

# Cancer Care Delivery Research Portfolio

CTAC July 12, 2017

*Ann M. Geiger, MPH, PhD*

*Deputy Associate Director, Healthcare Delivery Research Program*

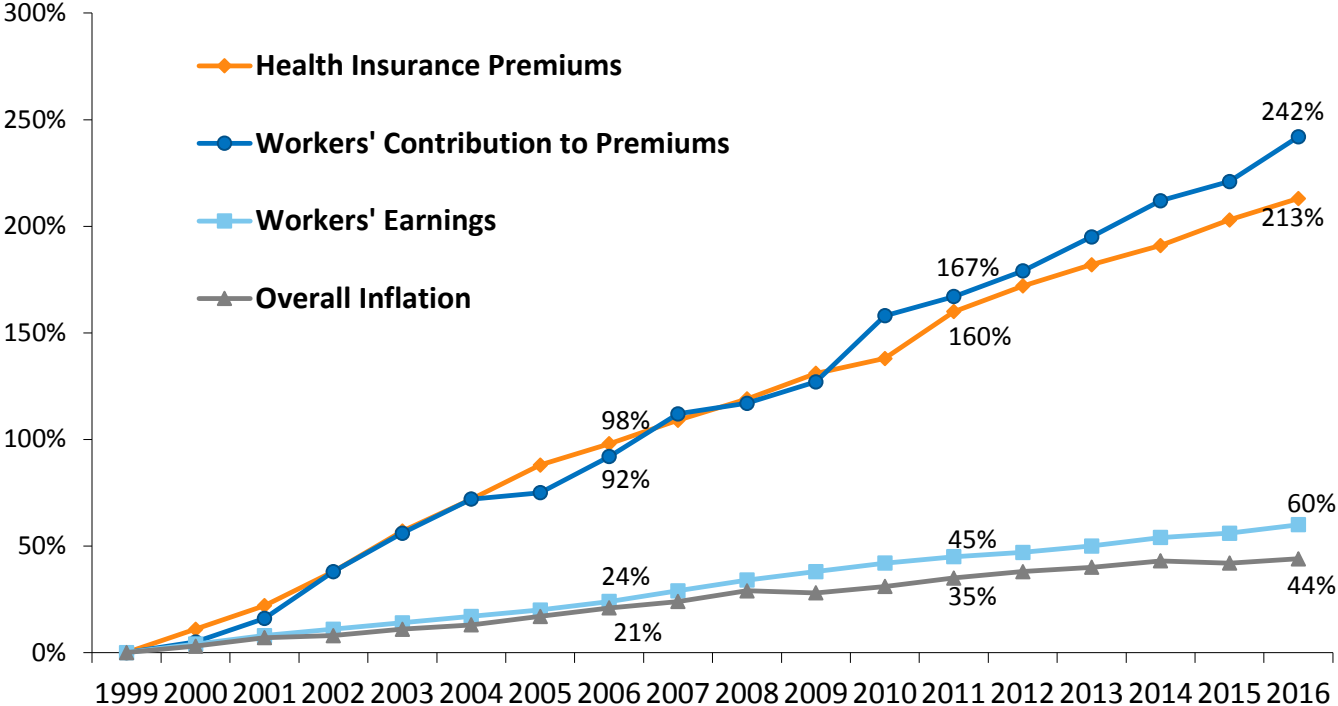
*Lead Scientist, NCORP Cancer Care Delivery*

# Outline

- Policy challenges effecting the delivery of cancer care and clinical research
- Role of the DCCPS Healthcare Delivery Research Program in supporting research to address these challenges and improve cancer care
- Use of NCORP as a vehicle for cancer care delivery research
- How best to engage clinicians and clinical/translational researchers in advancing new area of cancer care delivery research?

# Policy Challenges

# Cumulative Increases in Health Insurance Premiums, Workers' Contributions to Premiums, Inflation, and Workers' Earnings, 1999-2016



SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2016. Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation (April to April), 1999-2016; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 1999-2016 (April to April).



