

Assessing the Value of Oncology Accreditations

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Accreditations Abound

More than a Dozen Cancer Accreditations That Programs Could Pursue

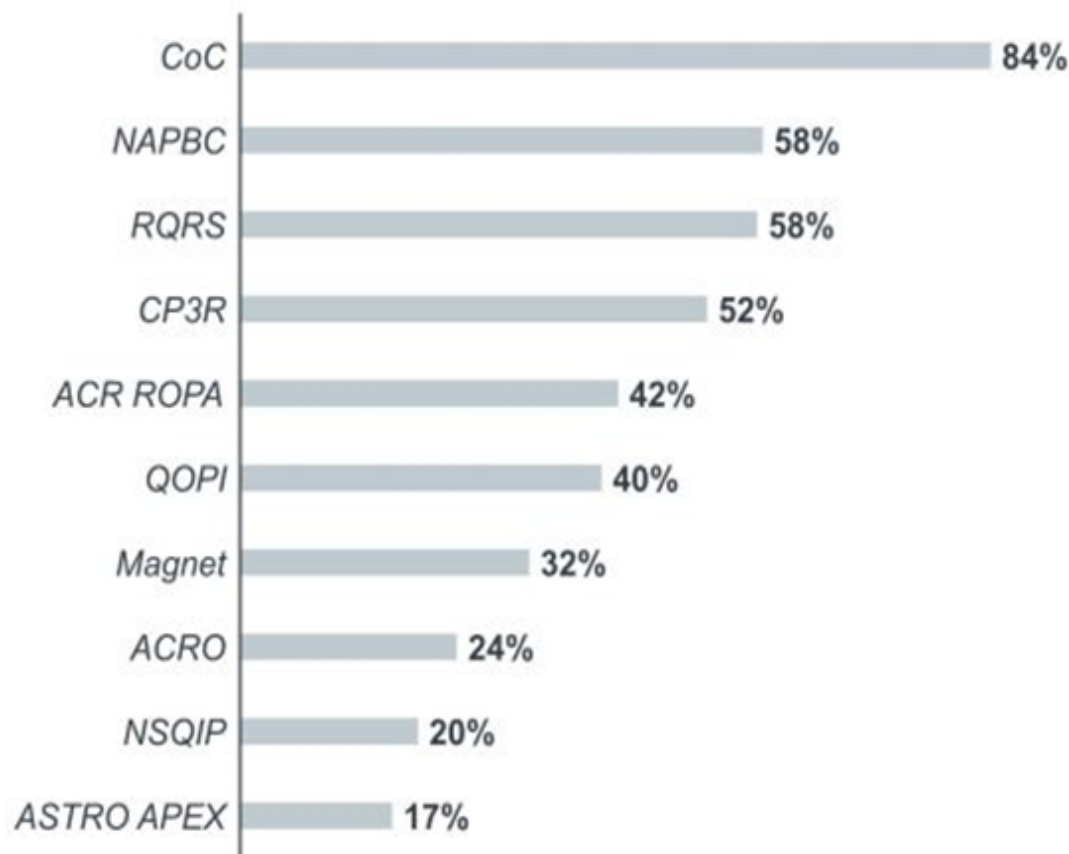


Gotta Catch 'Em All

Percentage of Cancer Programs That Currently Have Accreditations

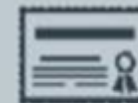
2018 Trending Now in Cancer Care Survey; Top 10

