



Oncology Roundtable

# Key Trends Impacting the Future of Cancer Care

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# The World Is Starting to Look Very Different

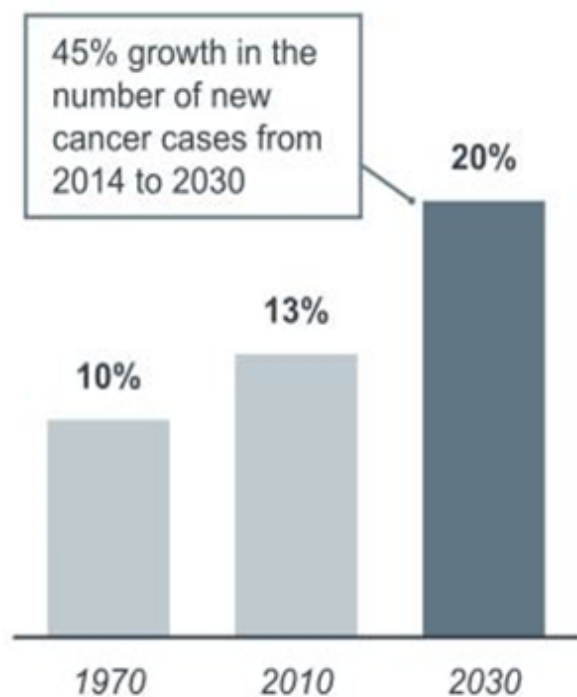
## Six Trends Shaping Cancer Care

- 1 Cancer is the **number one killer** in 22 states (and counting)
- 2 We are on our way to being a **majority-minority** country
- 3 Health care **reimbursement and reform** are at a turning point
- 4 Telehealth is **breaking down** cancer center walls
- 5 Health care “consumers” demand **evidence of cost and quality** performance
- 6 **Genomic medicine** is revolutionizing cancer care

# Cancer Becoming the Number One Killer in America

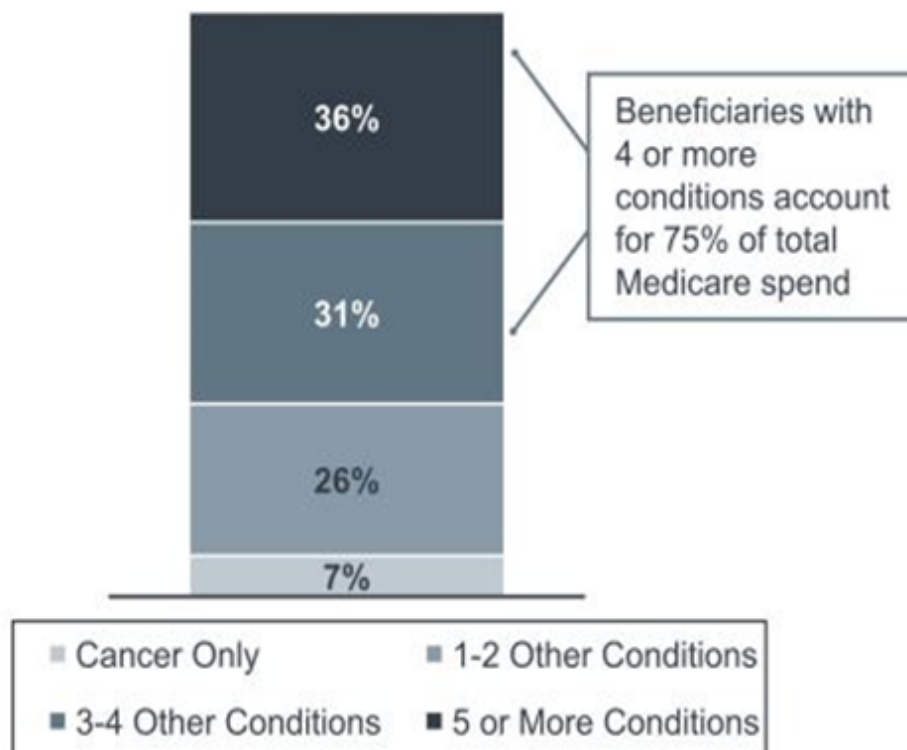
## Caring for an Older, More Complex, and More Costly Population

### Estimated Percentage of the US Population Age 65 and Over



### Percentage of Medicare Cancer Patients with Comorbidities

2015



# The Impact on Cancer Programs

## Preparing for an Aging and Polymorbid Population

### Focus on Top-of-License Practice and Multidisciplinary Care



Provide coordinated, multidisciplinary care



Grow cross-service line specialties  
(e.g., cardio-oncology, geriatric oncology)



