From The Directors

2018 marked a major milestone in HICOR’s efforts to provide actionable metrics to improve cancer care in our community. In May, we released the Community Cancer Care in Washington State: Quality and Cost Report. This report is the first in the nation to publicly report clinic-level quality measures linked to cost in oncology, and its publication reflects a commitment among Washington state providers, payers, patients, and policymakers to collaboration and transparency in pursuit of better patient care.

In May, HICOR and Microsoft launched an innovative collaboration focused on reducing emergency room visits and hospitalizations for patients undergoing chemotherapy. This project was inspired by a HICOR community working group – composed of patients, providers and payers — who recognized the need for proactive and responsive tools to support patients in symptom management.

The HICOR scientific team continues to grow, with the addition of new faculty members Rachel Issaka, MD, MAS, Salene Jones, Ph.D., MA, and Parth Shah, PharmD, Ph.D. These outstanding investigators bring important expertise in disparities in care, patient-reported outcomes, and cancer screening and prevention.

As we begin a new year, we want to share changes in institute leadership. In January 2019, Dr. Veena Shankaran will step into the HICOR Co-Director role, and Dr. Lyman will take on a new role as HICOR Senior Lead, Healthcare Quality and Policy. Dr. Shankaran is a medical oncologist who specializes in caring for patients with gastrointestinal malignancies. Her research expertise includes health economics and comparative effectiveness research, with a focus on developing novel approaches to measure and mitigate financial burden for cancer patients. We are delighted to welcome Dr. Shankaran to the leadership team.

In closing, we express our sincere appreciation for Dr. Lyman’s service and contributions as Co-Director since HICOR’s inception. Dr. Lyman’s national leadership in clinical oncology, guideline development, and policymaking have been essential to our growth and success, and we look forward to his continued contributions in his new role.
As a clinical gastroenterologist and health services researcher, my research focuses on increasing colorectal cancer screening rates, with a particular interest in factors that disproportionately impact minority and low-income populations. This interest was born out of observing low overall colorectal cancer screening rates among minority and low-income patients during my Internal Medicine training. My research focuses on identifying the facilitators of and barriers to successful colorectal cancer screening and cancer care to inform the implementation of interventions that improve colorectal cancer screening rates, reduce screening disparities, and improve survival along the cancer continuum for racially and socioeconomically diverse populations.

Rachel Issaka
MD, MAS

Increasing Colorectal Cancer Screening and Reducing Disparities in Care

People with cancer often experience symptoms like anxiety and depression that can negatively impact their quality of life, treatment outcomes, and survivorship experience. As a clinical psychologist and psychometrician, I focus my research on developing reliable tools to measure patient-reported outcomes—such as financial anxiety and the financial consequences of cancer—so that all of a patient’s needs can be addressed. I also conduct research to understand how anxiety may affect healthcare choices, such as choosing doctors or therapies. I am inspired by the patients and families that I have seen in clinical practice, and my goal is to conduct research that impacts health policy and clinical oncology practice to better meet patients’ needs.

Salene M. W. Jones
Ph.D., MA, LP

Measuring the Patient Perspective

As a behavioral scientist and pharmacist, I focus my research on how pharmacies may be leveraged to provide cancer prevention and early detection services—such as HPV vaccinations and colorectal cancer screenings—in community settings. Pharmacies are in places where people live and go to work and are an opportune setting to increase our health systems’ capacity to provide important health services in accessible, convenient locations. This is especially important in historically disenfranchised communities—rural, low income, and certain racial minorities. My research goal is to identify facilitators of and barriers to effective pharmacy-based delivery of cancer care services, and to develop implementation models that can be scaled nationally.

Parth Shah
PharmD, Ph.D.

Cancer Screening and Prevention in the Community

Welcome New Faculty

We are delighted to welcome Drs. Rachel Issaka, Salene Jones and Parth Shah to the scientific team. These outstanding clinicians share a strong commitment to understanding patient perspectives and incorporating them into their research portfolios.
BUILT TO ENGAGE

HICOR IQ

A single resource to be used by payers, providers, and researchers for information about quality and cost of cancer care

Features
• Create your own metrics
• Ability to filter
• Functionality to share reports with users in your clinic
• Medicare data to 2016
• Commercial payer data to 2017

Log in or sign up at hicoriq.org

Select Publications


Select Publications


VALUE IN CANCER CARE SUMMIT

HICOR catalyzed discussions among regional stakeholders about data transparency and the improvement of cancer care delivery by hosting the 5th Annual Value in Cancer Care Summit and publicly releasing the Community Cancer Care in Washington State: Quality and Cost Report.

2018 Summit: Making Measurement Matter

Over 200 providers, patients and patient advocates, payers, health system representatives, researchers and students convened at the 5th Annual HICOR Value in Cancer Care Summit on May 3, 2018 at Bell Harbor International Conference Center in Seattle to discuss “making measurement matter” in oncology.

This year’s conference centered on national trends and opportunities in performance measurement, the importance of data transparency and public reporting, and strategies for driving improvement in cancer care delivery. To learn more about the Value in Cancer Care Summit presentations and interactive discussions, visit www.fredhutch.org/vccsummit.

“The time is right to advance performance measurement that promotes high-value, patient-centered care”
— Eve Kerr
Director, Ann Arbor VA Center for Clinical Management Research; University of Michigan

Patient advocates Diane Mapes (left) and Bridgette Hempstead discuss metrics that matter to cancer patients.

Dr. Eve Kerr, with the University of Michigan, speaks about using performance measurements to motivate change during the Value in Cancer Care Summit at the Bell Harbor International Conference Center in Seattle, Washington on May 3, 2018.

