

Centers of Excellence Deliver Value for Cancer Care

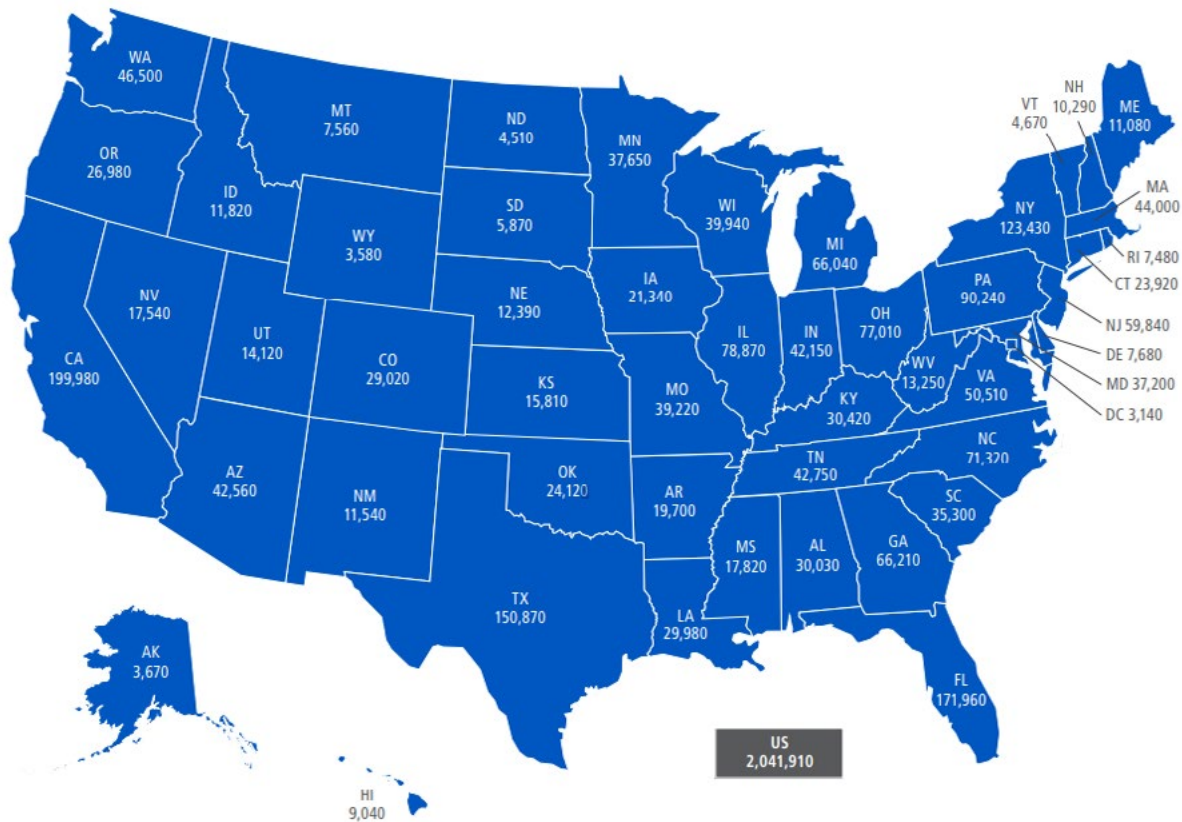
Employers Proactively Address Employee Cancer Diagnoses, Take Steps to Control Costs

Written By Laura Carabello

When the diagnosis is cancer, employees may be more worried about the cost of their cancer treatment than suffering or dying from the disease. Faced with financial toxicity, the overwhelming burden of bills for cancer care and persistent debt collectors -- even after the individual passes away -- can impact mental health and job performance.

But employer health plans that have an oncology Center of Excellence (CoE) in place lessen the anxiety and cost impact. Half of the employers surveyed by the Business Group on Health added a CoE option for cancer in their health plans in 2023, while another 26% indicated their intention to do so by this year.

Employers increasingly recognize the importance of making this designation, especially with American Cancer Society predictions that there will be more than two million new cancer diagnoses in 2025 -- about 5,600 new cases each day -- with the rate of cancer in people under the age of 50 expected to increase 31% by 2030.



Estimated number of new cancer cases in 2025, excluding basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder. Estimates are model-based projections and should be interpreted with caution.

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NUMBER OF NEW CANCER CASES IN 2025

Though recent medical breakthroughs in oncology have led to more effective cancer treatment and better prognoses, cancer care costs have captured an outsized proportion of healthcare expenditure charts.

