Blood and Marrow Stem Cell Transplant Payor Forum Summary

Introduction

Michael Boo (NMDP, Chief Strategy Officer) opened the Forum by discussing the aims of the meeting: to understand how quality is defined, how data is collected and shared, as well as to discuss the cost and value of stem cell transplants with a multi-disciplinary group of stakeholders. Prior to the forum there was limited communication between the transplant groups and payors which led to gaps in knowledge on both sides.

Costs
Three presentations focused on the Cost of Stem Cell Transplant: Michael Boo (NMDP/Be The Match, Chief Strategy Officer), T. Scott Bentley (Milliman, Consulting Actuary), Navneet Majhail, MD (NMDP/Be The Match, Medical Director). Mr. Boo discussed the general costs of the unrelated donor process. He took into account the cost variation by patient, cost of cell acquisition and the differences between stem cell transplant costs and solid organ transplant costs. Mr. Boo also noted the differences in cost for cell source and international acquisition. In response to the rising cost of search and typing, the NMDP/Be The Match is working to educate Transplant Centers on how to search more cost-effectively.

Mr. Bentley presented to the Forum an overview of Costs and Trends for Stem Cell Transplant. According to Milliman’s report on Stem Cell Transplant, the estimated first year billed charges for persons under the age of 65 for an allogeneic transplant is $902,600 and autologous is $368,800. Mr. Bentley discussed their data sources (i.e. UNOS, CIBMTR etc.) as well as charge data sources. Mr. Bentley’s presentation also contained data about the cost structure of stem cell transplants as well as length of stay trends.

Dr. Majhail spoke about costs from a Health Services Research perspective. He explained that “real” costs are gleaned from the challenges, accomplishments and opportunities in stem cell transplant. Dr. Majhail discussed the types of costs, sources of cost data, implications for cost data from the impending conversion to ICD-10 and the merits of the various cost databases. The accomplishments were shown by presenting various cost studies that the NMDP Health Services Research team has published over the past couple of years. Future opportunities are cost identification studies such as costs of various transplant modalities or cost predictors and drivers as well cost-effectiveness research.

Benefit Design
Three presentations were focused on health insurance Benefit Design: Patricia Martin (Wellpoint), Elizabeth Danielson (Director of Payer & Employer Initiatives, National Comprehensive Cancer Network), and Richard Maziarz, MD (Oregon Health Sciences University).

Ms. Martin, Vice-Chair of the Advisory Group on Financial Barriers to Transplant (AGFBT), began her presentation by discussing the Advisory Group’s recommended benefit set, “Benefit Design for Hematopoietic Cell Transplantation”. Ms. Martin noted that commercial plans often meet the recommended benefit design while public plans like Medicare or Medicaid do not. Ms. Martin also discussed the Travel/Lodging benefit which is offered by some payors and is recommended. She said that 86% of member’s travel and lodging expenses are covered under their current benefit. Some non-covered out of pocket expenses include: lost wages, child care, rental cars and groceries.

Ms. Danielson presented, “Helping Employers and Other Payers Make Informed Decisions about Benefit Design”. Her presentation included information about NCCN Guidelines for cancer care as well as the “Employer’s Guide to Cancer Treatment and Prevention”. NMDP/Be The Match’s recommended benefit set was incorporated into the NCCN’S employer’s guide.
Dr. Maziarz discussed the System Capacity Initiative’s Financial Workforce’s recommendations for stem cell transplant benefit design. He reviewed his transplant center’s institutional experience with authorization and barriers to transplant. Some barriers include: uncovered diagnosis, waiting periods, lack of donor search benefit and denial because the requested treatment was deemed investigational. Further observations include the complexity of the treatment, lack of consistency, annual payer shift, and the potential impact of the Affordable Care Act on stem cell transplant.

**Quality**

Dr. Doug Rizzo, Associate Scientific Director for Data Operations at the Center for International Blood and Marrow Transplant (CIBMTR), presented transplant center-specific outcomes reporting for 2013 collected by the Stem Cell Transplant Outcomes Database (SCTOD). The SCTOD collects transplant data with U.S. recipients or donors and disseminates that data to transplant centers, medical community, payors and patients. The main goal of the data is to provide an equitable, balanced, scientific performance measurement tool that can be used by the profession to define and improve quality. Dr. Rizzo then discussed the data methodology, transparency to various communities and its significant limitations.

