

Cancer in the Workplace: Supporting Treatment for Positive Employee and Employer Results

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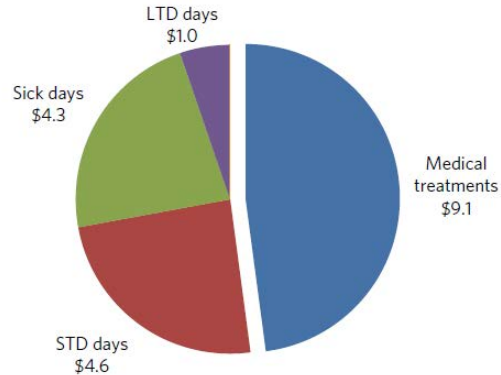
Today's Webinar

- Importance of cancer prevention and treatment to work outcomes and the business imperative
- CWHP's current research study on cancer and work outcomes including discussion of innovative oncology treatments
- *Employer action* - one employer's approach to supporting employees with cancer
- *Provider action* – supporting employees during treatment to stay at and/or return to work during and after treatment
- Reflection on bringing in broader outcomes to further the business case

Cancer Costs Beyond Treatment

2014 IBI Analysis found.....

Annual cancer costs per 100 employees (\$ thousands)



Total costs per 100 = \$19,000; total lost work time costs per 100 = \$9,900
STD = Short-term disability; LTD = Long-term disability

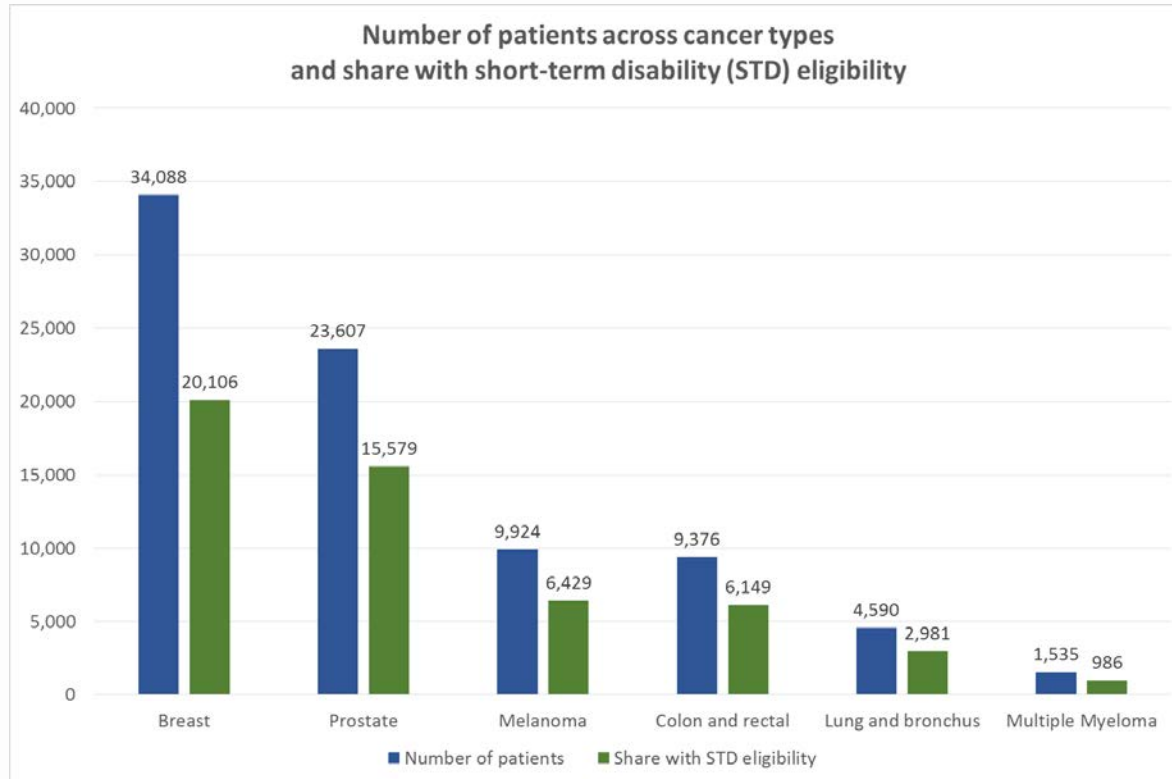
Source: IBI Chronic Disease Profile – Cancer, March, 2014; Cancer