“LEFT” Dr. Gary Gilliland, left, chats with a participant during a break at the Value in Cancer Care Summit.

“RIGHT & NEXT PAGE” Participants engage during a break at the Value in Cancer Care Summit at the Bell Harbor International Conference Center in Seattle, Washington on May 3, 2018.

PHOTOS BY ROBERT HOOD
HICOR catalyzed discussions among regional stakeholders about data transparency and the improvement of cancer care delivery by hosting the 5th Annual Value in Cancer Care Summit and publicly releasing the Community Cancer Care in Washington State: Quality and Cost Report.

Inaugural Community Cancer Care Report

The Community Cancer Care in Washington State: Quality and Cost Report 2018 is the first publicly accessible statewide report showing clinic-level quality measures linked to cost in cancer care.

The results presented in this report draw from a patient-level database that links enrollment and claims records from commercial and public health insurance plans with clinical information from Washington state cancer registries, including approximately 70 percent of their cancer patients who received care in Washington state between 2014 and 2016.

Quality measures prioritized by our community stakeholders include: recommended treatment immediately following diagnosis, emergency department and inpatient hospital admissions during treatment, appropriate use of surveillance testing for patients who have been treated with curative intent, and care for patients in the last 30 days of life.

We believe that quality reporting is an important step towards achieving health care’s triple aim — better health, better care and lower costs — and that sharing the data publicly will spur collaboration, research, and innovation.

Nearly 86 percent of breast, colorectal, and lung cancer patients in the population measured receive recommended treatments based on guidelines in a timely fashion.

Over half (52.0%) of cancer patients have an emergency department visit or require hospitalization during their first six months of chemotherapy treatment.

At end of life, the use of hospice is variable, and many patients spend time in the intensive care unit instead of at home or in lower-intensity settings.

Key Findings

Graphs from the Community Cancer Care Report

To learn more about the report, visit www.fredhutch.org/cancer-care-report.
Partnering with Microsoft to Tackle Side Effect Management

A 2017 study lead by HICOR Sr. Staff Scientist Dr. Laura Panattoni found that more than half of Washington state cancer patients undergoing chemotherapy are hospitalized or treated in the emergency department - many for symptoms such as nausea, pain, fever, and fatigue. Patients and families experiencing treatment-related crises spend hours or sometimes days in emergency departments that are often ill-equipped to deal with oncologic emergencies. Unplanned emergency department visits and inpatient stays contribute to poor patient experience and increasing costs of care, and expose immunocompromised patients to risk of infection.

It was Dr. Panattoni’s hope that seeing this data would promote innovative thinking and investment in how oncology teams manage patient symptoms.

“Managing nausea, pain, dehydration, diarrhea, and other symptoms in an outpatient setting has great potential to improve patient experience and decrease the cost of care.”

—Dr. Laura Panattoni

Building on these findings, HICOR and Microsoft have launched a project to evaluate a smartphone application and third-party biosensor aimed at supporting chemotherapy patients through home symptom tracking and management. The collaboration will leverage HICOR expertise in oncology analytics, health economics, research, and trial design together with Microsoft technology development capabilities to create solutions for this critically important area in cancer care.

“The idea is to identify patients who are getting into trouble early, so oncology clinics can treat their symptoms before they reach crisis levels.”

—Dr. Scott Ramsey

HICOR and Microsoft will work together to build and test a new technology platform that provides clinicians with real-time biometric and patient-reported information to identify and intervene with patients before adverse effects reach critical levels.

Providing patients with the means to report their symptoms and vital status to their providers during treatment is a potentially transformative approach to improving patient experience and care quality.
Faculty Members

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UW — University of Washington  
SCCA — Seattle Cancer Care Alliance  
UWMC — University of Washington Medical Center
# External Advisory Board

The EAB is charged with providing guidance on HICOR’s broad scientific agenda and strategic direction.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Affiliation</th>
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<tbody>
<tr>
<td>Dana Goldman, Ph.D., Chair</td>
<td>Director’s Chair, Leonard D. Schaeffer for Health Policy and Economics; Professor of Public Policy and Pharmacy, University of Southern California</td>
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<tr>
<td>Peter Bach, MD, MAAP</td>
<td>Director, Center for Health Policy and Outcomes, Memorial Sloan Kettering Cancer Center</td>
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<td>Alan Balch, Ph.D., MS</td>
<td>CEO, Patient Advocate Foundation and National Patient Advocate Foundation</td>
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<tr>
<td>Diana Brixner, Ph.D., RPh</td>
<td>Professor, Department of Pharmacotherapy; Executive Director, Outcomes Research Center, College of Pharmacy, University of Utah</td>
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<tr>
<td>Craig Earle, MD, MSc, FRCP[C]</td>
<td>Vice President, Cancer Control, Canadian Partnership Against Cancer</td>
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<td>Thomas W. Feeley, MD</td>
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<td>Jennifer Malin, MD, Ph.D.</td>
<td>Senior Medical Director, Oncology and Genetics, UnitedHealth Group</td>
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<td>Arnold Milstein, MD, MPH</td>
<td>Professor of Medicine; Clinical Excellence Research Center Director; Stanford University School of Medicine</td>
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<td>Peter Neupert, MBA</td>
<td>Advisor and board member of public and private companies in the health sector</td>
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<td>Barry Straube, MD</td>
<td>Former Chief Medical Officer, Centers for Medicare and Medicaid Services (CMS)</td>
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<td>Peter Yu, MD</td>
<td>Physician-in-Chief, Hartford HealthCare Cancer Institute</td>
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HICOR Team
