Oncology State of the Union

The Six Trends That Will Reshape Cancer Care

Ashley Riley, MPH
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The World Is Starting to Look Very Different

Six Trends Shaping Cancer Care

1. Cancer is the number one killer in 22 states (and counting)

2. We are on our way to being a majority-minority country

3. Health care reimbursement and reform are at a turning point

4. Telehealth is breaking down cancer center walls

5. Health care “consumers” demand evidence of cost and quality performance

6. Genomic medicine is revolutionizing cancer care

Source: Oncology Roundtable interviews and analysis.
Trend 1

Cancer Becoming the Number One Killer in America

Heart disease and cancer deaths since 1969

An Older, More Complex, and More Costly Population

Estimated Percentage of the US Population Age 65 and Over

- 10% in 1970
- 13% in 2010
- 20% in 2030

45% growth in the number of new cancer cases from 2014 to 2030

Percentage of Medicare Cancer Patients with Comorbidities

2015

- 7% Cancer Only
- 26% 1-2 Other Conditions
- 31% 3-4 Other Conditions
- 36% 5 or More Conditions

45% growth in the number of new cancer cases from 2014 to 2030

Beneficiaries with 4 or more conditions account for 75% of total Medicare spend

Zeroing In on Indiana

Similar Aging and Cancer Incidence Trends in Indiana

Estimated Percentage of the Indiana Population Age 65 and Over

- 2018: 16%
- 2023: 18%

Estimated and Projected Cancer Incidence in Indiana

- 2018: 33,028
- 2023: 35,473
- 2028: 37,294

+7.4%
+12.9%

Source: Demographic Profiler; Cancer Incidence Estimator; Oncology Roundtable interviews and analysis.
The Impact on Cancer Programs

Preparing for an Aging and Polymorbid Population

Focus on Top-of-License Practice and Multidisciplinary Care

- Provide coordinated, multidisciplinary care
- Grow cross-service line specialties (e.g., cardio-oncology, geriatric oncology)
- Ensure top-of-license practice across the care team
- Improve transitions back to primary care
- Build the oncology workforce pipeline via outreach, community education, and rotations

Source: Oncology Roundtable interviews and analysis.
Transitions Save Oncologists Time for Their True Specialty

Risk-Based Stratification of Survivors at Memorial Sloan Kettering

Survivorship NP transitions patients back to PCP by discussing new care plan with patient and creating a transition note for the patient and PCP

Survivorship NP continues managing patients in the survivorship clinic until they are ready for transition

Survivorship NP may manage patients in the survivorship clinic indefinitely, but coordinates with PCP throughout

Steps to Prepare Patients for Transition

1. Explain active treatment and post-treatment care plans to patients at the start of treatment

2. Reiterate transition plan as patients approach treatment completion and set patient expectations about recovery

3. Assure patients that the cancer center will remain a resource to them after their transition

1) Nurse practitioner.

Source: Memorial Sloan Kettering Cancer Center, New York, NY; Oncology Roundtable interviews and analysis.
Transitions Going Smoothly
Survivors and PCPs Comfortable with Management

**Data Supports Risk-Based Approach**

- **.02%**
  Percentage of breast cancer survivors transitioned to their community PCP over a 22-month period who required a return visit at Memorial Sloan Kettering

**Care Plans Proving Useful**

- **33%**
  Percentage of PCPs surveyed who reported that they would change their plan of care for survivors based on information in the survivorship care plan

**Oncology Roundtable Related Resources**

*Tactics to Support PCPs:*
- PCP-Led Survivorship Care
- Engage Primary Care Providers
- Further the Primary Care Partnership
- Survivorship Interview Guide for PCPs
- Survivorship Education Resources for Primary Care Providers

*Tactics to Support Survivors:*
- Prepare Patients for Survivorship
- Prepare Cancer Patients Early for the Transition to Survivorship

Source: Memorial Sloan Kettering Cancer Center, New York, NY; Oncology Roundtable interviews and analysis.
US Set to Become ‘Majority-Minority’

Crossover Expected to Occur in 2044

Distribution of the US Population

National Projections

By 2030, minorities will comprise ≈45% of the population

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Projected Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>+14.4%</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>+10.5%</td>
</tr>
<tr>
<td>Multi-race</td>
<td>+10.1%</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>+10%</td>
</tr>
<tr>
<td>Other Race</td>
<td>+9.6%</td>
</tr>
<tr>
<td>Black</td>
<td>+3.3%</td>
</tr>
<tr>
<td>White</td>
<td>+0.4%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>+11.7%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>+0.8%</td>
</tr>
</tbody>
</table>

