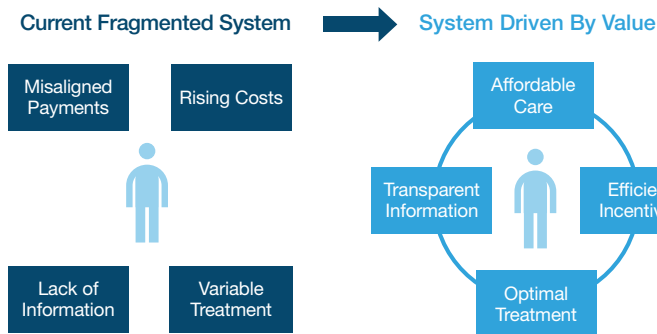


Quality Measures Addressing Cancer Care

WHY IS QUALITY IMPORTANT?

- The U.S. healthcare system has been evolving toward a value-based model. Value in healthcare is commonly defined as the health outcomes achieved per dollar spent.¹
- Increasingly, payers are using quality measures to assess health outcomes and incentivize high-value care.



CANCER IS RECOGNIZED AS A NATIONAL PRIORITY FOR QUALITY IMPROVEMENT

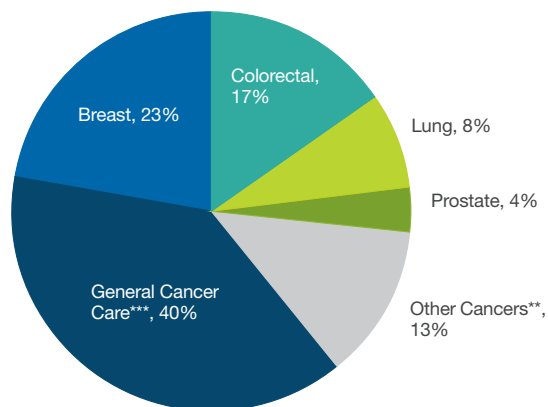
- Cancer is a high priority disease with substantial burden; high quality care is needed for people who are affected by cancer.

Examples of Stakeholders Involved in Addressing Quality of Cancer Care	Centers for Medicare & Medicaid Services (CMS)	<ul style="list-style-type: none"> • CMS identified breast cancer, colorectal cancer, prostate cancer, lung cancer, and endometrial cancer among 20 high impact Medicare conditions in 2010.² • CMS established a quality reporting program for prospective payment system-exempt cancer hospitals in 2014 as required under the Affordable Care Act.³ • The Center for Medicare & Medicaid Innovation (CMMI) recently released its oncology bundled payment model with performance-based payment; a preliminary list of quality measures suggested for performance-based payment includes those addressing care coordination and person- and caregiver-centered experience and outcomes.⁴
	Department of Health & Human Services (HHS)	<ul style="list-style-type: none"> • Healthy People 2020 includes 20 objectives to “reduce the number of new cancer cases, as well as the illness, disability, and death caused by cancer.”⁵
	Institute of Medicine (IOM)	<ul style="list-style-type: none"> • In 2013, the IOM convened a committee of experts to examine the quality of cancer care in the United States and published Delivering High Quality Cancer Care: Charting a New Course for a System in Crisis. The report concludes that changes are urgently needed to improve the quality of cancer care and recommends that stakeholders prioritize, fund, and direct the development of meaningful quality measures with a focus on outcome measures.⁶
	Professional Societies	<ul style="list-style-type: none"> • The Quality Oncology Practice Initiative, established by the American Society of Clinical Oncology (ASCO), develops and uses cancer-specific quality measures and certifies cancer centers.⁷ • The Commission on Cancer, a consortium of several professional societies convened by the American College of Surgeons (ACS), accredits cancer centers which meet certain standards of cancer care.⁸

WHILE THERE ARE MANY QUALITY MEASURES THAT ADDRESS CANCER CARE, MOST ARE PROCESS MEASURES, AND ONLY A SMALL PORTION HAVE RECEIVED ENDORSEMENT OR WIDESPREAD ADOPTION

- Avalere identified 305 cancer quality measures through the Avalere Quality Measures Navigator™.
- Cancer quality measures primarily address general cancer care, breast cancer, or colorectal cancer.
- 85 percent of identified quality measures address processes of care.
- 18 percent of identified quality measures have received endorsement from the National Quality Forum (NQF).
- 13 percent of identified measures have been included in quality improvement programs initiated by CMS; quality measures can be used by more than one quality improvement program.

