Translating Trends in Oncology Care: The Impact on Care Delivery

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Today’s Top Oncology Trends

Establish an understanding of the industry trends and real-time initiatives that are impacting how oncology care is delivered and reimbursed.

How Are Organizations Responding? Strategies For Success

Address how trends in oncology care are impacting the care delivery model and the tactics and strategies that programs are deploying to address their top challenges.

The Changing Oncology Care Continuum

Discuss the various roles along the oncology care continuum and the evolution of responsibilities.

Q&A
Top Oncology Trends
ACCC Trends in Cancer Programs

Top Challenges and Concerns

1. The cost of cancer care drugs
   83%

2. Reimbursement of non-revenue producing services that improve patient care, i.e., financial advocacy, navigation, survivorship
   66%

3. Transparency in commercial insurance policies so patients know exactly what plans do—and do not—cover
   65%

4. The need for physicians and mid-level providers to focus on direct patient care—not paperwork
   55%

5. Increased funding for cancer research and clinical trails
   53%

Source: ACCC 2016 Trends in Cancer Programs Survey. n=166
Emerging reimbursement trends, as well as numerous other factors, are driving change in oncology services nationwide.

1995
- 1 new anticancer drug approved by FDA
- 209.9 deaths per 100,000 persons
- 6.5-8.3 million survivors

2015
- 15 new anticancer drugs approved by FDA; 12 new uses for previously approved anticancer therapies
- 166.4 deaths per 100,000 persons
- 14.5 million survivors

Rising Unaffordability of Care
- ONE CANCER TREATMENT AS MUCH AS $300,000 ANNUAL COST

Health IT Difficulties Challenge Care Coordination
- EHR Implementation/Use: 45%
- Payor Pressures: 44%
- Staffing Issue: 36%

1 Based on latest available data from 2012.
2 Based on latest available data (as of January 2014).
Source: ASCO State of Cancer Care Infographic, 2016.
As cancer technology, science, and research progress, genomics and oncology analytics will play a larger role in improving care and treatment.

In a recent KLAS study, providers were interviewed about their genomics and oncology analytics plans.

63% stated that they were either in the early stages of incorporating genomics into their facility or already had an internal solution.

37% stated that they in the process of developing partnerships or had no plans as of yet.

66% stated that they were either using or looking for solutions to assist in performing oncology analytics.

34% stated that they had no plans or were unsure of future plans.

Source: KLAS Oncology Performance Report (April 2016)
Top Oncology Trends
Increasingly Coordinated Care Models and Incentive Structures

To provide optimal care to patients, hospitals and health systems must assume an increasingly larger role in managing overall cancer care, which is becoming more complicated and requires greater integration across providers.

- Clinical Pathways
  - Either commercially or internally developed
  - Need to measure adherence and quality

- Oncology Medical Home
  - Clinical integration and collaboration in care
  - Staffing/operational model changes to increase access

- ACO Strategies
  - Engaged with primary and other specialty care providers
  - Navigating attribution of population
  - Population health management competencies

- Episodes of Care and Bundling
  - Large patient cohort to diversify risk
  - Confidence in ability to deliver high-quality, low-cost care
  - Savings from appropriate use of high-cost drugs and reduced hospitalizations
  - Bundling of radiation oncology payments

Provider, Payor, and Patient Engagement

Shifting of Risk to Providers

Potential Savings Savings
Top Oncology Trends
Bundled Payments

Bundles will become increasingly important as we look toward the management of the specific conditions or episodes of care.

Considerations For Oncology

» What cases or conditions will the bundle be for?
» How long will the bundle be valid, and what service period will it cover?
» What types of services should be included or excluded from the bundle?
» How should the bundle be adjusted for severity or stage of disease?
» Are expensive drugs carved in or out of the episode?
» How are oral oncology drugs reimbursed?
» How is radiation treatment reimbursed?
» How can the bundle be used to motivate coordination with palliative and hospice care?