2015 Study in the journal *Cancer* found.....

- Adults with cancer saw a decline in both employment and earnings when comparing the 2 years before with 2 years after their cancer diagnosis.
- Among adults in their prime working age (25 to 64 years) who were diagnosed with cancer, researchers found about a 10% decline in the probability of employment during the 5 years post diagnosis.
- Additionally, the number of working hours reduced by about 200 hours (about 5 weeks) annually among those survivors who were in the working age group, and the annual earnings dropped by about 40% within 2-years of being diagnosed.

Source: Zajacova, A. et. al, *Employment and income losses among cancer survivors: Estimates from a national longitudinal survey of American families*, *Cancer*, October, 2015.

STD Coverage for Cancer Patients

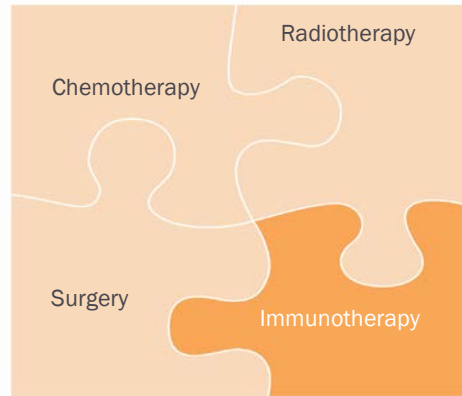


PRODUCTIVITY EFFECTS OF INNOVATIVE ONCOLOGY TREATMENTS

- **Research Question:** Across six types of cancer (breast, prostate, melanoma, colon and rectal, lung and bronchus, and multiple myeloma) are innovative cancer treatments associated with fewer short-term disability episodes and, when such episodes occur, shorter durations of work disability?
- **Data Source:** Utilize a multi-employer multi-year dataset acquired from Truven Health Analytics containing medical and pharmacy claims, short and long-term work disability claims, workers' compensation claims, administrative absence records and health risk appraisal data (including self-reported absence, presenteeism, chronic conditions and health risks) for employees and their dependents over a five-year time frame (2008-2012).
- **Funding:** The research project "Productivity Effects of Innovative Oncology Treatments" is funded by PhRMA.

