Evolution of the Oncology Landscape

Quality Improvement in Oncology
**Introduction**

Healthcare-related errors harm millions of American patients each year and add billions of dollars to healthcare costs. To help Americans receive the best possible healthcare, the Patient Protection and Affordable Care Act [ACA] calls for action to improve the quality of care and patient outcomes across care settings, ensure patient safety, promote efficiency and accountability, and work toward high-value healthcare.

**Oncology Quality Improvement**

**Organizations Involved in Evidence-Based Quality Measures**

Since quality became a major theme in health policy, organizations have been shaping how it relates to oncology. Programs and organizations such as the American Society of Clinical Oncology (ASCO), the National Comprehensive Cancer Network® (NCCN®), and the Physician Quality Reporting System (PQRS) have been dedicated to improving quality in the oncology space.

**Oncology Quality Measures in Public Reporting Programs**
- CMS public reporting programs (eg, PQRS, OQR, PCHQR)

**Use of Oncology Quality Measures to Help Improve Outcomes**
- UnitedHealthcare oncology bundle
- Value-based purchasing demonstrations (eg, physician group practice demo)

**Key Quality Measure Developers in the Oncology Space**
- ASCO
- QOPI®
- COA
- CoC
- NCQA
- STS
- QIP

CMS=Centers for Medicare & Medicaid Services; OQR=Outpatient Quality Reporting; PCHQR=Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting; QOPI=Quality Oncology Practice Initiative; COA=Community Oncology Alliance; CoC=Commission on Cancer; NCQA=National Committee for Quality Assurance; STS=Society of Thoracic Surgeons; QIP=Quality Insights of Pennsylvania.
Promoting Evidence-Based Practice in Oncology

**Practices Are Measured by a Range of Oncology-Specific PQRS Measures**

PQRS is a quality reporting program that encourages individual eligible professionals (EPs) and group practices to report quality-of-care information to Medicare. This program encourages participating EPs and group practices to assess the quality of care they provide to their patients, helping to ensure that patients receive the right care at the right time. By reporting on PQRS quality measures, individual EPs and group practices can also quantify how often they are meeting a particular quality metric. However, those who do not satisfactorily report data on quality measures for covered professional services will be subject to a negative payment adjustment.

*Measures not necessarily inclusive of all existing oncology measures for quality improvement as a result of ongoing updates and revisions.

*Physician Quality Reporting System*
Community Oncology Measures Also Promote Evidence-Based Practice

The Community Oncology Alliance (COA) Supports Community Cancer Care Settings

The COA is a leading stakeholder in oncology patient-centered medical homes and has developed measures to specifically evaluate these entities.

Selected Oncology Medical Home Measures

- Percent of patients with pathology staging pre-chemotherapy
- Percent of patients receiving pre-chemotherapy treatment plan
- Percent of chemotherapy treatments adherent to NCCN Guidelines®
- Antiemetic appropriateness
- Percent of patients receiving G-CSF with >20% risk of febrile neutropenia
- Percent of patients with stage I or II breast cancer undergoing advanced imaging
- Presence of patient performance status prior to treatment

- Percent of patients receiving survivorship plan within 90 days of completion of treatment
- Percent of patients receiving at least one psychosocial distress screening
- Survival rate of colorectal, lung, and breast cancer patients [all stages]

- Number of emergency department visits/patient/year
- Number of hospital admissions/patient/year

- Percent of stage IV patients with end-of-life discussion documented
- Average number of days on hospice
- Percentage of deaths in the acute care setting
- Chemotherapy given within 30 days of end of life

G-CSF=granulocyte colony-stimulating factor.
Prioritizing High-Impact Medicare Conditions

CMS Identified 20 High-Impact Medicare Conditions

In 2009, the US Department of Health and Human Services (HHS) tasked the NQF to prioritize 20 high-impact Medicare conditions identified by CMS as accounting for 95% of Medicare costs. NQF commissioned work to develop a methodology for scoring the evidence and performance measures associated with each condition to aid in prioritizing the conditions. Conditions were scored and assessed based on cost, prevalence, variability, improvability, and disparities. **Five different cancers ranked among the 20 high-impact Medicare conditions**.23,24

