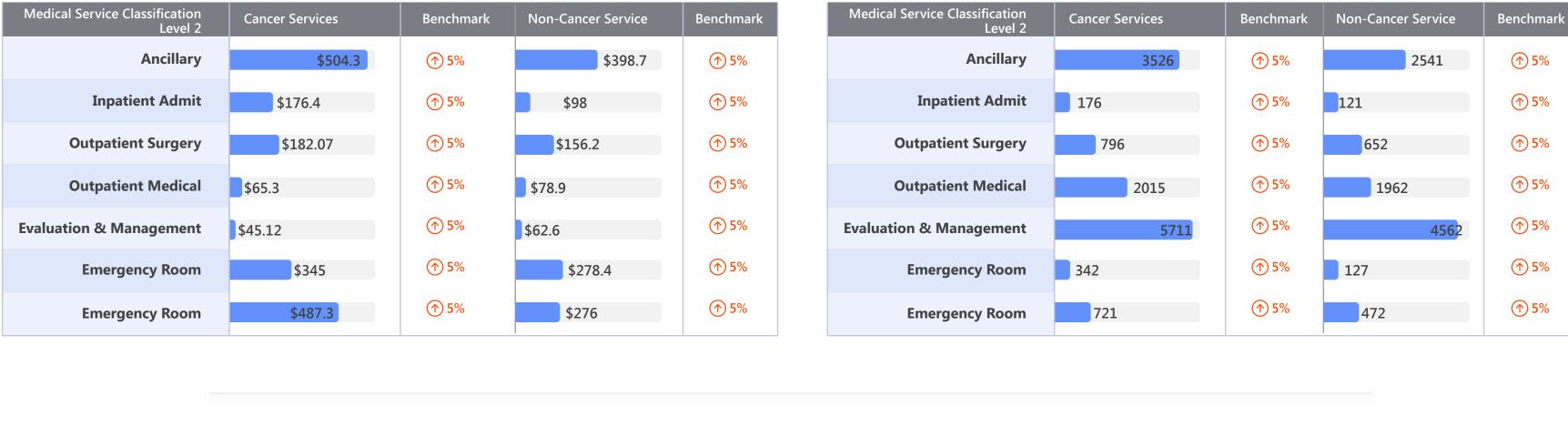


## Why is it happening?

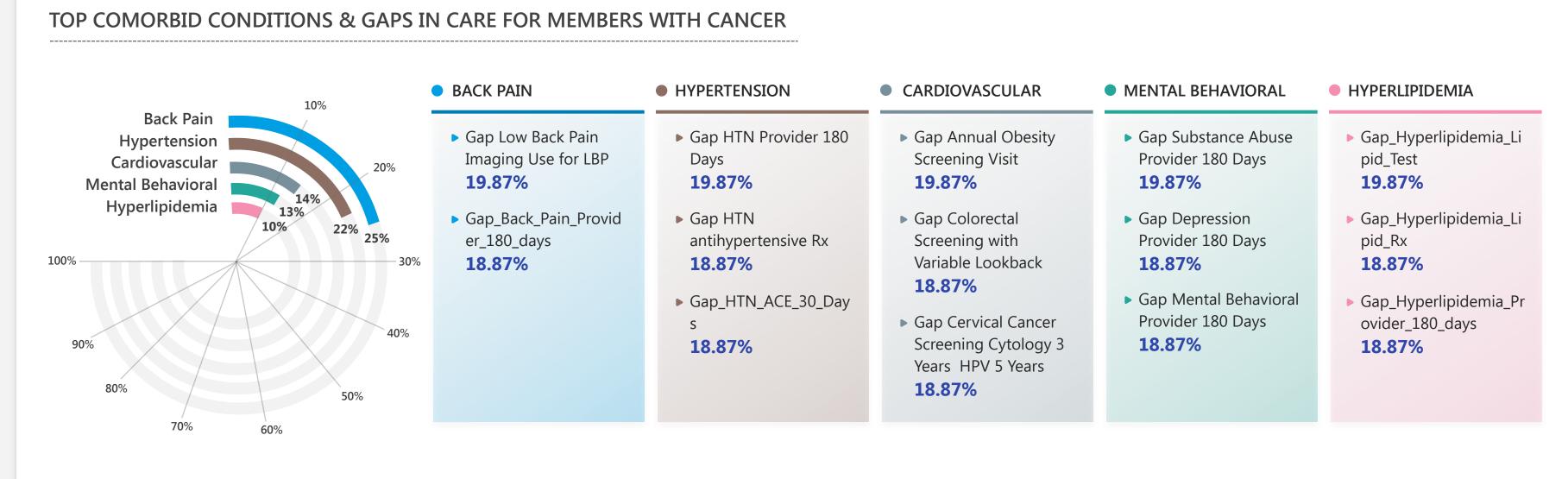
**ALLOWED PMPM** 



### **1** 5% **Outpatient Medical** \$65.3 \$78.9

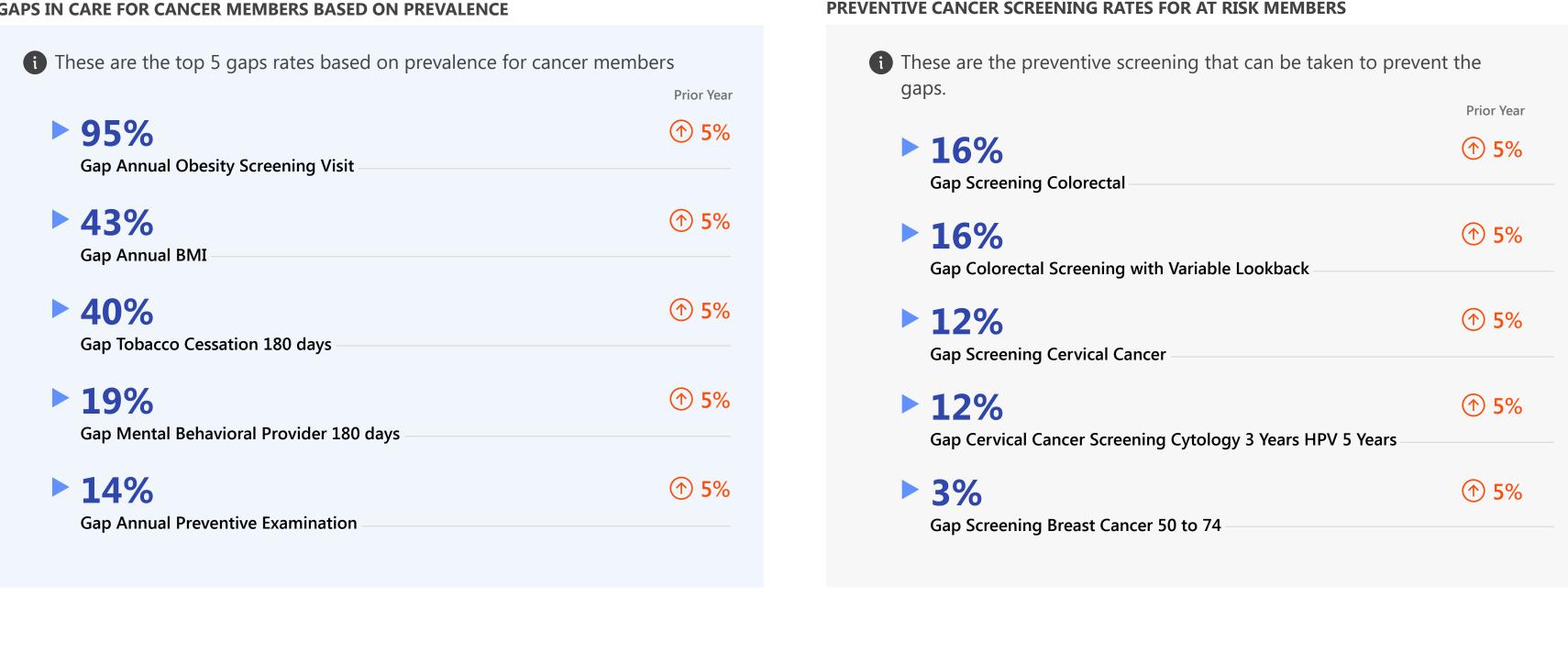


**UNITS PER 1000** 

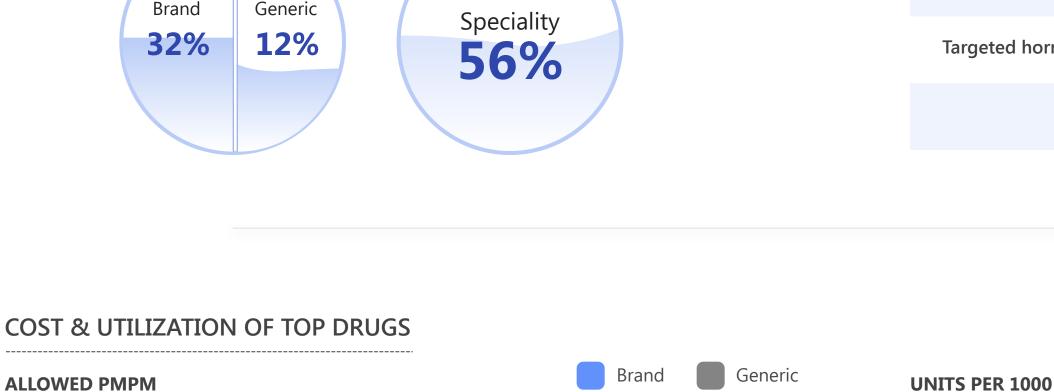


## **GAPS IN CARE FOR CANCER MEMBERS BASED ON PREVALENCE**

PREVALENCE RATES FOR GAPS IN CARE AND PREVENTIVE SCREENING RATES



DRUG TYPE UTILIZATION DISTRIBUTION



### **MEDICAL PHARMACY**

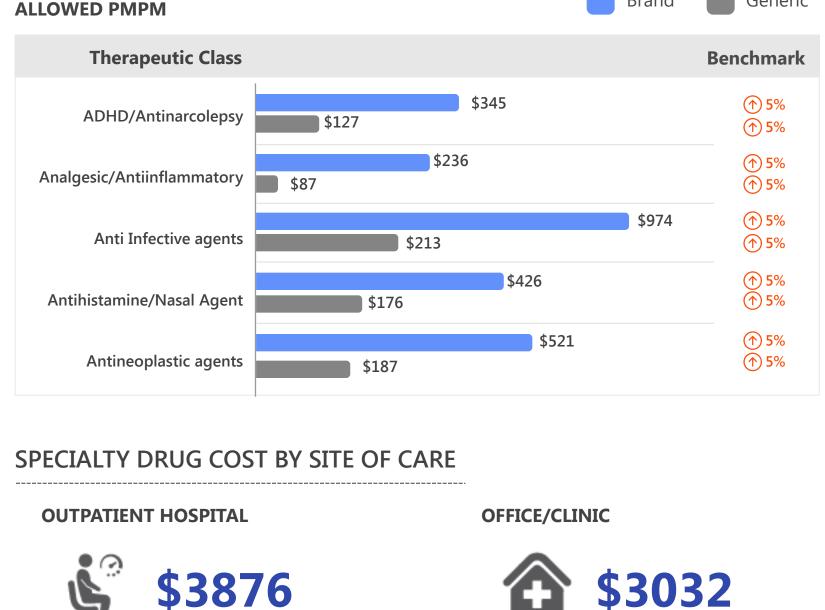
**Therapeutic Class** 

UTILIZATION % OF MEDICATIONS FOR CANCER TREATMENT

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

Generic