n=161



Accreditation Statistics

5 Average number of accreditations per cancer program



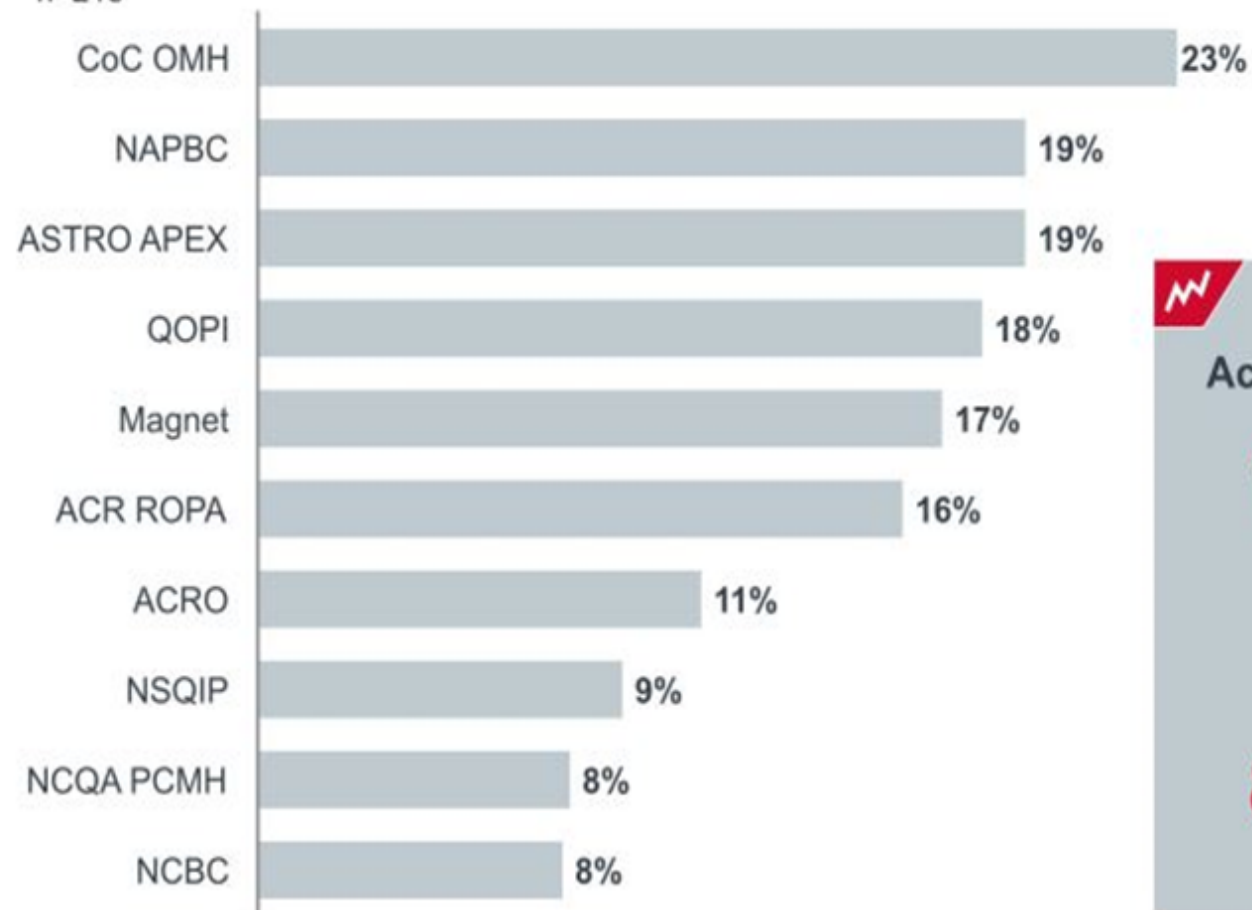
16 Maximum number of accreditations per cancer program

And You're Not Stopping There

Percentage of Cancer Programs That Plan to Obtain Accreditations in Next Two Years

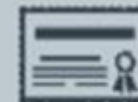
2017 Trending Now in Cancer Care Survey; Top 10

n=215



Accreditation Statistics

1 Average number of accreditations that programs plan to obtain



8 Maximum number of planned accreditations per cancer program

A Tough Balancing Act

Requirements Vary Substantially Across Accreditations

Scope of Requirements¹ for Select Oncology Accreditations

Program	ACR ROPA	ACRO	NAPBC	CoC	NCORP
Scope	Modality-Specific	Modality-Specific	Tumor-Site Specific	Comprehensive	Comprehensive
Organizational Mandates			★ ★	★ ★	★ ★ ★
Clinical Infrastructure	★ ★	★ ★	★ ★	★ ★	★ ★ ★
Staffing Requirements	★ ★	★ ★	★ ★	★ ★	★ ★
Volume Requirements				★	★ ★
Multidisciplinary Care			★ ★	★	★ ★ ★
Patient-Focused Care			★ ★	★ ★	★ ★ ★
Clinical Quality	★ ★	★ ★	★ ★	★ ★	★ ★
Data Management			★ ★	★ ★	★ ★ ★
Clinical Research			★ ★	★ ★	★ ★ ★

1) Numbers of stars represents scope of requirement.

