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

Cancer Care Delivery is Changing

Key characteristics
- Focus on clinical outcomes
- Fewer treatment options

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

Reimbursement
- Fee-for-service

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)

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

HEALTHCARE ASSESSMENT
Assess utilization, access, diffusion, and population-based outcomes

HEALTH SYSTEMS & INTERVENTIONS
Observe and intervene on behavior and context

OUTCOMES
Evaluate and improve patient experiences and health outcomes

Geiger AM et al. Evid-Based Oncol. 2016
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
21st 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?

NCORP Cancer Care Delivery Research
Attributes of cancer care delivery research (CCDR) that can lead to evidence-based transformation.

Evidence-based practice change: clinically important and sustained modification of the structures and processes of cancer care delivery to improve clinical outcomes, enhance patient experiences, and optimize value.

Erin E. Kent et al. JCO 2015;33:2705-2711
<table>
<thead>
<tr>
<th>Research Base/Study Title</th>
<th>Study Design</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECOG-ACRIN – Longitudinal Assessment of Financial Burden in Patients with Colon or Rectal Cancer Treated with Curative Intent</td>
<td>Observational Patients</td>
</tr>
<tr>
<td>Alliance – Improving Surgical Care and Outcomes in Older Cancer Patients through Implementation of an Efficient Pre-Surgical Toolkit (OPTI-Surg)</td>
<td>Cluster randomized trial Patients and practices</td>
</tr>
<tr>
<td>Alliance – Assessing Financial Toxicity in Patients with Blood Cancers</td>
<td>Observational Patients and practices</td>
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## CCDR Protocols Pending Activation (as of 6/5/17)

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<tr>
<td>Alliance - Testing Decision Aids to Improve Prostate Cancer Decisions for Minority Men</td>
<td>Cluster-randomized trial Patients and practices</td>
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## CCDR Protocols in Review (as of 6/5/17)

<table>
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<tr>
<td>COG - Documentation and Delivery of Guideline-Consistent Treatment in AYA Acute Lymphoblastic Leukemia</td>
<td>Observational Patients and clinicians/staff</td>
</tr>
<tr>
<td>Wake Forest - Implementation of Smoking Cessation Services within NCORP Community Sites...</td>
<td>Cluster randomized trial Patients and facilities</td>
</tr>
<tr>
<td>Wake Forest - A Stepped-Care Telehealth Approach to Treat Distress in Rural Cancer Survivors</td>
<td>Individually randomized trial Patients</td>
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# Open CCDR Studies (as of 6/5/17)

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<td>SWOG - Implementation of a Prospective Financial Impact Assessment Tool in Patients with Metastatic Colorectal Cancer</td>
<td>Observational Patients/caregivers</td>
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<tr>
<td>SWOG - A Pragmatic Trial to Evaluate a Guideline-Based Colony Stimulating Factor Standing Order Intervention (TRACER)</td>
<td>Cluster randomized trial Patients &amp; practices</td>
</tr>
<tr>
<td>COG - Improving the Use of Evidence-Based Supportive Care Clinical Practice Guidelines in Pediatric Oncology</td>
<td>Observational Patients &amp; clinicians</td>
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</table>
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 transformation.

**Attributes of CCDR**

- Saliency to patients and clinicians
- Clinician collaboration in design and conduct of studies
- Use of standardized measures of health care quality
- Examination of causal pathways and active ingredients of practice change
- Incorporation of diverse settings and samples

Evidence-based practice change: clinically important and sustained modification of the structures and processes of cancer care delivery to improve clinical outcomes, enhance patient experiences, and optimize value.

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