

A New Era in Cancer Surveillance

Leveraging the Cancer Registry to Measure & Improve the Quality of Cancer Care


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Despite the “Information Age”...

Patients navigate uncertain waters in choosing a cancer provider....but there are opportunities now to help.



Background: Cancer's Burden on California and the Nation

- Cancer is the second leading cause of death in the United States and by 2030 will be the first.
- In California this year, there will be an estimated 155,920 new cancer cases and 56,000 cancer deaths, and the numbers are increasing.
- With earlier detection and better treatment there are now many people living after cancer treatment: Over 14 million in the US and over 1 million in California.
- The costs of cancer care are skyrocketing. National expenditures for cancer care are projected to increase to \$173 billion by 2020, up from \$72 billion in 2004.

Problem #1:

The quality of cancer care is variable.

- Up to 1 in 3 patients treated with chemotherapy do not receive a treatment regimen that is consistent with current medical evidence and best practices.¹
- Patients are often hospitalized during treatment due to side-effects avoidable with less toxic treatments and appropriate supportive care.²
- Patients frequently get tests and treatment they do not need, putting them at risk of side-effects, and imposing additional care burden and cost.³

1 J Clin Oncol 2011, 30:142-50; J Clin Oncol 2012, 30:3800-09; J Clin Oncol 2006, 24:626-34; Oncologist 2011;16:378-87;

2 J Clin Oncol 2002 20:4636-42. JACR 2012, 9:33-41; JAMA 2013, 309:2587-95; J Clin Oncol 2013; 31:epub.

3 Barr et al. J Oncol Pract. 2011;7: 2s-15s.

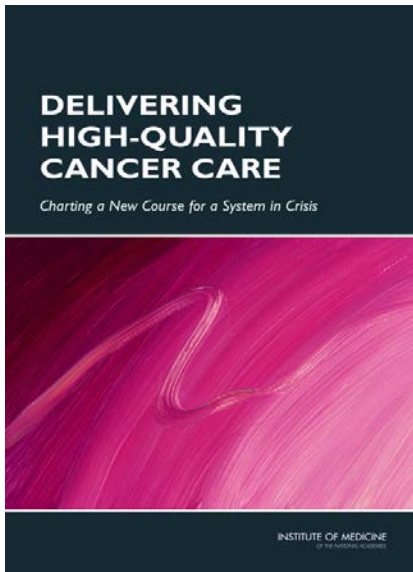
Problem #2:

- There is no publicly available, meaningful information on cancer care quality by identified provider.

Who Cares?

- **Patients** navigate uncertain waters in choosing a cancer care provider because they have no information on the quality of cancer care.
- **Providers** do not have the information they need for quality improvement.
- **Payers** do not have useful data about care quality to help them incent care improvement and make informed networking/contracting decisions.
- **Policymakers** lack provider-specific information about variation in cancer care quality across the state that could inform policymaking.

Institute of Medicine: A New Course for a System in Crisis



Institute of Medicine
2013

Care often is not patient-centered, many patients do not receive palliative care to manage their symptoms and side effects from treatment, and decisions about care often are not based on the latest scientific evidence.

IOM recommendations to improve the quality of cancer care include:

The need for a quality reporting program with meaningful quality measures across the nation.

Cancer Registries can lead the way!

Cancer Registries are the Only Source of Information on all Patients

We have a unique opportunity to inform decision making...

- Cancer registries are an established and invaluable resource (other diseases struggle with accurate case identification)
- New health care informatics and technology
- Multidisciplinary cancer care teams looking for ways to improve the quality of cancer care

Workgroup Members

<i>Medical Oncologist</i>	Douglas W. Blayney, MD	Stanford University
<i>Registry Director</i>	Dennis Deapen, DrPH	University of Southern California
<i>Epidemiologist</i>	Robert A. Hiatt, MD, PhD	UC San Francisco
<i>Medical Informaticist</i>	Michael Hogarth, MD, FACP	UC Davis
<i>Health Quality Expert</i>	Kenneth W. Kizer, MD, MPH	UC Davis
<i>Health Economist</i>	Joseph Lipscomb, PhD	Emory University
<i>Cancer Outcomes Researcher</i>	Jennifer Malin, MD, PhD	WellPoint, Inc.
<i>Legal Counsel</i>	Stephen K. Phillips, JD	Hooper, Lundy & Bookman, P.C.
<i>Patient Advocate</i>	John Santa, MD, MPH	Consumer Reports Health
<i>Medical Oncologist</i>	Deborah Schrag, MD, MPH	Harvard University

Workgroup's Charge

- To examine the barriers and opportunities for leveraging the California Cancer Registry (CCR) for measuring and improving the quality of cancer care
- This vision specifically includes the public reporting of cancer quality metrics by provider to allow for improved decisionmaking by patients, plans, providers, and others