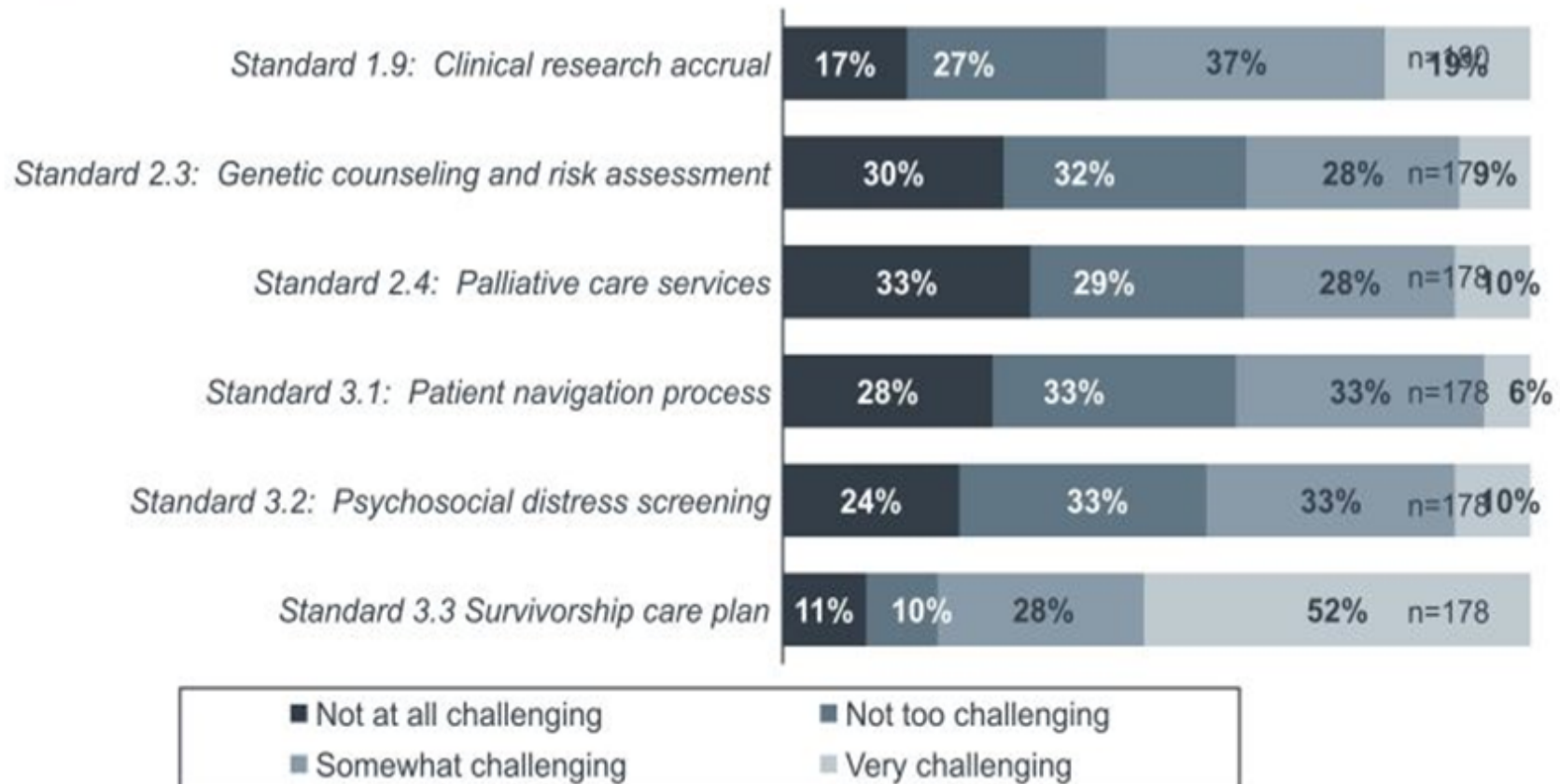
Even Obtaining a Single Accreditation Can Be Hard