Advances in Diagnosis & Treatment

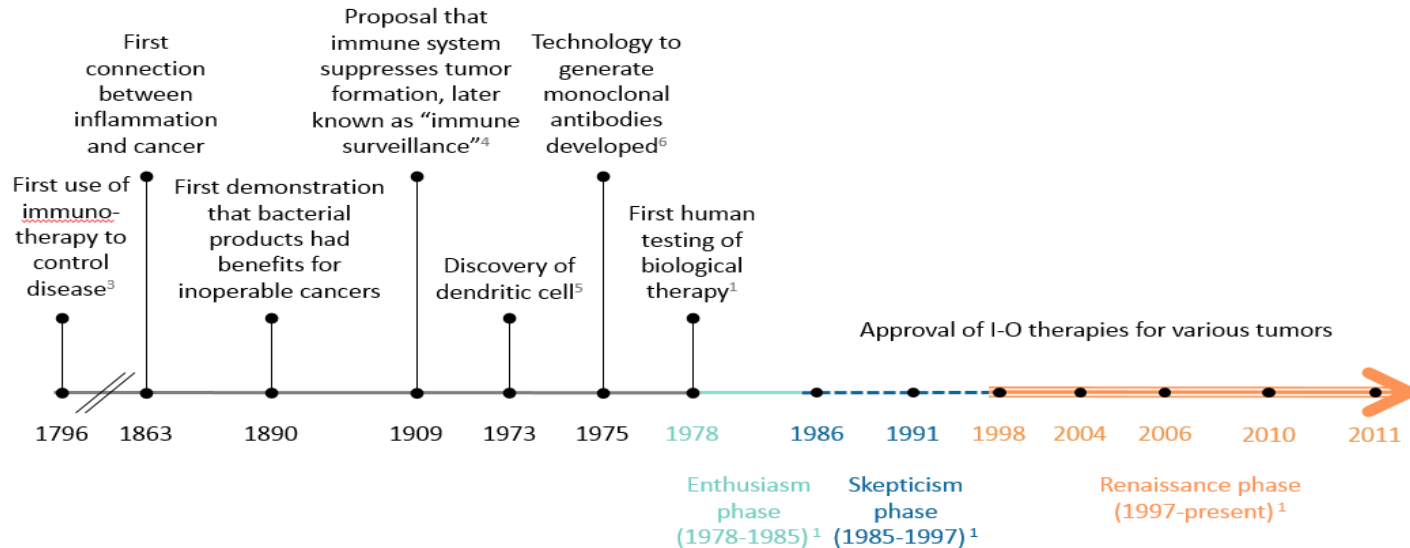
Immuno-Oncology therapies are being investigated in an attempt to utilize the body's own immune system to fight diseases.¹⁻³ The goal of I-O therapy is to restore the ability of the immune system to eliminate cancer cells by either activating the immune system directly, or by inhibiting mechanisms of suppression by tumors.



Sources: *Immuno-Oncology at a Glance*, Bristol-Myers Squibb, April 2015 (1. DeVita BT, Rosenberg SA. *N Engl J Med*. 2012;366:2207-2214 | 2. Kirkwood JM, et al. *CA Cancer J Clin*. 2012;62:309-335 | 3. Murphy JF. *Oncology*. 2010;4:67-80)

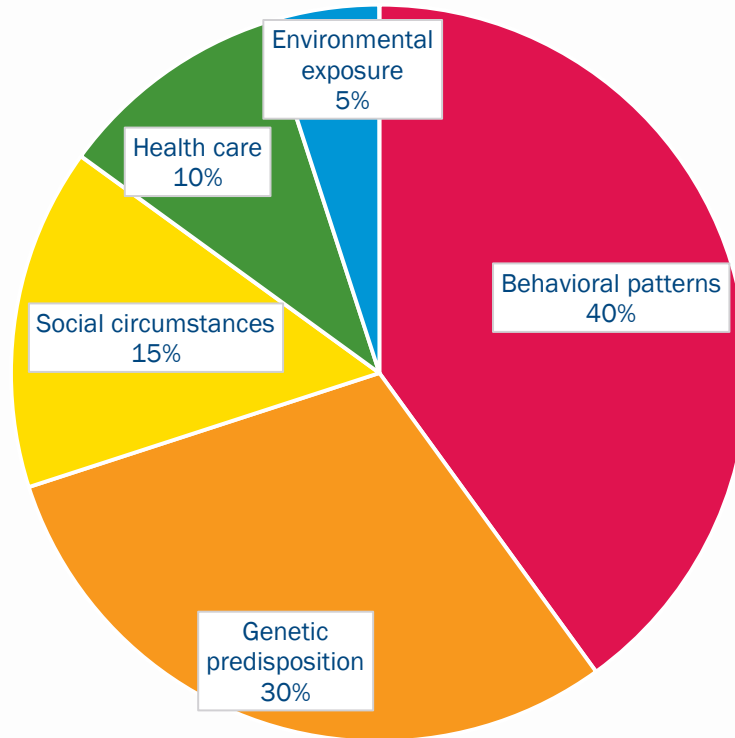
History of immunotherapy

I-O has progressed considerably since 1986 with approvals for the use of various I-O therapies, including vaccines, cytokines, tumor-directed monoclonal antibodies, and immune checkpoint inhibitors.^{1,2}



