



CANCER
CLINICS OF
EXCELLENCE



Affordable and Quality Cancer Care

A community perspective

Robert J. Green, MD MSCE

Palm Beach Cancer Institute

- Multispecialty oncology practice
- 13 medical oncologists
- Gyn oncology, imaging, radiation oncology, interventional radiology, cancer rehabilitation physician
- 4 offices, 7 hospitals
- 3000+ new patients yearly

Cancer Clinics of Excellence

- Founded April 2007
- 23 Practices, 200+ Oncologists, 87 Sites, 17 States
- 50,000+ Newly Diagnosed Patients
- Evidence-based Treatment Protocols Covering Vast Majority of Cancer Treatment
- Development of Novel Clinical Trial Initiatives and Integration of Molecular Diagnostics
- Quality and Cost of Care Initiative

80-85%



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Current Model Not Sustainable

The NEW ENGLAND JOURNAL of MEDICINE

SOUNDING BOARD

Bending the Cost Curve in Cancer Care

Thomas J. Smith, M.D., and Bruce E. Hillner, M.D.

Annual direct costs for cancer care are projected to rise — from \$104 billion in 2006¹ to over \$173 billion in 2020 and beyond.² This increase has been driven by a dramatic rise in both the cost of therapy³ and the extent of care.⁴ In the United States, the sales of anticancer drugs are now second only to those of drugs for heart disease, and 70% of these sales come from products introduced in the past 10 years. Most new molecules are priced at \$5,000 per month or more,⁵ and in many cases the cost-effectiveness ratios far exceed commonly accepted thresholds.⁶ This trend is not sustainable.^{7,8}

no benefit to surveillance testing with serum tumor markers or imaging for most cancers, including those of the pancreas, ovary,¹² or lung,¹³ yet these tests are commonly used in many settings. In breast cancer, randomized studies showed that scheduled (not symptom-guided) imaging does not detect curable recurrences or alter survival. Twenty years ago, the estimated cost of wasted medical resources in the United States for patients with breast cancer was \$1 billion per year.¹⁴ The common exception is colon cancer, for which some patients do benefit from scheduled carcinoembryonic antigen testing and

The current landscape

- Revenue from drug margins
- No reimbursement for multiple support services
- Underpaid for cognitive time
- No motivation to consider cost to system
- Attempts to control these costs may be having the opposite effect.

The **SUNDAY** News & Observer

UP TO
\$65
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Duke professor offers jobs plan for all

Work & Money

A Titanic exhibit in Raleigh
Arts & Living



BERNARD RETURNS AND TAR HEELS TOP PIRATES
Sports



SEPTEMBER 23, 2012 **newsobserver.com**

\$2 ■ RALEIGH, N.C.

FINAL EDITION

Candidate Standoff **TAXES**

N.C. gubernatorial candidates Walter Dalton and Pat McCrory offer different approaches.

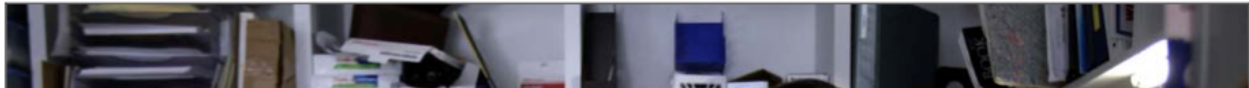


Sales tax

Current rate: 4.75 percent statewide plus local tax

Prognosis: Profits

Hospitals make big money on cancer drug markups



Barriers to affordable and quality care

- Information Technology has not lived up to its promise
- Unprepared for increasing complexity
- Misaligned incentives

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PAID FOR BY OBAMA VICTORY FUND 2012

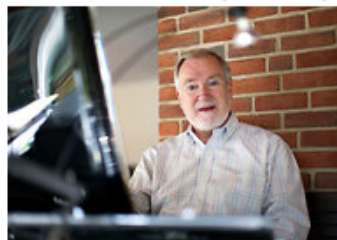
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Medicare Bills Rise as Records Turn Electronic

By REED ABELSON, JULIE CRESWELL and GRIFF PALMER

Published: September 21, 2012 | 273 Comments

When the federal government began providing billions of dollars in incentives to push hospitals and physicians to use electronic medical and billing records, the goal was not only to improve efficiency and patient safety, but also to reduce health care costs.

[Enlarge This Image](#)


Jessica Kourkounis for The New York Times

Robert Burleigh was overbilled for an emergency-room visit because the hospital's electronic records included examinations he had not been given.

Multimedia



But, in reality, the move to electronic health records may be contributing to billions of dollars in higher costs for [Medicare](#), private insurers and patients by making it easier for hospitals and physicians to bill more for their services, whether or not they provide additional care.

Hospitals received \$1 billion more in Medicare reimbursements in 2010 than they did five years earlier, at least in part by changing the billing codes they assign to patients in emergency rooms, according to a New York Times analysis of Medicare data from the American Hospital Directory. Regulators say physicians have changed the way they bill for office visits similarly, increasing their payments by billions of dollars as well.

