The Washington State Community Cancer Report

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

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HICOR
Hutchinson Institute for Cancer Outcomes Research

Mission

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

HICOR
Hutchinson Institute for Cancer Outcomes Research

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 I Regence Blue Shield I Washington Health Alliance I Bree Collaborative I Washington State Cancer Registry I Cancer Surveillance System I Cambia Health Solutions I Labkey Software I UW Cambia Palliative Care Center of Excellence I Swedish Cancer Institute I Seattle Cancer Care Alliance & Network Affiliates I Providence Health System I Washington State Health Care Authority Public Employees Benefit Board I Noridian Healthcare Solutions I Washington State Medical Oncology Society I UW Department of Pharmacy I UW Department of Health Services I 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)*

Health Care Claims

Premera Blue Cross

Regence BlueShield

Uniform Medical Plan | Medicare

2007-2018

Cancer Registries

CSS-Puget Sound SEER

Washington State Cancer Registry

2007-2018

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

1. Cancer Care Northwest
2. CHI Franciscan Health
3. Compass Oncology
4. Confluence Health
5. The Everett Clinic
6. EvergreenHealth
7. Jefferson Healthcare
8. Kadlec
9. MultiCare Health System
10. Northwest Medical Specialties
11. Olympic Medical Center
12. Overlake Medical Center
13. Pacific Gynecology
14. Pacific Medical Centers
15. Partner Oncology
16. PeaceHealth
17. The Polyclinic
18. Providence Health & Services
19. Rockwood Clinic
20. Seattle Cancer Care Alliance
21. Skagit Regional Health
22. Southlake Clinic
23. Summit Cancer Centers
24. Swedish
25. Trios Health
26. Vancouver Clinic
27. Virginia Mason
28. Vista Oncology

What's in the report

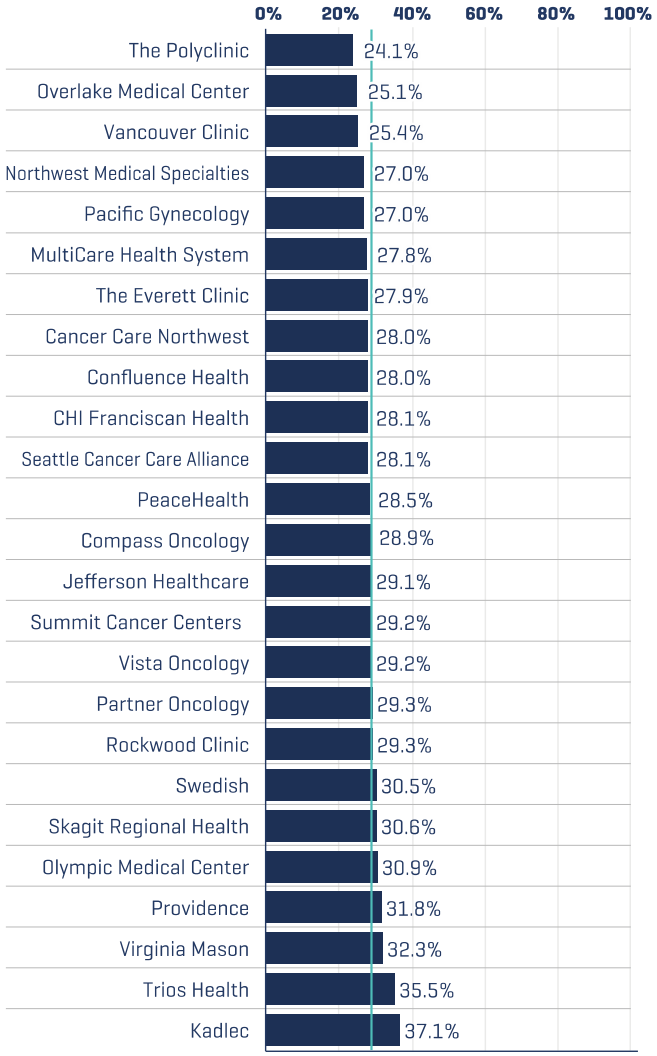
Quality Measures	Cost of Episodes of Care
Recommended Treatment • Breast, Colorectal, and Lung Cancer • Breast Cancer	Treatment period
Hospitalization During Chemotherapy	6 months after first chemotherapy
Follow-up Testing after • Breast, Colon, and Lung Cancer Treatment • Breast Cancer Treatment	13 months after last treatment
End of Life Care	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