The American Association for Cancer Research reports that costs for cancer-related medical services and drugs are expected to reach nearly \$250 billion in the U.S. by 2030 — a 34% increase since 2015. While oncology accounts for only 1% of claims volumes, it makes up 15% of the overall employer healthcare spend, advises the Mahoney Group.

Nationwide costs attributable to cancer care are expected to surge by over 30% from 2015 to 2030. One in two employers identifies cancer care as the number one driver of employer healthcare spend, with 86% ranking it among their top three cost concerns.

Adding a CoE to the group health plan is often the pathway to better manage that cost and translates into relieving plan sponsors from dealing with huge cost discrepancies or inconsistent outcomes for the same procedures. It is also an opportunity for employers to demonstrate their support for employees since cancer is complex and challenges workers to identify high-quality providers, manage care coordination and make multiple decisions about their care and treatment.

INNOVATIVE APPROACHES SUPPORT EMPLOYERS

Oncology benefits for the employer market are a critical topic in healthcare that has been historically under-researched, maintains the consultants at PwC. Responding to this need, they conducted primary research with U.S. benefits managers to better understand challenges and forward-looking priorities for cancer care for employees. Their research shows that employers rank oncology as a priority: 85% of benefits managers ranked oncology as a top three cost driver, with 43% rating it as the health specialty driving the greatest cost.

Consultants advise that while oncology CoEs are relatively new in the market, they offer the potential to provide greater value in employers' benefits and help overcome the difficulties patients and their families face regarding integration, ease of use and results. Upon diagnosis, a CoE program coordinator can manage all aspects of a member's care, including care navigation.

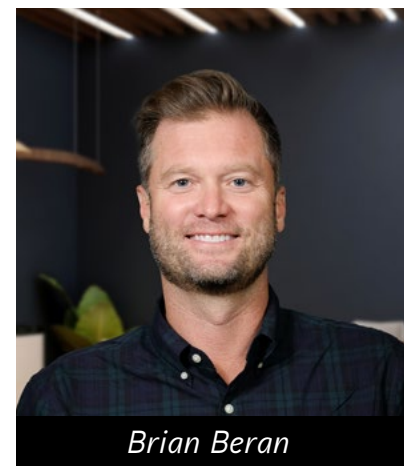
The goal of these specialty care centers is to provide high-value, coordinated care for complex conditions with better outcomes and more effective cost management. These trends point to the value of services that are positioned to play an important role in employer cancer support strategies. The following COE programs demonstrate employer support:

ACCESS HOPE

AccessHope, for example, connects employees and their local oncologists to world-class expertise from NCI-Designated Comprehensive Cancer Centers, regardless of geography. This approach aligns with employer needs in a number of ways:

- Expert clinical decision support from specialists who advise on the best possible treatment plans, optimizing patient outcomes while reducing unnecessary tests and treatments.
- Insights on precision medicine to treat complex cancers, providing expertise and support on targeted treatments and interpreting genetic tests to help complement the growing employer focus on precision medicine.
- Identification of relevant clinical trials to provide insights on the newest personalized treatments to help improve outcomes and advance cancer care.
- Cost management to optimize treatment plans and reduce unnecessary interventions, helping to manage the growing costs associated with cancer care and address employers' financial concerns.

Brian Beran, SVP, Growth & Client Success, Access Hope, further explains the value of this model, "High quality cancer care usually requires travel and can introduce inefficiencies into cancer care delivery. AccessHope modifies the COE model to deliver value without the need for patient travel."



Brian Beran

AccessHope exports knowledge from top-tier subspecialists at National Cancer Institute-designated Comprehensive Cancer Centers to the local treating oncologist to improve quality of life and outcomes.

“This model—constructed around timely, personalized expert opinions—promotes health equity and closes the gap in cancer care knowledge while avoiding the costs and challenges of site-of-care steerage,” says Beran. “AccessHope empowers the treating oncologist with evidence-based recommendations that reduce low-value interventions and improve outcomes and survivorship. AccessHope now serves more than 700 employers nationwide and growing!”

EMPLOYERS CENTERS OF EXCELLENCE NETWORK (ECEN)

Another example is the Employers Centers of Excellence Network (ECEN), established by members of the Purchaser Business Group on Health interested in supporting value-based purchasing. The program provides employees access to demonstrated high-quality care for elective surgeries at meticulously selected CoEs across the United States. Through the ECEN, patients receive care at little or no cost, and their employers gain predictable healthcare costs and downstream savings.



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Initially, the program selected hospitals and surgeons throughout the nation for hip and knee replacements and later expanded to offer spine and bariatric procedures and certain oncology services. Quality improvements and decreased costs resulted from improved professional care coordination, team attention to evidence-based guidelines, better discharge planning to avoid preventable readmissions, increased uniformity of practice and measurement and feedback of patient outcomes.