Sources: *Looking Deeper into the Science of Immuno-Oncology*, Bristol-Myers Squibb, April 2015 (1. Kirkwood JM, et al. *CA Cancer J Clin.* 2012;62:309-335 2. CenterWatch. FDA Approved Drugs for Oncology. <http://www.centerwatch.com/drug-information/fda-approvals/drug-areas.aspx?ArealD=12>. Accessed May 8, 2014 3. Murphy JF. *Oncology.* 2010;4:67-80 4. National Cancer Institute. 250 Years of Advances Against Cancer - 1900s. www.cancer.gov/aboutnci/overview/250-years-advances/1900s. Accessed May 8, 2014 5. Steinman RM, Cohn ZA. *J Exp Med.* 1973;137:1142-1162 6. National Cancer Institute. 250 Years of Advances Against Cancer - 1970s. www.cancer.gov/aboutnci/overview/250-years-advances/1970s. Accessed May 8, 2014)

A Broad Approach to Health Improvement: *Treatment Innovations in the Workplace Context*



***Cancer in the Workplace:
Supporting Treatment for Positive Employee
and Employer Results***

Mary Bradley
Director of Health Care Planning
Pitney Bowes

Supporting Employees with Cancer

- ✓ Overview of PB population
- ✓ Why Cancer Management is Important
- ✓ Type of Support Available



Pitney Bowes Population

	Meters, Software, Corporate	Services
# Employees	5,300 (86% enroll)	3,100 (78% enroll)
# Members	13,000	5,000
% Enrolled CDHP	40%	65%
Gender	68% M 32% F	51% M 49% F
Average Age	47	42
Average Income		
salaried	\$90k (53%)	\$83k (12%)
hourly	\$37k (47%)	\$27k (88%)

Health Care Objectives



- ✓ Maintain and Improve Employee Health
- ✓ Encourage Appropriate Utilization of Health Care Services to:
 - Make informed decisions
 - Take ownership of their health (PB Healthy Rewards Program)
 - Avoid unnecessary absences
 - Speedy return to work as part of treatment
- ✓ Affordable for PB and their Employees

Why Cancer Management is Important

- ✓ Physical, emotional, financial toll
- ✓ Highest cost condition
- ✓ 34% of high cost claimants
- ✓ Opportunity to improve screening rates

- ✓ Gaps in Resources from plans:
 - Members identified via claims
 - Focused on patients, not caregivers
 - Treatment, not workplace focused
- ✓ Are plans trusted sources?

