

Evolution of the Oncology Landscape

Understanding Healthcare Quality in Oncology

Introduction^{1,2}

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 Care³

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).^{6,7}

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.⁷ The Triple Aim framework developed by the Institute for Healthcare Improvement utilizes a similar approach to improving healthcare quality.^{8,9}

National Quality Strategy⁷



IHI Triple Aim^{8,9}

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 chemotherapy¹⁰
- 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.

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.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



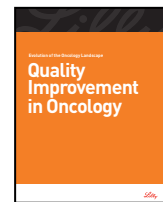
New Payment and Delivery Models



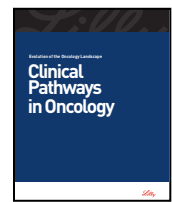
Rewarding Quality Through Payment Reform



Understanding Quality Measures



Quality Improvement in Oncology

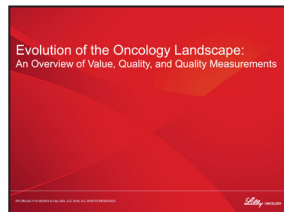


Clinical Pathways in Oncology

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

1. US Department of Health & Human Services. Read the Law. <http://www.hhs.gov/healthcare/about-the-law/read-the-law/>. Accessed September 16, 2016.
2. Agency for Healthcare Research and Quality. About the National Quality Strategy (NQS). <http://www.ahrq.gov/workingforquality/about.htm>. Accessed September 12, 2016.
3. Institute of Medicine. Crossing the quality chasm: a new health system for the 21st century. Washington, DC: National Academy Press; 2001.
4. American College of Medical Quality. Definition of clinical quality improvement. <http://www.acmq.org/policies/policies1and2.pdf>. Accessed July 18, 2016.
5. Agency for Healthcare Research and Quality. Understanding quality measurement. <http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/chttoolbx/understand/index.html>. Accessed September 8, 2016.
6. National Quality Strategy. Affordable Care Act, Section 3011. <http://www.ahrq.gov/workingforquality/nqs/s3011.htm>. Accessed September 16, 2016.
7. Agency for Healthcare Research and Quality. 2011 Report to Congress: National strategy for quality improvement in health care. <http://www.ahrq.gov/workingforquality/nqs/nqs2011annlrpt.htm>. Accessed July 18, 2016.
8. Institute for Healthcare Improvement. The IHI triple aim. <http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx>. Accessed July 18, 2016.
9. Institute for Healthcare Improvement. Triple aim—concept design. <http://www.ihl.org/Engage/Initiatives/TripleAim/Documents/ConceptDesign.pdf>. Accessed July 18, 2016.
10. Centers for Medicare & Medicaid Services. Oncology Care Model. <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-06-29.html>. Accessed September 12, 2016.
11. Eli Lilly and Company website. Innovative medicines. <https://www.lilly.com/Responsibility/Advancing-medical-science/Innovative-Medicines.aspx>. Accessed August 18, 2016.