Oncology COEs provide expert confirmation of diagnosis and development of a recommended treatment plan in collaboration with home oncologists and local care teams, including proactive longitudinal follow-up.

Contigo Health® Centers of Excellence 360 Program

The program gives employers an evolved specialty-care solution designed around the individual needs of health plan members and the business model. The cancer program puts a powerful advocate in the plan member’s corner, helping to guide them through the complexities of cancer care and make informed decisions throughout their journey.

Designed to enable the right diagnosis and the right treatment plan, the program gives members

Maximizing CoE Benefits

Carey points to the role of her organization to administer medical management across a range of health plans, each with different policies on CoE utilization.

“While CoE treatment isn’t always required, the impact is clear: patients who receive care at these specialized centers tend to achieve superior results,” she asserts.



Amy Tennis

Amy Tennis, senior vice president of Medical Management at MedWatch, emphasizes, “CoEs provide a level of expertise and care coordination that can be life changing. These facilities streamline treatment, reducing fragmented care pathways that can negatively impact patient outcomes.”

She says that a common concern with CoEs is cost flexibility, adding, “These institutions are less inclined to offer deep discounts for out-of-network members or negotiate single-case agreements. However, the long-term value is undeniable. There are fewer complications, lower hospital readmission rates, and more effective treatment strategies to ultimately help control overall healthcare spending.”

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The Bottom Line: Why CoEs Matter

Carey and Tennis concur that patients who receive care at CoEs typically:

- Receive top-tier, coordinated, patient-centered care
- Gain access to groundbreaking treatments and clinical trials
- Experience shorter hospital stays and faster recoveries
- Achieve significantly better health outcomes
- Benefit from lower long-term healthcare costs
- May qualify for employer-sponsored incentives, reduced deductibles, or waived coinsurance

“While CoEs may have a more structured cost model, the long-term benefits -- improved patient experiences, better health outcomes, and reduced overall spend -- make them an invaluable resource for plan sponsors looking to optimize their care management strategies,” they add. “When it comes to cancer care, investing in excellence isn’t just an option -- it’s a game-changer.”

FUELING THE RISE IN CANCER CARE COSTS

Aon’s Global Medical Trend Rate report that addresses cancer risk and treatment warns that it “won’t be easy” for companies looking to control costs in the coming years. With a vast pipeline of new therapies in development, Aon forecasts an 11-21% increase in the cost of cancer care every year.

What’s fueling this unprecedented rise in cancer care costs? There appears to be a combination of factors that include:

1. More people diagnosed with cancer than ever before:

An increasing number of Americans are receiving cancer diagnoses, with more than two million new cancer cases reported in 2024 alone. More diagnoses are happening at a later stage as the American Cancer Society reports that advanced-stage cancer diagnoses have been on the rise since the mid-2000s, with another study showing 18% of larger employers reporting a higher prevalence of advanced cancers due to delayed screenings and 41% anticipating a similar impact.

For example, not only are colorectal cancers rising in people under 50, but most of the colorectal cancer diagnoses for this age group are at an advanced stage – leading to more complicated and costly treatment.

2. Aging Population:

As the U.S. population continues to age, cancer rates are expected to increase. Since 2000, the national median age has jumped by more than three years, and as people age, their cancer risk climbs and contributes to increased prevalence. In fact, researchers report that increased age is the most important

cancer risk factor. The chance of a cancer diagnosis climbs from 350 in 100,000 at age 45–49 to 1,000 in 100,000 after age 60.

3. Advancements in Cancer Treatments:

A cascade of new treatments is being discovered, approved, and utilized more frequently, contributing to the projected cost of healthcare, which is growing at the highest rate in a decade, rising to nearly 8% in 2025. Scientists are working to improve the treatment and diagnosis of cancer, using AI, DNA sequencing and precision oncology, among other techniques. But this wave of medical advancements and innovation comes with a great financial burden.

The World Economic Forum Cites 12 New Breakthroughs in the Fight Against Cancer:

1. Personalized cancer vaccines
2. Test to identify 18 early-stage cancers by analyzing a patient's blood protein.
3. Seven-minute cancer treatment injection
4. Precision oncology by studying the genetic makeup and molecular characteristics of cancer tumors in individual patients.
5. Artificial intelligence and machine learning fights cancer
6. Greater prediction capabilities using an AI learning model to predict a person's likelihood of developing lung cancer up to six years in advance via a low-dose CT scan.
7. Clues in the DNA of cancer
8. Liquid and synthetic biopsies
9. CAR-T-cell therapy
10. Fighting the deadliest cancers using biomarkers to detect pancreatic, ovarian and bladder cancer at stages I and II.
11. A drug (anastrozole) to cut breast cancer risk

4. Rising Drug Prices:

The cost of cancer medications, including both oral and injectable drugs, is a significant factor in the overall increase in cancer care costs. The vast majority of cancer treatments are provided via the standard fee-for-service model, meaning there is little incentive to keep costs to a minimum. And since most cancer drugs are reimbursed on a buy-and-bill basis, with providers administering pre-purchased medications to patients on site, there's a strong incentive to use them.

