

# Quality in Cancer Care

- The 3 Aims in Oncology
- Key Challenges Within the 3-Aim Context
  - Better Care
  - Healthy People/Healthy Communities
  - Controlling Costs
- Merck's Commitment to Quality in Oncology Care

# The 3 Aims in Oncology



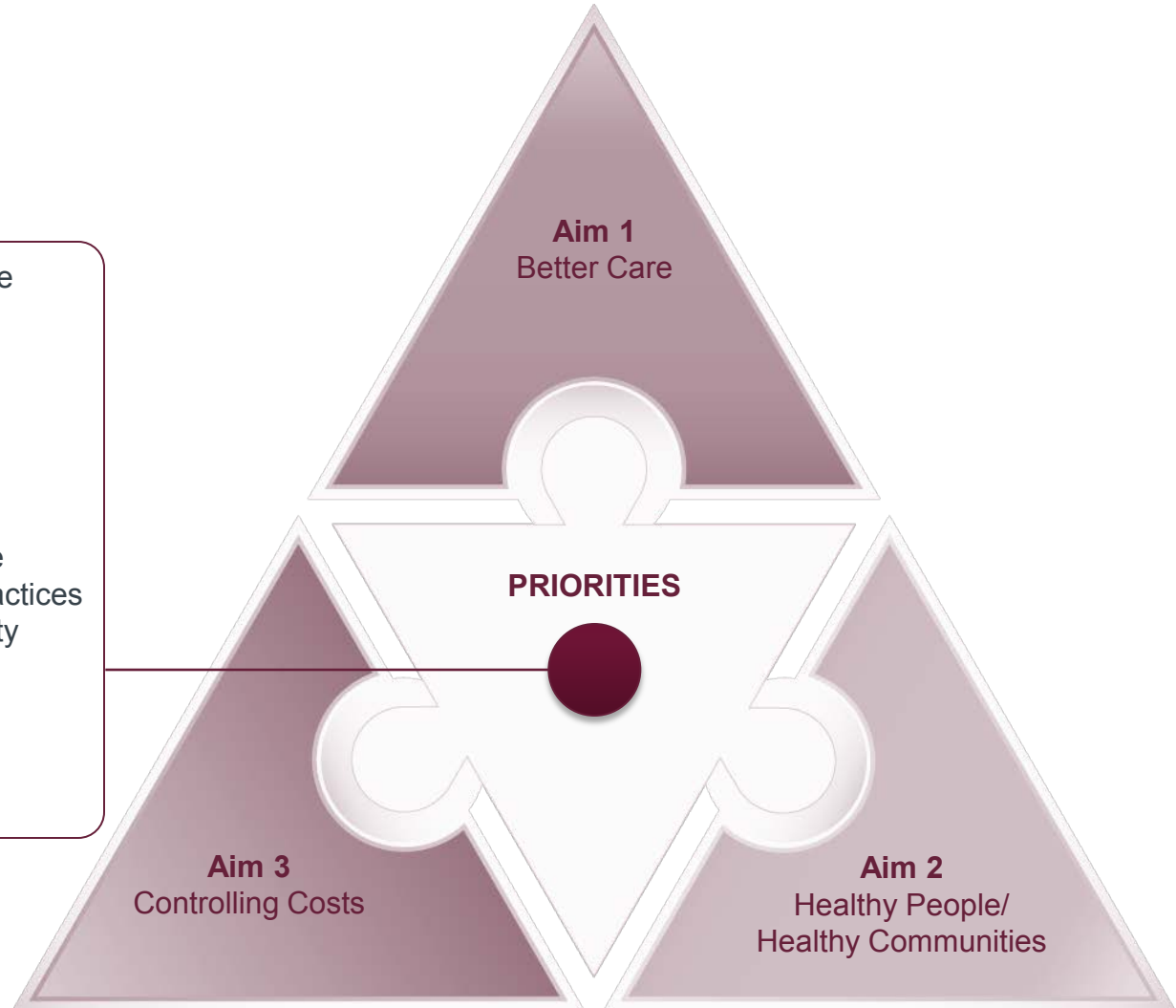
- The Patient Protection and Affordable Care Act (Section 3011) requires the Secretary of the Department of Health and Human Services to establish a National Strategy for Quality Improvement in Health Care (The National Quality Strategy)<sup>1</sup>
- The Institute of Medicine has identified several areas of focus for oncology care delivery within the overall quality context<sup>2</sup>

1. Agency for Healthcare Research and Quality. <http://www.ahrq.gov/workingforquality/toolkit.htm>. Accessed May 22, 2014.