Ensure top-of-license practice across the care team



Improve transitions back to primary care

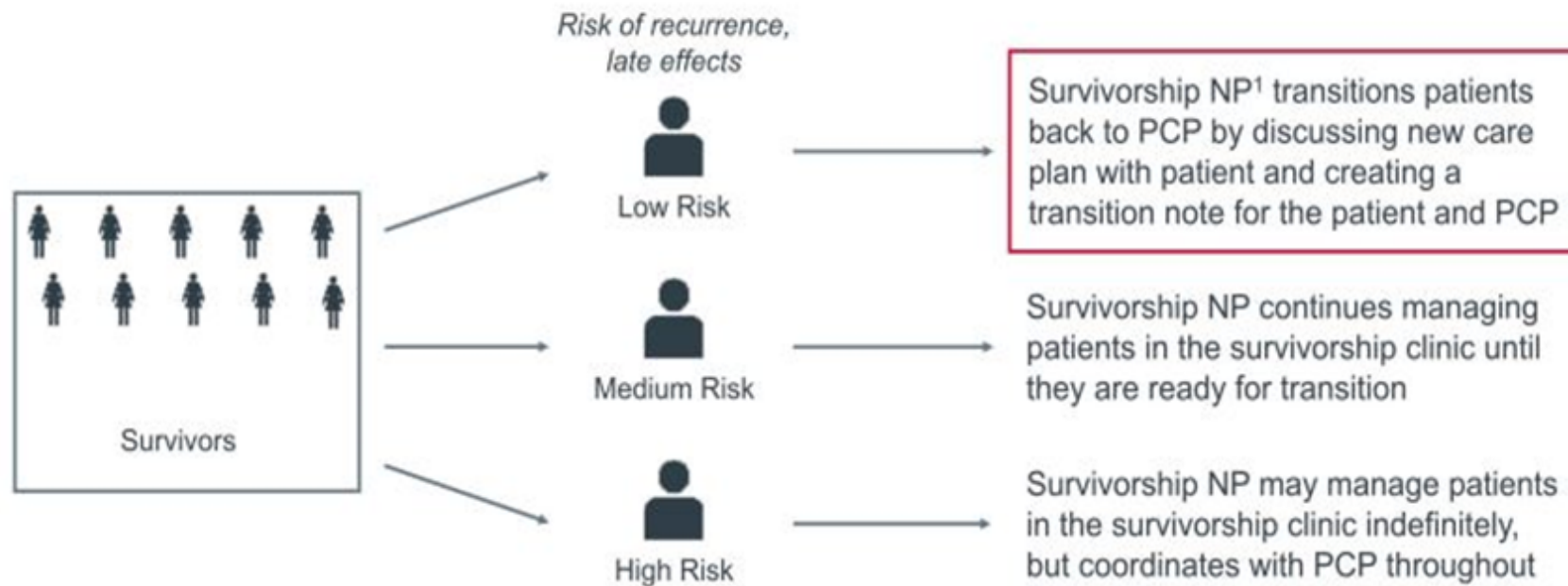


Build the oncology workforce pipeline via  
outreach, community education, and rotations

# Triage Survivors to Optimal Site of Care

Transitions Save Oncologists Time for Their True Specialty

## Risk-Based Stratification of Survivors at Memorial Sloan Kettering



## Steps to Prepare Patients for Transition

- 1 Explain active treatment and post-treatment care plans to patients at the start of treatment
- 2 Reiterate transition plan as patients approach treatment completion and set patient expectations about recovery
- 3 Assure patients that the cancer center will remain a resource to them after their transition

1) Nurse practitioner.

# Transitions Going Smoothly

## Survivors and PCPs Comfortable with Management



### Data Supports Risk-Based Approach

**.02%** Percentage of breast cancer survivors transitioned to their community PCP over a 22-month period who required a return visit at Memorial Sloan Kettering



### Care Plans Proving Useful

**33%** Percentage of PCPs surveyed who reported that they would change their plan of care for survivors based on information in the survivorship care plan



### Oncology Roundtable Related Resources

#### *Tactics to Support PCPs:*

- [PCP-Led Survivorship Care](#)
- [Engage Primary Care Providers](#)
- [Further the Primary Care Partnership](#)
- [Survivorship Interview Guide for PCPs](#)
- [Survivorship Education Resources for Primary Care Providers](#)

