CALIFORNIA HEALTHCARE FOUNDATION

Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis
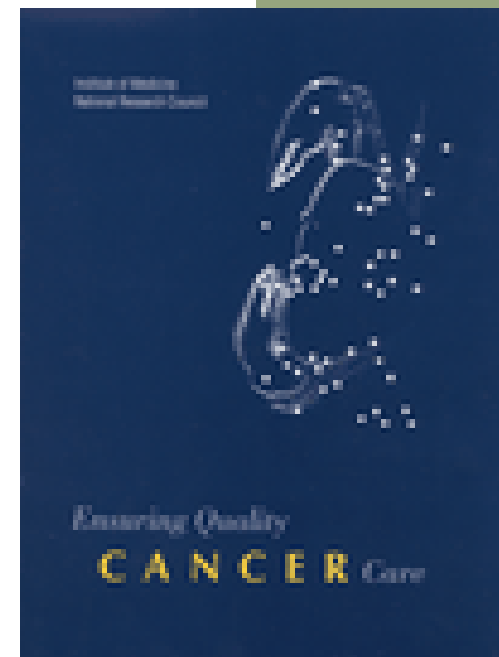
Patricia A. Ganz, MD

CHCF Briefing
October 30, 2013

Ensuring Quality Cancer Care

- Original Institute of Medicine (IOM) report issued April 1, 1999

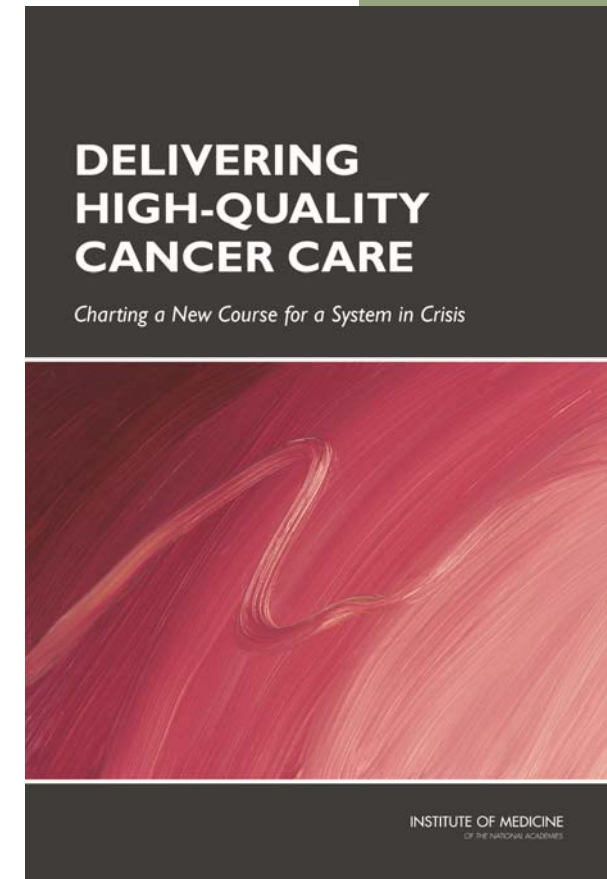- "For many Americans with cancer there is a wide gulf between what could be construed as the ideal and the reality of their experience with cancer care."

Ensuring Quality Cancer Care

- Ten diverse recommendations, including:

  - Need for evidence-based guidelines

  - Quality measures and electronic data collection systems

  - Coordinated, high-quality care, including at the end of life

  - Clinical trials and comparative effectiveness research

  - Access for uninsured

- Over past 14 years much progress made, but still many gaps

New IOM Report Released September 10, 2013

- "Cancer care is often not as patient centered, accessible, coordinated, or evidence based as it could be."