2. Levit L et al, eds, Institute of Medicine. Washington, DC: The National Academies Press; 2013.

# The National Quality Strategy Set 6 Priorities to Achieve the 3 Aims<sup>1</sup>

- Reducing harm caused in the delivery of care
- Engaging each person and family as partners in care
- Promoting effective communication and coordination of care
- Promoting the most effective prevention and treatment practices for leading causes of mortality
- Promoting best practices to support healthy living
- Developing new health care delivery models



1. Agency for Healthcare Research and Quality. <http://www.ahrq.gov/workingforquality/about.htm>. Accessed May 22, 2014.

# Key Challenges for Cancer Care Delivery Within the 3-Aim Context

## Better Care<sup>1</sup>

- Fragmented and uncoordinated care
- Inadequate and poorly timed communication
- Complex cost structure, with little transparency

## Healthy People/Healthy Communities<sup>1</sup>

- Inadequate decision support
- Inconsistent use of evidence-based guidelines
- Suboptimal timing and sequencing due to a lack of care management
- Missed opportunities for prevention and wellness

## Controlling Costs<sup>1</sup>

- Poor coordination may lead to costly duplication of care and may result in patient complications
- Waste, including overuse of tests and procedures

1. Levit L et al, eds, Institute of Medicine. Washington, DC: The National Academies Press; 2013.

## Emerging Best Practice: *The Conversation Project*<sup>1</sup>

- Launched in collaboration with the Institute for Healthcare Improvement to encourage patient-centered conversations about end-of-life wishes
- Key “Conversation Ready” principles
  - Organizations elicit and capture information about patients’ and their families’ end-of-life wishes
  - Health care providers partner with patients and their families to develop a health care plan consistent with an individual’s end-of-life wishes
  - Health care providers engage patients in conversations early and often about what matters most to them
  - Health care leaders and providers lead by example by discussing their own end-of-life wishes with loved ones

### Early Adopters<sup>1</sup>

- Atrius Health (Newton, Massachusetts)
- Beth Israel Deaconess Medical Center (Boston)
- University of Pittsburgh Medical Center
- Virginia Mason Medical Center (Seattle)

1. Gunther-Murphy C et al. Reprinted from *Healthcare Exec.* July/Aug 2013.



## Evolving Quality Measures: NCQA HEDIS<sup>1</sup>

- Care for Older Adults – Advance Care Planning
  - The percentage of adults aged  $\geq 66$  years, who, during the measurement year, participated in advance care planning as indicated by one of the following:
    - The presence of an advance care plan in the medical record
    - Documentation of an advance care planning discussion with the provider, and the date (during the measurement year) when it was discussed
    - Notation that the member previously executed an advance care plan
  - Applies to Medicare Special Needs Plans

NCQA=National Committee for Quality Assurance; HEDIS=Healthcare Effectiveness Data and Information Set.

1. NCQA. *Guidelines for Effectiveness of Care Measures*; 2013.

## Evolving Quality Measures: PQR<sup>1,a</sup>

Measure No.	Measure Title and Description	Group
143	<p><b>Oncology: Medical and Radiation – Pain Intensity Quantified</b></p> <p>Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified</p>	Registry, EHR, Oncology Measures Group
144	<p><b>Oncology: Medical and Radiation – Plan of Care for Pain</b></p> <p>Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain</p>	Registry, Oncology Measures Group