Distribution of Measures by Cancer Type (n=305)*

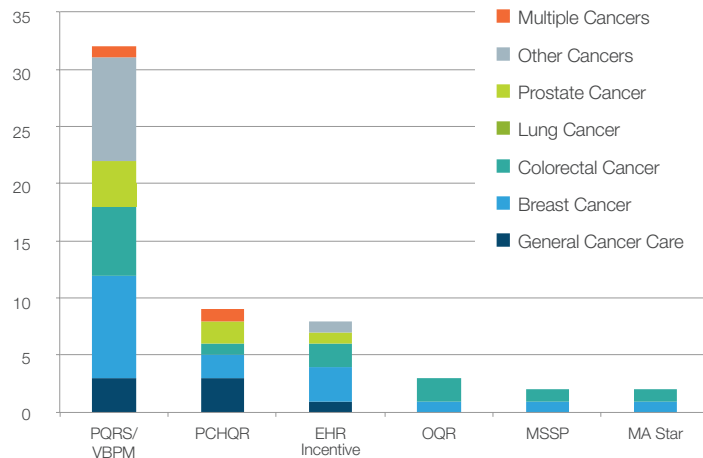


*Current as of March 2015; represents Avalere Synthesized Measures (ASM); measures can apply to more than one cancer type; detailed measure identification methodologies can be found in the accompanying slide presentation.

**Other cancer types include esophageal cancer, pancreatic cancer, multiple myeloma, and gynecologic cancer.

***General cancer care measures address the evaluation or treatment of cancer patients more broadly without specification to cancer type.

Number of Cancer Quality Measures Included in CMS Quality Programs



- PQRS (Physician Quality Reporting System): pay-for-reporting program targeted for physicians
- VBPM (Value-Based Payment Modifier): pay-for-performance program targeted for physicians
- PCHQR (PPS-Exempt Cancer Hospital Quality Reporting): quality reporting program targeted for prospective payment system-exempt cancer hospitals without penalty or incentive
- EHR Incentive: pay-for-performance program for providers to meet meaningful use requirements for electronic reporting
- OQR (Hospital Outpatient Quality Reporting): pay-for-reporting program targeted for hospitals
- MSSP (Medicare Shared Savings Program): program that ties payment to quality for accountable care organizations
- MA (Medicare Advantage) Star Rating Program: pay-for-performance program for health plans

*A pay-for-reporting program refers to a program which ties some portion of payment to reporting on quality measures, whereas a pay-for-performance program considers performance on quality measures when determining payment.

DESPITE THE CONSIDERABLE NUMBER OF EXISTING CANCER QUALITY MEASURES, GAPS STILL REMAIN

- While quality measures exist for more prevalent cancers such as breast, colorectal, lung, and prostate cancers, certain types of cancers, such as pediatric cancer and hematologic cancer, are not well represented.
- The majority of existing cancer quality measures are process measures, and other types of quality measures such as outcomes, efficiency, and composite are lacking.
- Other gap areas include quality measures addressing care coordination, functional status, patient adherence, patient and family engagement, survivorship, management of comorbidities, advance care planning, and marker-specific therapies.^{6,9,10}
- Only 18 percent of cancer quality measures have received NQF-endorsement; stakeholders implementing quality measures often consider NQF endorsement as a marker of scientific validity and meaningfulness.

FUTURE OF CANCER QUALITY MEASURES

- Developing meaningful cancer quality measures has been challenging due to the complexity of cancer care including multiple stages and phases as well as various treatment modalities and combination strategies.
- Many existing cancer quality measures focus on initial cancer treatment, but there are few measures that evaluate post-treatment follow-up and long-term outcomes. New models of care, such as CMMI's Oncology Care Model, create new demand for better measures that can address these gaps and better assess patient experience and quality of life across a range of cancers.
- Building a harmonized approach for measurement of appropriate cancer outcomes and quality of care will not happen overnight; broad stakeholder input forms the building blocks necessary to determine the right measures that will encourage improvement in quality of care for this complex patient population.

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