Figure 2.1: Emergency department (ED) visits during chemotherapy

Risk-Standardized Rate | Lower rate = higher quality



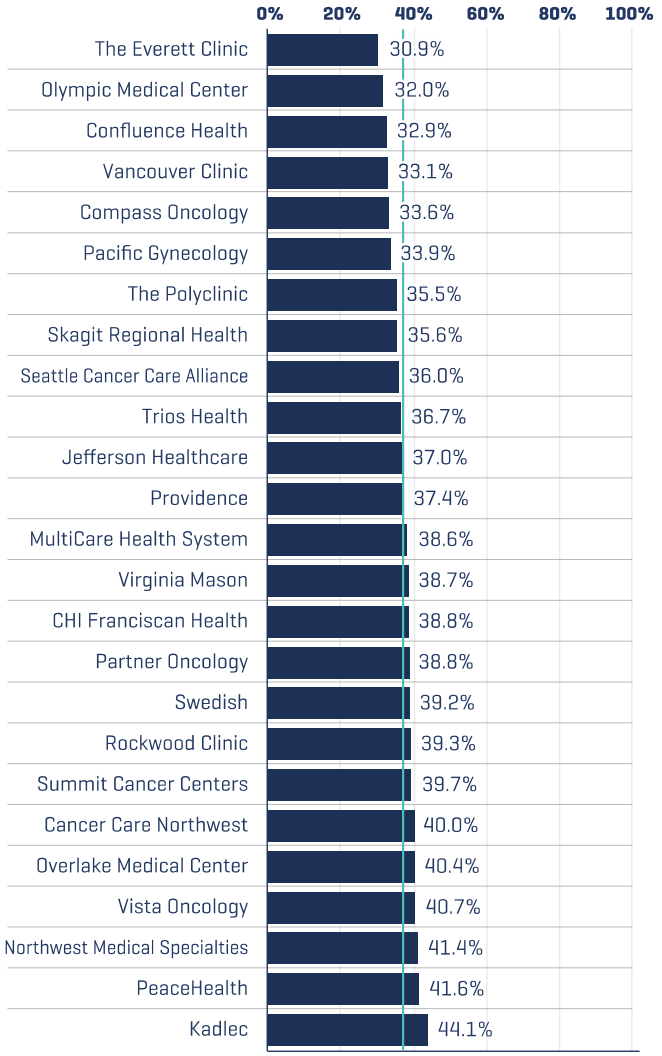
REGIONAL AVERAGE: **29.1%**

N=7373

RANGE: **24.1% to 37.1%**

Figure 2.2: Inpatient (IP) stays during chemotherapy

Risk-Standardized Rate | Lower rate = higher quality



REGIONAL AVERAGE: **37.4%**

N=7373

RANGE: **30.9% to 44.1%**

ED Visits

- 29.1% had at least on 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

<u>52% of patients starting chemotherapy had an ED or IP stay within 6 months</u>