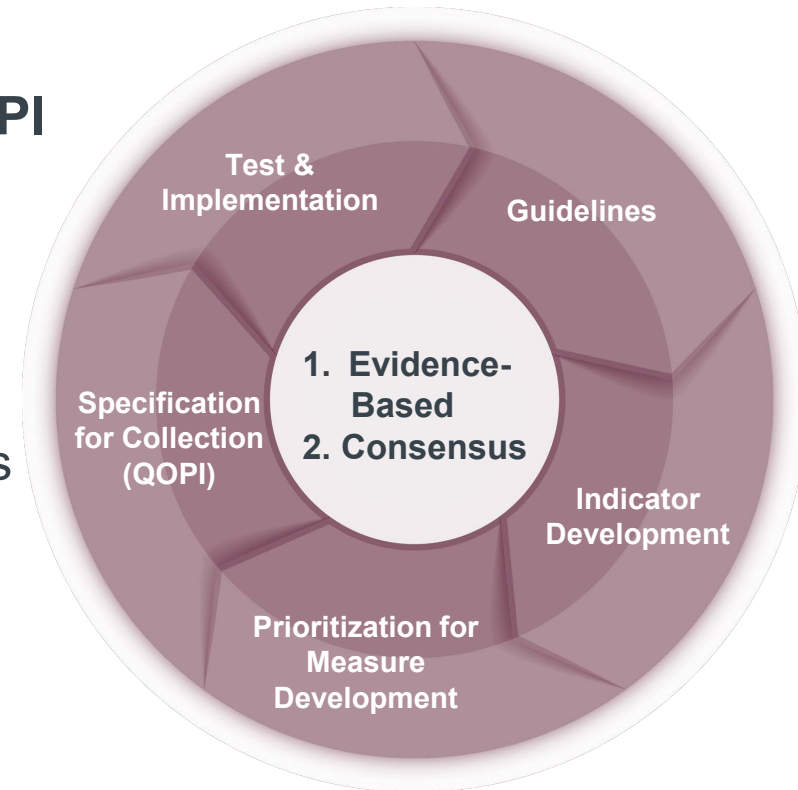
<sup>a</sup>Examples from Measures List.

PQRS=Physician Quality Reporting System; EHR=electronic health record.

1. Centers for Medicare & Medicaid Services. [http://www.cms.gov/apps/ama/license.asp?file=/PQRS/downloads/2013\\_PQRS\\_MeasuresList\\_ImplementationGuide\\_12192012.zip](http://www.cms.gov/apps/ama/license.asp?file=/PQRS/downloads/2013_PQRS_MeasuresList_ImplementationGuide_12192012.zip). Accessed May 22, 2014.

## Evolving Quality Measures: ASCO QOPI

- Oncologist-led, practice-based quality assessment and improvement program<sup>1</sup>
  - Measures are selected and adapted by practicing oncologists
- Currently, QOPI includes >160 measures
- Blue Cross Blue Shield of Michigan selected QOPI Health Plan Program as the foundation for the Michigan Oncology Quality Collaborative<sup>2</sup>



Adapted with permission. © 2010 American Society of Clinical Oncology. All rights reserved. The Quality Oncology Practice Initiative. Quality Cancer Care: Pursuing Excellence, 2013.

ASCO=American Society of Clinical Oncology; QOPI=Quality Oncology Practice Initiative.

1. The Quality Oncology Practice Initiative. <http://qopi.asco.org/documents/QOPI-Program-Details-Presentation-7-2013.pdf>. Accessed May 22, 2014.

2. BCBSM Physician Group Incentive Program. <https://www.pmcpo.com/sites/pmcpo.com/files/filepicker/1138/2014%20MOQC%20External%20Initiative%20Plan.pdf>. Accessed May 22, 2014.

## Evolving Standards: Commission on Cancer<sup>1</sup>

- Standard 3.3 – Survivorship Care Plan
  - The cancer committee develops and implements a process to disseminate a comprehensive care summary and follow-up plan to patients with cancer who are completing cancer treatment
- Standard 3.2 – Psychosocial Distress Screening
  - Accredited programs must have a process to integrate and monitor onsite psychosocial distress screening and referral for the provision of psychosocial care

**New standards beginning 2015**

1. Commission on Cancer. *Cancer Program Standards 2012: Ensuring Patient-Centered Care*. Vol 1.2. Chicago: American College of Surgeons; 2012.

- Increased emphasis on care coordination and patient navigation spanning the patient/caregiver experience
  - Prediagnosis
  - Diagnosis
  - Treatment planning and treatment
  - Survivorship planning
  - End-of-life planning and care
- Patient screening and intervention for psychosocial distress
- Initiatives to promote shared decision making between patients and their caregivers and health care professionals

## Better Care<sup>1</sup>

- Fragmented and uncoordinated care
- Inadequate and poorly timed communication
- Complex cost structure, with little transparency

## Healthy People/Healthy Communities<sup>1</sup>

- Inadequate decision support
- Inconsistent use of evidence-based guidelines
- Suboptimal timing and sequencing due to a lack of care management
- Missed opportunities for prevention and wellness

## Controlling Costs<sup>1</sup>

- Poor coordination may lead to costly duplication of care and may result in patient complications
- Waste, including overuse of tests and procedures

1. Levit L et al, eds, Institute of Medicine. Washington, DC: The National Academies Press; 2013.

## Example: Kaiser Permanente (KP) Care Management Institute<sup>1</sup>

- KP HealthConnect Beacon<sup>®</sup>: an EMR oncology module built by a multidisciplinary team
  - Reduced and standardized care delivery protocols
  - Converted paper protocols into electronic protocols
  - Integration of supportive care, standardized orders, and references into the EMR

### Reported Outcomes Included<sup>1</sup>

- Higher adherence to treatment protocols
- Decreased patient safety events
- Rapid initiation of new, evidence-based protocols
- 18% reduction in oncology nursing over time

EMR=electronic medical record.