#### *Tactics to Support Survivors:*

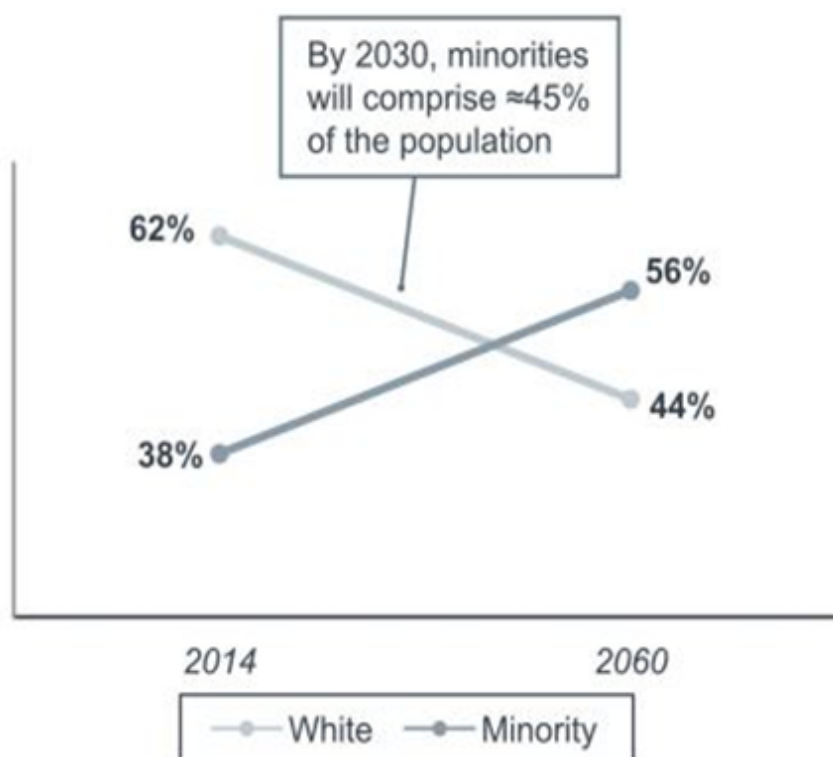
- [Prepare Patients for Survivorship](#)
- [Prepare Cancer Patients Early for the Transition to Survivorship](#)

# US Set to Become 'Majority-Minority'

Crossover Expected to Occur in 2044

## Distribution of the US Population

National Projections



## Health Disparities a Major Issue

**22%** of deaths among Hispanics in 2014 were cancer-related, making it the leading cause of death for Hispanics in America

**1.4x** more likely Hispanic women are to die from cervical cancer compared to white women

**25%** higher death rate for blacks than whites for all cancers combined

Source: Colby SL, Ortman JM, "Projections of the Size and Composition of the U.S. Population: 2014 to 2060," U.S. Census Bureau, March 2015, <https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf>; Cancer Facts & Figures for Hispanics and Latinos, <http://www.cancer.gov/research/cancerfacts/statistics/hispanics-latinos>; NCI, "Examples of Cancer Health Disparities," <http://www.cancer.gov/about-nci/organization/ncihd/about-health-disparities/examples>; Oncology Roundtable research and analysis.

# The Impact on Cancer Programs

## Caring for an Increasingly Diverse Patient Population

### Start Building a Diverse, Culturally Competent Workforce Now



Train culturally competent staff and clinicians



Build a pipeline to assemble a workforce that is representative of the community served



Ensure access to resources and specialists to address specific populations' challenges<sup>1</sup>



### Related Resources

Find resources to help your team at our new resource page:

[The Health Disparities Initiative](#)

1) Examples include access to interpreters and specialized resources for transgender patients.



# Equip Staff to Identify and Address Disparities

## ACCURE Program Closes Racial Gap in Lung Cancer Treatment

### Components of ACCURE<sup>1</sup> Program

#### 1 Missed Appointment Alert

Leverage EHR to alert providers when patient misses an appointment or treatment milestone

