Assessing and Advancing Progress in the Delivery of High-Quality Cancer Care: A Workshop

SESSION 6 PANEL DISCUSSION
Concluding Discussion and Next Steps

SESSION MODERATORS
Patricia Ganz
Hedvig Hricak

PANELISTS
Session 1: Patricia Ganz and Laura Levit
Session 2: Ishwaria Subbiah and Laurel Pracht
Session 3: Larissa Nekhlyudov and Carolyn Hendricks
Session 4: Justin Bekelman and Cardinale Smith
Session 5: Nathan Pennell and Robin Yabroff

NATIONAL ACADEMIES Sciences Engineering Medicine

SESSION 1
WORKSHOP OVERVIEW

KEY ISSUES IDENTIFIED BY SESSION SPEAKERS AND PANELISTS

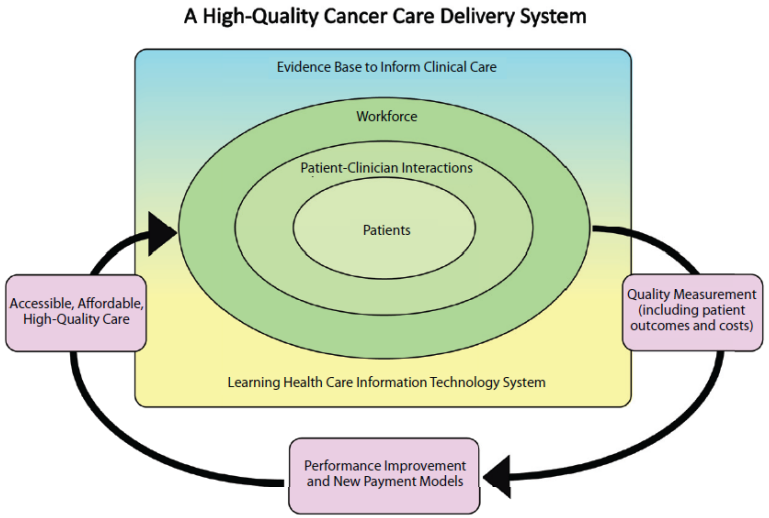
From the 2013 Report*

- Complexity of cancer treatment
- Demands for care from an aging population
- Shrinking workforce
- Cost of treatments
- Challenges with quality metrics

*All persist and most are exacerbated today

2023 challenges

- New treatments, precision medicine
- Care delivery/organizational changes; consolidation
- Practice health, workforce wellbeing threats
- Evolution of ACA policies
- Heightened focus on equity
- Inability to achieve the vision of a learning health care system
- Increased rural health needs



SESSION 1
WORKSHOP OVERVIEW

POLICY OPPORTUNITIES TO ADVANCE PROGRESS

- **Policy Opportunity 1: Improve equitable access to care and clinical research for all patients with cancer**
  - Patients continue to need care plans that lead to coordinated care including palliative care, psychosocial services, end-of-life care planning, alleviation of side effects, and shared decision making
  - Race/ethnicity and rural disparities persist in cancer incidence, mortality, clinical trial participation
  - Need to address high-costs of treatment and financial toxicity, with need to define value (whose perspective?) and adoption of new payment models
  - Innovations adopted for clinical trials during COVID have the potential to make trials more patient-centric

- **Policy Opportunity 2: Improve professional experience and the health of practices and the workforce**
  - Burnout is impacting the entire cancer care team and affects quality of care delivered
  - The geographic distribution of the workforce is uneven, with rural areas facing severe workforce shortages
  - Corporate influences on medical care delivery are likely to worsen the situation

- **Policy Opportunity 3: Improve the dissemination and implementation of knowledge, including the use of innovative technology**
  - Prioritize and incentivize implementation of knowledge we already possess (e.g., geriatric assessments, cancer screening)
  - Artificial intelligence and technology innovations have the potential to help with application of knowledge

SESSION 2
FROM STANDARD OF CARE TO CLINICAL TRIALS: ADVANCING THE CONTINUUM OF PATIENT-CENTERED CANCER CARE

KEY ISSUES IDENTIFIED BY SESSION SPEAKERS AND PANELISTS

The Changing Face of Cancer: Progress and Emerging Trends

- Issue 1: What we knew in 2013 continues to ring true in 2023. Racial/ethnicity disparities persist.
- Issue 2: Cancer incidence and prevalence are trending towards younger ages – an illness of middle-aged persons