1. Bisognano M et al. In: *Pursuing the Triple Aim*. San Francisco, CA: John Wiley & Sons, Inc.: 2012:231–271.

## Example: Cancer Care Coordination<sup>1</sup>

- Cancer care coordination is the deliberate organization of patient care activities among all those involved to facilitate the appropriate delivery of health care services
- Based on a meta-analysis of 30 years of literature, cancer care coordination nearly doubles the likelihood that patients will receive high-quality care

### Interventions to Increase Cancer Care Coordination Reportedly May Lead to<sup>1</sup>

- Reduced hospitalization rates
- Reduced emergency department visits
- More timely treatments
- Higher health-related quality of life
- Greater satisfaction with care

1. American Society for Clinical Oncology. <http://www.asco.org/press-center/research-asco's-2013-quality-care-symposium-highlights-advances-improving-care>. Accessed May 22, 2014.



## **Evolving Quality Measures: Pennsylvania Health Care Quality Alliance<sup>1</sup>**

- First public reporting of cancer quality measure performance by US hospitals<sup>1</sup>
- In 2013, Pennsylvania hospitals agreed to report performance on 5 cancer quality metrics endorsed by the National Quality Forum<sup>1</sup>
  - 3 breast cancer quality measures
  - 2 colon cancer quality measures
- The performance data are accessible on the Pennsylvania Health Care Quality Alliance website<sup>1</sup>

1. Pennsylvania Health Care Quality Alliance [press release]. November 21, 2013. [http://www.phcqa.org/\\_pdf/news/phcqanews\\_112113.pdf](http://www.phcqa.org/_pdf/news/phcqanews_112113.pdf). Accessed May 22, 2014.

## Evolving Standards: Commission on Cancer<sup>1</sup>

- Standard 3.1 – Patient Navigation Process
  - A patient navigation process, driven by a community needs assessment, is established to address health care disparities and barriers to care for patients

**New standards beginning 2015**

1. Commission on Cancer. Cancer Program Standards 2012: Ensuring Patient-Centered Care. V1.2.

## Evolving Standards: URAC Specialty Pharmacy Accreditation

- Standard PM 15 – Informed Decision Making With Patients<sup>1</sup>
  - Requires that policies and procedures for specialty pharmacies address<sup>2</sup>
    - How the specialty pharmacy's patient communications will support patient decision making
    - What decision support tools the specialty pharmacy will provide to patients
    - How the specialty pharmacy will get patients involved in decisions

1. URAC. [https://www.uran.org/wp-content/uploads/STDGlance\\_SpecPharm.pdf](https://www.uran.org/wp-content/uploads/STDGlance_SpecPharm.pdf). Accessed May 22, 2014.

2. Goddard T. <http://integralhs.com/specialty-pharmacy-accreditation-version-20-pm-15-%E2%80%93-informed-decision-making-patients>. Accessed May 22, 2014.

# Emerging Quality Trends in Cancer Care – Healthy People/Healthy Communities Summary

- Deployment of evidence-based treatment facilitated by
  - EMRs with standardized protocols
  - Development and endorsement of additional evidence- and consensus-based cancer care quality metrics
  - Increased transparency through public reporting of quality metrics
  - Comparative-effectiveness forums sharing outcomes and quality initiatives
  - Payment models providing incentives for improved clinical outcomes
- Initiatives to promote adherence with treatment and healthy lifestyles to improve quality of life and prevent cancer recurrence

EMR=electronic medical record.