### Health Disparities a Major Issue

#### Racial Disparities in Cancer-Related Deaths

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>22%</td>
<td>Of deaths among Hispanics in 2014 were cancer-related, making it the leading cause of death for Hispanics in America.</td>
</tr>
<tr>
<td>1.4x</td>
<td>More likely Hispanic women are to die from cervical cancer compared to white women.</td>
</tr>
<tr>
<td>25%</td>
<td>Higher death rate for blacks than whites for all cancers combined.</td>
</tr>
</tbody>
</table>

The Impact on Cancer Programs

Caring for an Increasingly Diverse Patient Population

Start Building a Diverse, Culturally Competent Workforce Now

- Train culturally competent staff and clinicians
- Build a pipeline to assemble a workforce that is representative of the community served
- Ensure access to resources and specialists to address specific populations’ challenges

Related Resources

Find resources to help your team at our new resource page: The Health Disparities Initiative

1) Examples include access to interpreters and specialized resources for transgender patients.

Source: Oncology Roundtable interviews and analysis.
Equip Staff to Identify and Address Disparities

ACCURE Program Closes Racial Gap in Lung Cancer Treatment

Components of ACCURE\(^1\) Program

1. **Missed Appointment Alert**
   Leverage EHR to alert providers when patient misses an appointment or treatment milestone

2. **Trained Navigators**
   Use nurse navigators trained to deal with race-related barriers to care

3. **Provider Feedback**
   Present race-specific feedback on treatment to care teams

4. **Staff Education**
   Conduct health equity training sessions every three months for health care staff

### Treatment Rates by Race for Lung Cancer Patients at Baseline and in ACCURE Group

*For Resection Only and Resection Plus SBRT\(^2\)*

n=2,044 in baseline group; n=100 in ACCURE group

<table>
<thead>
<tr>
<th>Race</th>
<th>Treatment Only</th>
<th>Resection + SBRT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline, 2007-2012</td>
<td>50%</td>
<td>64%</td>
</tr>
<tr>
<td>ACCURE, 2013-2015</td>
<td>60%</td>
<td>64%</td>
</tr>
<tr>
<td>Baseline, 2007-2012</td>
<td>50%</td>
<td>61%</td>
</tr>
<tr>
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\(^1\) Accountability for Cancer Care Through Undoing Racism and Equity.

\(^2\) Stereotactic body radiation therapy.
How Did We Get Here?

Presidential candidates endorsing Medicare for All, 2016

Presidential candidates supporting Medicare for All, 2020

Presidential candidates supporting public option, 2020

Public support for Medicare for All

56%

Survey respondents who favor a national health plan in which all Americans would get their insurance from a single government health plan

...if it would do the following

| 71% Guarantee insurance as a right |
| 67% Eliminate premiums and out-of-pocket costs |
| 37% Eliminate private health insurance |
| 37% Require most Americans to pay more in taxes |

Reimbursement and Reform Are at a Turning Point

Congress Choosing Between Payment Reform and Payment Cuts

**Continue Payment Reforms**
Providers accept alternative payment models and move rapidly away from fee-for-service status quo

**Shift to Payment Cuts**
Providers remain in fee-for-service but face ever-more stringent reimbursement cuts

**Strategic Imperatives**
- Business model transformation
- Integration and system-wide care coordination
- Risk-based contracting strategy

**Strategic Imperatives**
- Radical cost-efficiency
- Asset and service rationalization
- Fixed cost restructuring

Source: Health Care Advisory Board interviews and analysis.
Oncology Care Model Entering Its Fourth Year

Overview of the Oncology Care Model (OCM)

Who is participating?
- 176 medical oncology practices
- 10 payers
- CMS

How are practices paid?
- **Fee-for-service payments** for all services to enrolled beneficiaries
- **Monthly enhanced oncology services** (MEOS) payment of $160 for six months upon initiation of chemo
  - If the patient continues or resumes chemo, practice can trigger subsequent episodes
- **Performance-based payment** provided if practice reduces beneficiaries’ total Medicare billings and meets threshold for quality performance
  - Quality measured relative to other practices
  - Cost performance is evaluated against historic performance

What are the requirements for participating providers?
- Provide 24/7 access to appropriate clinician with real-time access to medical records
- Provide the core functions of patient navigation
- Document a care plan with the 13 components recommended by the IOM
- Treat patients on nationally recognized clinical guidelines
- Use certified electronic health record technology (CEHRT)
- Utilize data for continuous quality improvement

Not The Results We Were Hoping For

Too Early To Draw Conclusions, But Participants Split On Value

Performance Period (PP) 1 results

Against the comparator group, the OCM cohort had...

