

Evolution of the Oncology Landscape

Quality Improvement in Oncology

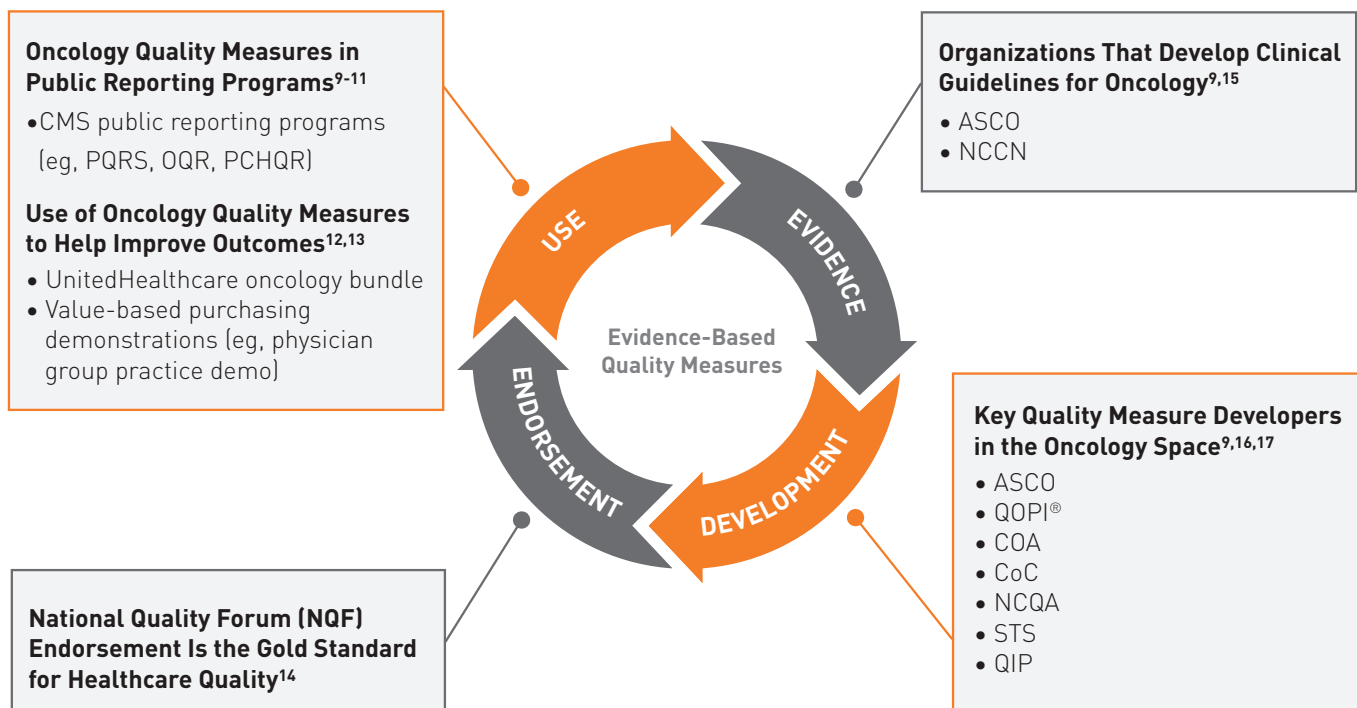
Introduction¹

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.²⁻⁸ 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.⁹