2014 Cancer Screening Rates

	Cervical	Colon	Breast
2014	68%	43%	73%
2013	68%	40%	73%

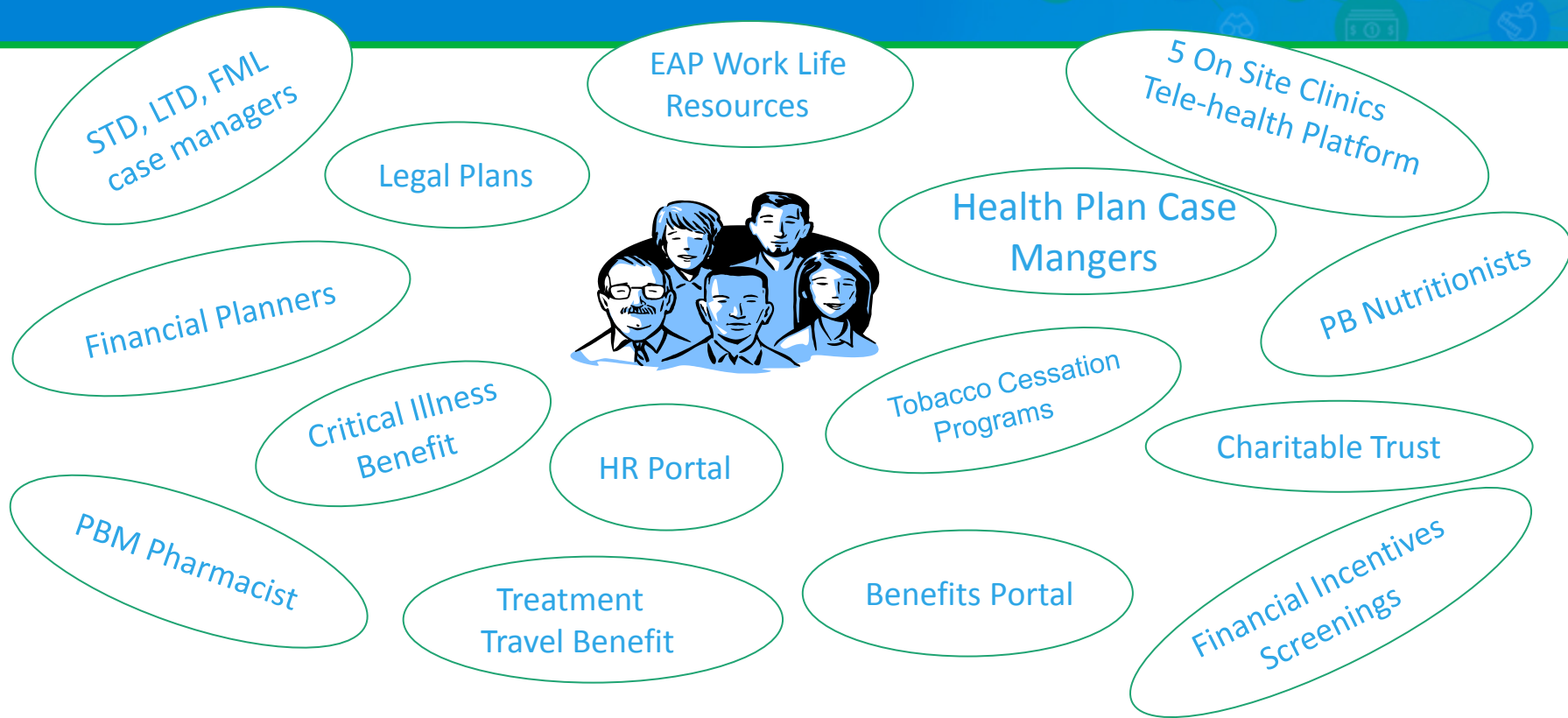
Screening rates are constant; with opportunity for improvement.

Colon cancer screening rates use a 10 year look back for colonoscopies and a 5 year look back for sigmoidoscopies; cervical cancer screening rates are a 3 year look back; breast cancer screening rates are a 2 year look back.

2014 Total Costs – Cancer Treatment

Medical	\$6.61 million	✓ 603 patients <ul style="list-style-type: none">• 35% skin cancer• 4% skin melanoma• 20% breast cancer• 12% cervical cancer• 5% colon cancer ✓ Only 11% of complex cancers treated in a COE
Prescription Drug	.55 million	
Short Term Disability	<u>.74 million</u>	
Total	\$7.9 million	

Many Resources



Why Pitney Bowes needed MCaW™

- ✓ Patients face months of treatment
- ✓ Avoidance of wasted health care dollars:
 - Failure of care delivery
 - Failure of care coordination
 - Over treatment

- ✓ Guidance and coordination with managers on working during treatment or caregiving
 - Maximize potential for productive work
 - Helps managers plan
 - Helps employees maximize their paid time off benefits

Providing Guidance when it's most meaningful
Johns Hopkins is synonymous with excellence in research & patient care

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Managing Cancer at Work™

Why it's Good Business to Invest in Better Cancer Management
for your Employees



Why did Johns Hopkins create this program?

We created it for our own employees.

41,000 employees within Johns Hopkins Medicine

Just among our JHH employees (21,000), we have 800 newly diagnosed with cancer a year.

Many more than that are caregivers for their parents, spouses, children diagnosed with cancer.

We wanted to ensure we were taking good care of “Hopkins Family”.

- Home
- Screening & Prevention
- What if You're Diagnosed?
- Cancer Types
- Workplace Benefit Programs
- Cancer Treatment & Work
- Life After Treatment
- What if My Cancer is Not Curable?
- Caregiver Information

Home



Why This Program?