- Report concludes that the cancer care system is in crisis

- Recommendations for delivering high-quality cancer care

DELIVERING HIGH-QUALITY CANCER CARE

Charting a New Course for a System in Crisis

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Trends Amplifying the Crisis

- The aging population:
  - 30% ⬆ in cancer survivors by 2022
  - 45% ⬆ in cancer incidence by 2030

- Workforce shortages

- Reliance on family caregivers and direct care workers

- Rising cost of cancer care:
  - $72 billion in 2004 ➡ $125 billion in 2010
  - $173 billion anticipated by 2020 (39% ⬆)

- Complexity of cancer care

- Limitations in the tools for improving quality

Incidence & Mortality Rates for All Cancers Combined, 2006-2010

JOURNAL OF CLINICAL ONCOLOGY   S P E C I A L   A R T I C L E
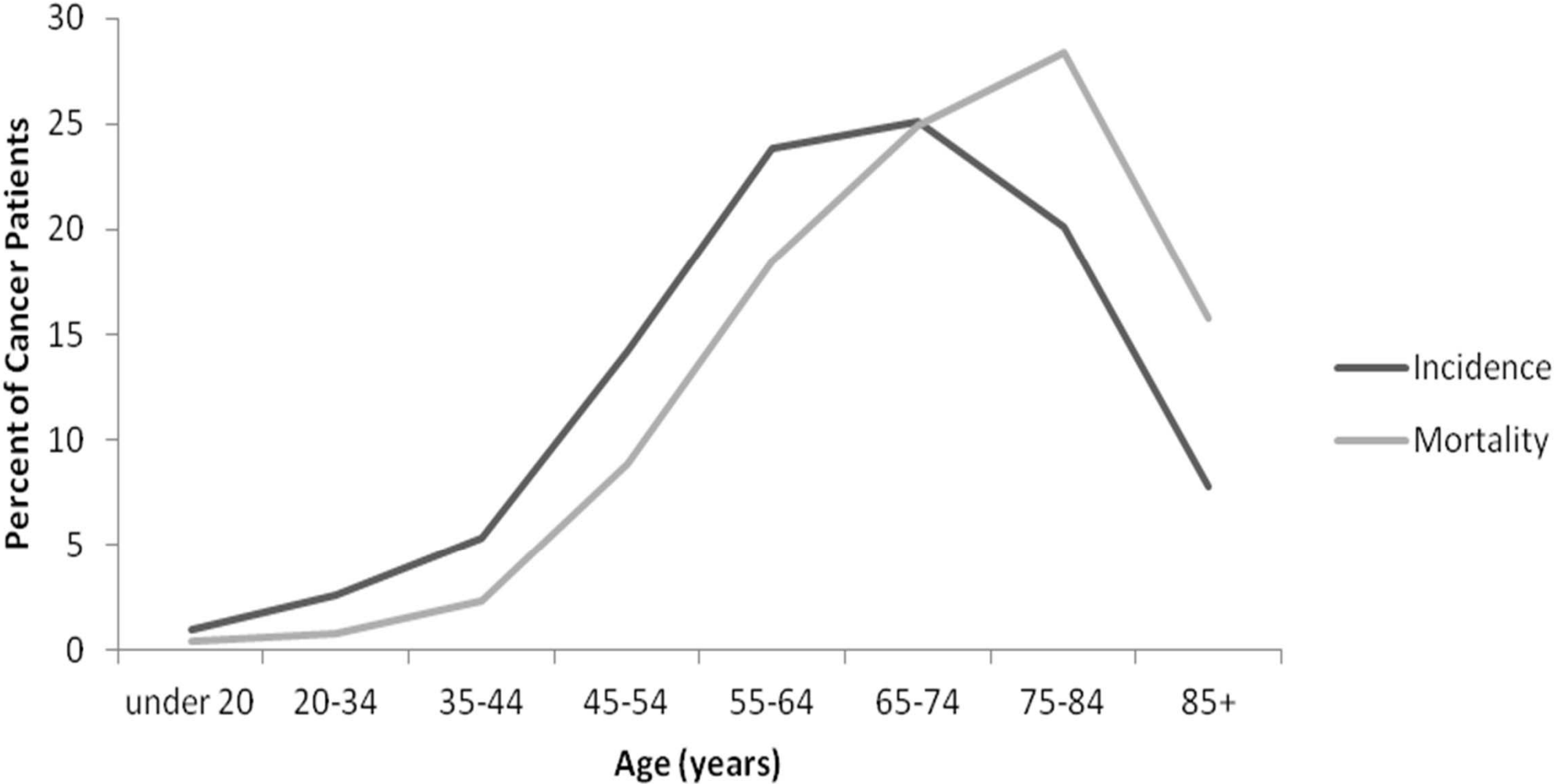
Cancer Drugs in the United States: *Justum Pretium*—The Just Price