Cultivating Strategic Partnerships in Community Engagement

- Issue 3: The need for a structure and framework to approach community engagement to ensure thoughtful inclusive design, implementation, and measures of impact.
- Issue 4: The need to ensure that (a) the patient voice is heard throughout the regulatory lifecycle of a cancer treatment and (b) clinical trials provide a more 'whole' picture of patient experience on that treatment by measuring patient-reported outcomes and other clinical outcomes assessments

Equity in Action: Developing the Infrastructure for Sustainable Models of Cancer Care Delivery

Models of Care Delivery for Rural Patient Populations

- Issue 5: Innovation in care delivery models are developed and studied through external funders; however, their scalability and sustainability remains uncertain without long-term sponsorship from health systems and payers.

Learning from the VA Experience

- Issue 6: A closed ecosystem for innovation across the system – how can we replicate this culture outside of the VA?

Delivering Psychosocial Care to Cancer Survivors: Progress Made and Still to Come

- Issue 7: What we knew in 2013 continues to ring true in 2023. The need for psychosocial care is greater than ever!

SESSION 2
FROM STANDARD OF CARE TO CLINICAL TRIALS: ADVANCING THE CONTINUUM OF PATIENT-CENTERED CANCER CARE

POLICY OPPORTUNITIES TO ADVANCE PROGRESS

Policy Opportunity 1: Reduce the burden of uncompensated duties currently shouldered by clinicians.

- Ensure payers integrate reimbursement for all clinical interactions
- Ensure health systems allocate credit for uncompensated duties towards clinicians' performance metrics

Policy Opportunity 2: Ensure virtual care remains a priority for legislation

- Mitigate the rollback of virtual care due to expiring public health emergency declarations
- Ensure telephone care remains a modality of billable care delivery
- Advocate with institutions to ensure virtual care is prioritized over the bottom line
- Ensure reimbursements are on par for virtual care and face-to-face visits

Policy Opportunity 3: Promote creativity and innovation in care delivery

- Expand funding sources to develop and study pilot initiatives that broaden access and close a disparity
- Build incentives for health systems and payers that scale up impactful pilots that promote access

SESSION 3
WORKFORCE CONSIDERATIONS: REACHING FOR THE QUADRUPLE AIM

KEY ISSUES IDENTIFIED BY SESSION SPEAKERS AND PANELISTS

- The goals laid out in the 2013 IOM report pertaining to the workforce remain highly relevant and "we aren't there yet"
- The recent NASEM workshop on workforce development yielded important insights on the extreme complexity of care for cancer patients/survivors and outlined challenges and opportunities for developing a multi-specialty, multi-disciplinary workforce.
- Achieving the quadruple aim (professional wellness) requires broad institutional and health care policy level changes.
- ASCO's Workforce Information System is useful for tracking supply and demand for oncologists but lacks data on the remainder of the specialists that comprise the workforce (e.g., pediatrics and advanced practice providers).
- Approaches to promote health care professional wellness is not universal across disciplines
- Geographical variations and substantial disparities in Black and Hispanic representation in the oncology workforce persist, with ongoing conscious and unconscious biases in health care settings.
- Consequences of not prioritizing wellness are dire.
- There is an adequate data-driven framework for professional wellness and tools for measurement, but not adequately utilized and tends to focus on the wrong domain.
- We are behind other industries in taking advantage of digital innovation.

SESSION 3
WORKFORCE CONSIDERATIONS: REACHING FOR THE QUADRUPLE AIM

POLICY OPPORTUNITIES TO ADVANCE PROGRESS

- ASCO and other specialty societies must address significant gaps in the demographic data for the oncology workforce address gaps (for example, incorporating data on pediatric specialties and APPs), and enhance tracking of changes in practice.
- National tracking of all clinicians involved in the care of patients living with and beyond cancer is a priority, and may be achieved by partnerships across professional organizations.
- Health care professional wellness must be prioritized by
  - Making operational efficiency and implementation science a part of each organization's mission
  - Developing a feedback-driven approach to the workplace experience
  - Evaluation, measuring impact, and focusing on solutions
  - Keeping sight of the unique needs of each team member (one size does not fit all)
- Efforts to retain and grow a diverse oncology workforce require relentless efforts on the part of individuals, communities, organizations and foundations including CCF.
- Need diversity AND inclusion, focusing on retaining and growing the diverse oncology workforce by active listening, understanding, creation of a sense of community, mentorship, sponsorship and funding.
- Digital innovation can be leveraged to improve all aspects of cancer care, but requires many stakeholders (healthcare providers, payers and venture capitalists) to realize the promise of major digital advances in cancer care.