Because cancer encompasses many diagnoses and has a high degree of variation in costs and outcome, bundles must be carefully structured to avoid extremes of over- or underpayment.
The ongoing economic changes underscore a number of trends for oncology providers.

**Cost of Care**
- Highly paid specialists
- Expensive drugs
- Increasing demand for services
- Reform and payment innovation
- Expensive capital
- Profit margins for hospitals

**Care Complexity**
- Aging population
- Personalized medicine
- Cancer screenings
- New standards (e.g., care pathways, clinical guidelines)
- New drugs and devices

**Clinical Integration and Coordination**
- Subspecialty services
- Multidisciplinary, disease-specific care teams
- Greater patient expectations
Federal Research Funding Challenge: National Institutes of Health Funding, 2003–2014

Source: AAAS. Percent change since FY 15, adjusted for Biomedical Research and Development Price Index (BRDPI).

- Declining federal funding; non-federal funding insufficient to close gap
- Demand for new institutional investment to maintain competitive edge
- Hard to recruit and retain researchers
- Reorganizing researchers and clinicians for translational science
Strategies for Success

To mitigate these challenges and position for the continuously changing healthcare environment cancer programs need to simultaneously evolve operationally, strategically, financially and technologically.

- Cost management and continuous operational improvement
- Demonstrable quality monitoring and improvements that tie to improved outcomes
- Strategic market and value payor proposition
- Successful physician alignment, leadership and engagement
- Effective operational infrastructure and technology to support current and growth strategies
Strategies for Success
Drug Reform—Practical Considerations for Cancer Programs

With uncertainty about meaningful drug reform in the near term, cancer programs can take steps to address the rising cost of drugs.

- Develop and adhere to clinical pathways.
- Determine if evidence-based alternatives are available to high-priced drugs that are cheaper and comparable, and remove those drugs from your formulary or tighten guidelines around use – establish a multidisciplinary oncology formulary management committee.
- Deploy clinical pharmacists to educate prescribers about high drug prices.
- Hold cost-of-care conversations with patients.

Other Alternatives

» Overall ordering and inventorying of drug doses that match the clinical requirements of the services offered.

» Reduce waste associated with the high-expense drugs (e.g., implement dose rounding).

» Make sure infusion bag sizes do not contribute to waste, and consider making multiple syringes out of one vial of a high-expense drug if only small doses are needed.

» Keep the lowest inventory of the high-expense drug as possible (i.e., just-in-time inventory).

Negotiate improved contracts with GPOs and wholesalers assuring that the organization is obtaining the most favorable rates, including applicable drug rebates.

Identify significant drug price increases as close to real time as possible to avoid delays in taking action to minimize the financial impact.

Ensure coding accuracy and compliance; maintain current coding capabilities and comprehension of reimbursement changes by payor.
Strategies for Success
Reimbursement for Supportive Services

» Evaluate funds flow to identify potential dollars that can be reinvested into programmatic elements that are typically unreimbursed (i.e., supportive care services, such as patient navigation, survivorship care planning, and financial counseling) if a health system or hospital partner exist.

» Discuss 340B savings with your hospital partner to advocate for reinvestment into these programmatic elements that are central to high-quality patient care.

» Utilize navigation metrics as performance targets and to build a business case that shows the indirect financial benefits from having nurse navigators as part of your program.

## Strategies for Success

### Research Institutional Strategies

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<th>Recruiting and retaining researchers and physician-scientists with demonstrated research capabilities (and funding streams)</th>
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<td>» Start-up packages</td>
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<td>» Bridge funding programs</td>
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<th>Institutional support</th>
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<td>» Targeted investments in research focus areas</td>
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<td>» Shared research infrastructure/core research facilities</td>
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<td>» Targeted administrative/operational support</td>
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<td>» Internal “seed grant” programs</td>
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<th>Investments in electronic medical record systems to aid research</th>
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<th>Innovative, agile linkages with partner academic and other healthcare organizations to combine capabilities</th>
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<th>Commercialization of intellectual property</th>
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The Changing Oncology Care Continuum
Components of a Comprehensive Cancer Program

Offering patient services from diagnosis to treatment is paramount for successful cancer programs – even if those services are offered through community partnerships.

