

# Top 5 Oncology Challenges for Payers

How Payers are Tackling the High Cost of Oncology Care

WHITE PAPER

## Keeping Pace in Oncology Care

Cancer care is complex and costly—typically one of the highest expenditures across the member population. In an ever-evolving, ever-growing landscape of treatment options and regulations, staying updated with the latest advances in oncology care can be difficult.

Ensuring that care is both appropriate and cost-effective can be a challenge. Now, more than ever, payers face a grueling task of effectively balancing treatment plan approvals with member needs and provider workflows.

This white paper highlights 5 pressing challenges payers face as they attempt to enable the best outcomes for their members, provider networks, and bottom line.

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## RISING COST OF ONCOLOGY TREATMENT

Cancer treatments can be expensive, and health plans often struggle to balance the cost of providing comprehensive care with the need to control healthcare spending. The cost of new and innovative cancer therapies, such as targeted therapies and immunotherapies, can be particularly high.

According to a March 2023 report by the IQVIA Institute, the cost of treating cancer in the United States for 2022 rose to over \$81 billion, and that number is projected to reach \$125 billion by 2027.

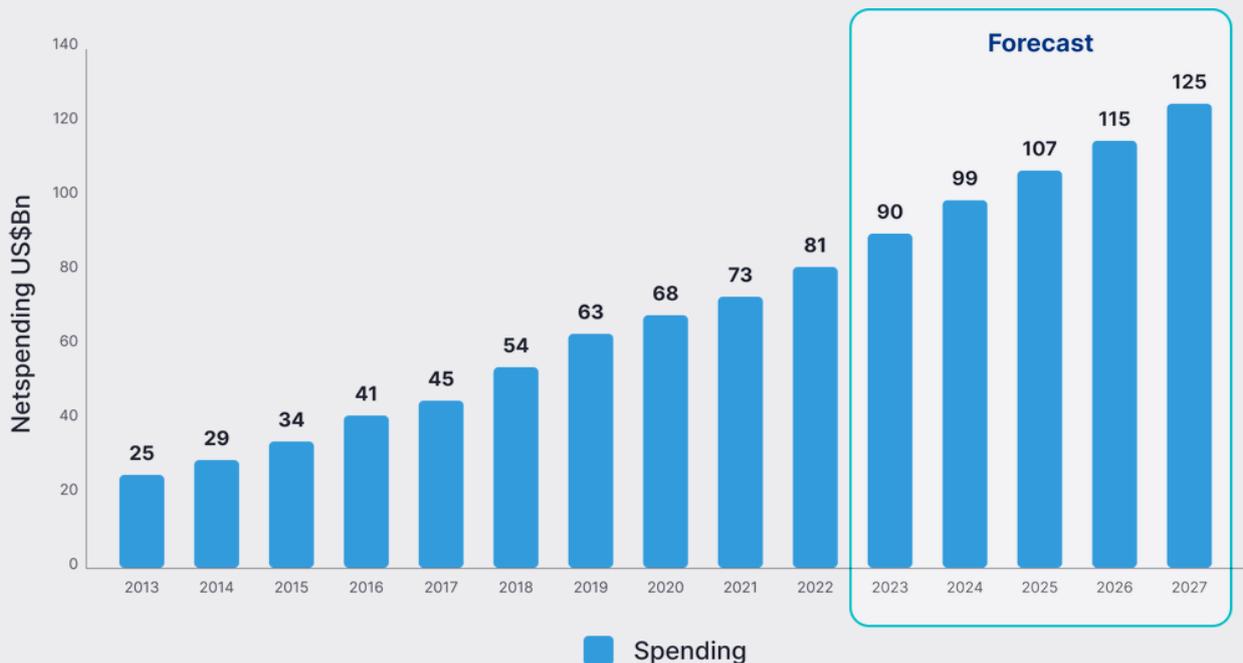
While scientists rapidly develop new and innovative ways to treat cancer—there were over 100 new drugs in the pipeline as of 2023\*—health plans are challenged more than ever. Those new therapies and treatment options often come with a steep price tag: 2022’s median annual cost was \$260,000\* per member treatment.

Cancer treatment options can vary widely depending on the type and stage of cancer, individual patient characteristics, genetic profiling, and biomarkers.

Variability in treatment approaches and quality of care can impact outcomes and costs. Health plans want to ensure their members receive evidence-based, high-quality care following established treatment guidelines.