2: Hospitalization during chemotherapy

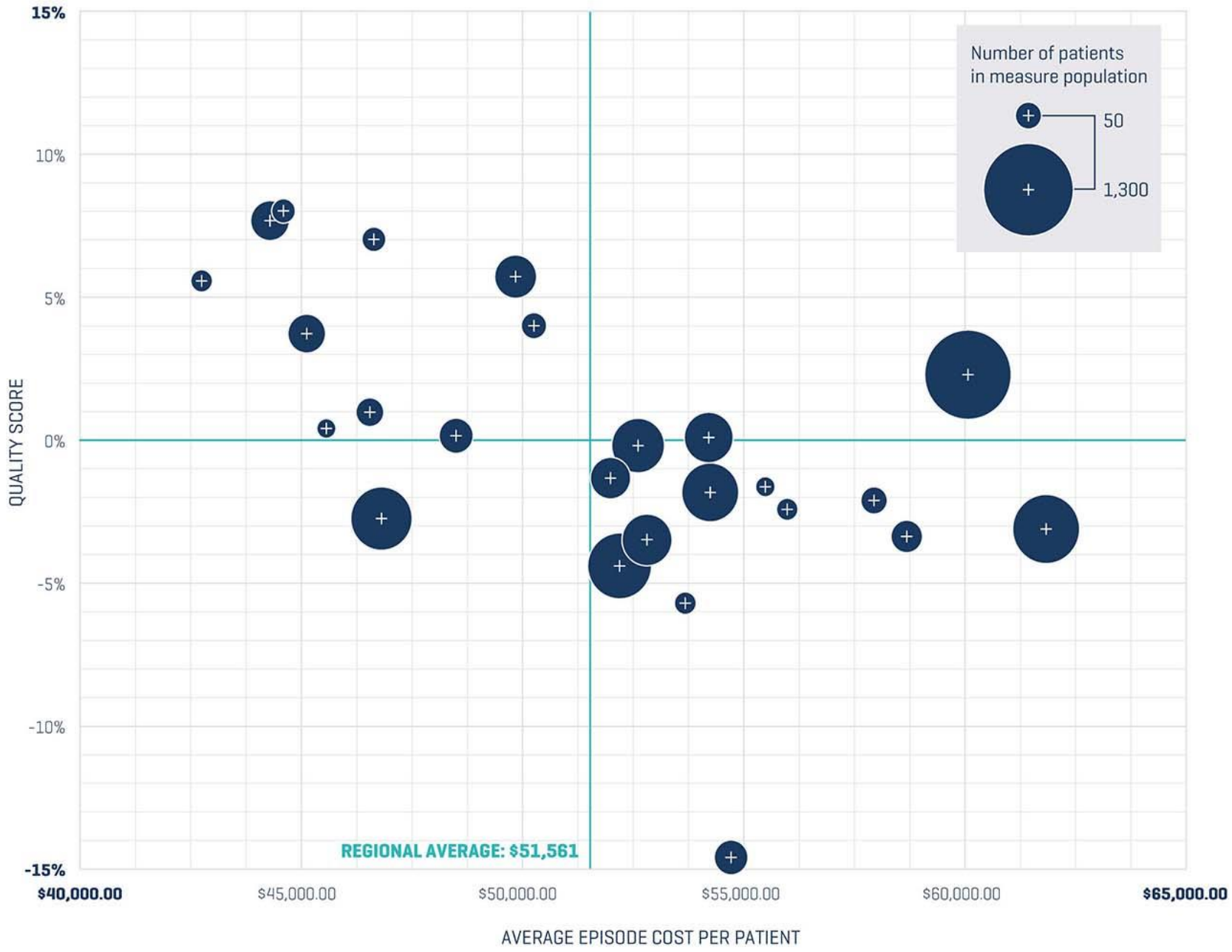
Regional average cost: **$51,561**

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

Measure		Clinic-Level Ranges		Relationship between Quality and Cost
		*Summary Quality Score**	*Average Episode Cost*	
Recommended Treatment	*Breast, Lung, Colorectal*	-5.4% to 1.7%	$62,000 to $84,000	None
	Breast only	-6.4% to 1.8%	$63,000 to $99,000	None
Advanced Imaging after Treatment	*Breast, Lung, Colon*	-1.0% to 0.7%	$16,000 to $20,000	None
Hospitalizations during Chemotherapy		-14.6% to 8.0%	$43,000 to $62,000	Lower cost → higher quality
Advanced Imaging and Tumor Markers after Treatment	*Breast only*	-21.2% to 20.9%	$12,000 to $16,000	Lower cost → higher quality
End of Life Care		-30.4% to 31.4%	$12,000 to $17,000	Lower cost → higher quality