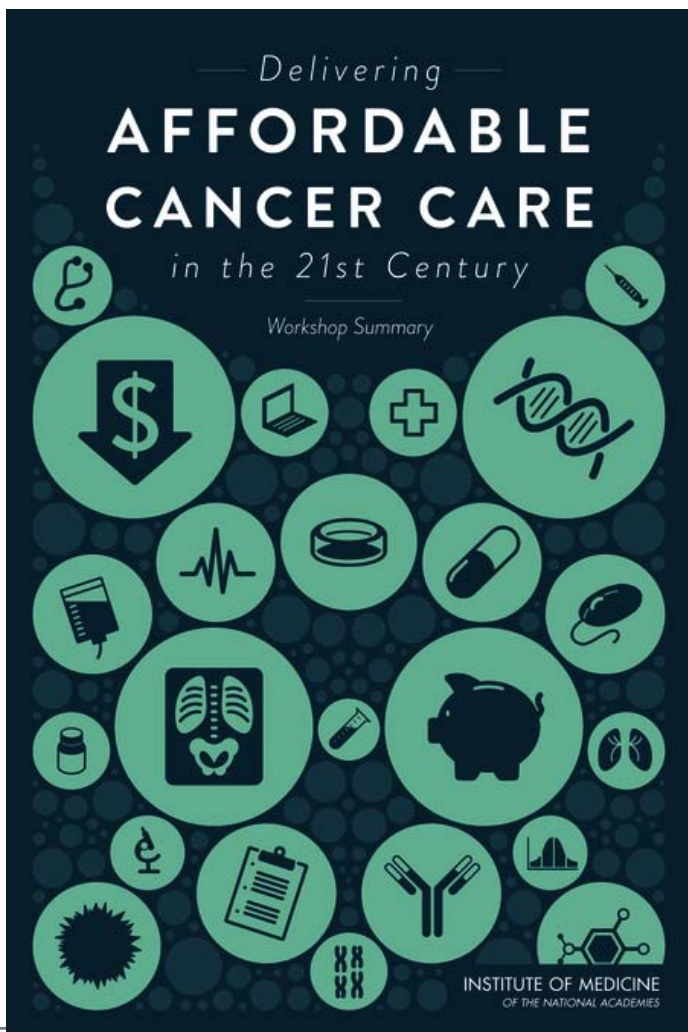*Hagop M. Kantarjian, Tito Fojo, Michael Mathisen, and Leonard A. Zwelling*

Delivering
AFFORDABLE CANCER CARE
in the 21st Century
Workshop Summary

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Table 1. Cost of Targeted Therapy

Agent	Target	FDA-Approved Indication	Monthly or Per-Cycle Cost
Imatinib	BCR-ABL	CML	$6,982
Dasatinib	BCR-ABL	CML	$9,817
Nilotinib	BCR-ABL	CML	$9,163
Bosutinib	BCR-ABL	CML	$9,817
Sorafenib	VEGF, multikinase	RCC, HCC	$10,555
Sunitinib	VEGF, multikinase	RCC, GIST	$11,957
Everolimus	mTOR	RCC, breast	$8,984
Temsirolimus	mTOR	RCC	$6,355
Pazopanib	VEGF, multikinase	RCC	$7,778
Bevacizumab	VEGF	RCC, colon, lung	$11,684
Erlotinib	EGFR	Pancreatic, NSCLC	$5,756
Cetuximab	EGFR	Colon, head/neck	$24,092
Lapatinib	HER2	Breast	$5,120
Trastuzumab	HER2	Breast	$5,295
Brentuximab	CD30	Hodgkin lymphoma	$16,768*
Crizotinib	ALK1	NSCLC	$11,946
Ipilimumab	CTLA-4	Melanoma	$36,540†
Vemurafenib	BRAF	Melanoma	$12,282
Ruxolitinib	JAK2	Myelofibrosis	$8,400
Lenalidomide	IMID	Myeloma	$10,103

