Evolution of the Oncology Landscape

Understanding Healthcare Quality in Oncology
Introduction

Shortly following the passage of the Patient Protection and Affordable Care Act (ACA) in 2010, the National Quality Strategy (NQS) was published in 2011 as the National Strategy for Quality Improvement in Health Care. NQS serves as a catalyst and compass for a nationwide focus on quality improvement efforts and an approach to measuring quality. The NQS calls upon public and private stakeholders, individuals, family members, payers, providers, employers, and communities to align with its mission to achieve better health and healthcare for patients.

The foundation of the NQS is supported by three overarching goals that build on the Institute for Healthcare Improvement’s (IHI) Triple Aim and is underpinned by six priorities that address the most common health concerns in the US.
Prioritizing High-Quality Care

Healthcare “Quality” Has Many Dimensions
As a leader in patient care, the Institute of Medicine (IOM) has identified six aims of high-quality care that have been widely adopted by other organizations active in improving the quality of healthcare.
Quality, Quality Improvement, and Quality Measurement

Defining Quality-Related Concepts

**QUALITY**

The IOM defines **healthcare quality** as: “The degree to which health care services for individuals and populations increase the likelihood of desired outcomes and are consistent with current professional knowledge”³

**QUALITY IMPROVEMENT**

**Healthcare quality improvement** can be defined as an interdisciplinary process designed to raise the standards of care delivery to maintain, restore, or improve health outcomes for individuals and populations⁴

**QUALITY MEASUREMENT**

**Healthcare quality measurement** is the process of using scientifically sound tools to assess the extent to which individuals are receiving quality healthcare in any of the IOM quality domains⁵

While quality, quality improvement, and quality measurement have distinct definitions, the 3 concepts are interrelated.
Strategies Promoting Quality in Oncology

National Quality Strategy 3-Part Aim and IHI Triple Aim

The ACA (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). The NQS seeks to optimize health system performance by improving patient health, providing better care, and reducing healthcare costs to make healthcare affordable for patients. The Triple Aim framework developed by the Institute for Healthcare Improvement utilizes a similar approach to improving healthcare quality.

National Quality Strategy

- Better Care
  - Priorities
    - Patient safety
    - Person- and family-centered care
    - Effective communication and care coordination
    - Prevention and treatment for the leading causes of mortality
    - Health and well-being
    - Affordable care

- Healthy Communities

- Affordable Care

IHI Triple Aim

- Improve Patient Experience of Care
  - Standard questions from patient surveys
  - Set of measures based on key dimensions

- Improve Health of Populations
  - Health/functional status
  - Risk status
  - Disease burden
  - Mortality

- Reduce Per Capita Costs
  - Total cost per member of the population
  - Hospital and emergency department utilization rates

Optimized Health System Performance
Potential Implications for Quality Improvement in Oncology

Quality improvement in oncology has potential implications for both payers and providers.

**IMPACT ON PAYERS**
- Large influx of new but potentially higher-risk members may lead payers to create slimmer benefit designs with narrower provider networks in an attempt to manage costs.
- 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 models such as the CMS Oncology Care Model, which aligns financial incentives—including performance-based payments—to improve care coordination, appropriateness of care, and access for fee-for-service (FFS) Medicare beneficiaries undergoing chemotherapy.
- The administrative costs of quality measurement may cause payers to look for external payer partnerships to facilitate measurement.

**IMPACT ON PROVIDERS**
- 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 high-risk population—as well as the ability of larger provider groups to better negotiate payer reimbursement contracts.

CMS=Centers for Medicare & Medicaid Services.

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.¹¹

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
- Rewarding Quality Through Payment Reform
- Understanding Quality Measures
- Quality Improvement in Oncology
- 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


