

Cancer as a Model for Value-Based Care

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Cancer care is becoming increasingly complex. Location of the tumor, histology, stage, mutational status, and patient comorbidities all influence the choice

of treatment. Options for treatment continue to expand, with the addition of targeted agents and immunotherapy to the more traditional modalities of surgery, cytotoxic chemotherapy, and radiotherapy. And even within each of the traditional modalities, advances in technology have introduced additional complexity. How do patients and providers evaluate the myriad of options and come to a decision that results in the best outcome?


In their 2006 book, *Redefining Health Care*, Michael Porter and Elizabeth Teisberg introduced the concept of value-based healthcare delivery. Since then, value-based healthcare has become ingrained in the vocabulary of regulators, payers, and providers. There has been much debate on the definition of *value* in healthcare, but there was no ambiguity in the definition set forth by Porter and Teisberg. Value is—and always will be—the outcome or benefit of care to the patient divided by the cost of that care. Value is created by improving the outcome and controlling the cost of care, and key to this proposition is measuring, reporting, and improving outcomes.

One of the core tenets of this groundbreaking book was the organization of providers into IPUs (integrated practice units) around the patient's medical condition. Care should be organized around the patient and his or her diagnosis—not the provider—and teams should work together and collaborate to provide the best patient outcomes at the best value. By any other name, this is multidisciplinary care. In cancer care, patients come to us with diagnoses of lung cancer, breast cancer, colon cancer, or prostate cancer. They do not come to us with

diagnoses of surgical oncology, medical oncology, or radiation oncology. Thus, organizing care around a patient's diagnosis with multidisciplinary, disease-specific teams is value-based healthcare delivery.

The delivery of truly patient-centered, value-based care is gaining traction. Over a 2-week period, I participated in two meetings that exemplify the evolution of our healthcare system toward a value-based construct. The first was the 2017 meeting of the International Consortium for Health Outcomes Measurement (ICHOM) held in Washington, D.C., with approximately 700 attendees from around the globe. Patient-reported outcome measures, or PROMs, are the gold standard for determining the numerator in value-based care, and ICHOM is making great strides in establishing, validating, and disseminating PROMs for numerous medical conditions.

The second meeting centered on the ACCC Oncology Care Coordination Model (OCCM) initiative. Seven ACCC member programs are currently serving as testing sites, deploying the OCCM to conduct quality improvement efforts with the aim of improving access and care coordination for Medicaid patients with lung cancer. In early November, OCCM participants, study research staff, consultants, advisors, and policymakers gathered to hear from testing sites and kick off the model deployment phase of the project. Different sites have different resources and challenges, but all are striving to deliver patient-centered care and improve outcomes for a specific patient population. Improved outcomes will create value for patients.

Though these were different meetings with different stakeholders and goals, they shared a strong emphasis on coordinated multidisciplinary care and a desire for relevant, patient-centered outcome measurement resulting in improved outcomes for patients. Just as value-based care is necessarily multidisciplinary care, optimal cancer care is necessarily multidisciplinary and, therefore, value based. They are one and the same. 

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