http://www.iom.edu/Reports/2013/
Delivering-Affordable-Cancer-Care-
in-the-21st-Century.aspx

Delivering High-Quality and Affordable Care Throughout the Cancer Care Continuum

Ya-Chen Tina Shih, Patricia A. Ganz, Denise Aberle, Amy Abernethy, Justin Bekelman, Otis Brawley, James S. Goodwin, Jim C. Hu, Deborah Schrag, Jennifer S. Temel, and Lowell Schnipper

Table 1. Inappropriate Colonoscopies in Texas by Age

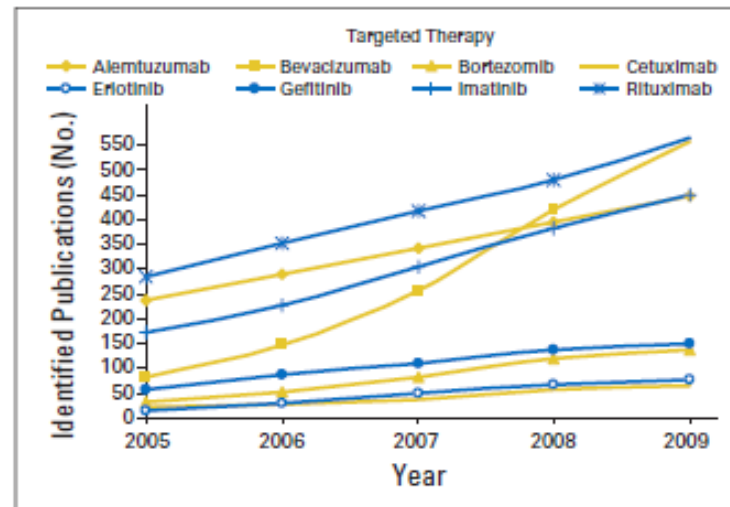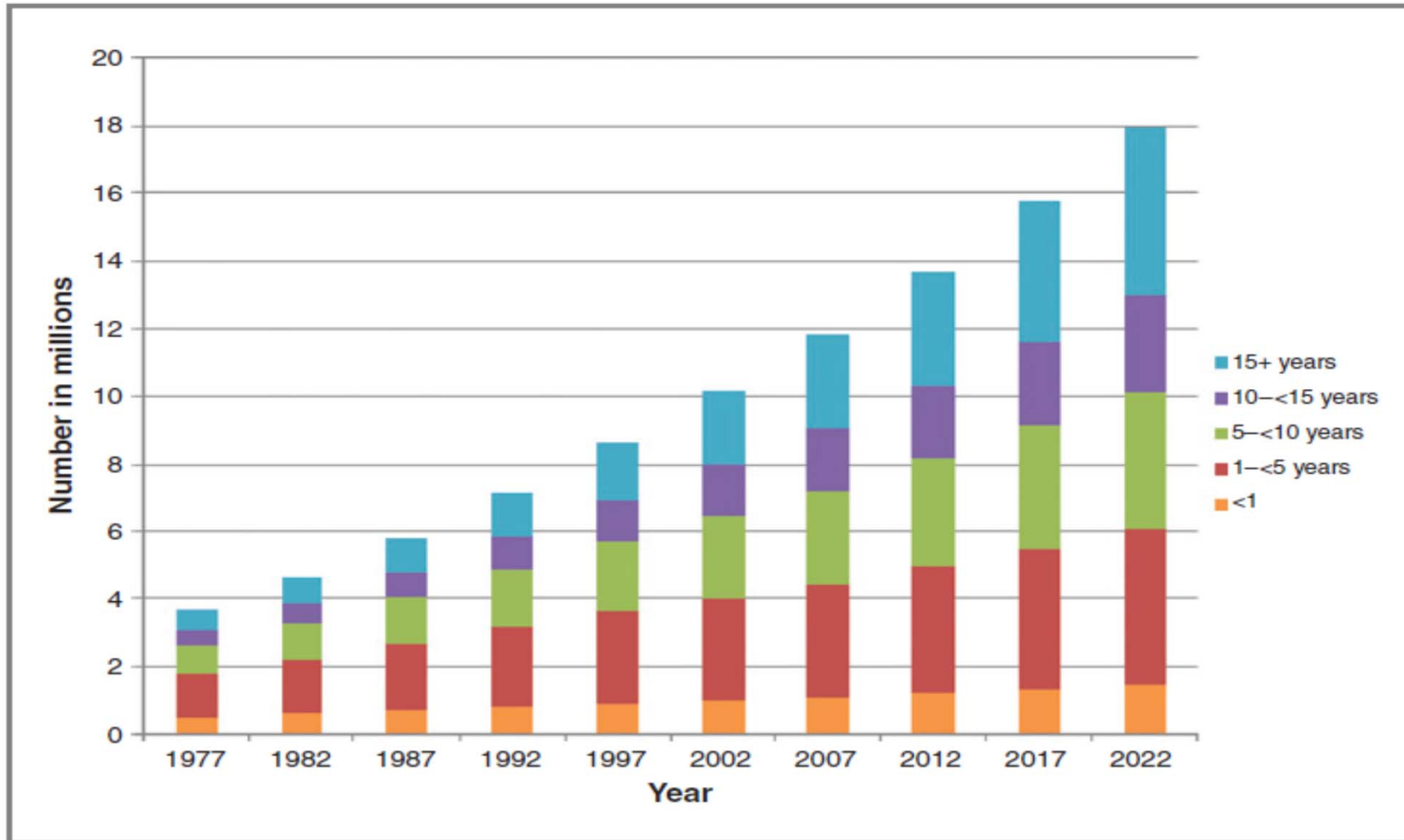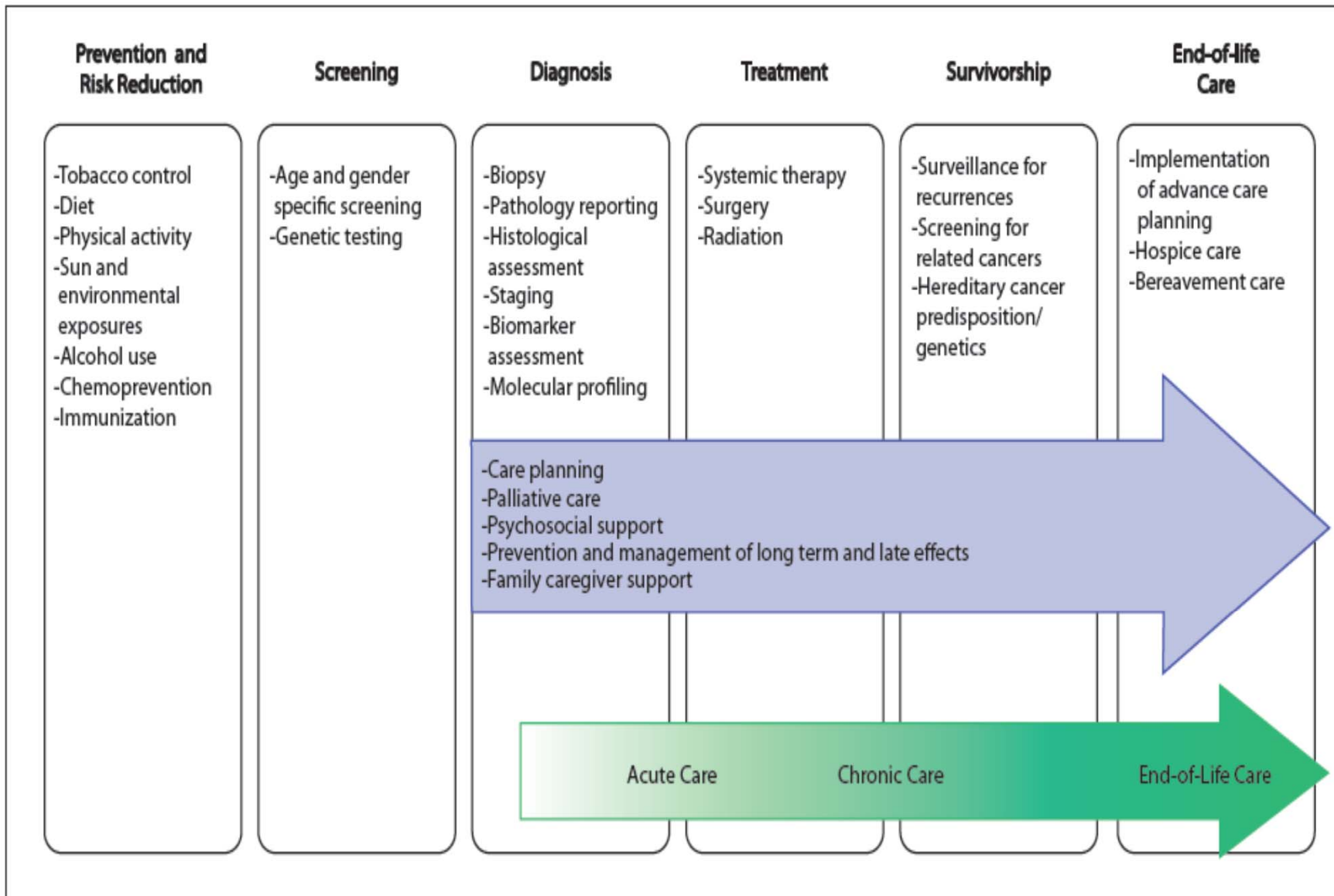| Age of Recipient (years)	Possibly Inappropriate (%)	Probably Inappropriate (%)
70 to 75	9.9	7.9
76 to 85	38.8	31.7
≥ 85	24.9	17.3