Learn how to prevent cancer, recognize the early warning signs and manage cancer treatment

[News & Blog](#)


- [Keep Calm and Wear Sunscreen](#)
- [Sun Tips](#)
- [Testicular Cancer: What You Need to Know](#)

1 Screening & Prevention


2 What if You're Diagnosed?

3 Life After Cancer Treatment


4 Caregiver Information

- 


Screening & Prevention Tool

Get a personalized list of detection exams as well as
- 

Talking to Your Manager

What are your entitlements and responsibilities?
- 

Role of the Navigator

What will my Workplace Oncology Nurse Navigator
- 

Working During Treatment

As you gather information on what lies ahead and find



Work-Related Issues in Cancer Survivors

- ✓ 63.5% of cancer survivors, overall, continue to work or return to work during and after cancer treatment (Critical Reviews in Oncology Hematology 77 (2011)
 - ✓ More than 90% of Hopkins employees using the MCaW program are working during treatment.
- ✓ Factors leading to a greater likelihood of increased productivity:
 - Employer accommodations / flexible working arrangements
 - Counseling and supportive services
 - Training and rehabilitation services
 - Lower length of sick leave
 - Continuity of care
- ✓ A high proportion of cancer patients experienced temporary changes in work schedules, work hours, wages and a decline in work ability (Critical Reviews in Oncology Hematology 77 (2011)



Drivers of Cancer Cost to the Employer

- ✓ Wrong diagnosis, wrong treatment, wrong place of treatment, increasing the cost of treatment
- ✓ Use of sick time, vacation time, and short and long term disability
- ✓ Failure to provide adequate education and support to employees who could work during treatment
- ✓ Failure to accommodate workers with cancer, protected under the ADA, due to a deficit in supervisor training and information ⁽¹⁾
- ✓ Lack of education for caregivers of cancer patients, impacting productive time
- ✓ Lack of preparation of management team to optimally manage when an employee has cancer and a lengthy medical treatment course
- ✓ **Managing Cancer at Work™ can help you address all of these issues**

¹Workplace Accommodation as a Social Process, Lauren B. Gates



Taking Care of the Whole Patient /Caregiver- who is your Employee

Incorporating an employee's life goals into the treatment planning process

Providing educational resources online as well as the Hopkins Oncology Nurse Navigator to coach the employee how to request their treatment schedule dovetail with a flexible and optimized work schedule. And identification and resolution of barriers to care.

Maintain the employee's physical condition during treatment to avoid deconditioning that later requires reconditioning

Advise the caregiver which appointments are key ones to attend and which ones are not.

Promote healthy lifestyle behaviors and cancer screenings to be maintained while serving as a caregiver

Provide and promote cancer survivorship care in the workplace setting.

Working with Cancer

Wellspring (Canada) - Spelten et. al. 2002; Pryce et. al. 2006, Hopkins et. al. 2010

Factors *negatively* associated with return-to-work success

- x non-supportive work environment
- x loss of attachment to work
- x returning too quickly
- x manual labor jobs
- x older age

Factors *positively* associated with return-to-work success

- ✓ supportive attitude of co-workers
- ✓ discretion re hours and workload
- ✓ disclosure to co-workers
- ✓ time off for appointments
- ✓ preparation for workplace re-entry
- ✓ size of employer (higher success rate with larger employers)

Managers' / Supervisors' Toolkit Includes:

- ✓ General cancer education on the changing face of cancer
- ✓ Cost of cancer in the U.S.
- ✓ Screening/prevention and the workplace
- ✓ Support if an employee is diagnosed
 - The role of the nurse navigator
 - Emotional support of your employee with cancer
 - Legal issues for those with disabilities and the need for FMLA
 - Why some patients want and need to work when they have cancer
 - Use of sick time, short and long term disability, ADA education
- ✓ Impact on co-workers when an employee has cancer
- ✓ Balancing treatment needs and work schedules
- ✓ How to maintain productivity with or without your employee at the workplace





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WORKFORCE HEALTH
AND PERFORMANCE



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Questions?

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