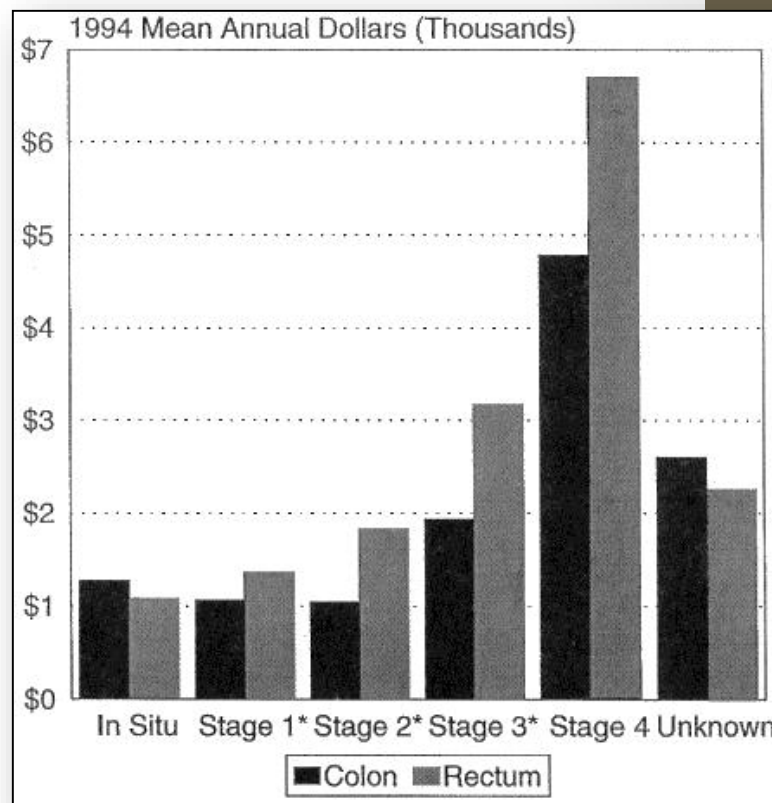
Cancer Registries Could...

- Be used for quality of cancer care assessment
- Be merged with other existing data sources like claims data and electronic health records (EHRs) to get at medical care utilization, medication use, and imaging
- Provide better and more transparent information for patients, providers, payers, and other stakeholders to inform decisionmaking and the quality of cancer care

Capacity for Linkage Already Exists

SEER-Medicare Database: What Have We Learned?

- Mammography is underutilized in older breast cancer survivors who are at high risk of recurrence¹
- The number of procedures performed by a surgeon is related to their patients experiencing urinary complications²
- Can estimate medical costs associated with colorectal or rectal cancer by stage (graph at right)³



1. Schapira MM, McAuliffe TL, Nattinger AB. Underutilization of mammography in older breast cancer survivors. *Med Care*. 2000 Mar;38(3):281-9.
2. Begg CB, Riedel ER, Bach PB, Kattan MW, Schrag D, Warren JL, Scardino PT. Variations in morbidity after radical prostatectomy. *N Engl J Med*. 2002 Apr 11;346(15):1138-44.
3. Brown ML, Riley GF, Potosky AL, Etzioni RD. Obtaining long-term disease specific costs of care: application to Medicare enrollees diagnosed with colorectal cancer. *Med Care*. 1999 Dec;37(12):1249-59.

Limitations of Medicare Data

- Limited clinical information about treatment dosage and regimens
- Persons < 65 years not included
- Radiation and chemotherapy treatment data incomplete

Issues for Consideration

- Technical
- Stakeholder concerns
- Legal and regulatory

Issues for Consideration

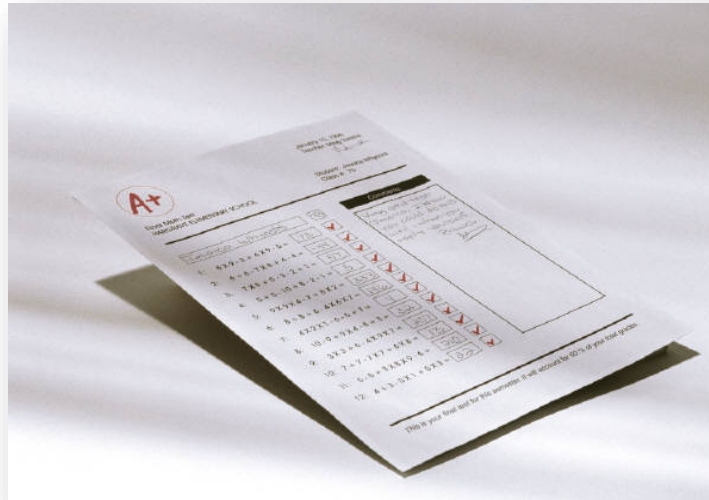
Technical

- Timeliness and rapidity of reporting
- Data capture and physician workflow
- Relevant domains of quality of care measures
- Costs

Issues for Consideration

Stakeholder Concerns

- Provider entities may be sensitive about making quality of care/performance data available to public



- Patients are concerned about their privacy

Issues for Consideration

Legal and Regulatory

- Current California Cancer Registry Statute prohibits public release of provider names



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Commentary

COMMENTARY

Leveraging State Cancer Registries to Measure and Improve the Quality of Cancer Care: A Potential Strategy for California and Beyond