- Quality
  Small reductions in admissions and ICU stays at end of life

- Costs
  Slightly declined total costs of care, not including MEOS payments

OCM participants’ perception of value

n=51 oncologists participating in OCM

<table>
<thead>
<tr>
<th>Increased quality of care</th>
<th>33%</th>
<th>27%</th>
<th>31%</th>
<th>8%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowered cost of care</td>
<td>37%</td>
<td>27%</td>
<td>24%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Key caveats

- Delayed roll out of data
- Many practices just starting to implement cost-saving initiatives
- Methodology concerns, e.g., attribution, tumor-specific risk adjustment, novel therapy adjustment

Proposal For Radiation APM Released This Summer

Five-year pilot projected to begin either January 1, 2020 or April 1, 2020

Model basics

• Will require participation from providers (including physician group practices, hospital outpatient departments, and freestanding centers) within randomly selected Core Based Statistical Areas

• Providers treating beneficiaries with one of the 17 included cancer types will receive prospective payments for a 90-day episode of care
  • Broken into professional component and technical component payments
  • Amounts based on proposed base rates, trend factors, and adjustments for participant’s case-mix, historical experience, and geographic location
  • CMS will apply a discount factor of 4% for professional component and 5% for technical components

• Participants can earn back withhold based on clinical data reporting, quality measure reporting and performance, and the CAHPS Cancer Care Radiation Therapy Survey

• Will qualify as an Advanced APM and MIPS APM

Find more information online at https://innovation.cms.gov/initiatives/radiation-oncology-model/ and subscribe to the Oncology Rounds blog to get our latest insights and takeaways from the proposal.

The Impact on Cancer Programs

Transitioning to Risk-Based Payment

Cancer Leaders Need to Build Nimble Programs and Manage Change

Create a nimble organization that can adapt to unexpected and swift regulatory changes

Evaluate staffing and operations to gain maximum efficiency

Focus on prevention, informed screening, survivorship, and end-of-life care

Provide proactive symptom management, navigation, and coordination across sites of care

Source: Oncology Roundtable interviews and analysis.
Play Your Part

Hairston Hospital¹ Works with PCPs to Increase HPV Vaccination

Leverage Data
Use data to identify high incidence of cervical cancer in the community

Select Approach
Decide to focus on increasing HPV vaccine uptake in the community

Develop Partnership
Partner with PCP specializing in adolescents and HPV vaccination

Disseminate Information
Distribute educational materials about HPV vaccination at community events

Related Resources
• Alberta Health Services, [HPV Vaccination Decision Tool](#)
• Healthwise, [HPV: Should I Get the Vaccine?](#)

¹ Pseudonym.

Source: Oncology Roundtable interviews and analysis.
Target Navigation to Patients Who Will Benefit Most

High-Need Patients at UAB Receive More Frequent and Intense Support

Characteristics of Navigated Patients at UAB

**High-Risk Patients**
*Contacted at least once a week by navigator*
- Comorbidities
- Poor prognosis
- Specific medications
- High distress
- Lack of support
- Advanced or complex disease

**Medium-Risk Patients**
*Contacted at least once a month by navigator*
- Accepted navigation
- Active treatment
- Distress indicated
- Socioeconomic need

**Low-Risk Patients**
*Contacted at least every three months by navigator*
- Refused navigation
- Robust social support
- No or low distress
- Completed treatment

Navigator performs distress screening during outreach to identify and resolve patient issues.

Worth the Investment

UAB Demonstrated Significant Decrease in Utilization from Navigation

**RESOURCE UTILIZATION**

- **ED 6%**
  - Additional decrease in ED visits per quarter for navigated patients

- **8%**
  - Additional decrease in hospitalizations per quarter for navigated patients

- **11%**
  - Additional decrease in ICU admissions per quarter for navigated patients

**COST SAVINGS**

- **$781**
  - Additional reduction in total costs of care for each navigated patient per quarter

- **$19M**
  - Approximate total savings for all navigated patients across the network in one year

Visit [advisory.com/or/navigation](http://advisory.com/or/navigation) for all of our resources

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1) Compared to non-navigated patients.
2) Excludes Part D claims.