#### 2 Trained Navigators

Use nurse navigators trained to deal with race-related barriers to care

#### 3 Provider Feedback

Present race-specific feedback on treatment to care teams

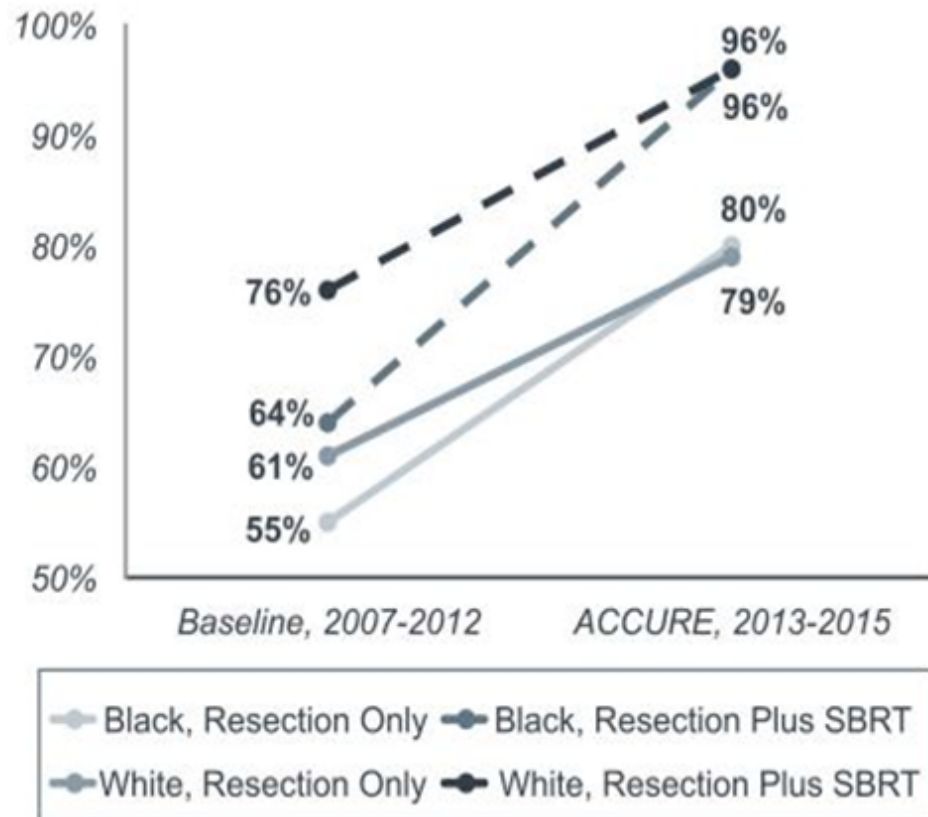
#### 4 Staff Education

Conduct health equity training sessions every three months for health care staff

### Treatment Rates by Race for Lung Cancer Patients at Baseline and in ACCURE Group

*For Resection Only and Resection Plus SBRT<sup>2</sup>*

n=2,044 in baseline group; n=100 in ACCURE group



1) Accountability for Cancer Care Through Undoing Racism and Equity.

2) Stereotactic body radiation therapy.

# Reimbursement and Reform Are at a Turning Point

## Congress Choosing Between Payment Reform and Payment Cuts

### Continue Payment Reforms

Providers accept alternative payment models and move rapidly away from fee-for-service status quo



#### *Strategic Imperatives*

- Business model transformation
- Integration and system-wide care coordination
- Risk-based contracting strategy



### Shift to Payment Cuts

Providers remain in fee-for-service but face ever-more stringent reimbursement cuts



#### *Strategic Imperatives*

- Radical cost-efficiency
- Asset and service rationalization
- Fixed cost restructuring



# The Impact on Cancer Programs

## Transitioning to Risk-Based Payment

### Cancer Leaders Need to Build Nimble Programs and Manage Change



Create a nimble organization that can adapt to unexpected and swift regulatory changes



Evaluate staffing and operations to gain maximum efficiency



Focus on prevention, informed screening, survivorship, and end-of-life care



Provide proactive symptom management, navigation, and coordination across sites of care

# The OCM Basics

## Overview of the Oncology Care Model (OCM)

### Who is participating?

- 179 medical oncology practices
- 13 payers
- CMS

### How are practices paid?

- **Fee-for-service payments** for all services to enrolled beneficiaries
- **Monthly enhanced oncology services (MEOS)** payment of \$160 for six months upon initiation of chemo
  - If the patient continues or resumes chemo, practice can trigger subsequent episodes
- **Performance-based payment** provided if practice reduces beneficiaries' total Medicare billings and meets threshold for quality performance
  - Quality measured relative to other practices
  - Cost performance is evaluated against historic performance

### How are practices taking on risk?

- One-sided risk arrangement (4% discount)
- Two-sided risk arrangement (2.75% discount with potential for higher performance-based payments)
  - Available starting January 1, 2017
- By fourth reconciliation period (mid-2018), practices that have not achieved performance-based payment must exit the model or opt for two-sided risk



For more information, visit [Resources on CMMI's Oncology Care Model](#)

# The Results Are In

## Participants Approaching Critical Decision

### Timeline of the Oncology Care Model (OCM)



# 25%

Of OCM participants received a performance bonus<sup>1</sup>



# ≈50%


Of OCM participants reduced costs below their historical benchmark even if it was not enough to qualify for a bonus

1) To receive a bonus, participating practices must have spent less than their target price, which is equivalent to the episode of care benchmark with a 4% discount. This benchmark is adjusted for historical data, geographic variation, and performance period trends.

# Significant Barriers to Entry


## Requirements Leave Significant Room for Interpretation


### OCM Practice Requirements

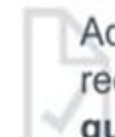
 Provide **24/7 patient access** to a clinician who has real-time access to their medical records

 Use of **EHRs** and reporting on Advancing Care Information measures

 Use data for continuous **quality improvement**

 Provide for the core functions of **patient navigation**

 Document **comprehensive care plan** that contains IOM's 13 recommended components

 Adhere to nationally recognized **clinical guidelines**

# Target Navigation to Patients Who Will Benefit Most

High-Need Patients at UAB Receive More Frequent and Intense Support

## Characteristics of Navigated Patients at UAB



Navigator performs distress screening during outreach to identify and resolve patient issues

# Worth the Investment

## UAB Demonstrated Significant Decrease in Utilization from Navigation

### RESOURCE UTILIZATION

**6%**

Additional decrease in **ED visits** per quarter for navigated patients<sup>1</sup>

**8%**

Additional decrease in **hospitalizations** per quarter for navigated patients<sup>1</sup>

**11%**

Additional decrease in **ICU admissions** per quarter for navigated patients<sup>1</sup>

### COST SAVINGS

**\$781**

Additional reduction in **total costs of care for each navigated patient<sup>1</sup>** per quarter<sup>2</sup>

**\$19M**

Approximate **total savings** for all navigated patients across the network in one year

Visit [advisory.com/or/navigation](https://www.advisory.com/or/navigation) for all of our resources

1) Compared to non-navigated patients.