Robert A. Hiatt, Caroline G. Tai, Douglas W. Blayney, Dennis Deapen, Michael Hogarth, Kenneth W. Kizer, Joseph Lipscomb, Jennifer Malin, Stephen K. Phillips, John Santa, Deborah Schrag

COMMENTARY

Recommendations

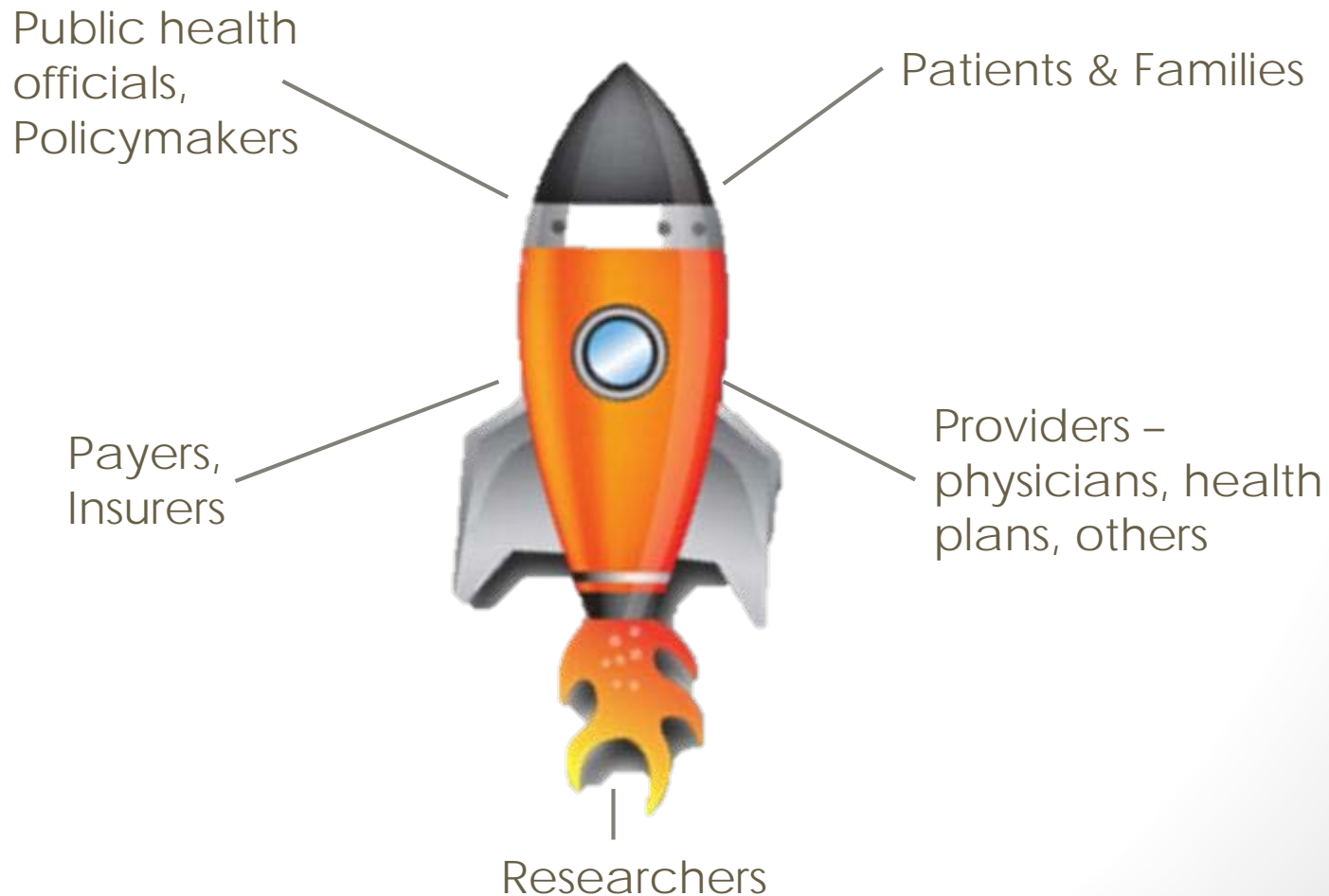
Create a system of public reporting that will improve cancer quality care and health outcomes, while protecting confidentiality and trust among the state cancer registry, providers, payers, and patients.

1. The State of California and its Department of Public Health should expand (through legislation if necessary) the mandate for the CCR beyond public health surveillance to include use of registry data for quality measurement and public reporting.
2. The CCR, other relevant state agencies, and health care payers in the state should work toward developing a system for routinely linking CCR data with health insurance claims data.
3. A strategy should be developed for linking clinical data contained in health system EHRs and the CCR; cancer care providers should be deeply involved in this effort.

Projected Impact

- Improved transparency of the quality of care
- Better information for patient choices
- Opportunity for patients to be engaged in decisionmaking
- Added value to cancer registry program, where investments have already been made
- Addresses health disparities

Launching into the next era of cancer research



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