Data adapted.[19]

E-pub October 14, 2013

Fig 1. Number of publications supporting off-label indications, 2005 to 2009. Data adapted.[28]

18 Million Cancer Survivors Projected for 2022

Cancer Care Continuum

Prevention and Risk Reduction	Screening	Diagnosis	Treatment	Survivorship	End-of-life Care
-Tobacco control -Diet -Physical activity -Sun and environmental exposures -Alcohol use -Chemoprevention -Immunization	-Age and gender specific screening -Genetic testing	-Biopsy -Pathology reporting -Histological assessment -Staging -Biomarker assessment -Molecular profiling	-Systemic therapy -Surgery -Radiation	-Surveillance for recurrences -Screening for related cancers -Hereditary cancer predisposition/ genetics	-Implementation of advance care planning -Hospice care -Bereavement care

-Care planning
-Palliative care
-Psychosocial support
-Prevention and management of long term and late effects
-Family caregiver support

Acute Care   Chronic Care   End-of-Life Care

IOM Conceptual Framework

A High-Quality Cancer Care Delivery System
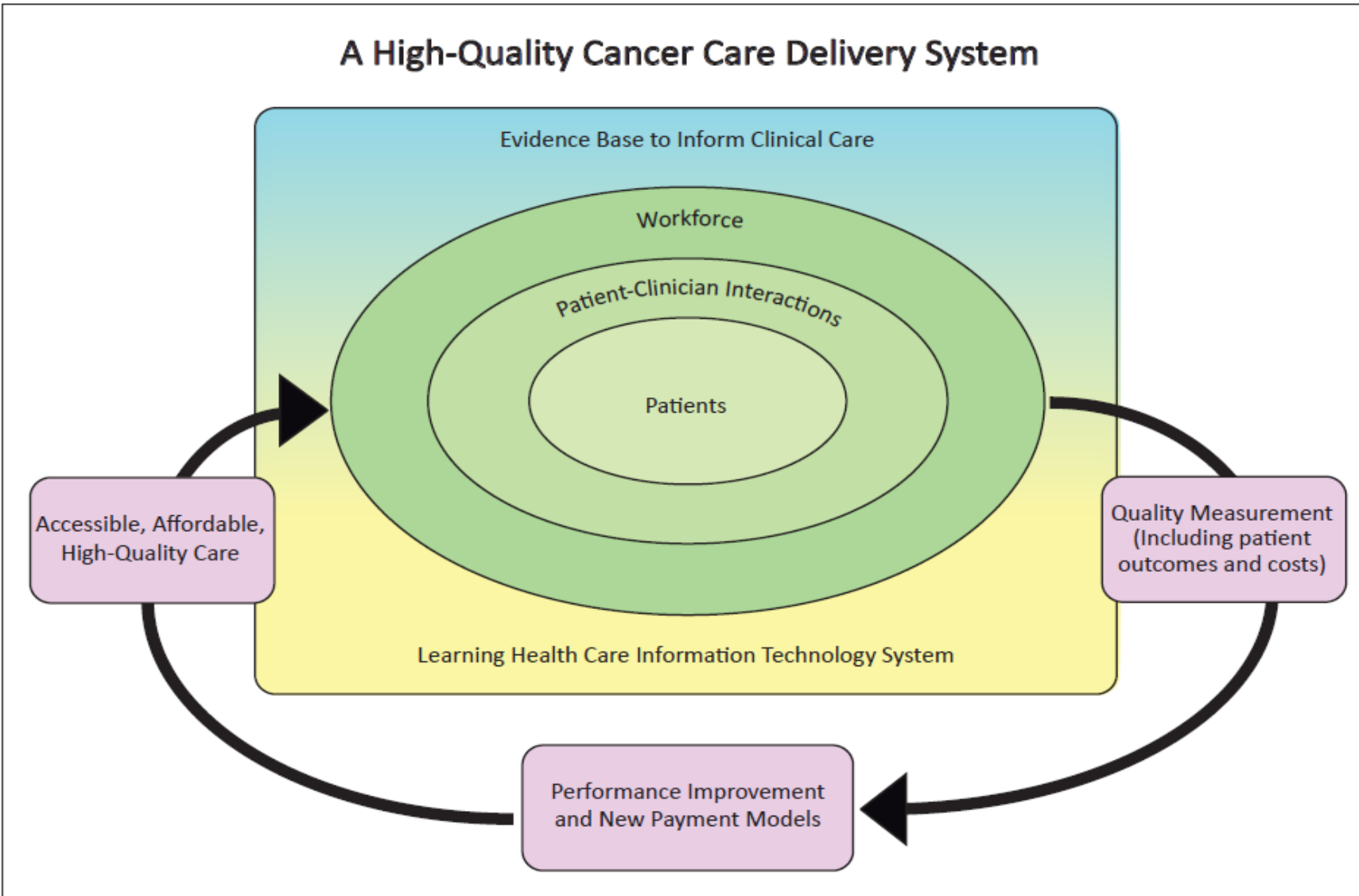
Goals of the Recommendations

1. Provide clinical and cost information to patients.
2. End-of-life care consistent with patients' values.
3. Coordinated, team-based cancer care.
4. Core competencies for the workforce.
5. Expand breadth of cancer research data.
6. Expand depth of cancer research data.
7. Develop a learning health care IT system for cancer.
8. A national quality reporting program for cancer care.
9. Reduce disparities in access to cancer care.
10. Improve the affordability of cancer care.

