The Washington State Community Cancer Report

Scott Ramsey, MD, PhD, Director, Hutchinson Institute for Cancer Outcomes Research, Fred Hutchinson Cancer Research Center
Mission

Eliminate cancer and related diseases as causes of human suffering and death.

Improve the effectiveness of cancer prevention, early detection and treatment services in ways that reduce the economic and human burden of cancer.
HICOR’s Regional Oncology Learning Healthcare Network

Premera Blue Cross | Regence Blue Shield | Washington Health Alliance | Bree Collaborative | Washington State Cancer Registry | Cancer Surveillance System | Cambia Health Solutions | Labkey Software | UW Cambia Palliative Care Center of Excellence | Swedish Cancer Institute | Seattle Cancer Care Alliance & Network Affiliates | Providence Health System | Washington State Health Care Authority Public Employees Benefit Board | Noridian Healthcare Solutions | Washington State Medical Oncology Society | UW Department of Pharmacy | UW Department of Health Services | UW Department of Medicine
Community Cancer Care in Washington State: Cost and Quality Report 2018

www.fredhutch.org/cancer-care-report

First in the nation to publicly report clinic-level quality measures linked to cost in oncology

Fred Hutch and Washington state are showing national leadership in data transparency in cancer care.

Unprecedented collaboration between health care stakeholders: payers, providers, patients, researchers
Community Cancer Care Report

Our goal is to promote **TRANSPARENCY** so that providers, payers, patients and researchers have access to the same high quality information in order to:

- Enable sharing of best practices
- Facilitate collaboration across traditional boundaries
- Develop shared solutions
- Test feasibility, effectiveness and scalability of new models of care *(Cancer Care Delivery Research)*
Over 160,000 patients at Diagnosis
Over 60,000 at Time of Death

Reporting Years: 2014 – 2018
Stakeholder engagement is critical to our mission

Washington State Oncology Clinics included in the Community Cancer Care report

- Cancer Care Northwest
- CHI Franciscan Health
- Compass Oncology
- Confluence Health
- The Everett Clinic
- EvergreenHealth
- Jefferson Healthcare
- Kadlec
- MultiCare Health System
- Northwest Medical Specialties
- Olympic Medical Center
- Overlake Medical Center
- Pacific Gynecology
- Pacific Medical Centers
- Partner Oncology
- PeaceHealth
- The Polyclinic
- Providence Health & Services
- Rockwood Clinic
- Seattle Cancer Care Alliance
- Skagit Regional Health
- Southlake Clinic
- Summit Cancer Centers
- Swedish
- Trios Health
- Vancouver Clinic
- Virginia Mason
- Vista Oncology
What’s in the report

Quality Measures

- **Recommended Treatment**
  - Breast, Colorectal, and Lung Cancer
  - Breast Cancer

- **Hospitalization During Chemotherapy**

- **Follow-up Testing after**
  - Breast, Colon, and Lung Cancer Treatment
  - Breast Cancer Treatment

- **End of Life Care**

Cost of Episodes of Care

- Treatment period
- 6 months after first chemotherapy
- 13 months after last treatment
- Last 30 days of life
Cost and Quality Metric Example

Hospitalization and Emergency Department admissions during the first 6 months from the start of chemotherapy
ED Visits
- 29.1% had at least one ED visit
- 13 percentage point difference between highest and lowest performing clinics

Hospitalizations
- 37.4% had at least one hospital stay
- 13.2 percentage point difference between highest and lowest performing clinics

52% of patients starting chemotherapy had an ED or IP stay within 6 months
2: Hospitalization during chemotherapy

Regional average cost: **$51,561**

Follow-up episode average length: **168 days**

Cost range: **$19,090**

The quality score: difference of **22.6%**

Strong negative relationship, suggesting that efforts to improve quality may also lower costs.
## Results

<table>
<thead>
<tr>
<th>Measure</th>
<th>Clinic-Level Ranges</th>
<th>Relationship between Quality and Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommended Treatment</strong></td>
<td><strong>Summary Quality Score</strong> * ( ^* ) <strong>Average Episode Cost</strong></td>
<td></td>
</tr>
<tr>
<td>Breast, Lung, Colorectal</td>
<td>-5.4% to 1.7%</td>
<td>$62,000 to $84,000</td>
</tr>
<tr>
<td>Breast only</td>
<td>-6.4% to 1.8%</td>
<td>$63,000 to $99,000</td>
</tr>
<tr>
<td><strong>Advanced Imaging after Treatment</strong></td>
<td><strong>Breast, Lung, Colon</strong></td>
<td></td>
</tr>
<tr>
<td>-1.0% to 0.7%</td>
<td>$16,000 to $20,000</td>
<td>None</td>
</tr>
<tr>
<td><strong>Hospitalizations during Chemotherapy</strong></td>
<td>-14.6% to 8.0%</td>
<td>$43,000 to $62,000</td>
</tr>
<tr>
<td><strong>Advanced Imaging and Tumor Markers after</strong></td>
<td><strong>Breast only</strong></td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td>-21.2% to 20.9%</td>
<td>$12,000 to $16,000</td>
</tr>
<tr>
<td><strong>End of Life Care</strong></td>
<td>-30.4% to 31.4%</td>
<td>$12,000 to $17,000</td>
</tr>
</tbody>
</table>