* Zero represents the regional average

Rules of Use and Disclosure

Optimal Uses of Performance Metrics

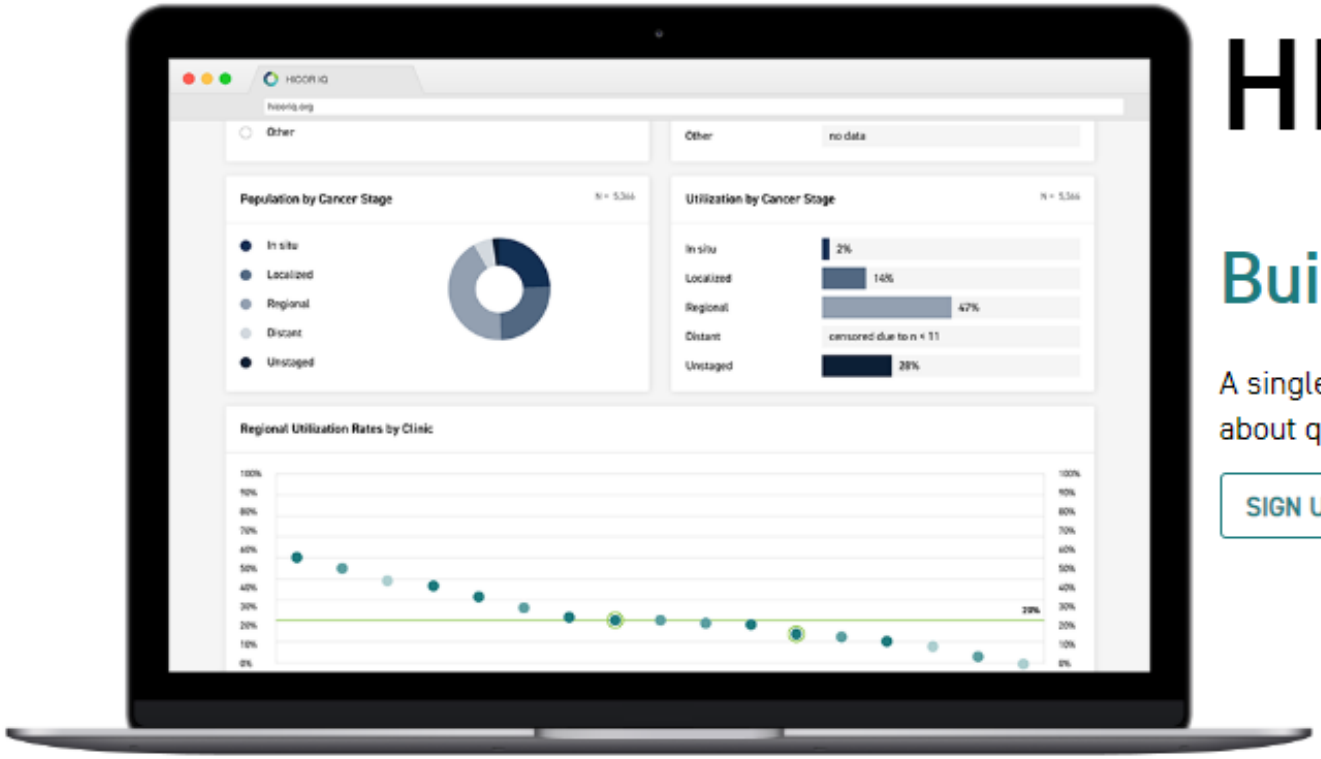
- Drive quality improvement within clinics
- Facilitate collaboration to improve care in the community
- Share best practices

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

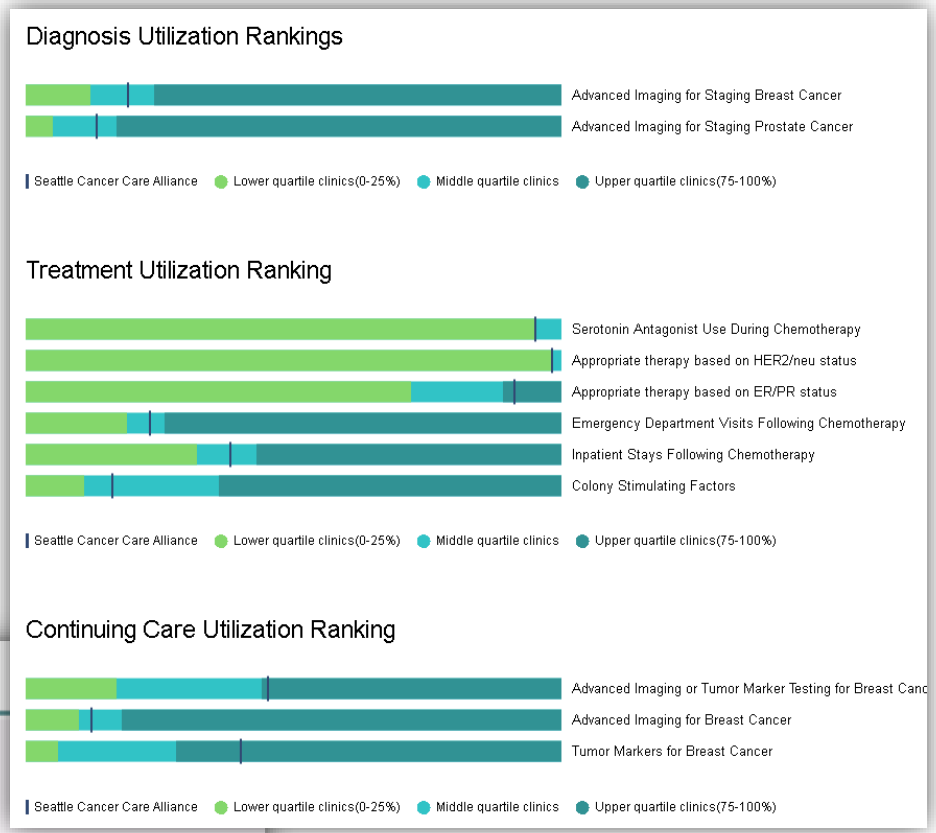
Built to engage.