Significant Variation in Difficulty of Meeting Each CoC Standard

How difficult is it to achieve the following Commission on Cancer standards?¹

Percentage of respondents, 2017

n=180



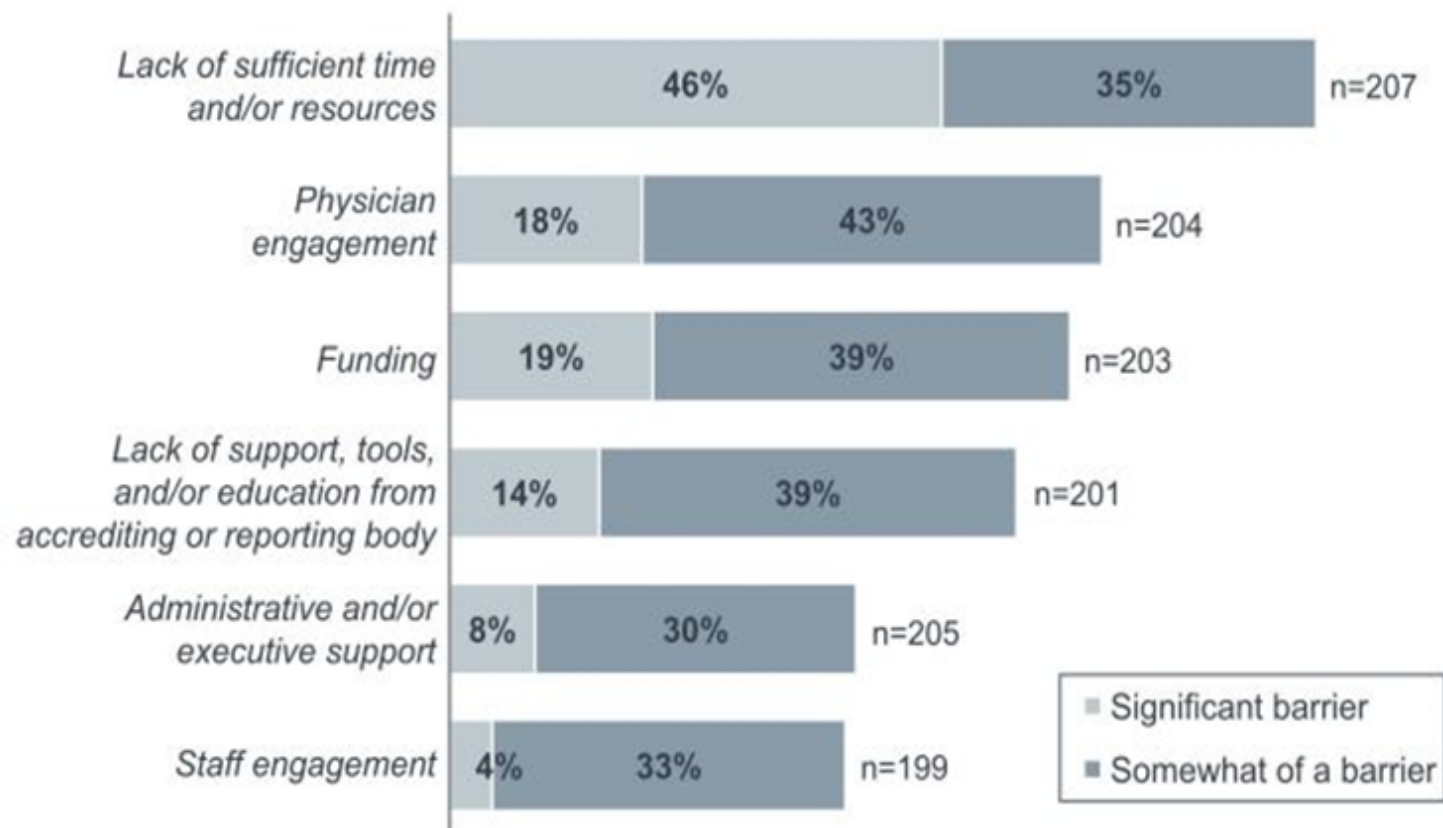
1) Respondents were only asked this question if they indicated that they currently participate in the Commission on Cancer accreditation program.

A Number of Barriers in Play

Percentage of Cancer Programs That Listed Each Factor as a Barrier to Achieving Accreditation and/or Quality Reporting Requirements

