

# Defining Value and Quality in Cancer Care: Implications for the Practicing General Oncologist

*Proceedings from a Roundtable  
Discussion with Leaders in the Field*



## FACULTY

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## MODERATOR

Neil Love, MD

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2 Audio CDs

**Bonus Audio:** Access approximately 35 minutes  
of additional content available only at  
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# *Defining Value and Quality in Cancer Care: Implications for the Practicing General Oncologist*

## A Continuing Medical Education Audio Program

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### OVERVIEW OF ACTIVITY

Healthcare delivery and its related costs represent the largest and fastest-growing sector of the United States economy. However, this significant investment has not translated into longer life expectancies for US citizens. Most policy makers and governing bodies agree that this situation is unsustainable and, more importantly, irresponsible, given the lack of correlation between expenditures and outcomes for the public at large. Perhaps equally important, recent shifts in how institutions and healthcare professionals are or will be compensated have generated uncertainty and questions among practicing clinicians. As such, there is a clear requisite for additional resources designed to assist medical oncologists and other allied cancer professionals in not only better understanding why significant changes are needed but also describing how specific initiatives, programs and models will potentially achieve these important goals. This CME program uses a roundtable discussion with a diverse group of leaders in this field to empower clinicians to continue dialoguing about the relevance of quality and value, provide them with important information and give them confidence that their participation can make a difference in the care delivered at the institutional and patient levels.

### LEARNING OBJECTIVES

- Develop a better understanding of evolving quality-centered healthcare delivery systems, with a particular emphasis on defining, assessing and achieving performance measures specific to the care of patients with cancer.
- Review examples of alternative and/or investigational cancer delivery models (eg, oncology medical homes, cancer pathways, et cetera) that attempt to improve the quality, efficiency and affordability of care for patients with cancer.
- Identify opportunities for medical oncologists to improve the coordination of care for patients with cancer within their institution or local healthcare system.
- Define opportunities for the medical oncologist and his/her support staff to foster shared decision-making and heighten the engagement and satisfaction of patients and family members in their cancer care journey.
- Outline learning platforms being instituted by governing bodies to provide practicing oncologists with continuous feedback regarding the comparable effectiveness and quality of care being delivered in their own practices.
- Summarize the effects of rising healthcare costs or volume-based models on oncology practices.

### ACCREDITATION STATEMENT

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**FACULTY** — Drs Ganz and Kolodziej have no relevant conflicts of interest to disclose. The following faculty (and their spouses/partners) reported relevant conflicts of interest, which have been resolved through a conflict of interest resolution process: **Dr Hart** — Contracted Research: Genentech BioOncology, Lilly, Novartis Pharmaceuticals Corporation; Speakers Bureau: Genentech BioOncology, Novartis Pharmaceuticals Corporation. **Dr Hillner** — Consulting Agreement: Bristol-Myers Squibb Company. **Dr Schnipper** — Advisory Committee: eviti Inc; Consulting Agreement: Merck; Editor-in-Chief: *UpToDate*. **Dr Sprandio** — Contracted Research and Speakers Bureau: Genentech BioOncology.

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Submit them to us via Facebook or Twitter  
and we will do our best to get them answered for you

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## TRACKS 1-20

- Track 1** Preface: Restaurant chains have managed to combine quality control, cost control and innovation — Can healthcare?
- Track 2** Concerns about the rising costs of insurance and cancer care
- Track 3** Shifting the patient from a passive to a proactive partner in healthcare
- Track 4** Significance of outlining the goals of therapy for patients with advanced cancer
- Track 5** Importance of coordinated, high-quality care
- Track 6** Recommendations for patient-centered communication and innovative payment models
- Track 7** Drivers of high costs associated with cancer care
- Track 8** Core pillars of oncology medical home care
- Track 9** Assessing and improving quality of patient care in medical oncology practices
- Track 10** Viewpoint on the need to be more patient centered, cost effective and cost conscious
- Track 11** Emergence of oncology clinical pathways to decrease variability and contain costs
- Track 12** Defining and achieving value in cancer care
- Track 13** Background for development of the ASCO “Top Five” lists of opportunities to balance cost and care
- Track 14** Overtreatment with and inappropriate use of antiemetics
- Track 15** Approach to prevention of economically driven decision-making
- Track 16** Changing physician incentives for affordable, quality cancer care
- Track 17** Perspective on an oncology reimbursement reform model
- Track 18** Key issues in end-of-life palliative care for patients with cancer
- Track 19** Development of end-of-life care plans consistent with patient needs
- Track 20** Discussing end-of-life care with patients with cancer