# Cancer Care Delivery is Changing



## Key characteristics

- Focus on clinical outcomes
- Fewer treatment options

## Reimbursement

- Fee-for-service

## Key characteristics

- Focus on patient-centered outcomes
- Coordination of multiple treatments
- Aging population
- Survivor care

## Reimbursement

- Value- and episode-based

Accompanied by declining research funding and shifts in trial design

# Potential Changes to Affordable Care Act

- Retain
  - Coverage on parental insurance up to age 26
  - Coverage for 10 essential benefits
  - Most Medicare provisions
- Modify
  - Subsidies for insurance premiums
  - Required coverage for individuals with pre-existing conditions
- Repeal
  - Employer mandate and small business subsidies
  - Individual mandate (add penalties for breaks in coverage)
- Phase out enhanced funding for Medicaid, with shift to block grants and expanded state flexibility (and innovation funds)

<http://www.kff.org/interactive/proposals-to-replace-the-affordable-care-act/> (July 5, 2017)

# Oncology Care Model

- Model Objective: Provide beneficiaries with **improved care coordination to improve quality and decrease cost**
- Test from July 1, 2016, through June 30, 2021
  - 195 practices
  - 3,200+ oncologists
  - 155,000+ beneficiaries
  - \$6 billion in reimbursements
  - 16 payers
- Episode = treatment and related care during 6 months after initiation of chemotherapy
  - Usual FFS payment plus two-part **financial incentive** with \$160 pbpm payment and potential for performance-based payment
  - Institute robust **quality** measurement
  - Provide **enhanced services** to improve care and decrease cost

## Enhanced Service Requirements

- 1) Patient navigation
- 2) Care plan with 13 components based on IOM Care Management Plan
- 3) 24/7 access to clinician with real-time access to medical records
- 4) Use of therapies consistent with national guidelines
- 5) Data-driven continuous quality improvement
- 6) Use of certified EHR technology

# EVALUATION DESIGN

- Mixed methods design: qualitative & quantitative
- Goals of the evaluation: measure impact of OCM on Medicare fee-for-service beneficiaries
  - Quality, health outcomes, costs of care, and patients' experiences with care
  - Compare changes over time in the participating oncology practices with changes in carefully selected/matched comparison practices
- CMS has contracted with a team of independent researchers to evaluate OCM
  - Abt Associates (prime)
  - Researchers from Harvard Medical School, The Lewin Group, and General Dynamics Information Technology
  - Oncology clinical consultants



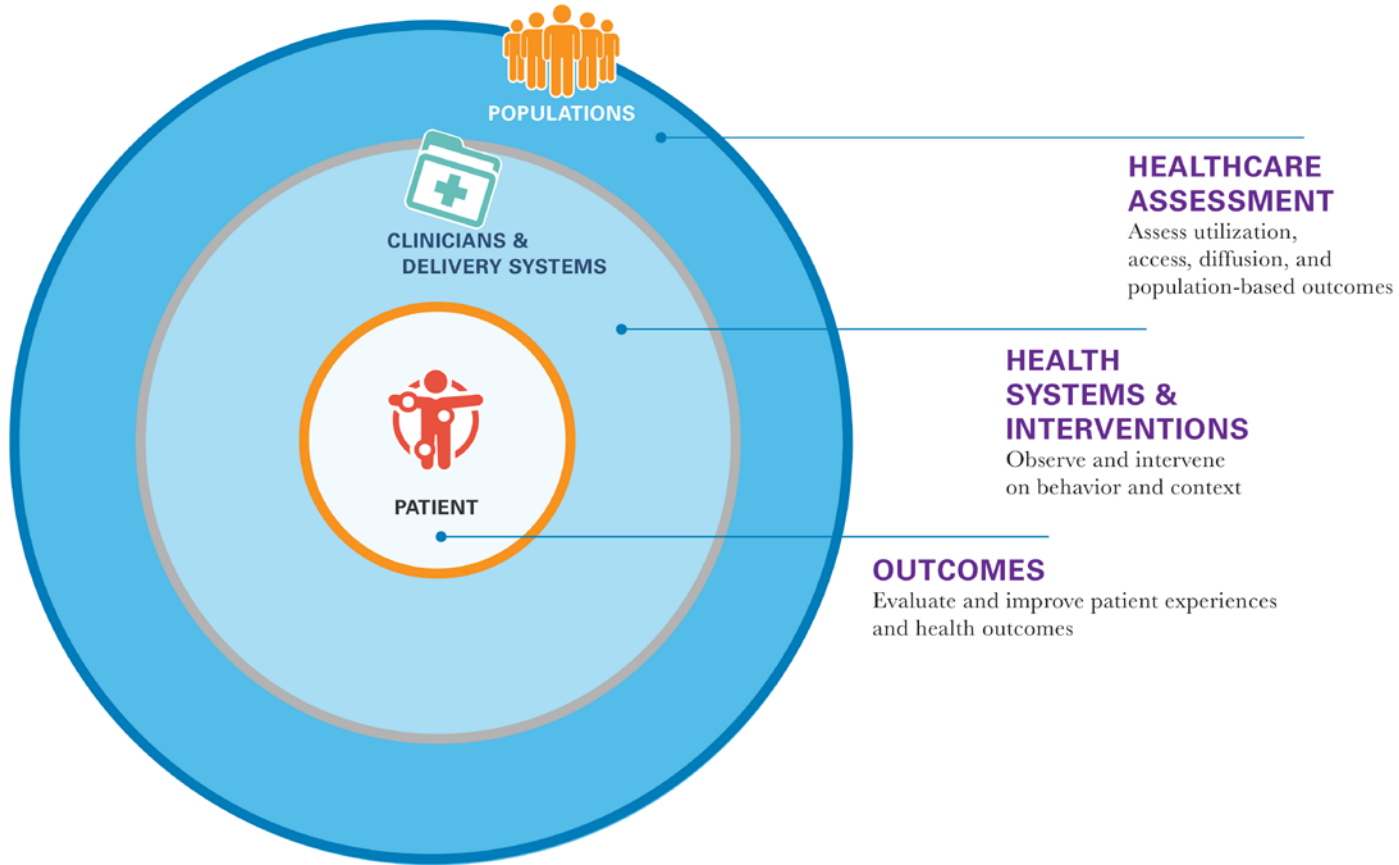
# Would OCM Data be Useful in Trials Context?