2017 Trending Now in Cancer Care Survey

n=208

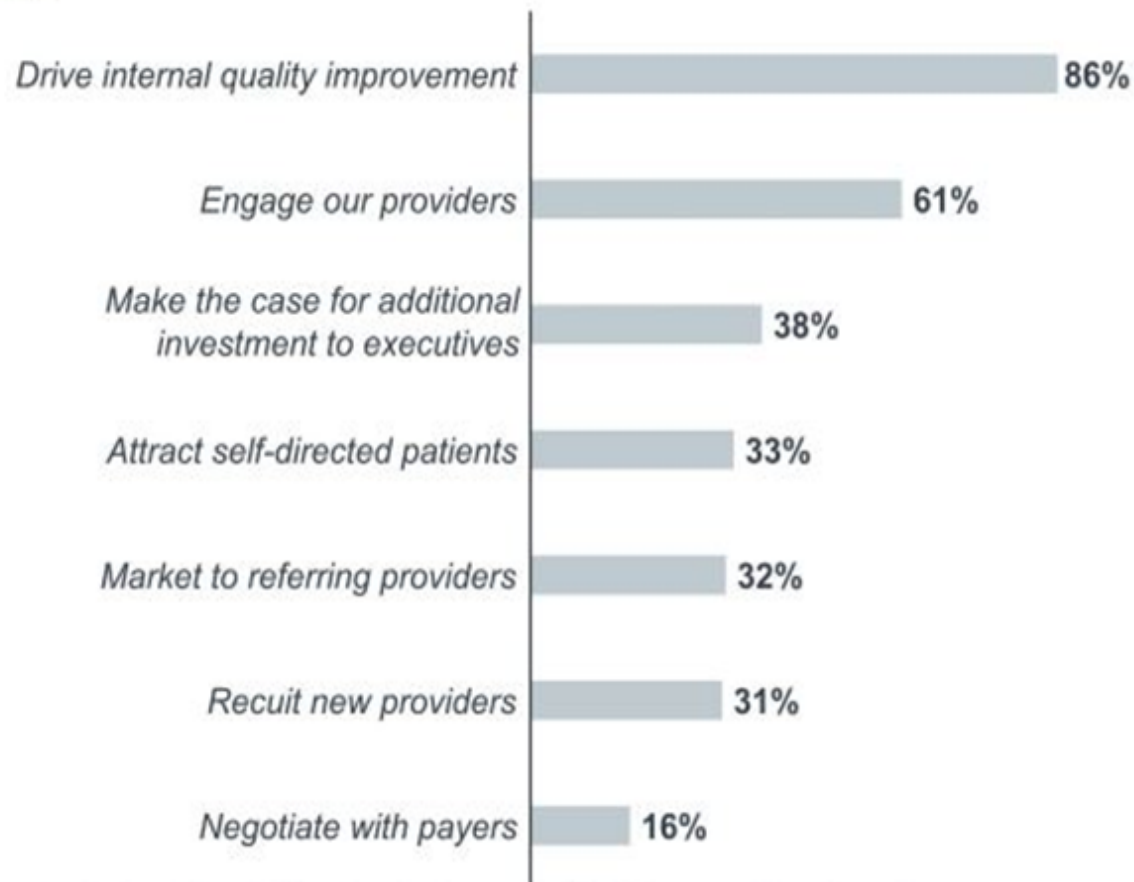


The Value Proposition

How have you derived value from the accreditation and/or quality reporting programs you participate in?^{1,2}

Percentage of respondents, 2018

n=153



4%

Of programs reported that they have not gained value from the accreditation or quality reporting programs they participate in

1) Respondents were asked to select all that apply; if they selected "we have not gained value" they were not able to select another answer.
 2) Respondents were only asked this question if they indicated that they participated in at least one accreditation or quality reporting program.
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Impact on Quality Unclear

Ability of Accreditations to Improve Quality Depends on Many Factors

Findings from Select Studies on the Impact of Oncology Accreditations on Quality

No Impact
on Quality

- David, et al. (2015) found that having **CoC accreditation** was not a significant predictor of **cancer-specific survival** for Stage I NSCLC¹ patients who underwent lobectomy; however, hospital lobectomy volume was a predictor

Depends on
Accreditation

- Berger, et al. (2017) found that **NAPBC-accredited** programs had higher rates of adherence to the **post-mastectomy radiation therapy** quality measure² than **CoC-accredited** programs (66% vs. 59%)

Depends on
Quality Measure

- Merkow, et al. (2014) found that programs with **CoC or NCI accreditations** performed **better** than non-accredited programs on 75% of **process quality measures** and 80% of **patient-reported experience measures**; however, accredited cancer programs performed **worse** than non-accredited programs on 80% of **outcome quality measures**

Improves
Quality

- Campion, et al. (2011) found that seasoned QOPI participants performed better than first-time **QOPI** participants on **EOL³ metrics**, such as a composite care of pain metric (63% vs. 47%)
- Omega et al. (2009) found that cancer patients who received care at an **NCI** cancer center had lower odds of **cancer-specific mortality** than patients who received **care elsewhere**

1) Non-small cell lung cancer.

2) An NAPBC quality measure states post-mastectomy patients with ≥4 positive lymph nodes should receive lymph node radiation therapy.

3) End-of-life.

Not a Meaningful Growth Driver

Cancer Program Leader Perceptions on Accreditation Value

Stakeholder

The Reality

What Cancer Programs Think

Patients

Cancer patients value accreditation **one-third as much as** physician specialization when deciding where to go for cancer care¹

33% of cancer programs reported that the accreditation and/or quality reporting programs that they participate in help them attract self-directed patients

Payers

"I don't care about what accreditations... cancer programs participate in. I care about their survival rates and total cost of care."

Senior VP, Large National Commercial Payer

16% of cancer programs reported that the accreditation and/or quality reporting programs that they participate in help them negotiate with payers

Referring Providers

Accreditation was not among the top three factors influencing primary care physician (PCP) referrals to oncologists.² The top three factors were:

1. Patients' insurance coverage
2. Location and proximity to treatment facilities
3. Strength of relationship with oncologist

32% of cancer programs reported that the accreditation and/or quality reporting programs that they participate in help them market to referring providers

1) Cancer patients rank physician specialization as the most important factor when deciding where to go for cancer care; they rank accreditation sixth.