**Payor Perspective**

Jay Ritchie, Senior Vice President at HCC Life Insurance Company, discussed with the group the unique perspective of self-funded insurance plans and stop loss markets. Mr. Ritchie explained to the group that self-funded plans comprise 60% of the private payor market. Self-funded plans have coverage documents that are corporately decided so medical coverage decisions are made prior to an individual case and are based on uniformity. Mr. Ritchie noted that self-funded employers are attracted to outcome based case rates and stem cell transplant return on investment cannot be measured in a single year so we must build value over time and measure results in 2-5 year timelines. Stop loss insurers protect the employer who holds the self-funded plan and follows the employer’s coverage document.

Dr. Dennis Irwin, National Medical Director, Complex Medical Conditions at OptumHealth, spoke about quality issues in stem cell transplant from a payor’s perspective. Dr. Irwin focused on the unique situation of transplant, high cost and relatively low volume and highlighted the Optum Transplant Solution’s Centers of Excellence network that yields better than average outcomes. Dr. Irwin spoke about value being a combination of quality and cost with measures of survival, quality of life, return to employment, paid claims, and billed charges. Employers are concerned with patient survival, post-transplant complications and readmissions, pre-transplant complication, length or stay, service disruption and cost at the end of the year. Dr. Irwin concluded his presentation by putting the attendees in the employer’s position of making a decision between two similar transplant centers based on their outcomes and quality measures.

**Transplant Center Perspective**

Dr. Fred LeMaistre, Physician in Chief at the Sarah Cannon Blood Cancer Network, gave an overview of the Sarah Cannon network, model and Cancer Centers of Excellence. The Sarah Cannon Blood Cancer network has performed over 9,000 stem cell transplants since 1982. Some aspects of their successful model are accreditation support, standardized training, quality and financial analytics, centralized data, network purchasing and common clinical protocols.

Allen Leahigh, Senior Consultant at the Foundation for the Accreditation of Cellular Therapy (FACT), spoke about the stem cell transplant community response to payor information needs. 90% of transplant centers are FACT accredited. FACT offers many sets of clinical guides and evidence-based reviews for several indications. Mr. Leahigh asked the payers to help disseminate NMDP’s diagnostic and referral information to referring physicians.

**Consumer Perspective**

Dr. John Santa, Medical Director at Consumer Reports presented on the Consumer Perspective of Quality, Cost and Value of Stem Cell Transplants. Consumers are interested in transparency, reliable data and patient experience information. Dr. Santa investigated quality and cost data for stem cell transplants and reported that the field is, “drowning in information, starving for knowledge”. Dr. Santa was
particularly impressed with the stem cell transplant survival data but could not find much information about safety. Dr. Santa urged the group to look at waste, resource use and cost variation.

**Other Highlights**

Dr. Michael Lill, Medical Director, Blood and Marrow Transplant Program at Cedars Sinai, moderated a roundtable discussion about Resources and Religion where participants discussed how they would act in a given situation. The situation presented was a young male with acute lymphoblastic leukemia (ALL) who is a Jehovah’s Witness and refuses any blood products. The group discussed if, and to what extent, the transplant community should accommodate religious or other cultural preferences.

Michael Werner, Executive Director, Alliance for Regenerative Medicine, discussed how regenerative medicine is aiding our aging population in therapeutic areas such as cardiovascular disease, diabetes, stroke, and spinal cord injuries. Mr. Werner explained that regenerative medicine technologies hold the promise to transform medicine, improve quality of care and bend the cost curve.

**Conclusion**

Attendee feedback in regards to the meeting was very positive. The AGFBT discussions following the meeting identified work to be completed and distributed to an extended stakeholder group, particularly benefit recommendations. The group also identified the need for a second meeting in 2014 to more closely examine the issue of transplant quality and pay-for-performance programs.