Creating Value Metrics in Cancer Care From the Bottom Up

Measuring value in cancer care matters, but so does creating a structure that makes sense to stakeholders who use it. The current issue of Evidence-Based Oncology features an article on how a regional consortium of providers, payers, patient partners and researchers developed a set of metrics together, from the bottom up.

Plainsboro, N.J. (PRWEB) April 21, 2015 -- Is it possible to create measures of value in cancer care that are meaningful and relevant to the local needs of the providers, payers and patients who will use them? It's a big task that was embraced over the past year by the Hutchinson Institute for Cancer Outcomes Research (HICOR), part of the Fred Hutchinson Cancer Research Center in Seattle, Washington.

In a new commentary in Evidence-Based Oncology, a publication of The American Journal of Managed Care, HICOR Director Scott Ramsey, MD, PhD, and Co-director Gary H. Lyman, MD, MPH, both health economists in the Public Health Sciences Division at Fred Hutch, described the process that allowed 70 individuals from more than 20 groups across the health care spectrum to contribute to the creation of a set of value metrics using the criteria that metrics must be meaningful to multiple stakeholders, amenable to intervention, and feasible to collect.

“We view the metric development process as a first step in a larger vision of designing, implementing and evaluating approaches to improve cancer care,” said Ramsey. “This work is a first step toward linking national quality and value efforts with real-world clinical practice and patient experience in a local region.”

For their full commentary, “Creating Value-Based Metrics for Cancer Care: a Stakeholder Informed, Evidence-Driven Approach,” click here.

The effort occurs as the nation’s cancer care providers seek solutions for escalating care costs, as newly approved therapies offer new hope for some patients. The authors cite the anticipated increase in spending from $125 billion to $158 billion in the decade that will end in 2020. Value metrics offer one way to gauge how well providers are balancing quality care with cost considerations, and are increasingly part of the federal government’s strategy in Medicare reimbursement.

HICOR sought to develop metrics that, once tested privately, could eventually be publicly reported to help consumers make care decisions. The process was extensive, requiring the stakeholder working groups to start with 750 possible metrics across nine areas. The working group eventually came up with six areas that would be evaluated:

- Biomarker and molecular testing
- Adherence to primary therapy guidelines and appropriate use of targeted therapies
- Use of a navigator, care coordinator, and case manager
- Re-admittance and rate of avoidable emergency department visits
- Documentation of consult and conversation about palliative care or hospice
- Rate of chemotherapy in the last 14 days of life.

Metrics for four areas have been developed, but metrics for measuring use of biomarkers and molecular tests, and for using navigators, care coordinators and case managers, are still being developed.
The authors describe the effort as a model that could be replicated elsewhere. “This multistakeholder regional partnership is a real-world platform for the development and evaluation of promising interventions to improve the quality and value of cancer care in the 21st century, both regionally and nationally,” said Lyman.

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Contact: Nicole Beagin (609) 716-7777 x 131
nbeagin(at)ajmc(dot)com
www.ajmc.com
Contact Information
Mary Caffrey
The American Journal of Managed Care
+1 609-731-8802

Nicole Beagin
The American Journal of Managed Care
http://www.ajmc.com
609-716-7777 131

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