- Current CMS data potentially useful to
  - Conduct long-term follow-up for health conditions requiring medical treatment
  - Estimate direct costs of health care utilization
  - Assess representativeness of trial enrollees
- OCM evaluation data unlikely to add value (**if** available)
  - Small number of people in both trials and OCM practice
  - Follow-up ends within months of treatment cessation
  - Available data focused on limited number of quality metrics

# Healthcare Delivery Research Program Division of Cancer Control and Population Sciences

# HEALTHCARE DELIVERY RESEARCH PROGRAM

Advancing innovative research to improve the delivery of cancer-related care



# Grant Portfolio - Examples

- Lung Cancer Screening Participation & Nodule Management
- Reducing Diagnostic Error in Melanoma and Breast & Lung Cancer
- Utilizing EHR to Measure & Improve Prostate Cancer Care\*
- Care Coordination for Complex Cancer Survivors\*
- Influence of Hospital Variability on Management of Cancer Treatment Complications\*
- **Technology Diffusion in Cancer: Variation, Outcomes, and Cost**
- Assessing Cancer Care after Insurance Expansions\*

\*New investigators

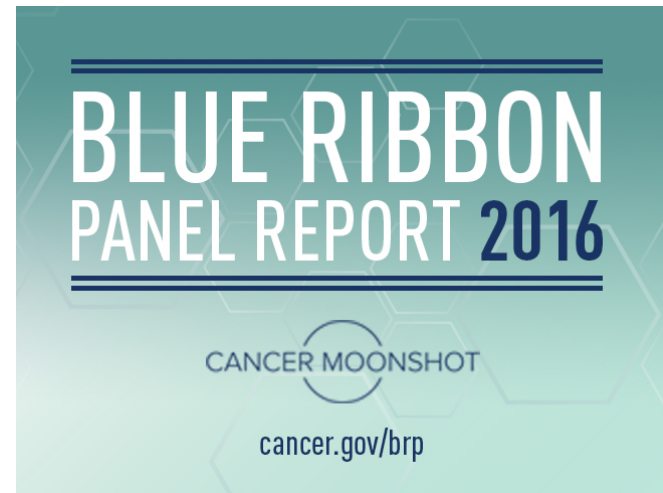
## Funding Opportunity Announcements

- **Linking the Provider Recommendation to Adolescent HPV Vaccine Uptake**
- Reducing Overscreening for Breast, Cervical, and Colorectal Cancers among Older Adults
- **Surgical Disparities Research**
- **Oral Anticancer Agents: Utilization, Adherence, and Health Care Delivery**
- Intervening with Cancer Caregivers to Improve Patient & Caregiver Health Outcomes & Optimize Healthcare Utilization
- End-of-Life and Palliative Needs of Adolescents and Young Adults (AYA) with Serious Illnesses