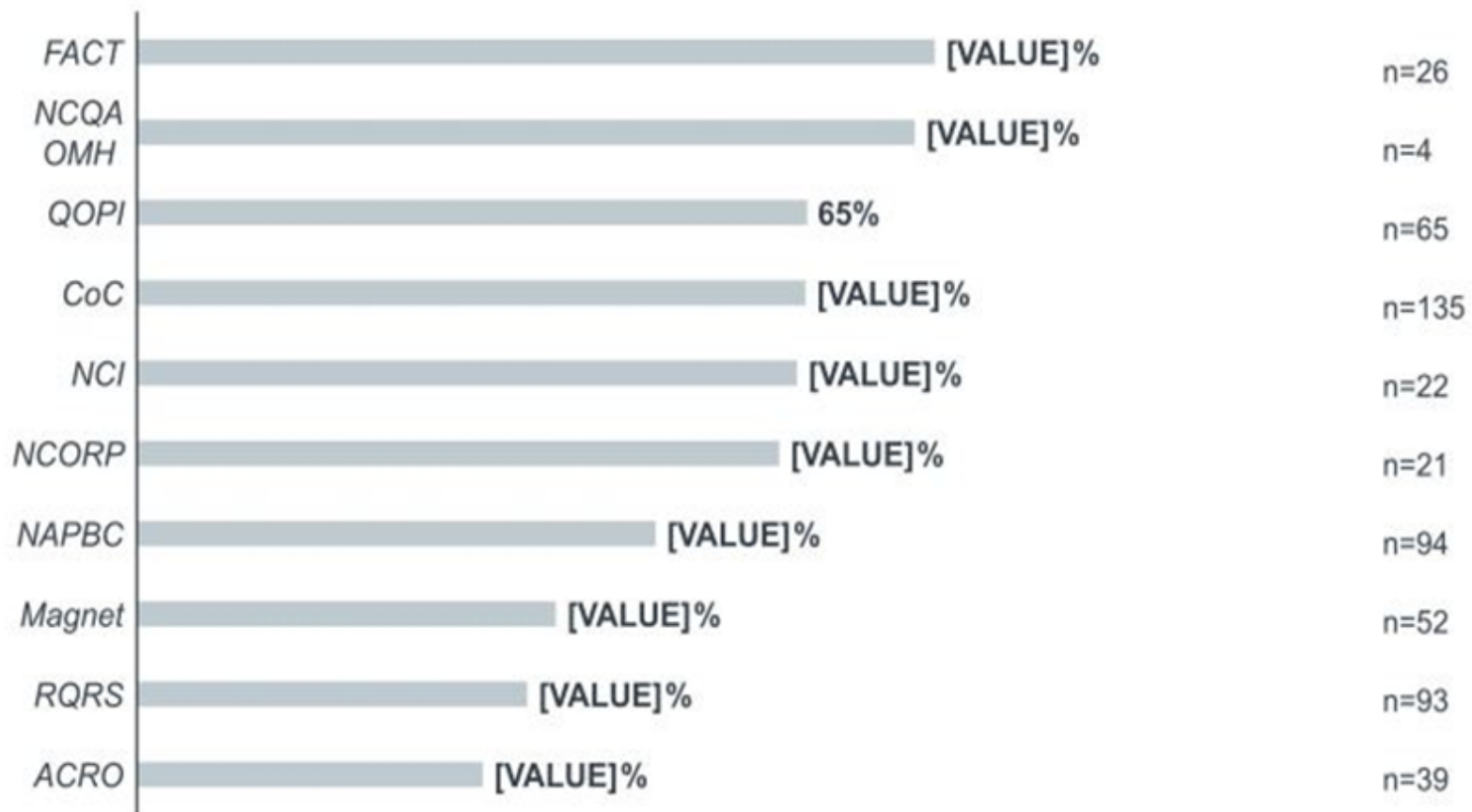
2) PCPs were asked an open-ended question about referral factors.

Zeroing In on the Most Valuable

Which of the following accreditation and/or quality reporting programs that your institution currently participates in have you found the most valuable?¹

Percentage of respondents with a given accreditation program who ranked it in topthree, 2018

n=141



1) Percentages calculated by dividing the number of respondents who ranked the accreditation or quality reporting program in top three by the total number of respondents who reported participating in the accreditation or quality reporting program in the previous question.

