

LAUNCH Cancer Care Transformation

Three Goals to Improve Quality and Decrease Costs

Due to the aging of the population and rising cost of treatment, cancer care is projected to cost the United States nearly \$200 billion by 2020. At the same time, health care organizations are experiencing increased margin pressure, accelerated shift to risk, continued expansion through mergers and acquisitions, and heightened health care consumerism. In response, cancer programs need to double down on the long-standing priority of reducing care variation with the goal of decreasing costs while improving quality.

GOAL 1

Minimize Clinical Care Variation

Many cancer patients still receive non-evidence-based care that provides no quality benefit and drives up costs. In fact, studies have shown that 44% of early-stage prostate cancer patients receive unnecessary imaging, and 65% of eligible breast cancer patients do not receive hypofractionation.

Goal

Identify top opportunities to reduce unwarranted care variation and implement targeted solutions, such as tracking adherence to care standards and developing comprehensive care pathways.

Challenge

Gathering high-quality, reliable data on unwarranted care variation and ensuring adherence to care standards.

GOAL 2

Reduce Avoidable ED and Hospital Use

Cancer patients often experience severe side effects from treatment. In fact, 56% of Medicare patients receiving chemotherapy visit the ED each year, with almost two-thirds of these visits resulting in even more costly hospitalizations. In addition to incurring significant costs, this negatively impacts quality of care and patient satisfaction.

Goal

Understand the drivers of avoidable ED and hospital use, and implement targeted solutions to appropriately manage urgent needs in the cancer center.

Challenge

Proactively identifying patients with symptoms and side effects, and treating them in the cancer center in a timely manner.

GOAL 3

Improve Care at the End of Life

Aggressive care at the end of life leads to increased costs and decreases quality of life for patients and their families. Despite 90% of Americans saying they prefer to receive end-of-life care at home, only 33% of Medicare patients actually do.

Goal

Provide high-quality care at the end of life that aligns with patient and family preferences.

Challenge

Encouraging honest, timely conversations about goals for care and end-of-life issues among patients, families, and the care team.

Case in Brief

University of Alabama at Birmingham

Strategy

UAB tracked physician adherence to nine cancer-specific Choosing Wisely metrics across their 12 network sites. By aggregating tumor registry and claims data, they found that adherence varied widely across their different locations. For instance, one site had 95% adherence to one metric, while another had only 7%. In response, UAB is leveraging physician champions to share the data and encourage open conversation and best practice learning among their peers.

Results

If the network can achieve 95% compliance across all nine metrics, UAB estimates it could save \$19 million per quarter.

Case in Brief

Anne Arundel Medical Center

Strategy

Oncologists at AAMC were unable to quickly reply to nurse and patient inquiries about symptom management issues, forcing patients to visit the ED for pain, weakness, and other concerns. In response, the cancer center dedicated a nurse practitioner to manage patients with urgent symptoms. To ensure appropriate use of this resource, the team developed standardized referral criteria, protocols of care, scheduling processes, and patient and caregiver education materials.

Results

ED visits per month decreased by 35% among AAMC's cancer patients, and their satisfaction scores increased by 13%.

Case in Brief

University of Pittsburgh Medical Center

Strategy

UPMC developed a social worker-led intervention to help patients and their families discuss their priorities for end-of-life care. Social workers meet with advanced cancer patients and their caregivers to review questions they may want to ask their provider, prioritize patient concerns, and coach patients on how to raise these topics with their care team.

Results

UPMC patients who meet with social workers are twice as likely to ask end-of-life questions at the next visit with their oncologist.