* Zero represents the regional average
Rules of Use and Disclosure

**Optimal Uses of Performance Metrics**

- Drive quality improvement within clinics
- Facilitate collaboration to improve care in the community
- Share best practices

**Rules of Use**

For at least two years after release of this Report, its data *may not* be used for the following:

- Establishing coverage networks
- Designing employee benefit packages
- Negotiating contracts without mutual agreement from all involved parties
- Clinic or payer advertising or marketing
Making results available to the community

HICOR IQ

Built to engage.

A single resource to be used by payers, providers, and researchers for information about quality and cost of cancer care.

SIGN UP
HICOR IQ

- Oncology informatics platform built on the HICOR data asset
- Efficient way to generate reproducible, community-wide standard analytics
- Metrics engage community in research agenda
- Potential revenue source for the data asset
Determinants of Care Access, Quality, and Outcome

Determinants of Health
- Age
- Sex
- Race
- Education
- Marital Status
- Distance to care
- Rurality
- Income
- Neighborhood-level SES

Stage
Health Insurance
Quality of Cancer Care
Survival
## Health Disparities: Focus on Insurance

### Insurance Type

<table>
<thead>
<tr>
<th>Commercial</th>
<th>Medicare</th>
<th>Low Income Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N = 10,700</strong></td>
<td><strong>N = 13,388</strong></td>
<td><strong>N = 4,954</strong></td>
</tr>
<tr>
<td>Includes:</td>
<td>Includes:</td>
<td>Includes:</td>
</tr>
<tr>
<td>• Commercial over 65 (including Medicare Advantage)</td>
<td>• Medicare Parts A/B over 65</td>
<td>• Medicaid</td>
</tr>
<tr>
<td>• Commercial under 65</td>
<td></td>
<td>• Medicare + Medicaid (Dual Enrollees)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Medicare under 65 (Disabled)</td>
</tr>
</tbody>
</table>
All Solid Tumors, Survival – Under 65*

* Controlled for age, gender, stage, and cancer site
All Solid Tumors, Survival – 65 and over*

* Controlled for age, gender, stage, and cancer site

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### Local/Regional Stage

#### Neighborhood, Race, and Rurality Influence Survival

<table>
<thead>
<tr>
<th>Commercial Neighborhood Disadvantage</th>
<th>Medicare Neighborhood Disadvantage</th>
<th>Low Income Insurance Race</th>
<th>Low Income Insurance Rurality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Least 90</td>
<td>Least 76</td>
<td>White 68</td>
<td>Metropolitan 68</td>
</tr>
<tr>
<td>Most 86</td>
<td>Most 72</td>
<td>Asian 75</td>
<td>Small town/Rural 62</td>
</tr>
</tbody>
</table>

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Impact

• Policy setting (Bree Collaborative and HealthCare Authority)

• Value-based payment models

• Quality improvement initiatives

• Community clinic interest in cancer care delivery research

• Novel partnerships
Performance Reporting: Provider Issues

Advantages
• Opportunity to learn and improve care
• Know standing in the region

Cautions
• Chasing statistical noise
• Choose metrics wisely
  ▪ What can be improved?
  ▪ Improving performance for some metrics is bigger than one clinic

Need: Provider Collaboration to Improve Care Quality
Performance Reporting: Payer Issues

• Chasing small numbers
  – Small numbers increase the likelihood of statistical artifacts
    • Financial penalties may have perverse effects
  – Changing performance will take time

• Distinctions vs. differences
  • Provider guidance on what constitutes clinically meaningful improvement

• In some cases, it comes down to cost
  – If everyone is doing well, reward efficiency

Need: Sponsor innovative solutions to improve care & outcomes
Performance Reporting: Patient Issues

• Relevance
  • Patient experience not yet captured
  • Many measures won’t apply to their cancer type
  • May not address “What matters to you”

• Cost: Perspectives
  – In- and out-of-pocket costs not yet captured

Need: metrics that are user-friendly for patients
Thank you to the Community Cancer Care Report team

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