Our Take on Accreditations

Cancer Program Accreditation Investment Strategy

Worth It, If You Qualify



FACT
NCI-designation

Questions to Consider

- Is developing a cancer research or BMT¹ program a top priority for my institution?
- Do we already have the infrastructure in place for a robust cancer research or BMT program?

Good Bets



QOPI NAPBC
CoC NAPRC

Questions to Consider

- Is building out our breast or colorectal cancer program a top priority for my institution?
- How difficult is it for us to report on the required quality metrics?

Requires Further Evaluation



CoC OMH ACRO
NCQA OMH ASTRO APEX
ACR ROPA

Questions to Consider

- Will this differentiate us to patients, referring providers, or payers?
- Will this drive quality improvement?
- Will this help us engage our physicians?

1) Bone marrow transplant.

Finding Accreditations That Work for You

Conduct Cost-Benefit Analysis to Determine the Value of Accreditations

Key Considerations for Accreditation Cost-Benefit Analysis

Potential Costs

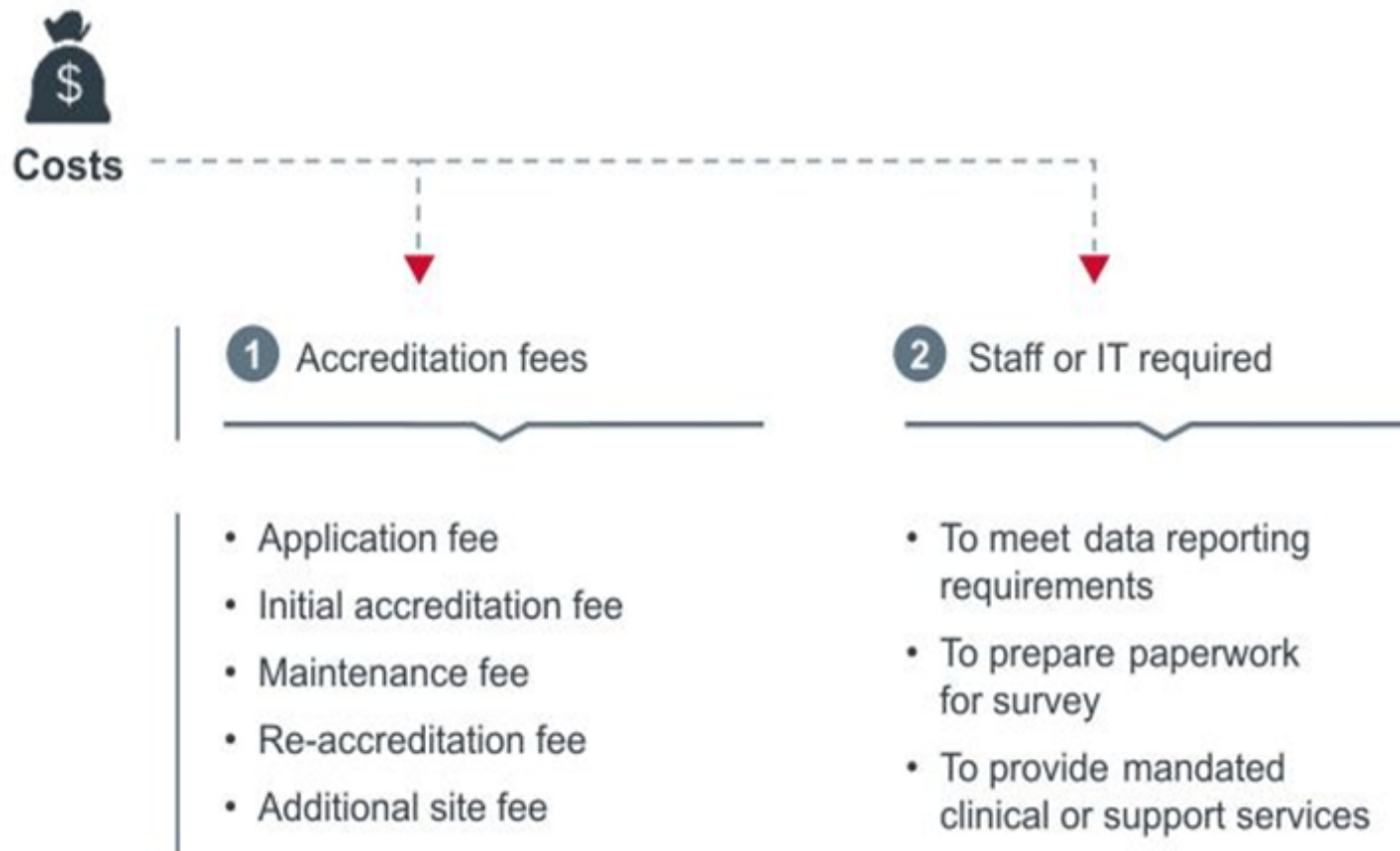
- Accreditation fees
- Staff or IT needed to meet requirements