- Clear strategies to achieve objectives across the cancer care continuum
- Effective structures to enable coordination and collaboration across disciplines
- Research achievements that translate to better outcomes and approaches to patient care
- Multidisciplinary tumor-site programs with defined expectations, resources, and accountabilities
- Ability to differentiate on quality and outcomes
- Impactful cancer mortality and incidence rates in specific populations
- Recognition of excellence in care, teaching, and research
With value as the new norm, programs must exhibit excellence across these eight programmatic functions.

**Wellness and Prevention**
- Formalized Community Outreach
- Integration With Primary Care/Other Specialties
- Promotion of Exercise, Diet, and Self-Care
- Partnerships
- Online Resources

**Screening**
- Online, Self-Administered Tools
- Patient Access
- Primary and Specialty Care Clinics
- High-Risk Assessments and Communication

**Diagnosis**
- Early Detection Programs
- Timely Coordination of Assessment to Diagnosis
- Access to Advanced Imaging and Lab Testing

**Treatment**
- Evidence-Based Clinical Care
- Multidisciplinary Care Plans
- Medical and Medication Management
- Interventional Services
- Surgical Services
- Outpatient and Inpatient Care
The Changing Oncology Care Continuum
Components of a Comprehensive Cancer Program

**Quality Improvement**
- Data-Driven Performance Metrics
- Best Practice Adherence
- Focus on Population
- Public Reporting

**Training and Education**
- Professionals: CME, CEU, Clinical Rotations, Practicums, Internships, Residencies, Fellowships, Clinical Nurse Specialists, Credentials, Grand Rounds, and Care Team Conferences
- Patients: Community Support Groups, Awareness and Marketing Campaigns, Self-Care, and Assessment Options

**Research**
- Clinical Effectiveness
- Clinical Trials, Basic Science/Bench, Translational and Population Science
- Regional/National Collaborative
- Publications

**Supportive Care**
- Navigators
- Physical and Occupational Therapy
- Social Work, Behavioral Health, Nutritional Counseling, and Support Groups
- Financial Counseling
- Complementary/Integrative Medicines
- Pain Management and Palliative Care
- Health Home
The Changing Oncology Care Continuum
Guiding Principles Behind a Team Care Model

The goal of a team care model is to increase efficiency, accountability, and continuity of care thereby improving quality and the overall patient and staff experience.

Guiding Principles

- Standardization of processes, roles, and expectations across work areas to decrease hand-off errors between the components of care and facilitate the movement of the patient throughout the visit.

- Resource allocation that assigns the highest priority value activities within the team members professional licensure, role, and responsibilities.

- Elimination of non-value added operations to create flow and quick response to customer demand.

- Provider team members work relatively independently and come together to meet with patients at critical decision points, such as initial or changing decision treatment plans and end-of-life decisions.

- Team huddles will be an integral component of the new model.

- Members of the team provide care based on the physical, psychosocial, spiritual, and coordinative needs of the patient and family.

- Management of clinic flow and coordination by the patient service supervisor with assistance from the office manager with billing and other clerical and process matters and supported by the cancer center’s clinical and administrative leadership.

Cancer programs can evaluate their care model with these guiding principles in mind.
The Changing Oncology Care Continuum
Care Team Roles and Responsibilities

Care team member roles and responsibilities may have been revised so that everyone is working at the top of their license and serving the patient efficiently and effectively.
Questions & Answers

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ECG partners with providers to create the strategies and solutions that are transforming healthcare delivery. With over 40 years of service to the healthcare industry, we can help your organization thrive in a value-based world.