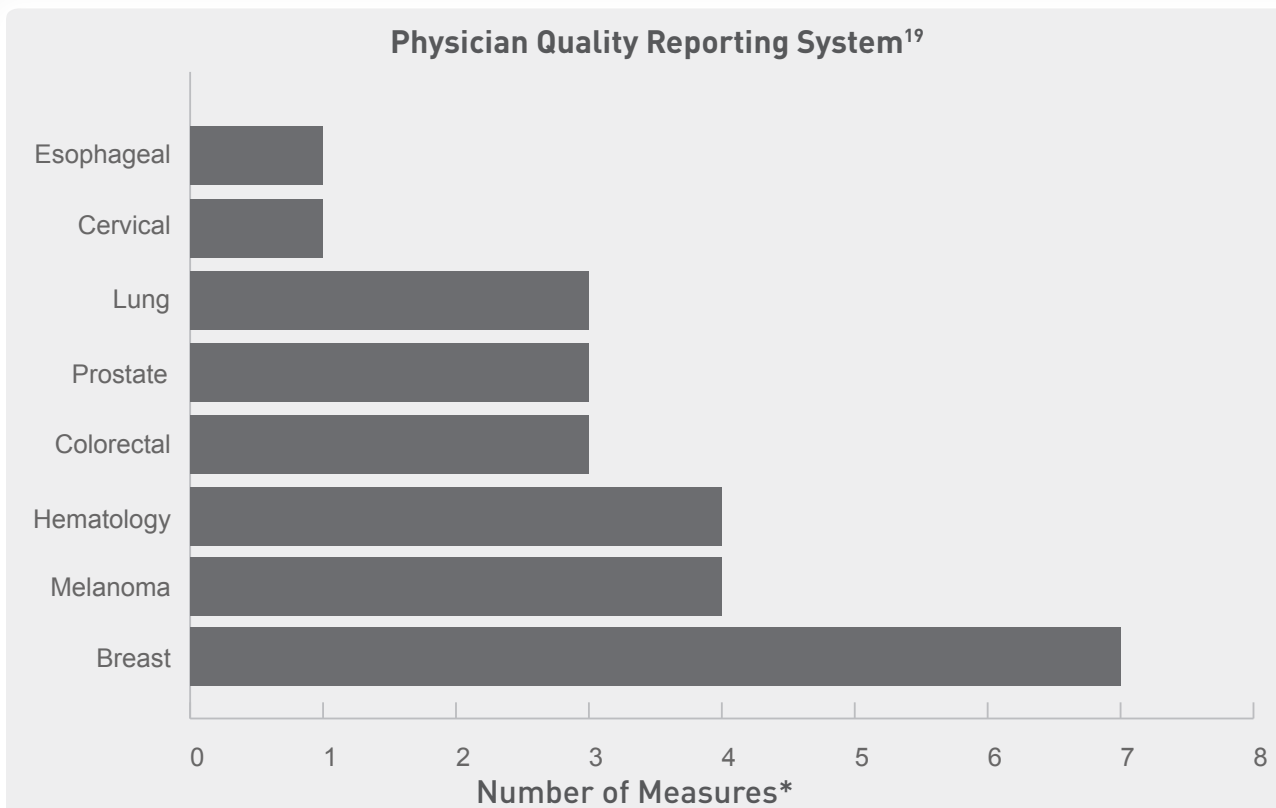
CMS=Centers for Medicare & Medicaid Services; OQR=Outpatient Quality Reporting; PCHQR=Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting; QOPI=Quality Oncology Practice Initiative; COA=Community Oncology Alliance; CoC=Commission on Cancer; NCQA=National Committee for Quality Assurance; 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.¹⁸

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.¹⁸



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



2018 PQRS payment adjustment: Individual EPs and group practices who fail to report PQRS quality measures in 2016 will face a 2% Medicare payment reduction in 2018.²⁰

Community Oncology Measures Also Promote Evidence-Based Practice

The Community Oncology Alliance (COA) Supports Community Cancer Care Settings²¹

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 Measures²²

PATIENT INFORMATION

- 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

SURVIVORSHIP

- 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)

RESOURCE UTILIZATION

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

END OF LIFE

- 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 Conditions ²⁴			
1. Major Depression	6. Alzheimer's Disease	11. Hip/Pelvic Fracture	16. Lung Cancer
2. Congestive Heart Failure	7. Breast Cancer	12. Chronic Renal Disease	17. Cataract
3. Ischemic Heart Disease	8. COPD	13. Prostate Cancer	18. Osteoporosis
4. Diabetes	9. Acute MI	14. RA/OA	19. Glaucoma
5. Stroke/TIA	10. Colorectal Cancer	15. Atrial Fibrillation	20. Endometrial Cancer

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

Snapshot	Program Overview		
	Design	Results	Conclusion
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Four specific quality measures were investigated for eligible patients with stage IIIA NSCLC who underwent surgery[†] 	<ul style="list-style-type: none"> • Overall median survival for those who did not receive any of the measures, to those who received all 4 measures: <ul style="list-style-type: none"> -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 • Despite the proven benefits of receiving all 4 quality measures as part of patient care, the investigators found that only 12.8% of individuals with clinical stage IIIA NSCLC received all 4 interventions 	<ul style="list-style-type: none"> • 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

*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.

Potential Implications for Quality Improvement in Oncology

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

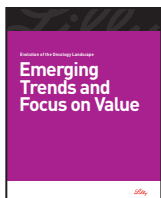
The information on this page was developed from Lilly Managed Healthcare Services market research insights.

Lilly Oncology Resources

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.²⁶

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



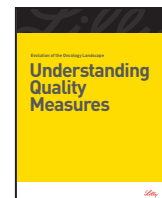
New Payment and Delivery Models



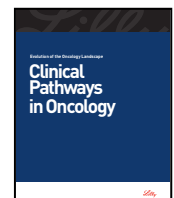
Understanding Healthcare Quality in Oncology



Rewarding Quality Through Payment Reform

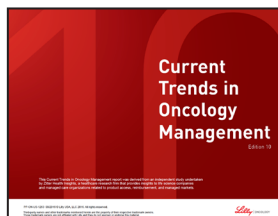


Understanding Quality Measures

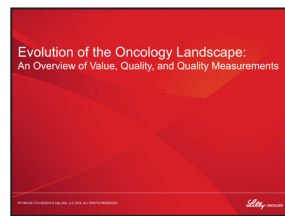


Clinical Pathways in Oncology

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.

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