Potential Benefits

- Increase market share
- Enhance program development

Quantifying Accreditation Costs



Understanding Accreditation Benefits

Value of Accreditation to Your Cancer Program May Change Over Time

Considerations for Assessing Potential Benefits of an Accreditation



To assess whether an accreditation will **increase your cancer program's market share**, consider:

- *Patients*: Do accreditations matter to patients in your market? If so, which ones?
- *Referring providers*: Do accreditations matter to referring providers in your market? If so, which ones?
- *Payers*: Do accreditations matter to payers in your market? If so, which ones?
- *Competitors*: How strong is the competition in your market? Which accreditations do your competitors have?



To assess whether an accreditation will **enhance your cancer program's development**, consider:

- *Quality*: Will this accreditation help you improve your program's clinical quality?
- *Physician recruitment*: Will this accreditation help you recruit new physicians? Is physician recruitment in this area a top priority?
- *Physician engagement*: Will this accreditation help you engage existing cancer program physicians?
- *Executive buy-in*: Will this accreditation help you make the business case to executives for additional investments in the cancer program?

Putting It Into Action

Cone Drops an Accreditation Because It Wasn't Providing Enough Value

Cone Health's Considerations for Dropping CoC Accreditation

Patient Preferences

Community said they did not care about accreditations because they expected all cancer programs to provide quality care

Provider Preferences

Oncology providers across system did not see value in maintaining the accreditation

Impact on Quality Improvement

As a mature cancer program, Cone felt that they were just checking boxes to maintain the accreditation, not using it to drive quality

Access to Data

There was a significant time lag in getting data from CoC, and Cone wasn't allowed to publicly report CoC survival data

Competitive Landscape

Cone has no direct competitors in their market because they are a community cancer program surrounded by AMCs¹

Cost

Cone estimated they spent \$500K annually to maintain COC accreditation across their four sites; this included accreditation fees and resources to meet requirements

Cone decided to **drop CoC accreditation** and redirect resources toward alternatives that would more meaningfully drive quality improvement for them

1) Academic medical centers.

No Regrets

Redirected Resources Toward Other Investments to Drive Quality

Cone Health's Alternative Investments in Quality Improvement

- Continue to participate in QOPI
- Join CancerLinQ¹ to automate QOPI data extraction and get more real-time data
- Purchase Via Oncology clinical pathways

"To this day, I still believe that dropping our CoC accreditation was the right thing to do for us. But it may not be the right thing for everyone."

*VP of Oncology
Cone Health*



Case in Brief: Cone Health

- Six-hospital health network based in Greensboro, North Carolina
- Debated dropping CoC accreditation
- Evaluated many factors to help with decision, including community and physician preferences, impact on quality improvement, access to data, competitive landscape, and the fees and resources associated with maintaining the accreditation; found that costs outweighed benefits
- Decided to drop accreditation and redirect resources toward other tools to drive quality improvement, namely continued participation in QOPI and new investments in Via Oncology and CancerLinQ

1) CancerLinQ is a quality monitoring system that collects and analyzes data from all patient encounters to improve the quality of care delivered.

Key Takeaways: Assessing Oncology Accreditations

- 1. Accreditations aren't inherently valuable.** The impact of accreditations on the quality of cancer care is unclear. The results from the limited number of studies evaluating this relationship run the gamut depending on the accreditation or quality measure in question. The potential for accreditations to serve as a mechanism for securing market share or differentiator from competitors is largely unproven; currently little to no evidence exists indicating accreditation drives volumes or shifts market share. However, anecdotally, accreditations can be effective in engaging physicians and staff and making the case for cancer program investments to executives.
- 2. Accreditation requirements likely to increase, heightening the resource burden.** Accreditation programs evolving to reflect market changes and standards have become more extensive accordingly, raising the bar for what it means to provide high quality care. Due to difficulty of meeting new standards many cancer programs are beginning to question the value of accreditations, particularly given limited program resources.
- 3. Market and program dynamics will likely dictate optimal accreditation strategy.** Ultimately, the decision to pursue and maintain accreditation will depend on program and market dynamics. Cancer programs should carefully weigh each accreditation's ability to increase their market share and enhance program development against accreditation fees and resources needed to meet requirements. Cancer programs should regularly assess the value of their accreditations as market and program dynamics change and not be afraid to drop an accreditation if it's no longer delivering value.

Thank you!

Feel free to reach out:

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