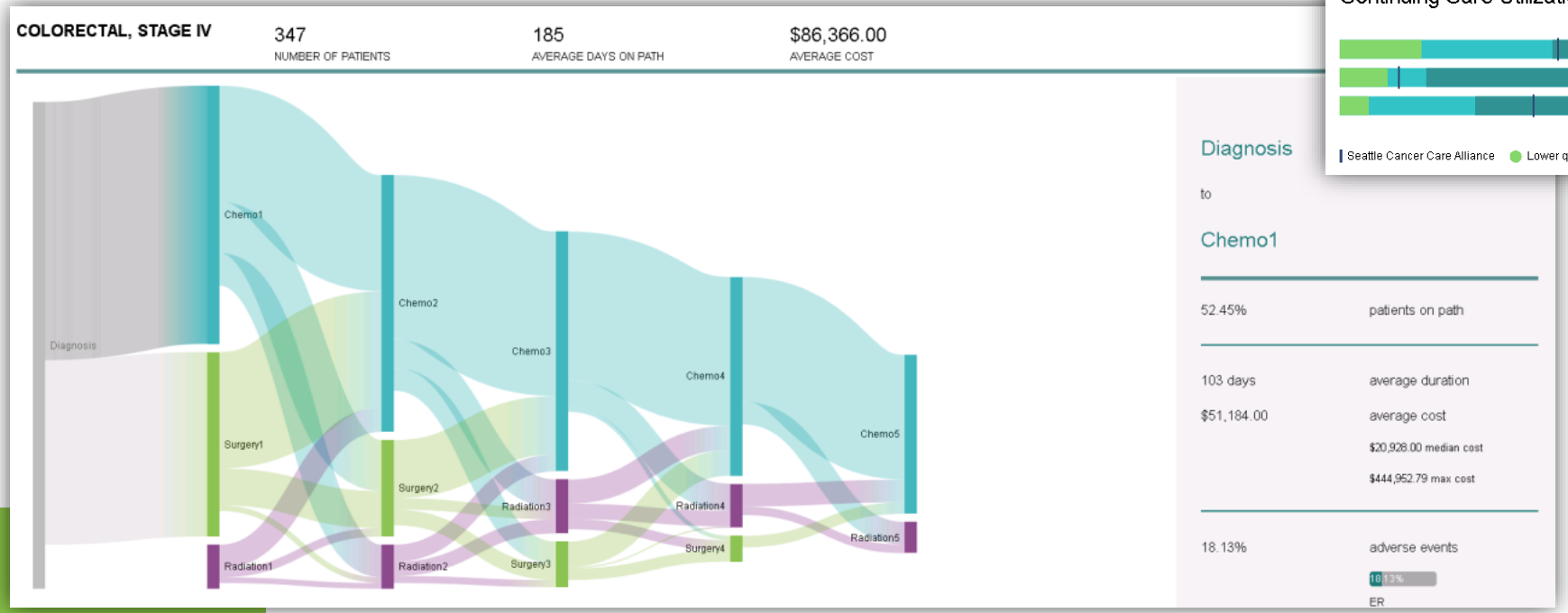
A single resource to be used by payers, providers, and researchers for information about quality and cost of cancer care.