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Failure of EHRs

- “Most EHR vendors not only have failed to innovate but don’t even...allow... innovative uses of data and interoperation with other software.” Mandl and Kohan NEJM 366:24
- “...swapping out the medical record cabinet for a computer is proving insufficient to realize the benefits of health IT. Jones et al. NEJM 366:24
- “...doctors become increasingly bound to documentation and communication products that are functionally decades behind those they use in their civilian life.” Mandl and Kohan NEJM 366:24

It's time to wake up



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The Oncologist's Prayer

Dear Lord,

Let there be a cure for cancer

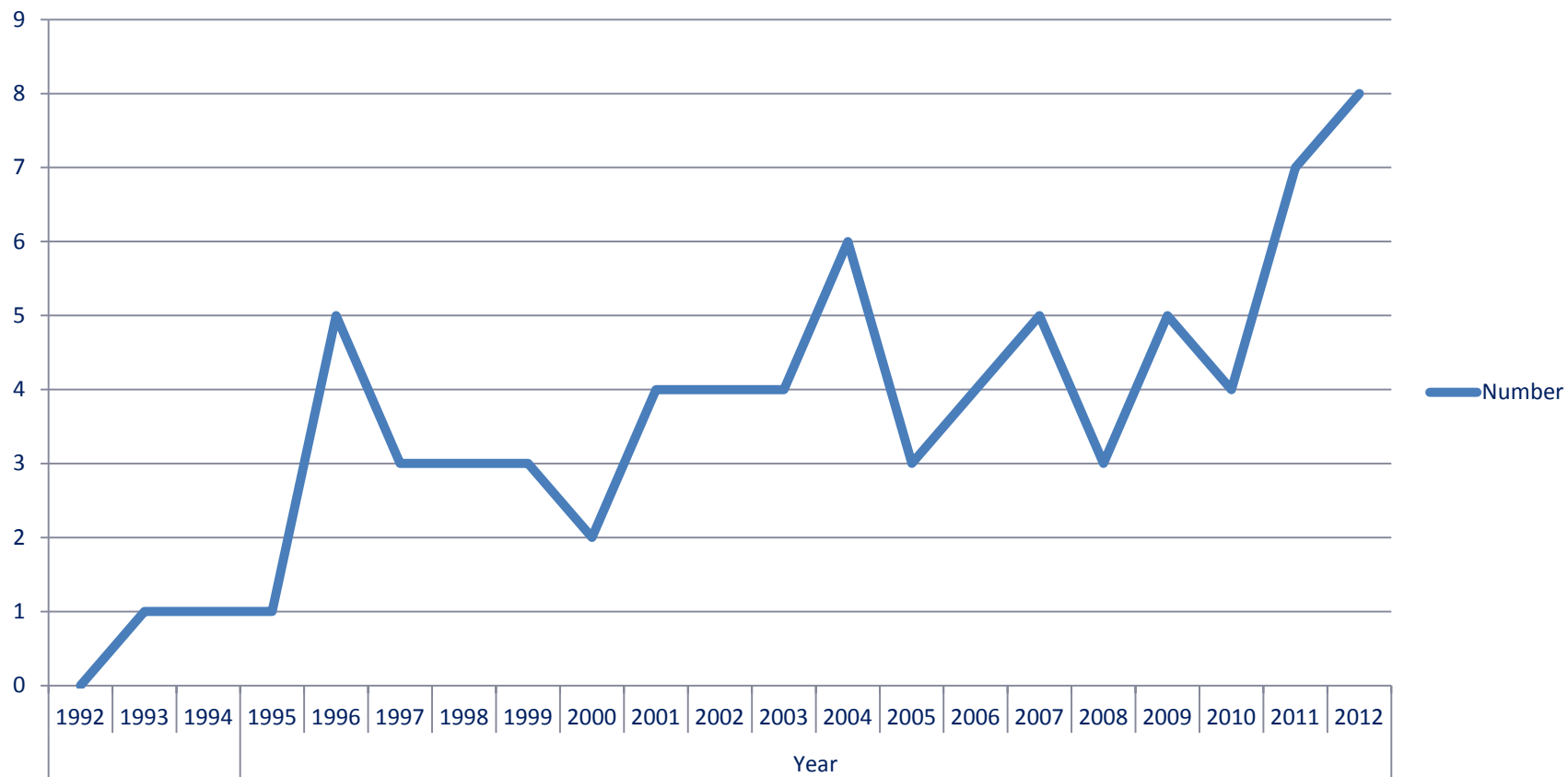


The Oncologists Prayer

And let it be very very complicated



New Cancer Drugs approved by the FDA per year 1992-2012



New Cancer Drugs last 24 months

vemurafenib

Afilbercet

enzalutamide

Carfilzomib

Axitinib

Vismodegib

Pertuxumab

Eribulin

Ruxalitinib

Crizotinib

Vandetanib

Ipilumimab

abiraterone



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New Cancer Drugs last 24 months