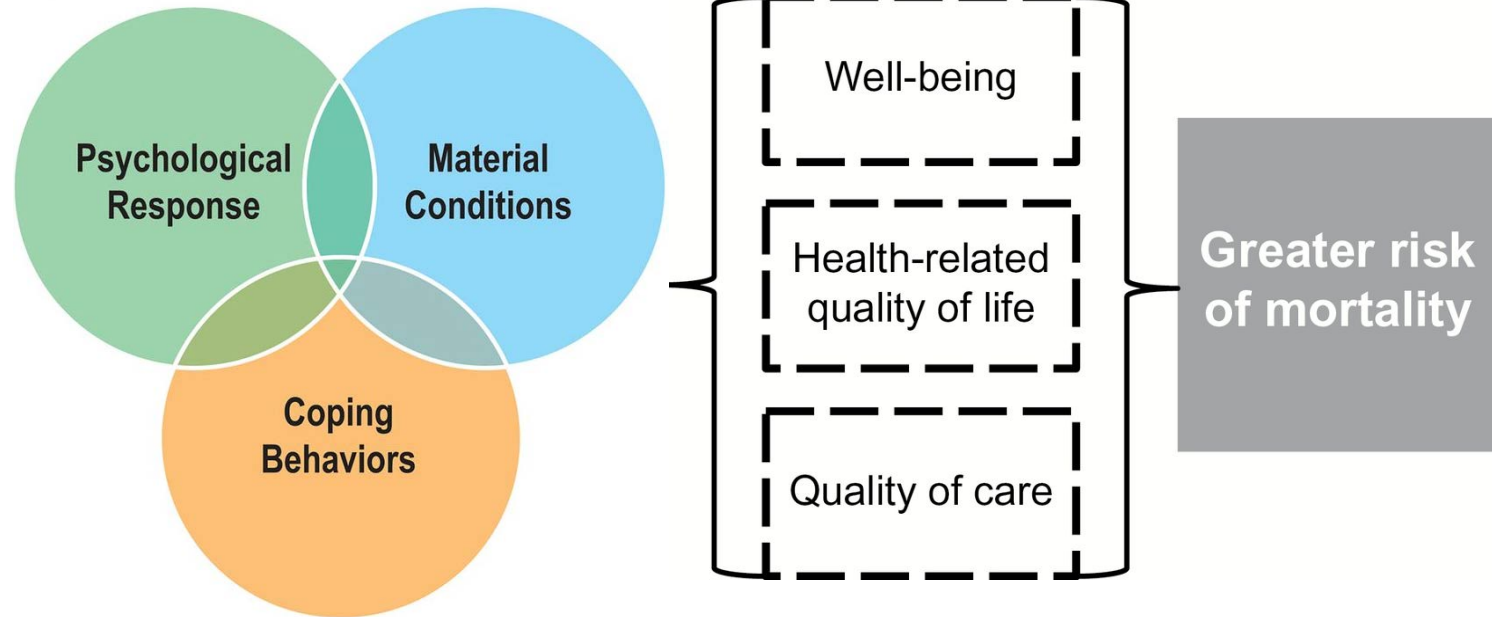
[http://cancercontrol.cancer.gov/funding\\_apply.html](http://cancercontrol.cancer.gov/funding_apply.html)

# 21<sup>st</sup> Century Cures Act / Beau Biden Cancer Moonshot: **Minimize cancer treatment's debilitating side effects**

- Accelerate adoption of technology-aided systems that:
  - gather and monitor patient-reported symptoms
  - provide actionable decision support approaches utilizing evidence-based guidelines to treat symptoms throughout the cancer continuum.