### Prioritization of 20 High-Impact Medicare Conditions24

<table>
<thead>
<tr>
<th><strong>1.</strong> Major Depression</th>
<th><strong>6.</strong> Alzheimer’s Disease</th>
<th><strong>11.</strong> Hip/Pelvic Fracture</th>
<th><strong>16.</strong> Lung Cancer</th>
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<td><strong>2.</strong> Congestive Heart Failure</td>
<td><strong>7.</strong> Breast Cancer</td>
<td><strong>12.</strong> Chronic Renal Disease</td>
<td><strong>17.</strong> Cataract</td>
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<td><strong>3.</strong> Ischemic Heart Disease</td>
<td><strong>8.</strong> COPD</td>
<td><strong>13.</strong> Prostate Cancer</td>
<td><strong>18.</strong> Osteoporosis</td>
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<td><strong>4.</strong> Diabetes</td>
<td><strong>9.</strong> Acute MI</td>
<td><strong>14.</strong> RA/OA</td>
<td><strong>19.</strong> Glaucoma</td>
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<td><strong>5.</strong> Stroke/TIA</td>
<td><strong>10.</strong> Colorectal Cancer</td>
<td><strong>15.</strong> Atrial Fibrillation</td>
<td><strong>20.</strong> Endometrial Cancer</td>
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TIA=transient ischemic attack; COPD=chronic obstructive pulmonary disease; MI=myocardial infarction; RA/OA=rheumatoid arthritis/osteoarthritis.

Case Study: Use of Quality Measures in Non-Small Cell Lung Cancer (NSCLC)25

### Program Overview

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<th><strong>Design</strong></th>
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<th><strong>Conclusion</strong></th>
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<td>Four specific quality measures were investigated for eligible patients with stage IIIA NSCLC who underwent surgery†</td>
<td>Overall median survival for those who did not receive any of the measures, to those who received all 4 measures: -0 measures: 12.7 months -1 measure: 25.0 months -2 measures: 31.4 months -3 measures: 36.6 months -4 measures: 43.5 months</td>
<td>While this study demonstrated that achieving these selected quality measures—both individually and collectively—was associated with improved overall survival, patient, institutional, and tumor factors independently influenced whether patients received these key quality measures</td>
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**Snapshot**

- **Sponsors:** The National Cancer Database (NCDB)* (a joint collaboration between the American College of Surgeons and the American Cancer Society)
- **Sector:** Private
- **Size:** Analysis of 8000 eligible NSCLC patients
- **Timing:** 2006–2011
- Presented at American Association for Thoracic Surgery 96th Annual Meeting in May 2016

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*Contains patient, tumor, and treatment data for approximately 70% of cancer patients receiving care at Commission on Cancer–accredited centers.

†The 4 quality measures investigated were neoadjuvant multiagent chemotherapy, lobar (or greater) resection, sampling of at least 10 lymph nodes, and R0 resection, which means that the tumor has been removed to the extent that the margins are free of cancerous cells.
Quality improvement in oncology has potential implications for both payers and providers.

### IMPACT ON PAYERS

- To manage costs while maintaining quality of care, payers may be likely to continue to seek ways to tie quality to payment in value-based purchasing models.
- Large influx of new but potentially higher-risk members as a result of the ACA may lead payers to create slimmer benefit designs with narrower provider networks in an attempt to manage costs.
- The administrative costs of quality measurement may cause payers to look for external payer partnerships to facilitate measurement.
- Increased use of quality measures in public reporting programs creates a need for payers to design public reports that make healthcare performance information clear, meaningful, and usable by consumers, in order to stimulate use and further motivate quality improvement among providers.

### IMPACT ON PROVIDERS

- In response to the CMS Quality Reporting System, individual EPs and group practices face increased pressure to deliver and report high-quality care in order to avoid payment reductions.
- Increased number of payer contracts likely to be driven by quality measurement and shifting financial risk, making care decisions more centered around value, including both quality and cost.
- Increased quality measurement may drive data infrastructure demands, requiring investment in technology to facilitate compliance with value-based models and to use data to drive continuous quality improvement.
- Increased consolidation of providers driven by the need to manage costs—including both technology costs and personnel infrastructure needed to manage this population—as well as the ability of larger provider groups to better negotiate payer reimbursement contracts.

The information on this page was developed from Lilly Managed Healthcare Services market research insights.
Eli Lilly and Company is dedicated to creating value for all stakeholders by accelerating the flow of innovative medicines that provide improved outcomes for individual patients.

Your Lilly Oncology account manager can offer educational resources that may help patient care.

**Additional Topics Within the Evolution of Oncology Presentation**

- Emerging Trends and Focus on Value
- New Payment and Delivery Models
- Understanding Healthcare Quality in Oncology
- Rewarding Quality Through Payment Reform
- Understanding Quality Measures
- Clinical Pathways in Oncology

**Additional Resources**

- 10th Edition Zitter Monograph
- Oncology Landscape
- ACCC Trends Brochure

For additional information on Lilly Oncology resources, please contact your Lilly Oncology account manager.
REFERENCES


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