SESSION 4

CANCER CARE DELIVERY: WHERE WE'VE BEEN, WHERE WE ARE, AND WHERE WE ARE GOING

KEY ISSUES IDENTIFIED BY SESSION SPEAKERS AND PANELISTS

- **Issue 1**
  - **Poor uptake of EOM; continued reliance on "drug margins"; reluctance by providers to take two-sided risk**
- **Issue 2**
  - **Lack of data sharing/ease of use of data; no data ecosystem; nascent use of AI in health care**
- **Issue 3**
  - **Continued fragmentation of care, worse for populations in underserved communities**
- **Issue 4**
  - **Lack of specific quality measures for oncology**
- **Issue 5**
  - **Medicare lacks authority to negotiate cancer drug prices (though may in the future)**
- **Issue 6**
  - **Access to care and patient experience differs across communities and geographies**

SESSION 4
CANCER CARE DELIVERY: WHERE WE'VE BEEN, WHERE WE ARE, AND WHERE WE ARE GOING

POLICY OPPORTUNITIES TO ADVANCE PROGRESS

- **Policy Opportunity 1**
  - **Test new payment models across Medicare FFS, Medicare Advantage, Medicaid, and commercial payers, moving away from focus on single CMS models; consideration of mandatory participation in appropriate models**
  - **Prioritize cancer drugs among those drugs Medicare has authority to negotiate**
- **Policy Opportunity 2**
  - **ARPA-H or NCI fund a Learning Health Systems Collaboratory demonstration that spans research, operational, payment, and clinical goals**
- **Policy Opportunity 3**
  - **Establish telehealth payment and regulatory policies that promote access to care generally and across state lines**
- **Policy Opportunity 4**
  - **Establish requirements that foster data sharing, integration of electronic health records, and ethical use of AI in cancer care**
- **Policy Opportunity 5**
  - **Promote rural and underserved community access to patient-centered cancer care and clinical trials through demonstration programs, payment models, and decentralized clinical trial approaches.**
- **Policy Opportunity 6**
  - **Establish quality measures for cancer care that span access, clinical outcomes, care utilization, patient experience, and clinician wellbeing.**

SESSION 5
EVIDENCE GENERATION TO INFORM ONCOLOGY CARE

KEY ISSUES IDENTIFIED BY SESSION SPEAKERS AND PANELISTS

- Disappointing progress in addressing access and equity issues from 2013 Report
- Persistent underrepresentation of populations in cancer research is inequitable, is not good science, and should be common sense
- Inequitable access to care, especially with high-cost therapies
- Rapid growth in new therapies, data, and treatment approaches increase complexity of care delivery
- Need for greater focus on de-escalation ("less is more")
- Persistent gap in translating research findings to practice
    - Challenges with de-implementation
- Challenges with integration and use of rich data from multiple data sources within clinical workflow, surveillance, quality improvement, and research
- Population-based registry data infrastructure challenges – timeliness, completeness, and cost
- Increased patient engagement
- Integration of Patient-Reported Outcomes in clinical practice

SESSION 5
EVIDENCE GENERATION TO INFORM ONCOLOGY CARE

POLICY OPPORTUNITIES TO ADVANCE PROGRESS

- Reiterate recommendations from 2013 Report
  - Research should mirror underlying population
  - Harmonize data elements
- Supportive leadership, culture, policies & FUNDING for evidence generation (e.g., HIPAA, data sharing, reimbursement, interoperability)
- Ensuring high-quality evidence
- Enhancing, maintaining, and adopting innovations in trial design
- Addressing modifiable factors in improving access and affordability to improve equity
- Leveraging COVID-19 pandemic changes to improve access (e.g., telehealth) and community engagement
- Funding and support for clinical research for implementation in practice
- Support for ongoing evidence generation in practice and integration in guidelines and drug approvals
- Incorporation of patient voice throughout research and evidence generation (e.g., PROs)
- Opportunities for research to evaluate innovations in workforce training, structure of care delivery
- Redesign the EHR for patient care, clinical workflow, and evidence generation
- Implement a US Groundshot to ensure receipt of existing high-quality care (Jumpshot?)