Recommendation 6: Better Data

The National Cancer Institute (NCI) should build on ongoing efforts with other federal agencies, the Patient Centered Outcomes Research Institute (PCORI), clinical and health services researchers, clinicians, and patients to develop a **common set of data elements** that captures **patient-reported outcomes**, **relevant patient characteristics**, and **health behaviors** that researchers could collect from randomized clinical trials and observational studies.

Recommendation 7: Learning Health Care System

- **Professional organizations** should design and implement the **digital infrastructure and analytics** necessary to enable continuous learning in cancer care.

- HHS should **support the development and integration** of a learning health care IT system for cancer.

- CMS and other payers should **create incentives for clinicians** to participate in this learning health care system for cancer as it develops.

Recommendation 8: Quality Reporting

HHS should work with professional societies to:

- Create and implement a formal **long-term strategy** for publicly reporting quality measures for cancer care that leverages existing efforts.

- Prioritize, fund, and direct the development of **meaningful quality measures for cancer care** with a **focus on outcome measures** and with performance targets for use in publicly reporting the performance of institutions, practices, and individual clinicians.

- Implement a coordinated, transparent **reporting infrastructure** that meets the needs of stakeholders, including patients, and is integrated into a learning health care system.
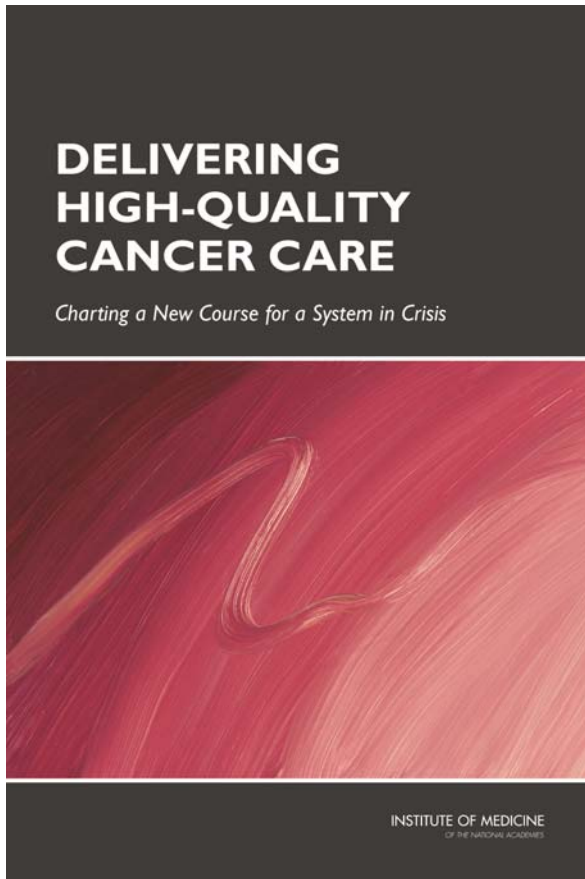
Recommendation 9: Reduce Disparities

HHS should:

- Develop a **national strategy** that **leverages existing efforts** by public and private organizations focused on vulnerable and underserved populations.

- Support the **development of innovative** programs.

- Identify and **disseminate effective** community interventions.

- Provide **ongoing support** to **successful** existing community interventions.

Conclusions

- **All participants and stakeholders** must reevaluate their current roles and responsibilities in cancer care and **work together** to develop a higher quality cancer care delivery system.

- A **coordinated and transparent** reporting system is essential.

- By working toward this shared goal, the cancer care community can **improve the quality of life and outcomes** for people facing a cancer a diagnosis.

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To read the report online:
www.iom.edu/qualitycancercare

To watch the dissemination video:
www.iom.edu/qualitycancercarevideo

Cover Art:
"Day 15 Hope," Sally Loughridge, *Rad Art: A Journey Through Radiation Treatment* (American Cancer Society, Atlanta, GA)