**Benchmark** 

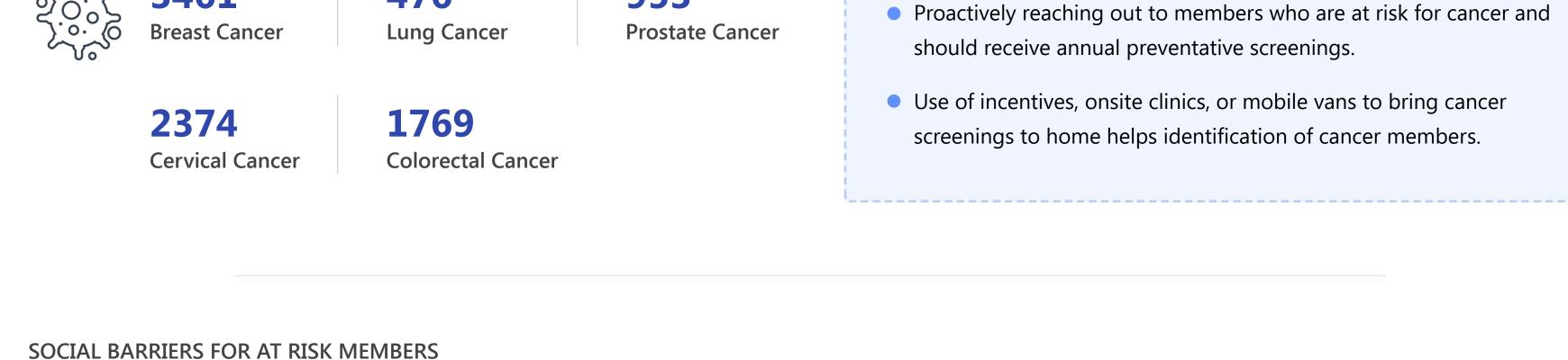


### **5**% 1654 ADHD/Antinarcolepsy **1** 5% 1548 **5**% Analgesic/Antiinflammatory **5**% 421 **5**% 1362 Anti Infective agents **5**% 651 ↑ 5%↑ 5% 1271 Antihistamine/Nasal Agent ↑ 5%↑ 5% 1165 Antineoplastic agents 572

# EARLY IDENTIFICATION FOR AT RISK MEMBERS

What can you do about it?





953

**Transportation Difficulty** 

### **Access to Care Economic Instability** → Health Literacy

financial and health outcome.

- **Housing Instability**

## Provide Caregiver Support to family members of Cancer patients. Encourage members to connect with the American Cancer Society

**RECOMMENDATIONS** 

RECOMMENDATIONS