## Better Care<sup>1</sup>

- Fragmented and uncoordinated care
- Inadequate and poorly timed communication
- Complex cost structure, with little transparency

## Healthy People/Healthy Communities<sup>1</sup>

- Inadequate decision support
- Inconsistent use of evidence-based guidelines
- Suboptimal timing and sequencing due to a lack of care management
- Missed opportunities for prevention and wellness

## Controlling Costs<sup>1</sup>

- Poor coordination may lead to costly duplication of care and may result in patient complications
- Waste, including overuse of tests and procedures

1. Levit L et al, eds, Institute of Medicine. Washington, DC: The National Academies Press; 2013.

## Example: Oncology Patient-Centered Medical Home (PCMH)

- American Society of Clinical Oncology is advocating for quality-driven, patient-centered care delivery models such as PCMHs<sup>1</sup>
- Consultants in Medical Oncology and Hematology (CMOH) became the first oncology practice recognized by the National Committee for Quality Assurance as a level III PCMH<sup>2</sup>
  - CMOH has reportedly decreased
    - Emergency department visits by 68%
    - Hospital admissions per patient treated with chemotherapy per year by 51%
    - Length of stay for admitted patients by 21%
  - Reported aggregated economic savings to CMOH's payers is ~\$1 million per physician per year
- Community Oncology Alliance is also supporting advancement of oncology PCMH with its own medical home initiative<sup>3</sup>

1. American Society of Clinical Oncology. <http://www.asco.org/sites/default/files/shapingfuture-lowres.pdf>. Accessed May 22, 2014.

2. Sprandio JD. *J Oncol Pract*. 2012;8(3 suppl):47s–49s. 3. Butcher L. *Oncology Times*. 2012;34:8–10.

## Example: United Healthcare Bundled Payment Pilot<sup>1</sup>

- Key components to United Healthcare's pilot program developed with 5 large medical oncology groups
  - Bundled payment model
  - Group selection and standardization-of-care regimens
  - Group participation in a learning community and real-time comparative effectiveness research
  - Early results reportedly show opportunities for improved care and cost reduction

1. Newcomer LN. *Health Aff (Millwood)*. 2012;31:780–785.

## Example: Oncology ACO – Aetna/Texas Oncology Pilot and Florida Blue Oncology ACOs

- Aetna members treated by US Oncology's Texas Oncology providers – a 2-year pilot of 184 enrolled members<sup>1</sup>
  - Evidence-based treatment guidelines
  - End-of-life discussions with providers
  - Nurse navigators to manage symptoms and side effects
- Results reported decreases in<sup>1</sup>
  - Costs for lung, breast, and colorectal cancers (-12%)
  - ED visits (-40%)
  - Hospital admissions (-16.5%)
- Florida Blue has also entered into agreements to form oncology ACOs; one is with Baptist Health South Florida and Advanced Medical Specialties in the Miami area<sup>2</sup>

ACO=accountable care organization; ED=emergency department.

1. Gamble M. <http://www.beckershospitalreview.com/accountable-care-organizations/hospitals-insurers-devote-more-attention-to-the-cost-of-cancer-care.html>. Accessed May 22, 2014. 2. Mehr SR. *Am J Manag Care*. 2012;19:SP98–SP99.



## Evolving Quality Measures: NCQA HEDIS<sup>1</sup>

- Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)
  - The percentage of adolescent females aged 16-20 years who were screened unnecessarily for cervical cancer (a lower rate indicates better performance.)

## Evolving Standards: Joint Commission Diagnostic Imaging Standards<sup>2</sup>

- Changes to be implemented in 2 phases beginning July 2014
- Areas addressed in the new and revised standards include
  - Documentation of CT radiation dose in the patient's clinical record
  - Collection of data on incidents where pre-identified radiation dose limits have been exceeded

NCQA=National Committee for Quality Assurance; HEDIS=Healthcare Effectiveness Data and Information Set; NCS=National Cancer Society; CT=computed tomography.

1. NCQA. *Guidelines for Effectiveness of Care Measures*; 2013.

2. Joint Commission [press release]. December 20, 2013. [http://www.jointcommission.org/joint\\_commission\\_announces\\_new\\_and\\_revised\\_diagnostic\\_imaging\\_standards](http://www.jointcommission.org/joint_commission_announces_new_and_revised_diagnostic_imaging_standards). Accessed May 22, 2014.

# Emerging Quality Trends in Cancer Care – Affordable Care Summary

- Initiatives to promote affordability of care, particularly through interventions to enhance patient safety, decrease misuse or overuse of services, and drive coordinated care to improve outcomes at a lower cost
  - Oncology patient-centered medical homes
  - Oncology accountable care organizations
  - Cancer centers of excellence
- Interventions to reduce the economic burden caused by cancer and help control costs associated with cancer survivorship