## TRACKS 21-41

- Track 21** Understanding of and approaches to lowering the high costs of end-of-life care
- Track 22** Earlier integration of palliative care for patients with incurable cancer
- Track 23** Perspectives on team-based treatment for patients with cancer
- Track 24** Recommendations for improving the quality of cancer care
- Track 25** Tools for assessing emotional distress and depression
- Track 26** Integrating the Affordable Care Act into cancer care
- Track 27** Emergence and role of accountable care organizations (ACOs)
- Track 28** Concerns about the integration of ACOs into the current healthcare system
- Track 29** Introduction of oncology clinical pathways to promote standardization of patient care
- Track 30** Potential variability in oncology clinical pathways based on factors such as strength of available clinical evidence
- Track 31** Optimizing outcomes and lowering costs through adherence to evidence-based guidelines
- Track 32** Key directives for enhancing patient care (optimization of electronic medical record keeping and generation of knowledge)

## TRACKS 21-41 (CONTINUED)

- Track 33** Refining evidence-based care for other members of the cancer care team (ie, radiation oncologists)
- Track 34** Obstacles to providing high-quality healthcare
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- Track 36** Differences in the formulary management of cancer drugs versus noncancer-related drugs
- Track 37** Implementing checkpoints to ensure that evidence- and value-based

decision-making are considered when caring for patients with cancer

- Track 38** Differences between coinsurance and copayment
- Track 39** Perspectives on successful ACO models
- Track 40** Potential obstacles to successful implementation of centralized care systems
- Track 41** Importance of analytics and data in optimizing care

## BONUS AUDIO AVAILABLE EXCLUSIVELY ONLINE

### An interview with John D Sprandio, MD

Please visit [www.ResearchToPractice.com/QualityCareTT115](http://www.ResearchToPractice.com/QualityCareTT115) for additional discussion

- Track 1** Origin of the patient-centered medical home (PCMH) concept
- Track 2** Relating the PCMH model to management of quality and cost of treatment
- Track 3** Creation of a PCMH “neighborhood” for oncology
- Track 4** Overview of oncology PCMH quality and value drivers
- Track 5** Symptom management and executing a survivorship care plan
- Track 6** Goals of therapy and performance status-driven decision-making
- Track 7** Standardization of oncology PCMH processes

## Video Highlights of This Activity

The screenshot shows the Research To Practice website interface. At the top, there are navigation links for Home, Subscribers, Research Toolkit Topics, Upcoming Events, About Us, and CME Track. Below the navigation is a video player area. The current video is titled "Defining Value in Cancer Care - Optimal Outcomes at the Lowest Cost" and is 4:28 minutes long. The video features Lowell E Schnipper, MD. To the right of the video player, there is a "NEXT VIDEO" section titled "Empowering Value-Based Care in Oncology - State of the State" with a duration of 1:00:00. Below the video player, there is a "TRANSCRIPTS:" section with a link to "see transcript".

Visit [www.ResearchToPractice.com/QualityCareTT115/Video](http://www.ResearchToPractice.com/QualityCareTT115/Video) to access a number of short video segments and corresponding transcripts from the roundtable discussion featuring the faculty reviewing and debating key topics and issues in the field.

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**QUESTIONS (PLEASE CIRCLE ANSWER):**

1. **What was the key recommendation by Dr Gawande to contain costs and optimize patient care in his “Cheesecake Factory” article?**
  - a. Mandate drug/regimen selection
  - b. Standardization of care
  - c. Both a and b
  - d. Neither a nor b
  
2. **According to a study published by Ramsey and colleagues, the predominant cause of personal bankruptcy in the US is dealing with a long-term illness or medical crisis.**
  - a. True
  - b. False
  
3. **After implementation of the Affordable Care Act, which of the following costs has not risen dramatically?**
  - a. Pharmaceutical costs
  - b. Outpatient urgent care treatment costs
  - c. Nondrug costs
  
4. **In response to the rising costs of medical care and medical crises, ASCO published 2 lists that identified opportunities to balance cost and care. Which of the following topics was NOT included among the lists of procedures and treatments that are commonly used in cancer care but not supported by evidence?**
  - a. Use of antiemetics with chemotherapy with a low risk of causing nausea or vomiting
  - b. Use of follow-up PET or PET-CT scans to watch for a cancer recurrence
  - c. Use of cancer-directed treatments at the end of life
  - d. Use of electronic tools to document patient-reported outcomes
  - e. Use of white blood cell growth factors for preventing infection
  
5. **Which of the following is a core pillar of oncology medical home care?**
  - a. Evolved delivery structures integrating independent practices into larger networks
  - b. Team- and evidence-based care that provides enhanced access to patients
  - c. Locally and regionally mandated networks associated with tertiary care centers
  
6. **Which of the following practices is a key driver of escalating costs of healthcare for patients with cancer?**
  - a. Earlier use of palliative care
  - b. ER admissions and hospitalization
  - c. Biomarker testing
  
7. **Data from the health services and innovation company Optum indicate that the costs of care within the last 6 months of life are largely related to unexpected hospitalizations for symptom burden and toxicities associated with therapy.**
  - a. True
  - b. False
  
8. **What is one approach recommended by a National Cancer Policy Forum workshop to deal with the impending workforce shortage?**
  - a. Increased interprofessional training of the current workforce
  - b. Implementation of centralized care systems
  - c. Optimization of electronic medical record keeping



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Research To Practice is committed to providing valuable continuing education for oncology clinicians, and your input is critical to helping us achieve this important goal. Please take the time to assess the activity you just completed, with the assurance that your answers and suggestions are strictly confidential.