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

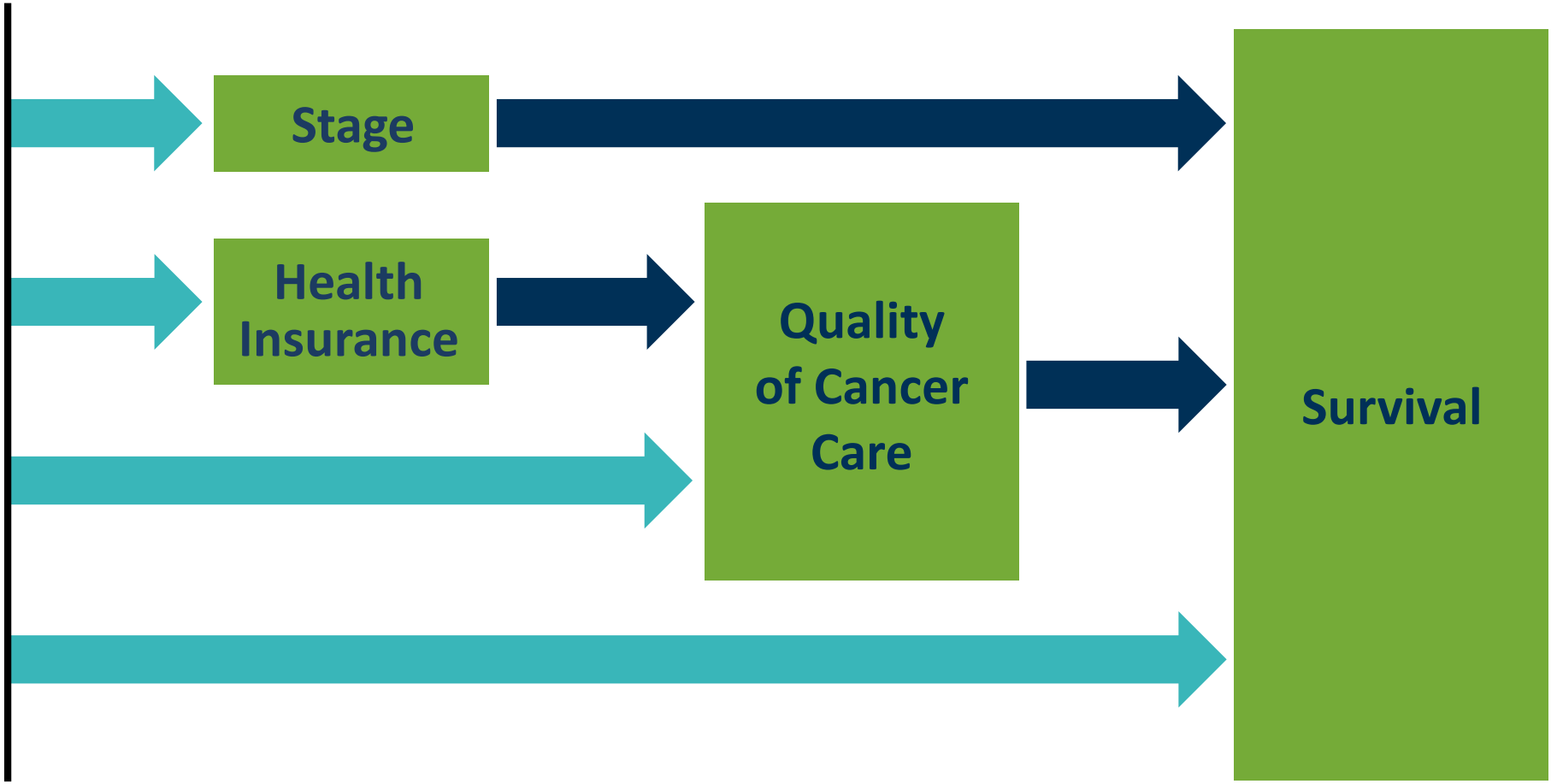




Determinants of Care Access, Quality, and Outcome

Determinants of Health

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

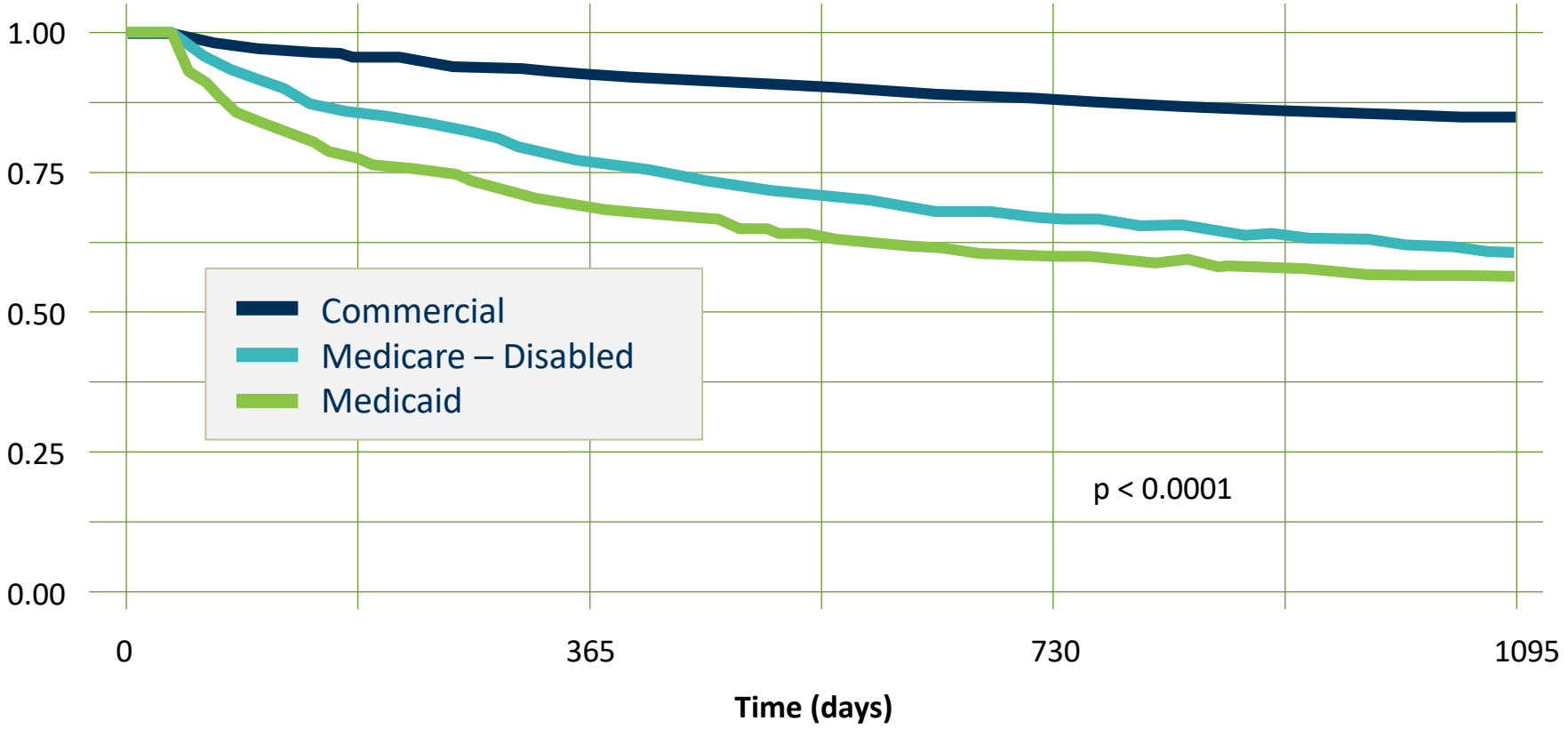


Health Disparities: Focus on Insurance

Insurance Type