When members receive the most appropriate evidence-based care, payers typically pay less in the long run than if a member were to get inappropriate non evidence-based care, which can significantly increase costs due to additional treatments and hospitalizations. Getting care right from the start can reduce the overall costs of care.

Oncology spending at estimated manufacturer net prices, US\$Bn\*



Source: \*IQVIA Institute, March 2023. (Figures reflect the most recent reputable industry data available as of publication.)

## OPERATIONALIZING EVIDENCE-BASED MEDICINE BEST PRACTICES

New clinical evidence is published every day with promising treatments and drug therapies. With over 4,600\* different ways to treat various cancers, from adrenal to Waldenström macroglobulinemia, and more than 9,500\* active clinical trials, it's nearly impossible to stay current on which treatments provide the best outcomes at the lowest cost. When authorizing member care, making informed decisions is crucial. When health plans need to compare a member's medical records with evidence-based standards, only the most comprehensive data will do.

Health plans without dedicated oncology-trained staff may find it challenging to stay ahead of the barrage of evidence.

Falling behind on the latest evidence can potentially lead to more denials and appeals. Outsourcing treatment determinations to oncology-trained clinical experts who live and breathe published literature can aid in consistently well-informed decisions and free up valuable internal resources to focus on other tasks. Automation also plays a critical role in balancing costs and outcomes. By automating authorization requests for treatments that align with our evidence-based library, payers can reduce the need for manual review and minimize administrative burdens for providers. This approach streamlines workflows and supports timely, appropriate care.



Source: \*Eviti Connect for Oncology

## PROVIDER ABRASION

Health plans walk a fine line between making sure they are paying for effective care and maintaining healthy relationships with their provider networks. Unsurprisingly, providers often balk at cumbersome administrative tasks perceived as a watchdog over their practice or prior authorization requirements that can take up valuable time while patients wait for treatment. And for good reason.

As published in the Journal of Clinical Oncology, a provider will consider thousands of data points for each patient, including clinical symptoms, structural genetics, functional genetics, proteomics, diagnostic imaging, etc. Making clinical decision support available to providers can help narrow treatment plan selection criteria to what is most appropriate for the patient, allowing providers to determine the best course of action.

Once a treatment decision is made, the last thing a provider wants is a health plan, which they may perceive to know less about cancer care best practices, telling them what they can and cannot do.

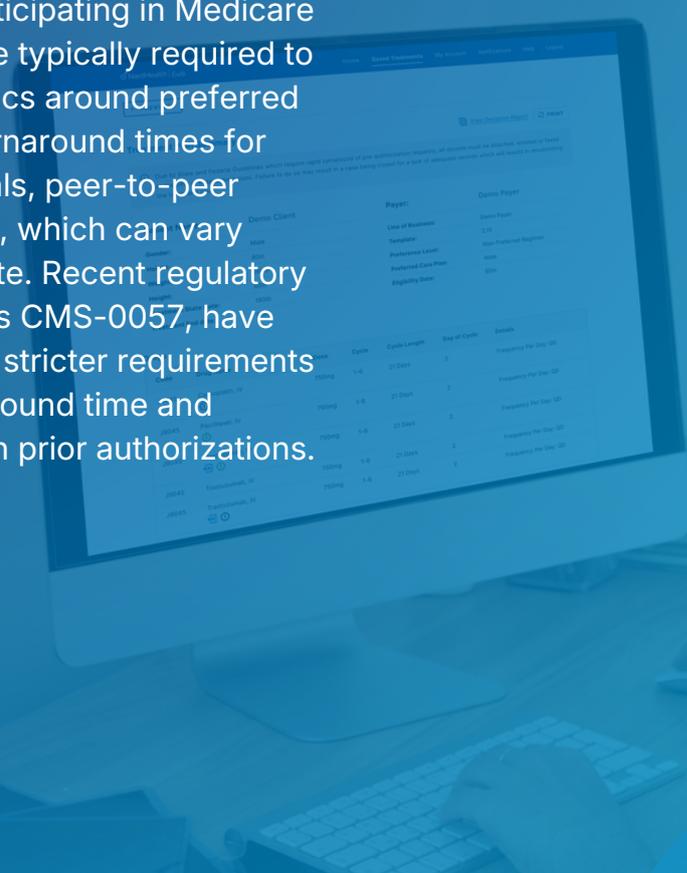
To mitigate this dynamic, health plans can outsource cancer treatment validation to

vendors who specialize in reviewing the latest literature, opening doors for a more collaborative relationship between health plans and providers.