5. Increased Prevalence of Chronic Diseases:

Recognized as a chronic disease, cancer requires more frequent visits to specialists, expensive imaging tests and constant monitoring, driving roughly 30% of medical costs. The growing prevalence of cancer in younger patients may be troublesome to employers and their working-age population. The American Cancer Society annual report showed younger adults to be the only age group with an increase in overall cancer incidence between 1995 and 2020—the rate rising by 1% to 2% each year during that time period.

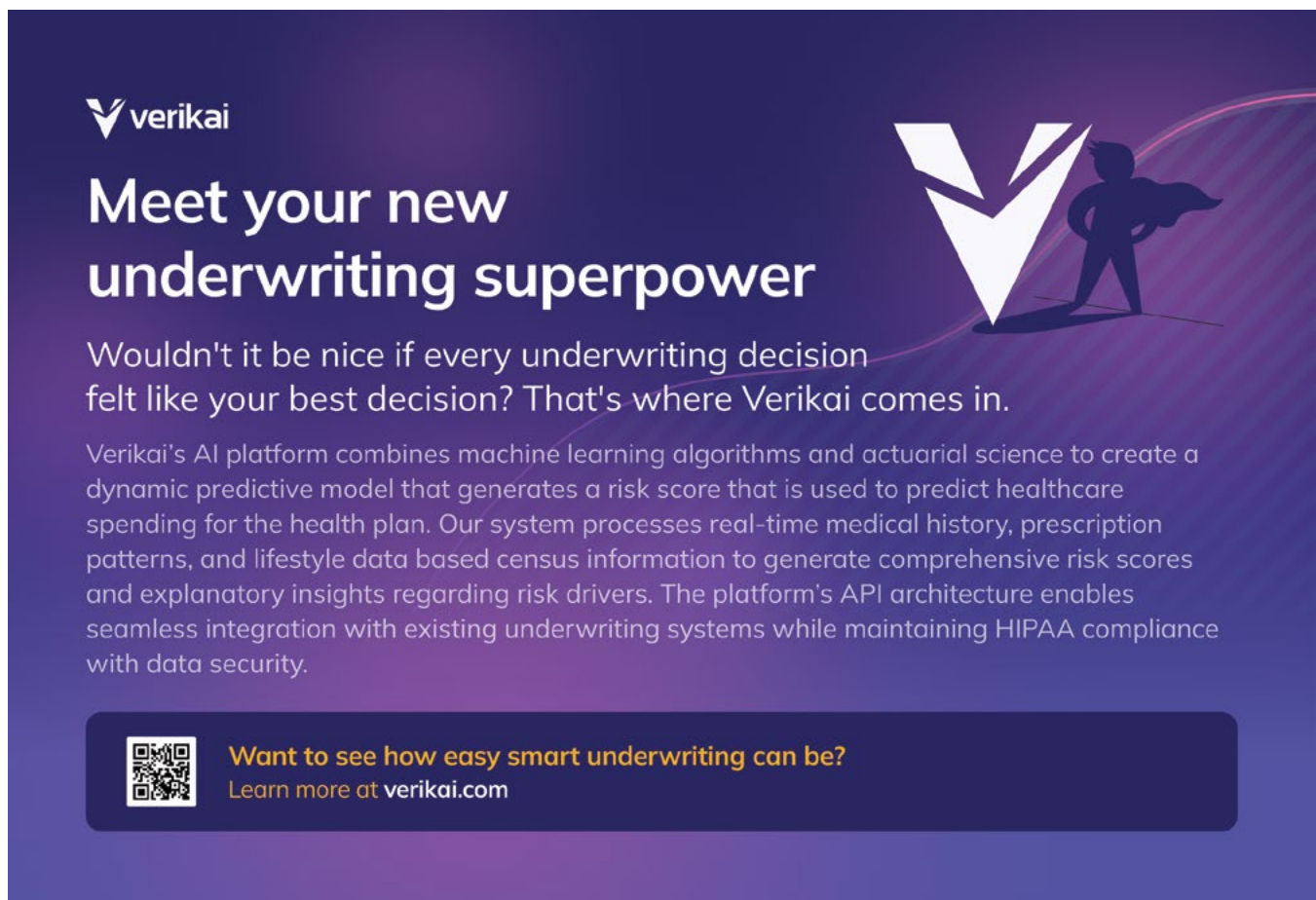
6. Focus on Prevention and Early Detection:

While screening and early detection can improve outcomes, they also contribute to increased costs as more people are diagnosed and require treatment.