newly-diagnosed cancer patients.

**RECOMMENDATIONS** 

- and other cancer foundations for education and support.

Improve surgery scheduling process and reduce wait time for

**SURGERY SCHEDULING** 

PROVIDER NETWORK STEERAGE

Duration from Cancer diagnosis to surgery is critical for

patient's outcome. Timely surgery diagnosis results better

- allowed amount is \$1.1M. This accounts to 52% of overall costs as leakage.
- RECOMMENDATIONS

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

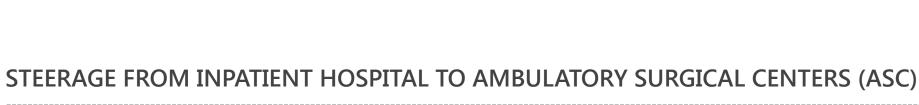
- There are 335 out of network providers and total out network
- of service between in network and out network providers.

## plans Steerage towards efficient providers; negotiate with specific

- Reduce provider network leakage through negotiation with health
  - facilities for better discount rates.

**163** 

\$421K





**Average Cost Difference between Inpatient Surgical Admissions and Ambulatory Surgical Center** \$29K

Assuming that 10% of the Inpatient Surgical Admission are performed in the Ambulatory service setting, the potential savings is

**Number of Inpatient Surgical Admissions** 

# Change benefit design to shift procedures from facility inpatient

**RECOMMENDATIONS** 

- hospital to ASC.
- Explore Home Health benefits for surgical after care.