# Financial Toxicity Research Questions: What, Why, and How Intervene?



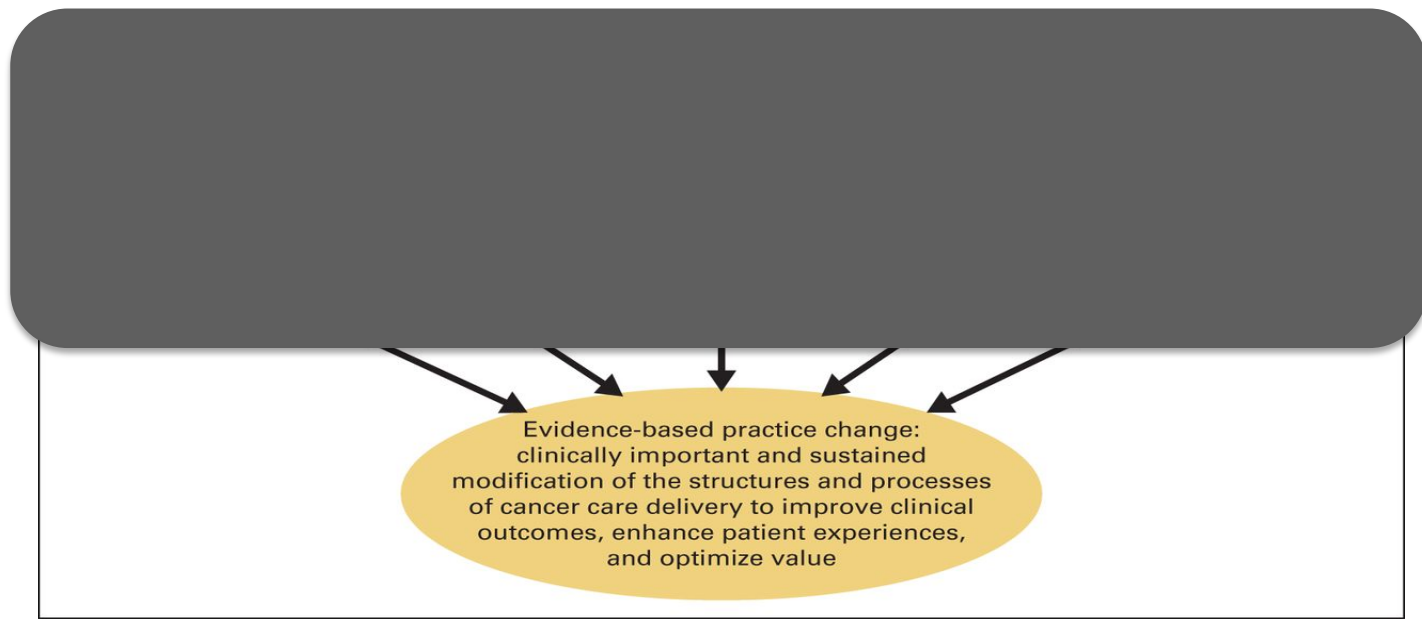
Altice CK et al. J Natl Cancer Inst. 2017.

Zafar SY. J Natl Cancer Inst. 2016.

# NCORP Cancer Care Delivery Research



**Attributes of cancer care delivery research (CCDR) that can lead to evidence-based PRACTICE TRANSFORMATION!**



**Erin E. Kent et al. JCO 2015;33:2705-2711**

# CCDR Concepts Awaiting Protocols (as of 6/5/17)

Research Base/Study Title	Study Design
ECOG-ACRIN – Longitudinal Assessment of Financial Burden in Patients with Colon or Rectal Cancer Treated with Curative Intent	Observational Patients
ECOG-ACRIN – Biomarker Testing in Common Solid Cancers: A Survey of Current Practices in Precision Oncology in the Community Setting	Observational Practices
Alliance – Improving Surgical Care and Outcomes in Older Cancer Patients through Implementation of an Efficient Pre-Surgical Toolkit (OPTI-Surg)	Cluster randomized trial Patients and practices
Alliance – Assessing Financial Toxicity in Patients with Blood Cancers	Observational Patients and practices

## CCDR Protocols Pending Activation (as of 6/5/17)

Research Base/Study Title	Study Design
Alliance - Testing Decision Aids to Improve Prostate Cancer Decisions for Minority Men	Cluster-randomized trial Patients and practices

