Value Attributes

Stakeholder/ Attribute	Patients	Family Members	Physicians	Manufacturers	Health Insurers (Public/Private)
Survival (Duration of life)					
Quality of life					
Progression free survival					
Time to progression					
Tumor response					
Cost					
Quality of care					
Compassion					
Opportunity					
Respect/Humanity					
Choice					
Access/ Communication					
Future discovery					

Value Metrics

	Patients	Physicians	Manufacturers	Health Insurers (Public & Private)
Economic: Cost/QALY				
Equity: Disparities in care Financial hardship/ Bankruptcy				
Access to insurance				
FDA NDAs				
Willingness to pay				

Goals

- Right treatment to right patient at the right time

- Encourage use of high value care

- Eliminate use of low- or no-value care

What Won't Change

- FDA regulatory process with regards to value

- Profit incentives of manufacturers

- Attitudes of some patients towards aggressive therapy for advanced cancer

What Can We Change (Short Run)

- Define what is good value and what is poor value

  – Thresholds are problematic

- Protect oncologists from being rationers

- Allow CMS and private insurers to design policies that encourage value-based practice

  – Reduce practice variation

  – Reduce use of unproven and ineffective care

Increasing Value in Cancer Care Discourage

- **When value is high**
  - Ensuring access
  - Professional standards (benchmarks) to give the right treatment to the right patient
    - Financial incentives?
  - Patient Education
- **When value is low**
  - Discourage use
  - Professional standards (benchmarks) against giving unproven or marginally beneficial treatments
    - Financial incentives?
  - Patient education
    - Is there a trusted party who can give sound advice against therapy?

Low Hanging Fruit

- Futile care
  - What is the definition of futility?

Middle Hanging Fruit

- Treatments where benefit is uncertain or unproven

High Fruit

- Effective but cost-ineffective treatment