2) Excludes Part D claims.

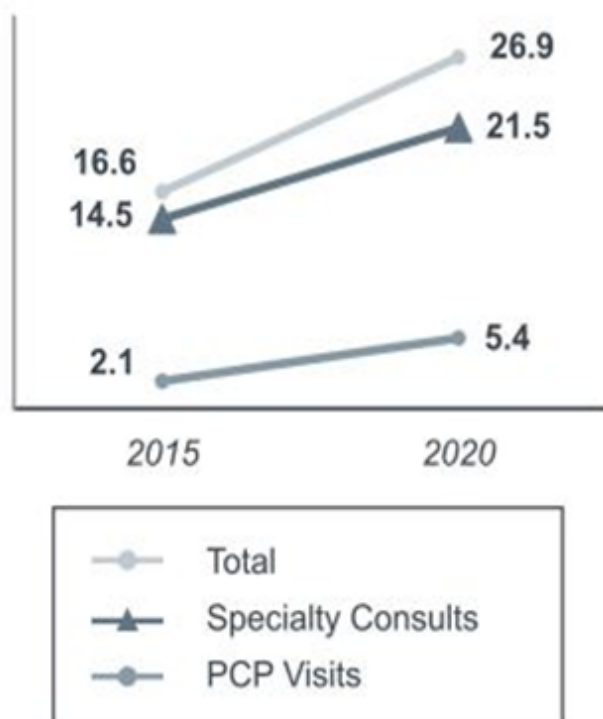


# Telehealth Is Breaking Down Cancer Center Walls

Expanding Access and Enabling Real-Time Information Sharing

## Estimated Growth in Virtual Consults

Millions of Visits in the US



“

### Introducing Doctor Fitbit

“Five to ten years down the line, the power of these devices to **help consumers, health care providers, the whole health care ecosystem track and give diagnoses to people**—I think it's incredibly tantalizing.”

*James Park, CEO, Fitbit*



Estimated growth in the global market for smart wearables, including activity trackers and smartwatches, between 2016 and 2020

Source: Japsen B, "Doctors' Virtual Consults with Patients to Double by 2020," *Forbes*, August 9, 2015, <http://www.forbes.com/sites/jnicolaesjen/2015/08/09/as-telehealth-booms-doctor-video-consults-to-double-by-2020/#2d4da3675d66>; Lamkin P, "Wearable Tech Market to Be Worth \$34 Billion by 2020," *Forbes*, February 17, 2016, <http://www.forbes.com/sites/raulamkin/2016/02/17/wearable-tech-market-to-be-worth-34-billion-by-2020/#d1133a3fe7>; "Doctor Fitbit": How the Wearables Company Sees Its Future," *The Daily Briefing*, April 20, 2016, <https://www.advisory.com/daily-briefing/2016/04/20/how-the-wearables-company-sees-its-future> Oncology Roundtable research and analysis.

# The Impact on Cancer Programs

## The Growing Use of Telehealth

### Leverage Telehealth to Enhance Efficiency, Improve Patient Engagement, and Collect Patient Data



Build and train a workforce comfortable with and skilled at using technology



Invest in technology specialists and support staff



Invest in data security and management specialists



Provide ongoing patient and provider education

# Think Different

## Cooper and Polaris Health Partner to Elevate Patient Engagement

### Breast Cancer Patient Pilot at MD Anderson Cancer Center at Cooper



#### *Watch Automatically Collects:*

- Heart rate
- Steps
- Time standing
- Active calories

#### *Patients Report:*

- Physical symptoms
- Distress
- Sleep

#### **Apple Watch**

#### *Care Team Receives:*

- Dashboard color coded by severity of patient needs
- Email alert when patient meets criteria for follow-up
- Data over time

#### *Patient Receives:*

- Weekly dashboard of data
- Daily summary of physical and behavioral health

# Extending Care Beyond the Office

Provide Real-Time Information and Motivation

## emPOWER App on Apple Watch



“After surgery there were days when I wanted to be in bed all day but **this app made me get up and move...** I wish the trial started six months earlier...”