## CCDR Protocols in Review (as of 6/5/17)

Research Base/Study Title	Study Design
COG - Documentation and Delivery of Guideline-Consistent Treatment in AYA Acute Lymphoblastic Leukemia	Observational Patients and clinicians/staff
Wake Forest - Implementation of Smoking Cessation Services within NCORP Community Sites...	Cluster randomized trial Patients and facilities
Wake Forest - A Stepped-Care Telehealth Approach to Treat Distress in Rural Cancer Survivors	Individually randomized trial Patients

# Open CCDR Studies (as of 6/5/17)

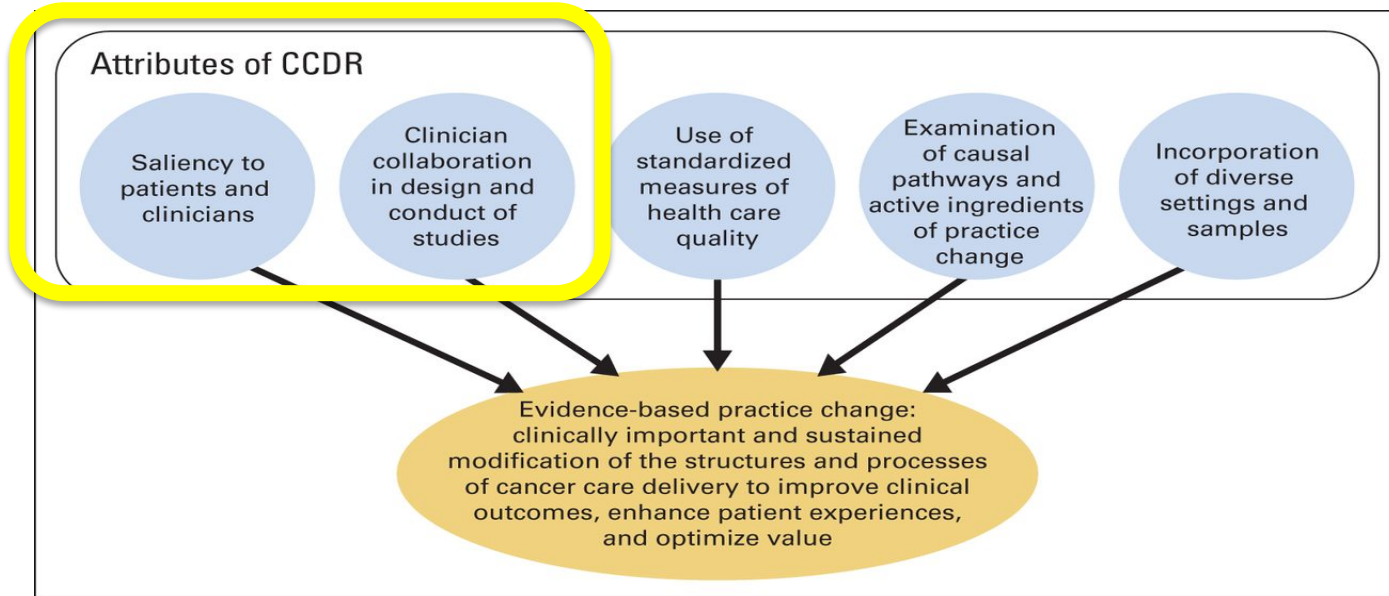
Research Base/Study Title	Study Design
SWOG - Implementation of a Prospective Financial Impact Assessment Tool in Patients with Metastatic Colorectal Cancer	Observational Patients/caregivers
SWOG - A Pragmatic Trial to Evaluate a Guideline-Based Colony Stimulating Factor Standing Order Intervention (TRACER)	Cluster randomized trial Patients & practices
COG - Improving the Use of Evidence-Based Supportive Care Clinical Practice Guidelines in Pediatric Oncology	Observational Patients & clinicians

# Future Research Directions (Steering Committee, June 12, 2017)

- Care coordination between
  - Specialists and primary care
  - Academic and community institutions
- Practice change
  - Clinician behavior
  - Use of technology
    - Decision aids
    - Patient-reported outcomes

How best to engage clinicians and clinical/translational researchers in advancing new area of cancer care delivery research?

**Attributes of cancer care delivery research (CCDR) that can lead to evidence-based PRACTICE TRANSFORMATION!**



Erin E. Kent et al. JCO 2015;33:2705-2711

Thank you.