Payers who offer treatment plan validation solutions that allow physicians to practice medicine without dictating care can go a long way in building rapport with their provider networks. Going beyond the algorithms and providing opportunities for the prescribing oncologist to collaborate with a like-minded oncologist reviewer, allows opportunity for open dialogue when the algorithms don't perfectly fit a specific patient. Through peer-to-peer discussion, the oncologists can agree on the most appropriate path forward for the patient in question so they can timely start treatment.

## MANAGING COMPLIANCE WITH TIGHTENING REGULATIONS

Health plans participating in Medicare and Medicaid are typically required to adhere to specifics around preferred drug lists and turnaround times for decisions, appeals, peer-to-peer discussions, etc., which can vary from state to state. Recent regulatory changes, such as CMS-0057, have introduced even stricter requirements for review turnaround time and interoperability in prior authorizations.



Some states also have other directives that impact how a health plan manages member care. For instance, as part of its **Next Generation program**, the Ohio Department of Medicaid requires authorization requests to be submitted via a single portal that is used statewide. In these instances, health plans must find a way to integrate systems and eliminate redundant workflows between the payer and provider.

Payers are responsible for ensuring compliance with these mandates. Managing these requirements can be arduous for payer technical teams as they seek to optimize the efficiency and efficacy of their processes.

Often, the best solution is to work with a vendor who already has sophisticated systems in place to support such efforts. Vendors who ascribe to the strictest standards for quality and security are often recognized through accreditation or certification from organizations such as **URAC** and **HITRUST** that validate compliance with stringent industry standards.

## BUILDING OR BUYING

While payers can develop internal capabilities to review medical records for medical necessity and appropriateness, such home-grown in-house solutions for oncology are typically cumbersome and expensive to maintain. They require staff with extensive oncology expertise that can consistently decipher published data and work collaboratively with technological experts to make the data actionable and processes scalable. A simpler, more cost-effective approach is to work with a vendor that combines extensive oncology and technical expertise.

Not all health plans are the same. Each payer has specific needs and requirements that often necessitate more than a plug-and-play solution. When partnering with technology vendors, payers need to consider the flexibility and configurability of the product and how closely it can meet their requirements. While some technology companies offer flexibility in their products,

others remain inflexible, requiring the payer to conform to how the platform is built. These programs work in the short term but fail to grow with the needs of the health plan.

When selecting an oncology-specific technology vendor, payers should search for solutions that can be configured for specific requirements, such as integrating payer policies and addressing state-specific requirements. Payers should also consider a technology vendor's ability to scale to support future needs, member growth, and all lines of business.

### BUILD



### BUY



## WRAPPING IT UP

Many of these challenges can be addressed effectively with support from a team of clinical and technical experts who have experience working with providers to drive adherence to low-cost, highly effective care. When evaluating an oncology vendor, payers should consider these things:

- ✔ Extensive oncology expertise
- ✔ Patient and provider focus
- ✔ Flexible and scalable technology
- ✔ High quality and security standards
- ✔ Risk management support

Eviti Connect for Oncology has a proven return on investment, saving one national health plan more than

**\$45 Million**

in 2024.

## ABOUT EVITI CONNECT FOR ONCOLOGY

Eviti Connect for Oncology from NantHealth was the first solution of its kind to combine state-of-the-art technology with clinical expertise to automate the validation of oncology treatment decisions with evidence-based medicine and payer policies before treatment begins. The Eviti Connect for Oncology platform displays all available treatment plans filtered by patient-specific data and offers treatment recommendations to providers. This reduces administrative burden and empowers providers and payers to focus on what matters most: delivering timely, value-based care to every patient.

Our team of expert oncology clinicians and informaticists has more than a decade of experience reviewing the most current oncology clinical evidence to curate the most comprehensive proprietary medical library of treatment plans. Each treatment plan is evaluated for cost, toxicity, expected outcomes, and patient-specific factors—enabling truly personalized recommendations that support informed, compassionate decision-making, fostering trust across the care continuum.

Eviti Connect is an intelligent treatment plan validation platform that combines advanced technology with clinical expertise, empowering providers and payers to confidently prescribe and reimburse high-quality, high-value care.

For more information, visit [NantHealth.com](https://www.nanthealth.com)  
or email [PayerSales@NantHealth.com](mailto:PayerSales@NantHealth.com)  
to see Eviti Connect for Oncology in action.