CHOOSING A COE

Industry experts affirm that oncology COEs and bundled payments improve outcomes and cost predictability. As value-based solutions for oncology have finally emerged, employers are increasingly looking to them to address their growing healthcare costs. Specialists at Carrum Health say here's why:

- Using a bundled payment model ensures that employees receive care from high-quality, high-value physicians who deliver evidence-based, guideline-concordant care rather than those who are incentivized to provide more care and prescribe high-cost cancer drugs in the traditional fee-for-service model.
- Receiving care from a COE is linked to improved quality of life and survival rates, as well as more cost-effective care, which is vital since there can be a significant variation in these measures between oncology providers.
- With a tremendous variability in costs especially in the first year of a cancer diagnosis, these solutions give employers and patients full visibility, more control, and greater predictability when it comes to their oncology spend.




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- Patients never receive a surprise medical bill and usually have their cost-share waived, meaning that financial toxicity is no longer an issue.

Criteria for Identifying a Value-based COE Solution

When considering a partner, employers should look for those that prioritize high-quality, evidence-based, multidisciplinary care and can demonstrate improved outcomes, survival rates and optimal patient experience scores.

In order to reduce costs, the program should incorporate both guidance and the actual treatment.

Guidance plays a critical role in driving higher-value cancer care that ensures proper diagnosis and effective, individualized treatment plans.

- Employers should also look for programs that include diagnostic workups, the creation of the treatment plan and expert opinions and review.
- Assess the duration of the support. Many available solutions only cover an upfront expert review of the diagnosis and treatment plan. However, best-in-class platforms will provide longitudinal support for both patients and their treating oncologists because cancer is often unpredictable and requires ongoing monitoring and changes to the treatment plan.

Look for risk-takers – COEs that:

- Incentivize providers to deliver cost-effective care and explore opportunities to reduce costs.
- Demonstrate a commitment to reducing unnecessary care.
- Endeavor to keep patients out of the emergency room and hospital for treatment-related complications.
- Provide proactive symptom management, including systematic, timely follow-up for high-risk patients
- Offer remote patient monitoring (RPM) and urgent care clinics devoted to symptom management and supportive care.
- Add value to the patient experience, providing employees and their families with exceptional engagement that may include a patient care team, coordination of care and travel.
- A digital option with on-demand accessibility via an app.

Financial arrangements vary, depending upon the COE. In many cases, the CoE partner will provide a warranty that covers the costs of treatment-related should complications arise. Ideally, these costs are included in the bundle and not paid for separately.

BOTTOM LINE: PREVENTION IS A KEY STRATEGY TO IMPROVE CANCER CARE

While CoEs are ready to provide quality care, cancer prevention is a smart move for employers: 45% of all cancer deaths are caused by risk factors that can be potentially modified by changes in diet, exercise, and medication.

Early detection discovers cancers at more treatable stages, potentially reducing long-term costs while improving outcomes. Studies show that 87% of employers plan to have at least one cancer screening method in place by 2025.

Providing plan participants with current information helps to resolve barriers and ease any reticence around screenings. As an example, the perception persists that tests like colonoscopies are difficult or painful, even though some tests are available at home and many procedures are designed to be as comfortable as possible.

In 2025 and beyond, risk managers at WTW recommend these proactive strategies to promote early detection and use data-driven technology to support cost-containment, including:

- Leverage and know how to use forms of data available — from electronic medical records and claims analysis to lab results and predictive analytics. Payers have the opportunity to guide members to appropriate forms of testing or treatment before cancer further progresses, reducing the potential for costly late-stage treatment protocols.
- Implement effective risk management strategies that manage overall population health risk through thoughtful care management programs and steerage to quality care. such as COEs.
- Embrace precision medicine, genetic testing and advanced diagnostic and treatment options: family history for genetic testing, such as BRCA testing; genomic testing for cancer treatment; coverage for immunotherapies, such as CAR-T cell therapy, and pharmacogenomic tests.■

About the Author

Laura Carabello holds a degree in Journalism from the Newhouse School of Communications at Syracuse University, is a recognized expert in medical travel and is a widely published writer on healthcare issues. She is a Principal at CPR Strategic Marketing Communications. www.cpronline.com