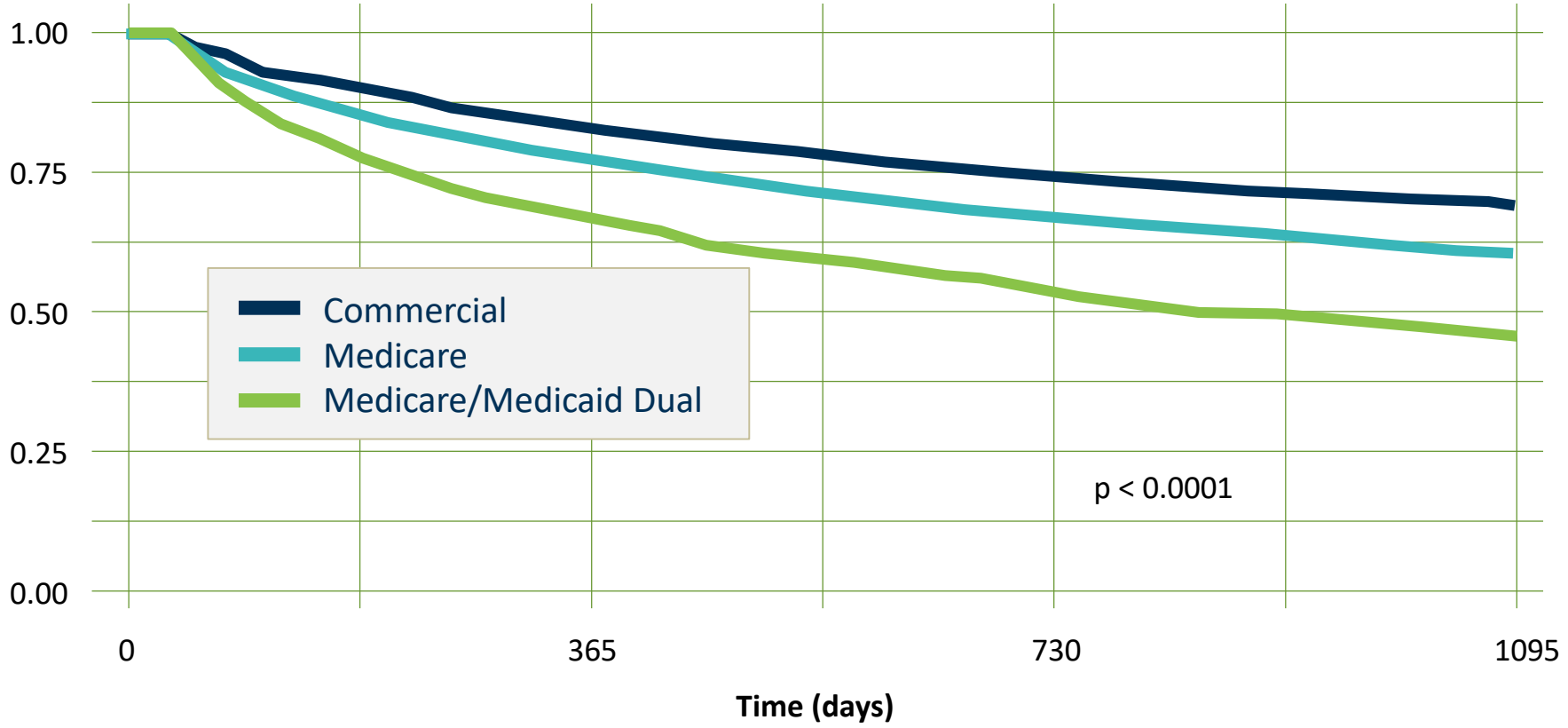
Commercial	Medicare	Low Income Insurance
N = 10,700	**N = 13,388**	**N = 4,954**
Includes: • Commercial over 65 (including Medicare Advantage) • Commercial under 65	Includes: • Medicare Parts A/B over 65	Includes: • Medicaid • Medicare + Medicaid (Dual Enrollees) • Medicare under 65 (Disabled)