Zelboraf
vemurafenib
Kyprolis
Carfilzomib
Halaven
Eribulin
Caprelsa
Vandetanib

Zaltrap
Afilbercet
Erivedge
Vismodegib
Ruxalitinib
Jakofi
Ipilumimab
Yervoy

Xtandi
enzalutamide
Inlyta
Axitinib
Pertuxumab
Xalkori
Crizotinib
abiraterone
Zytiga

Perjeta

Increasing complexity = Increased errors

- Zelboraf
- Kyprolis
- Halaven
- Zaltrap
- Xtandi
- Jakofi
- Yervoy
- Zytiga
- Inlyta
- Abiraterone
- Eribulin
- Carfilzomib
- Ruxolitinib
- Enzalutamide
- Ipilumimab
- Axinitib
- Vemurafenib
- Eribulin



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Cessna 206 Start

- Avionics off
- Throttle $\frac{1}{4}$
- Prop high rpm
- Master on
- Fuel gauge true
- Mag start
- Mixture rich
- Oil pressure
- Amps
- Mixture Lean
- Flaps up
- Avionics on
- Radio check

DLBCL Workup

- Physical Exam
- Performance status
- B symptoms
- CBC, CMP, LDH
- Uric Acid
- CT Chest Ab Pelvis
- Bone marrow bx 1.6 cm
- IPI testing
- Hepatitis B testing
- MUGA if anthracycline
- PET CT
- Pregnancy testing
- Infertility counseling
- B2 microglobulin

Complexity → Errors → Expense

- Checklists Prevent Errors
- Pathways help manage complexity
- Decision Support
 - » Provide feedback to clinicians about their own practice patterns
 - » Estimate utility of interventions: eg WBC GF

Barriers to affordable and quality care

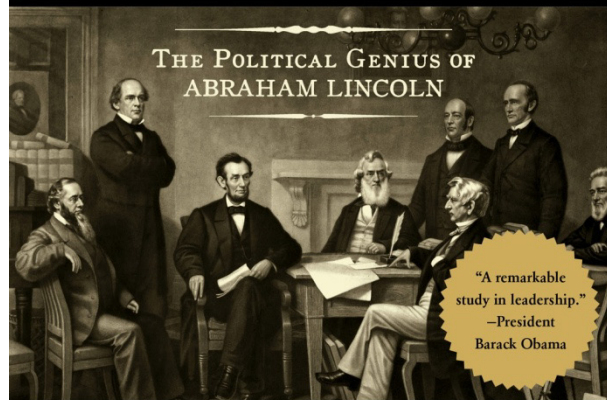
- Information Technology has not lived up to its promise
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NOW A MAJOR MOTION PICTURE—*LINCOLN*
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Barack Obama

"An elegant, incisive study. . . . Goodwin has brilliantly described
how Lincoln forged a team that preserved a nation and freed America
from the curse of slavery." —James M. McPherson

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NEWS



News Release

Accretive Health and Cancer Clinics of Excellence to Develop Innovative Program Providing Oncology Care Management

Strategic Collaboration to Drive Improved Quality of Care

Focus on Data, Analytics, Technology, Process Improvement, and Evolutionary Payment Models

CHICAGO & GREENWOOD VILLAGE, Colo.--(BUSINESS WIRE)--Aug. 29, 2012-- Accretive Health, Inc. (NYSE:AH), a healthcare technology and services company, and Cancer Clinics of Excellence (CCE), a national network of practice-owned, physician-driven community-based oncology practices, announced today that they have partnered to develop a novel, end-to-end oncology care management offering designed to enable healthcare providers to improve the efficacy and quality of cancer care while simultaneously improving the affordability of the healthcare system.

"Since our inception, we have been developing solutions that provide our members' practices with the opportunity to enhance the way they deliver and monitor care," said Ike Nicoll, CEO of Cancer Clinics of Excellence. "By partnering with Accretive Health, we will jointly provide our network of practices with the infrastructure, and a team of experienced advisers to build a model that creates more coordinated and integrated care that will deliver better outcomes for patients while containing costs."

Dr. Arthur Staddon, Chairman of CCE's Board of Directors and an oncologist at Pennsylvania Oncology Hematology Associates, added, "Long a proponent of providing evidence-based care in our practices, we are equally committed to affordable care, and we believe this partnership with Accretive Health moves CCE's network practices one step closer to making that goal a reality."

Accretive Health

- Founded 2003
- Assist health care clients to strengthen financial stability and improve quality of care
 - » Revenue cycle management
 - » Quality and total cost of care
 - » Physician advisory services
- Developed successful shared savings/high quality models in primary care

CCE and Accretive Health

- Development of a physician led, high quality, shared savings model of care
- Investment of resources
 - » IT development: collect data, interpret data and act on it.
 - Focus on quality outcomes.
 - Identify High risk patients: the small % with bad outcomes/high cost.
 - » Focus on coordination of care
 - » Appropriate end of life care
 - » Prevent unnecessary care
 - » Adherence to pathways.

CCE and Accretive Health

- Align incentives with payers
- Shared savings
- Achieve the “triple aim”
 - » Tailored care for the patient
 - » Better care for the population
 - » Lower costs