*Breast Cancer Survivor*

### ! Considerations for Scaling Pilot

- Technology infrastructure and support
- Triage protocols for identified patient needs
- Funding beyond initial pilot
- Impact on cancer center workflow

Source: Scipioni J, "How the Apple Watch Helps Cancer Patients in Treatment," Fox Business, February 29, 2016, <http://www.foxbusiness.com/features/2016/02/29/how-apple-watch-helps-cancer-patients-in-treatment.html> MD Anderson Cancer Center at Cooper, Camden, NJ; Polaris Health Directions, Wayne, PA; Oncology Roundtable interviews and analysis.

# Patients Acting More Like Consumers

## Disrupting Traditional Referral Patterns



### Growing Price Sensitivity

- Rising health care costs
- Patients shouldering larger portion of health care costs
- Patients developing habit of “shopping” for providers to maximize value of care



### Increasing Access to Health Care Information

- Access to and use of the Internet now nearly ubiquitous
- More organizations publishing health care cost and quality data
- Growth in online communities and availability of patient reviews



### Rising Expectations for Service

- Patients gaining experience with retail clinics (e.g., Walgreens, MinuteClinic)
- Patients expect different type of doctor's visit
- Nature of patient-physician relationship changing; patients become more skeptical and empowered to make decisions about their care

# Cost and Quality Data Can Be Overwhelming

Programs Need to Make Sure Information Is Empowering, Not Paralyzing

## Cancer Patients Already Doing Their Research



of cancer patients looked at provider reviews or quality performance websites while selecting a provider



of cancer patients spent over one hour researching specialists; highest among all specialty patient populations surveyed

## Actual and Expected Availability of Provider Information

Toda

CMS expands PCHQR<sup>1</sup> program

PHCQA<sup>2</sup> publishes scores for five cancer care metrics online

Healthgrades includes Cancer CAHPS<sup>3</sup> scores

Clinical pathways adherence reported publicly

National warehouse of survival data by provider published

2030

Consumer-facing tools allow patients to compare cancer providers' cost and quality

1) PPS-Exempt Cancer Hospital Quality Reporting Program.  
2) Pennsylvania Health Care Quality Alliance.  
3) Consumer Assessment of Healthcare Providers and Systems.

# The Impact on Cancer Programs

## Increased Consumerism

### Focus on Providing Education and Effective Communication



Train staff and clinicians to teach patients about quality measurement in cancer care



Train staff and clinicians to educate patients about the costs of care and provide necessary support