All Solid Tumors, Survival – Under 65*



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

All Solid Tumors, Survival – 65 and over*



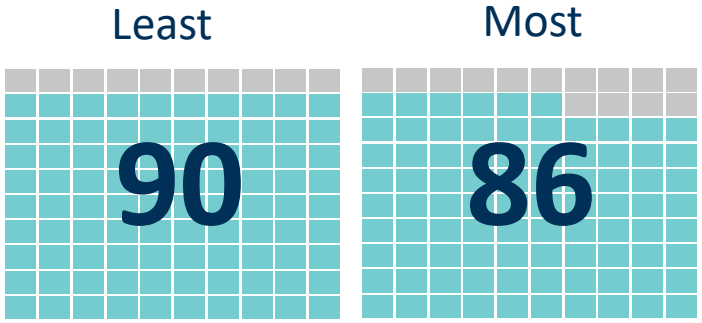
* Controlled for age, gender, stage, and cancer site

Local/Regional Stage

Neighborhood, Race, and Rurality Influence Survival

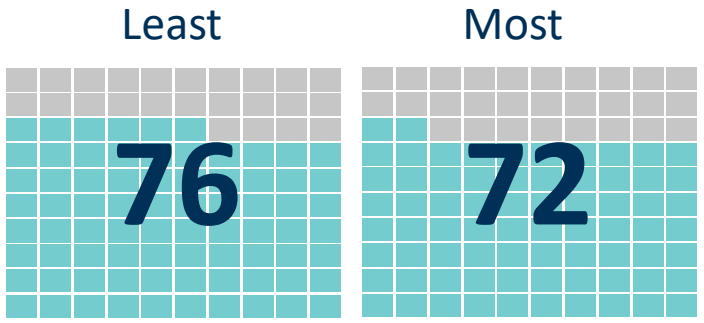
Commercial

Neighborhood Disadvantage



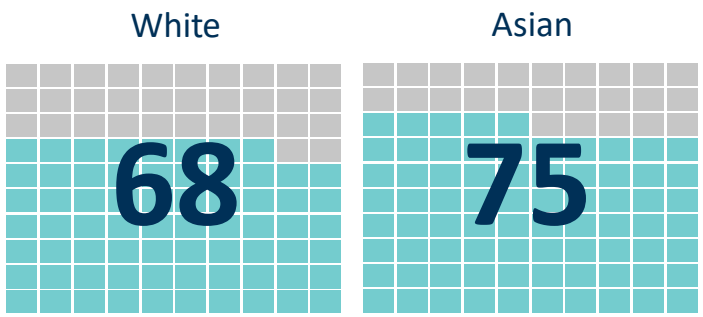
Medicare

Neighborhood Disadvantage

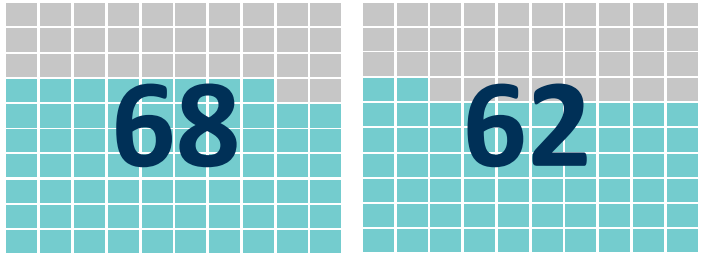


Low Income Insurance

Race



Rurality



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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