Telehealth Is Breaking Down Cancer Center Walls

Expanding Access and Enabling Real-Time Information Sharing

Estimated Growth in Virtual Consults

Millions of Visits in the US

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Specialty Consults</th>
<th>PCP Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>16.6</td>
<td>2.1</td>
<td>14.5</td>
</tr>
<tr>
<td>2020</td>
<td>26.9</td>
<td>5.4</td>
<td>21.5</td>
</tr>
</tbody>
</table>

Introducing Doctor Fitbit

“Five to ten years down the line, the power of these devices to help consumers, health care providers, the whole health care ecosystem track and give diagnoses to people—I think it’s incredibly tantalizing.”

James Park, CEO, Fitbit

Estimated growth in the global market for smart wearables, including activity trackers and smartwatches, between 2016 and 2020

72%
The Impact on Cancer Programs

The Growing Use of Telehealth

Leverage Telehealth to Enhance Efficiency, Improve Patient Engagement, and Collect Patient Data

- Build and train a workforce comfortable with and skilled at using technology
- Invest in technology specialists and support staff
- Invest in data security and management specialists
- Provide ongoing patient and provider education

Source: Oncology Roundtable interviews and analysis.
Telemedicine Provides Access to the Community

University of Virginia’s Telemedicine Cervical Cancer Screenings

Factors Driving Clinic Development

• High cancer rates in Southwest Virginia due to high tobacco use
• Limited access to gynecologic oncologists in rural setting

Components of Cervical Cancer Screening Clinic

Local nurse practitioner performs colposcopy in community setting
UVA gynecologic oncologist directs colposcopy via camera attached to colposcope, instructs NP where to biopsy

Logistics

Who?
150 high-risk patients with abnormal Pap test results since 2011

When?
Once a month

How?
UVA gynecologic oncologist bills same E/M codes as an in-person visit

Source: University of Virginia Health System, Charlottesville, VA; Oncology Roundtable interviews and analysis.
Cooper and Polaris Health Partner to Elevate Patient Engagement

Breast Cancer Patient Pilot at MD Anderson Cancer Center at Cooper

**Watch Automatically Collects:**
- Heart rate
- Steps
- Time standing
- Active calories

**Patients Report:**
- Physical symptoms
- Distress
- Sleep

**Apple Watch**

**Care Team Receives:**
- Dashboard color coded by severity of patient needs
- Email alert when patient meets criteria for follow-up
- Data over time

**Patient Receives:**
- Weekly dashboard of data
- Daily summary of physical and behavioral health

Source: MD Anderson Cancer Center at Cooper, Camden, NJ; Polaris Health Directions, Wayne, PA; Oncology Roundtable interviews and analysis.
Extending Care Beyond the Office

Provide Real-Time Information and Motivation

emPOWER App on Apple Watch

Displays daily and weekly data, such as:
- Activity
- Distress
- Pain
- Fatigue

Provides daily challenges:
- Join a support group
- Go for a brisk walk

After surgery there were days when I wanted to be in bed all day but this app made me get up and move...I wish the trial started six months earlier...

"Breast Cancer Survivor"

Considerations for Scaling Pilot
- Technology infrastructure and support
- Triage protocols for identified patient needs
- Funding beyond initial pilot
- Impact on cancer center workflow

Successfully Decreasing Utilization

Memorial Sloan Kettering Documents Impact of Remote Monitoring

**Study Design:** Advanced solid tumor patients receiving chemotherapy were randomized to regularly report 12 common symptoms using the web-based Symptom Tracking and Reporting (STAR) platform or to receive usual care consisting of symptom management at the discretion of clinicians.

**STAR Intervention Results**

<table>
<thead>
<tr>
<th>Percentage of Cancer Patients</th>
<th>Percentage of Cancer Patients</th>
<th>Percentage of Cancer Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visiting the ED Across One Year</td>
<td>Hospitalized Across One Year</td>
<td>Alive at One Year</td>
</tr>
<tr>
<td><strong>Usual Care</strong></td>
<td><strong>STAR</strong></td>
<td><strong>Usual Care</strong></td>
</tr>
<tr>
<td>41%</td>
<td>34%</td>
<td>49%</td>
</tr>
</tbody>
</table>

- **17%** Decrease
- **8%** Decrease
- **9%** Increase

Patients Acting More Like Consumers

Disrupting Traditional Referral Patterns

**Growing Price Sensitivity**
- Rising health care costs
- Patients shouldering larger portion of health care costs
- Patients developing habit of “shopping” for providers to maximize value of care