Prepare staff to become experts at persuasive communication

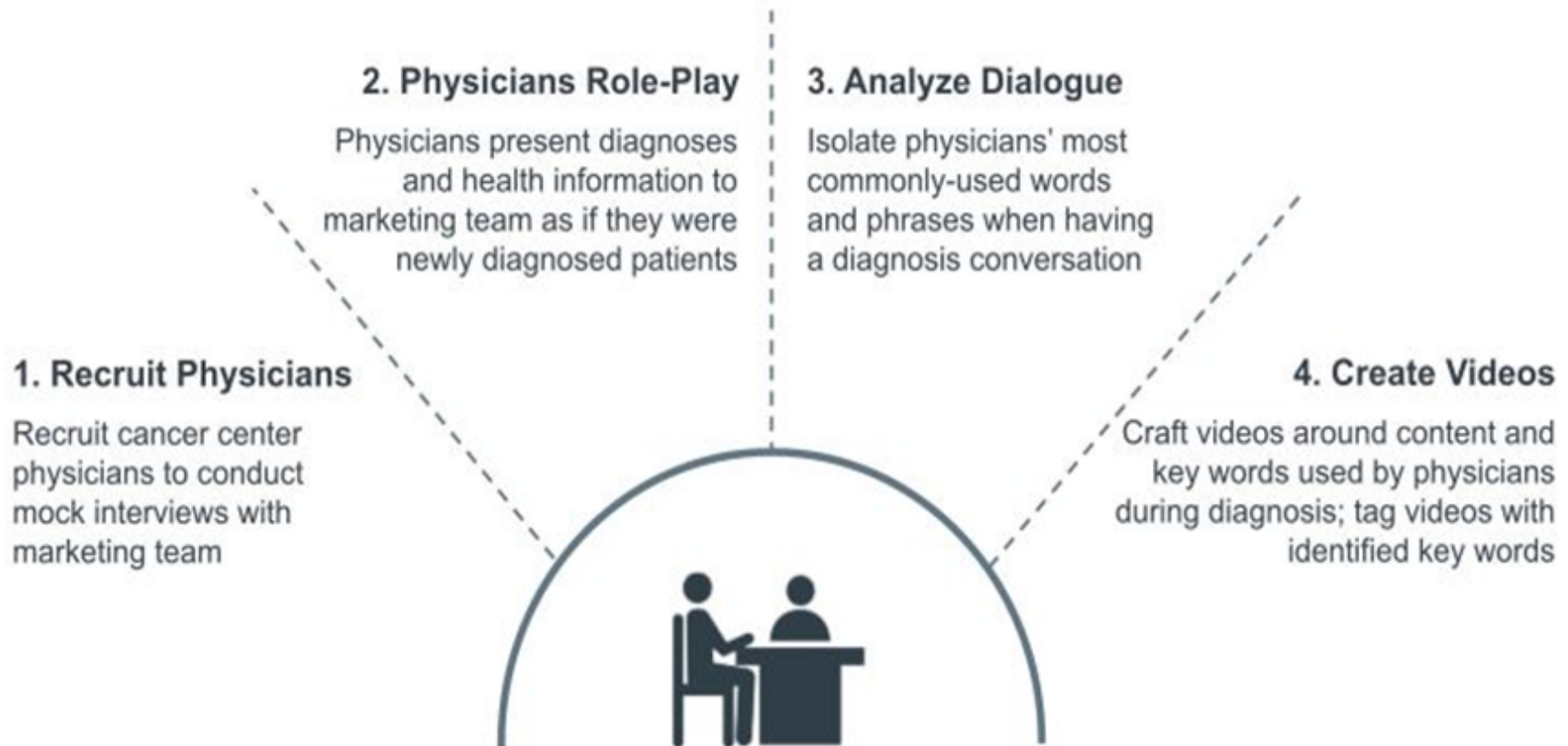


Invest in the services and expertise that patients in your community value most

# Determine Patient Priorities

## Nebraska Medical Center's YouTube Series Appeals to New Patients

### Key Steps to Developing Nebraska's YouTube Campaign

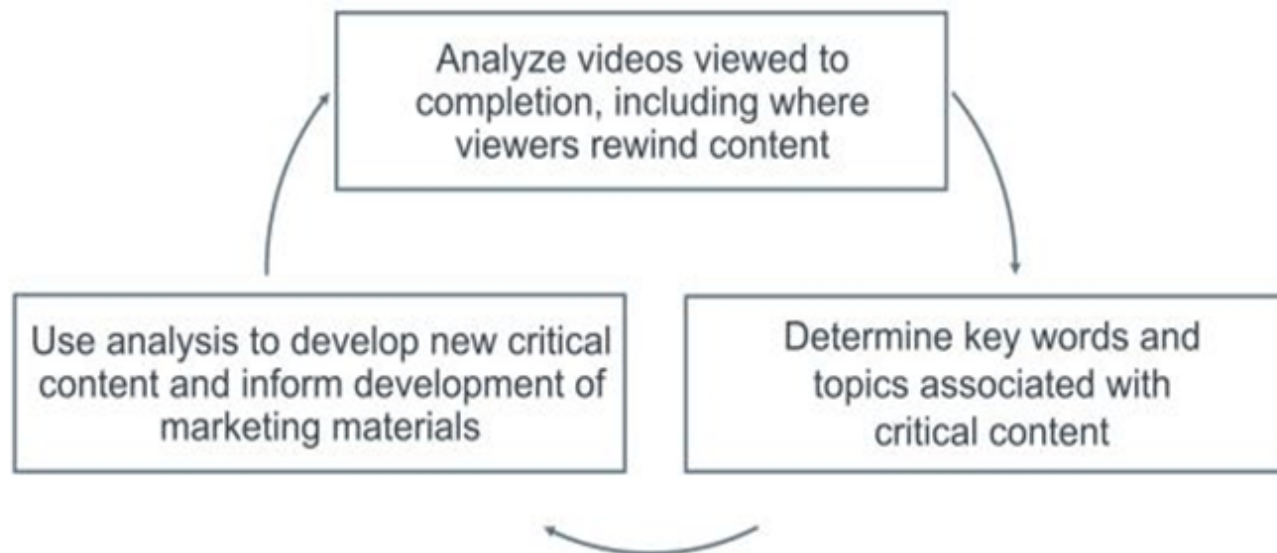




# Translating YouTube Hits into ROI

Use Comprehensive Analysis to Attract Patients Online

## Nebraska's Analytical Approach to Patient Concerns



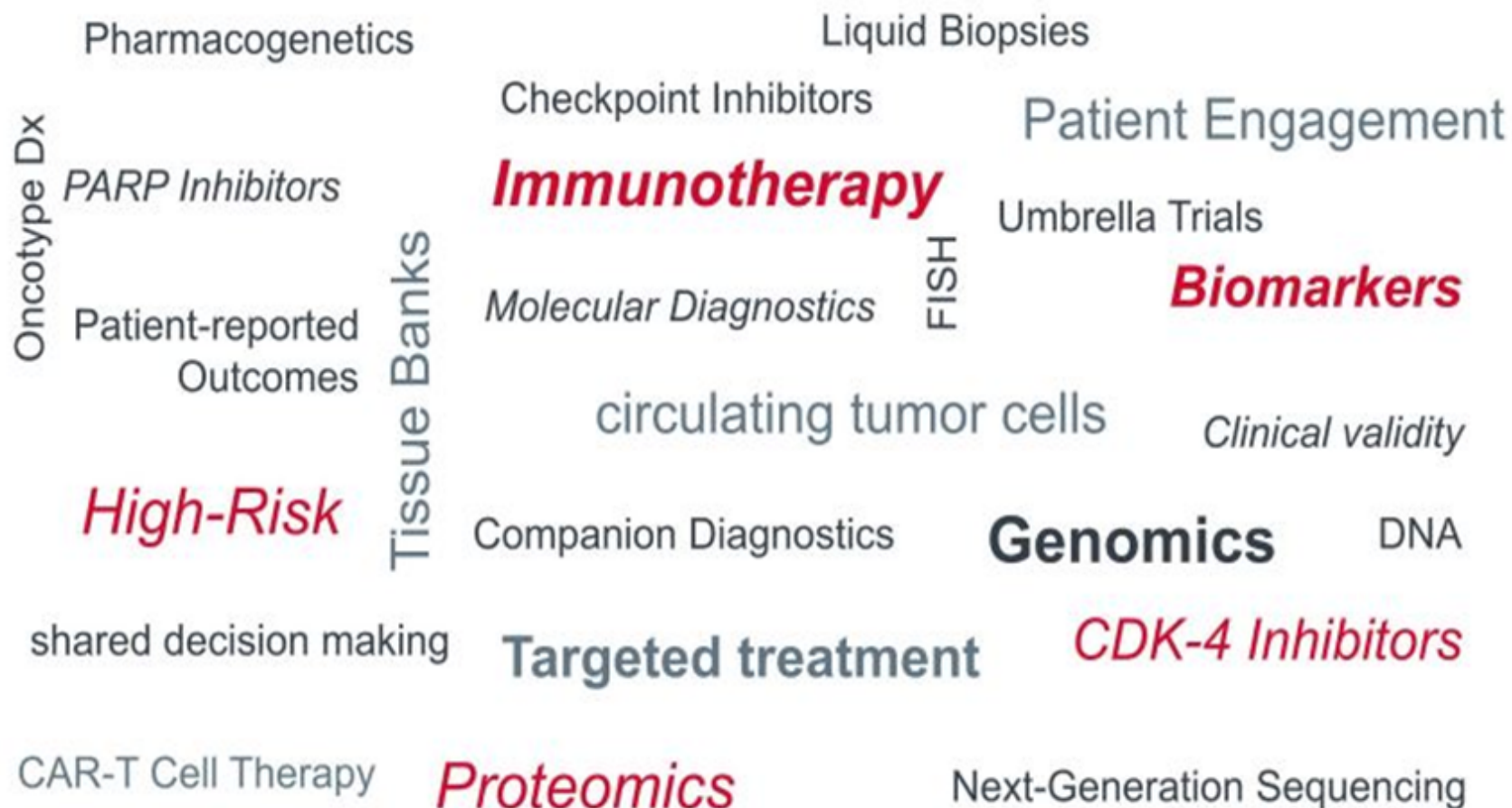
## Results Attributed to Nebraska's YouTube Campaign

**18%** Increase in **oncology** volumes

**16%** Increase above budget and year-to-year **financial** performance

# Precision Medicine Complex and Rapidly Evolving

## Precision Medicine



# Develop a Comprehensive Strategy

## Precision Medicine Raises Many Thorny Questions

### Five Imperatives for Precision Medicine

1

Evaluate the  
Business Case for  
Precision Medicine



2

Provide  
Support for  
Oncologists



3

Develop Patient-  
Centered  
Standards



4

Elevate the Role  
of Clinical Trials



5

Harness the  
Power of Data



# Make It Easy for Patients to Participate

## The Metastatic Breast Cancer Project (MBCP)

Social Media Outlets

facebook



AVON  
Foundation  
for Women

Advocacy Groups

susan G.  
komen.

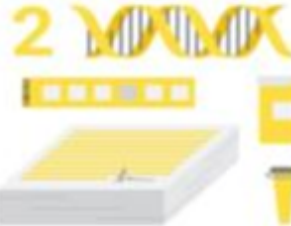


Here's how you can participate

1



Step 1.  
Tell us about yourself



Step 2.  
Give us permission to collect your samples and data

3



Step 3.  
Learn with us along the way

>1K

patients signed  
up in first three  
months of launch

- Patient clicks "Count Me In" Button on homepage
- Patient completes an online form
- Patient signs consent to enable MBCP to obtain medical record and stored tissue sample from treating institution
- MBCP sends the patient a kit to collect saliva
- MBCP sequences tumor and saliva samples
- Results are shared with researchers
- Patients are kept apprised of advancements and studies

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# Thank you!

Questions?

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