

# Reply to “Transforming Oncology Care”: Advancing Value, Accessing Innovation

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The increasing economic and societal impact of cancer is creating an impetus for change that will likely spread across the health care system in the coming years. As outlined in the May 2015 article from *The American Journal of Managed Care*, “Transforming Oncology Care: Payment and Delivery Reform for Person-Centered Care,” providers, commercial payers, and the Center for Medicare & Medicaid Innovation are experimenting with a variety of different payment models in oncology, including bundled payments, accountable care organizations, and other financial incentives.

Within the report, the table, “Comparison of Model Approaches,” is useful for tracking the development of cancer payment models. However, based on insights from a recent Network for Excellence in Health Innovation expert roundtable on cancer payment models, we suggest the following additions and recommendations in our Table,<sup>1-4</sup> including:

- Allowing for the adoption of new, promising therapies;
- Promoting the measurement of patient-centered outcomes; and
- Providing support for personalized medicine.

## ABSTRACT

Alternative payment models in oncology are already successfully standardizing care, curbing costs, and improving the patient experience. Yet, it is unclear whether decision makers are adequately considering patient access to innovation when creating these models, which could have severe consequences for a robust innovation ecosystem and the lives of afflicted patients. The suggested chart includes recommendations on:

- Allowing for the adoption of new, promising therapies;
- Promoting the measurement of patient-centered outcomes; and
- Providing support for personalized medicine.

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■ **Table. Model Approaches to Innovation Access**

Model Features	Clinical Pathways	Oncology PCMH	Bundled Payment Model	Oncology ACO
Innovation Access	Adoption of new therapies	It is important that the pathways within each of these models not be too restrictive of patient access to new, promising innovations. Knowledge in oncology is evolving at a rapid pace, with over 180 medical journals publishing new cancer studies monthly or quarterly. <sup>1</sup> With this amount of new evidence, guidelines should be continually updated (eg, Anthem Cancer Care Quality Program’s quarterly review of its pathways) <sup>2</sup> to make room for new therapies with greater efficacy or to allow for off-pathway uses where appropriate, matching the pace of cancer’s innovation pipeline.		
	Measurement of patient-centered outcomes	Acceptance of cancer payment models that shape, if not restrict, physician autonomy over treatment options will depend in great part on whether the new models are patient-centered in a meaningful way. Patient preference must be an important factor within all of these arrangements. Among the clinical benefit, side effect, and cost aspects that determine these pathways, there needs to be measurements that can incorporate measures for patients’ personal values and expectations (eg, Moffitt Cancer Center’s emphasis on patient choice within their internally developed pathways). <sup>3</sup>		
	Support for personalized medicine	Personalized medicine is destined to become an even more sought out field as oncology science progresses. Genomics, data analytics, and diagnostics are allowing for a better understanding of targeted therapies. Emerging APM can support personalized medicine (eg, Horizon Blue Cross Blue Shield’s investment in Cancer Outcomes Tracking & Analysis), <sup>4</sup> but if not created thoughtfully, could also create new barriers to their entry. This deserves serious attention from developers of these models, particularly regarding how real-world data sources can further optimize pathways.		

ACO indicates accountable care organization; APM, admission pattern monitoring; PCMH, patient-centered medical home.

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