**Increasing Access to Health Care Information**
- Access to and use of the Internet now nearly ubiquitous
- More organizations publishing health care cost and quality data
- Growth in online communities and availability of patient reviews

**Rising Expectations for Service**
- Patients gaining experience with retail clinics (e.g., Walgreens, MinuteClinic)
- Patients expect different type of doctor’s visit
- Nature of patient-physician relationship changing; patients become more skeptical and empowered to make decisions about their care

Source: Oncology Roundtable interviews and analysis.
Cost and Quality Data Can Be Overwhelming

Programs Need to Make Sure Information Is Empowering, Not Paralyzing

Cancer Patients Already Doing Their Research

41%
of cancer patients looked at provider reviews or quality performance websites while selecting a provider

25%
of cancer patients spent over one hour researching specialists; highest among all specialty patient populations surveyed

Actual and Expected Availability of Provider Information

Today

CMS expands PCHQR\(^1\) program

PHCQA\(^2\) publishes scores for five cancer care metrics online

Healthgrades includes Cancer CAHPS\(^3\) scores

Clinical pathways adherence reported publicly

National warehouse of survival data by provider published

2030

Consumer-facing tools allow patients to compare cancer providers’ cost and quality

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1) PPS-Exempt Cancer Hospital Quality Reporting Program.
2) Pennsylvania Health Care Quality Alliance.

The Impact on Cancer Programs

Increased Consumerism

Focus on Providing Education and Effective Communication

- Train staff and clinicians to teach patients about quality measurement in cancer care.
- Train staff and clinicians to educate patients about the costs of care and provide necessary support.
- Prepare staff to become experts at persuasive communication.
- Invest in the services and expertise that patients in your community value most.

Source: Oncology Roundtable interviews and analysis.
Maximizing Chances for Connection

Sharp HealthCare Provides Physician Biographies, Photos, and Videos

Varieties of Online Physician Profiles

- **Biographies**: Describe physicians’ hobbies, reasons for becoming a doctor, and philosophy of care
- **Photos**: Help patients put a face to a name
- **Videos**: Allow patients to see physicians’ style of speaking

- **Amount of Physician Information**
  - **2x**: Times more likely patients are to view profile with photo
  - **3x**: Times more likely patients are to view profile with video

Source: Sharp HealthCare, San Diego, CA; Oncology Roundtable interviews and analysis.
University of Utah Publishes All Patient Reviews Online

Promote Full Transparency

Source: University of Utah, Salt Lake City, UT; Physician Practice Roundtable, Building the Service-Driven Medical Group, Washington, DC: Advisory Board, 2014; Oncology Roundtable interviews and analysis.

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1) Pseudonym
A Thoughtful Approach to Profile Design

University of Utah’s Process to Publicize Physician Data

Gathered Data
- Compiled existing reviews on all major physician rating sites
- Compared social media ratings with survey scores to ensure advantage of publishing scores

Curated Content
- Identified necessary content for profile to be useful, credible
- Decided to include:
  - Ten provider communication metrics, wait times
  - Both positive and negative comments

Streamlined Design
- Created profiles¹
- Edited appearance to be consistent with typical rating sites (e.g., five-star rating system)
- Tested webpage usability

Managed Reactions
- Showed physicians previews of their profiles three months before public launch
- Met with physicians to discuss concerns²

99% Of patient comments posted in their entirety³

1) Resources loaned for start-up involved enterprise data warehouse architect, Social Content Office director and analyst, patient experience director and analyst.
2) Allow physicians to flag comments for review by system physician committee on a case-by-case basis.
3) 1 FTE data analyst monitors comments, in addition to other responsibilities; comments filtered only for personal attacks, inappropriate (e.g., racist) remarks.

Source: University of Utah, Salt Lake City, UT; Physician Practice Roundtable, Building the Service-Driven Medical Group, Washington, DC; Advisory Board, 2014; Oncology Roundtable interviews and analysis.
Transparent Data Draws Patient Attention

Public Information Also Helps Motivate Clinical Providers

**Yearly Physician Profile Views**

*Before and After Patient Reviews Posted Online*

<table>
<thead>
<tr>
<th>Year prior to posting patient reviews</th>
<th>Year after posting patient reviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>503,070</td>
<td>1,148,720</td>
</tr>
</tbody>
</table>