**PART 1 — Please tell us about your experience with this educational activity**

**How would you characterize your level of knowledge on the following topics?**

4 = Excellent    3 = Good    2 = Adequate    1 = Suboptimal

	<b>BEFORE</b>	<b>AFTER</b>
ASCO Top Five Lists of opportunities to balance cost and care	4 3 2 1	4 3 2 1
Rationale for and development and role of accountable care organizations	4 3 2 1	4 3 2 1
Optimizing outcomes and lowering costs through adherence to evidence-based guidelines and clinical pathways	4 3 2 1	4 3 2 1
Origin and core pillars of the patient-centered oncology medical home	4 3 2 1	4 3 2 1
Potential role of palliative care in reducing costs and improving quality	4 3 2 1	4 3 2 1

**Practice Setting:**

- Academic center/medical school     
  Community cancer center/hospital     
  Group practice  
 Solo practice     
  Government (eg, VA)     
  Other (please specify).....

**Was the activity evidence based, fair, balanced and free from commercial bias?**

- Yes       No

If no, please explain: .....

**Please identify how you will change your practice as a result of completing this activity (select all that apply).**

- This activity validated my current practice     
  Create/revise protocols, policies and/or procedures  
 Change the management and/or treatment of my patients     
  Other (please explain):.....

**If you intend to implement any changes in your practice, please provide 1 or more examples:**

.....  
 .....  
 .....

**The content of this activity matched my current (or potential) scope of practice.**

- Yes       No

If no, please explain: .....

**Please respond to the following learning objectives (LOs) by circling the appropriate selection:**

4 = Yes    3 = Will consider    2 = No    1 = Already doing    N/M = LO not met    N/A = Not applicable

**As a result of this activity, I will be able to:**

- Develop a better understanding of evolving quality-centered healthcare delivery systems, with a particular emphasis on defining, assessing and achieving performance measures specific to the care of patients with cancer. .... 4 3 2 1 N/M N/A
- Review examples of alternative and/or investigational cancer delivery models (eg, oncology medical homes, cancer pathways, et cetera) that attempt to improve the quality, efficiency and affordability of care for patients with cancer. .... 4 3 2 1 N/M N/A
- Identify opportunities for medical oncologists to improve the coordination of care for patients with cancer within their institution or local healthcare system. .... 4 3 2 1 N/M N/A
- Define opportunities for the medical oncologist and his/her support staff to foster shared decision-making and heighten the engagement and satisfaction of patients and family members in their cancer care journey. .... 4 3 2 1 N/M N/A

**EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)**

**As a result of this activity, I will be able to:**

- Outline learning platforms being instituted by governing bodies to provide practicing oncologists with continuous feedback regarding the comparable effectiveness and quality of care being delivered in their own practices..... 4 3 2 1 N/M N/A
- Summarize the effects of rising healthcare costs or volume-based models on oncology practices..... 4 3 2 1 N/M N/A

**Please describe any clinical situations that you find difficult to manage or resolve that you would like to see addressed in future educational activities:**

.....

**Would you recommend this activity to a colleague?**

Yes       No

If no, please explain: .....

**Additional comments about this activity:**

.....

**PART 2 — Please tell us about the faculty and moderator for this educational activity**

4 = Excellent      3 = Good      2 = Adequate      1 = Suboptimal      N/A = Not applicable

Faculty	Knowledge of subject matter				Effectiveness as an educator					
Patricia A Ganz, MD	4	3	2	1	4	3	2	1		
Lowell L Hart, MD	4	3	2	1	4	3	2	1		
Bruce E Hillner, MD	4	3	2	1	4	3	2	1		
Michael Kolodziej, MD	4	3	2	1	4	3	2	1		
Lowell E Schnipper, MD	4	3	2	1	4	3	2	1		
John D Srandio, MD	4	3	2	1	N/A	4	3	2	1	N/A
Moderator	Knowledge of subject matter				Effectiveness as an educator					
Neil Love, MD	4	3	2	1	4	3	2	1		

**Please recommend additional faculty for future activities:**

.....

**Other comments about the faculty and moderator for this activity:**

.....

**REQUEST FOR CREDIT — Please print clearly**

Name:..... Specialty:.....

Professional Designation:

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**I certify my actual time spent to complete this educational activity to be \_\_\_\_\_ hour(s).**

Signature:..... Date:.....

QID 1511

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