128% increase

**Percentage of Hospital-Employed Physicians Achieving Top Scores**

*Compared to National Cohort*

- **Top 10%**
  - Year 0: 9%
  - Year 3: 3%

- **Top 1%**
  - Year 0: 50%
  - Year 3: 25%

Determine Patient Priorities

Nebraska Medicine’s YouTube Series Appeals to New Patients

Key Steps to Developing Nebraska’s YouTube Campaign

1. Recruit Physicians
   Recruit cancer center physicians to conduct mock interviews with marketing team

2. Physician Role-Play
   Physicians present diagnoses and health information to marketing team as if they were newly diagnosed patients

3. Analyze Dialogue
   Isolate physicians’ most commonly used words and phrases when having a diagnosis conversation

4. Create Videos
   Craft videos around content and key words used by physicians during diagnosis; tag videos with identified key words

Source: Nebraska Medicine, Omaha, NE; Market Innovation Center, Advisory Board; Oncology Roundtable interviews and analysis.
Translating YouTube Hits into ROI

Use Comprehensive Analysis to Attract Patients Online

Nebraska’s Analytical Approach to Patient Concerns

Analyze videos viewed to completion, including where viewers rewind content

- Determine key words and topics associated with critical content
- Use analysis to develop new critical content and inform development of marketing materials

Results Attributed to Nebraska’s YouTube Campaign

- 18% Increase in oncology volumes
- 16% Increase above budget and year-to-year financial performance

Source: Nebraska Medicine, Omaha, NE; Market Innovation Center, Advisory Board; Oncology Roundtable interviews and analysis.
Precision Medicine Complex and Rapidly Evolving

Precision Medicine

Pharmacogenetics
Liquid Biopsies

Checkpoint Inhibitors
Patient Engagement

Immunotherapy
Umbrella Trials

Molecular Diagnostics

Clinical validity

Biomarkers

circulating tumor cells

Companion Diagnostics

Genomics
DNA

CDK-4 Inhibitors

Tissue Banks

Terry B

Oncotype Dx

PARP Inhibitors

Patient-reported
Outcomes

High-Risk

shared decision making

Targeted treatment

Next-Generation Sequencing

CAR-T Cell Therapy

Proteomics
The Impact on Cancer Programs

Advances in Personalized Medicine

Equip the Care Team to Put Personalized Medicine into Practice

- Include new expertise on the care team (e.g., molecular scientists, bioethicists, data managers)
- Provide training and support to help physicians implement and stay up to date on clinical innovations
- Provide comprehensive education and support to patients
- Account for increased physician and nurse time needed to manage patients receiving complex therapies
- Maintain coordination across specialties as clinicians become more subspecialized

Source: Oncology Roundtable interviews and analysis.
Develop a Comprehensive Strategy

Precision Medicine Raises Many Thorny Questions

Five Imperatives for Precision Medicine

1. Evaluate the Business Case for Precision Medicine
2. Provide Support for Oncologists
3. Develop Patient-Centered Standards
4. Elevate the Role of Clinical Trials
5. Harness the Power of Data

Source: Oncology Roundtable interviews and analysis.
Right Test, Right Time, Right Treatment

Syapse Platform Guides Oncologist at Point of Care

Henry Ford’s Process for Integrating Precision Medicine into the Physician Workflow

- Precision medicine team determines testing and treatment guidelines for system
- Integrates clinical and molecular information, as well as guidelines, into Syapse platform
- Providers see guidelines in EHR at point of care

Provider identifies appropriate actions:
- Order test
- Select clinical trial
- Order treatment

Experts include:
- Oncologists
- Pathologists
- Informaticists
- Research leads
- Population health experts

Source: Henry Ford Health System, Detroit, MI; Oncology Roundtable interviews and analysis.
Make It Easy for Patients to Participate

The Metastatic Breast Cancer Project (MBCP)

Social Media Outlets

Advocacy Groups

facebook

twitter

AVON Foundation for Women

susann.g.komen

Here's how you can participate

1. Tell us about yourself
   - Patient clicks “Count Me In” Button on homepage
   - Patient completes an online form

2. Give us permission to collect your samples and data
   - Patient signs consent to enable MBCP to obtain medical record and stored tissue sample from treating institution
   - MBCP sends the patient a kit to collect saliva

3. Learn with us along the way
   - MBCP sequences tumor and saliva samples
   - Results are shared with researchers
   - Patients are kept apprised of advancements and studies

>1K patients signed up in first three months of launch

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Thank you!

Questions?

Feel free to reach out:

Ashley Riley, MPH

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