



### **Mission**



Eliminate cancer and related diseases as causes of human suffering and death.



Improve the effectiveness of cancer prevention, early detection and treatment services in ways that reduce the economic and human burden of cancer.



We believe that every cancer patient in Washington state should get quality care that meets their goals at a reasonable cost, wherever they live.

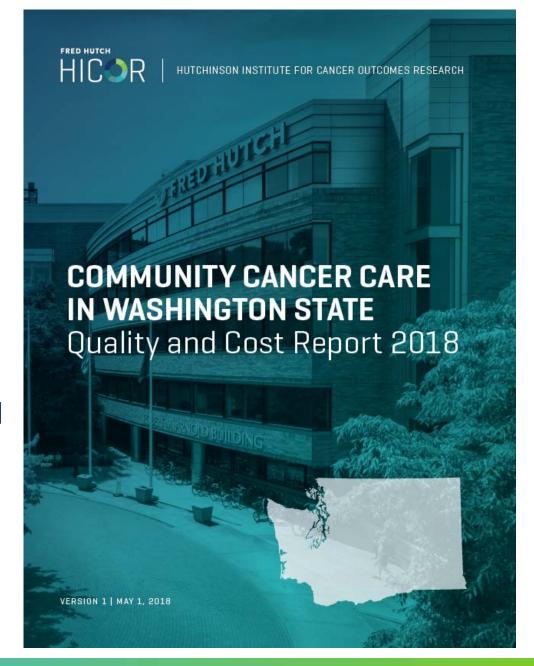
# Community Cancer Care in Washington State: Cost and Quality Report 2018

www.fredhutch.org/cancer-care-report

First in the nation to publicly report clinic-level quality measures linked to cost in oncology

Fred Hutch and Washington state are showing national leadership in data transparency in cancer care.

Unprecedented collaboration between health care stakeholders: payers, providers, patients, researchers



## **Community Cancer Care Report**

Our goal is to promote **TRANSPARENCY** so that providers, payers, patients and researchers have access to the same high quality information in order to:

- Enable sharing of best practices
- Facilitate collaboration across traditional boundaries
- Develop shared solutions
- Test feasibility, effectiveness and scalability of new models of care (Cancer Care Delivery Research)

### Rules of Use and Disclosure

# **Optimal Uses of Performance Metrics**

- Drive quality improvement within clinics
- Facilitate collaboration to improve care in the community
- Share best practices

#### **Rules of Use**

For at least two years after release of this Report, its data *may not* be used for the following:

- Establishing coverage networks
- Designing employee benefit packages
- Negotiating contracts without mutual agreement from all involved parties
- Clinic or payer advertising or marketing

#### **Health Care Claims**

Premera Blue Cross
Regence BlueShield
Uniform Medical Plan | Medicare
2007-2017

### **Cancer Registries**

CSS-Puget Sound SEER
Washington State Cancer
Registry
2007-2017

# Clinical, Utilization, Cost and Survival Data for ~70% of cancer patients in Washington state

Over 160,000 patients at Diagnosis
Over 60,000 at Time of Death

**Reporting Years: 2014 – 2016** 

## What's in the report

### **Quality Measures**

#### **Recommended Treatment**

- Breast, Colorectal, and Lung Cancer
- Breast Cancer

Hospitalization During Chemotherapy

#### Follow-up Testing after

- Breast, Colon, and Lung Cancer Treatment
- Breast Cancer Treatment

End of Life Care

### **Cost of Episodes of Care**

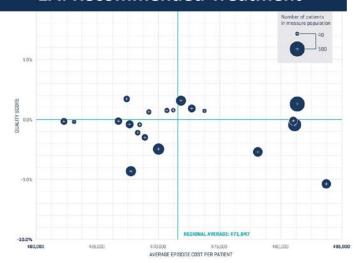
Treatment period

6 months after first chemotherapy

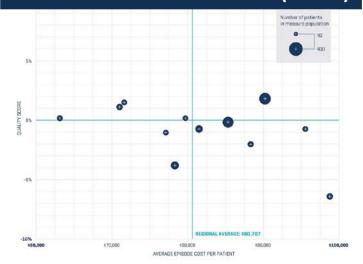
13 months after last treatment

Last 30 days of life

#### **1A: Recommended Treatment**



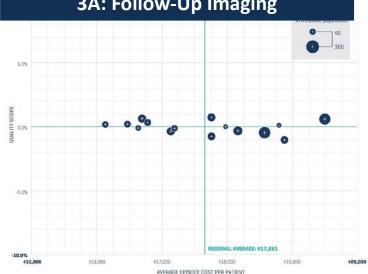
#### **1B: Recommended Treatment (Breast)**



#### 2: Chemo Hospitalization



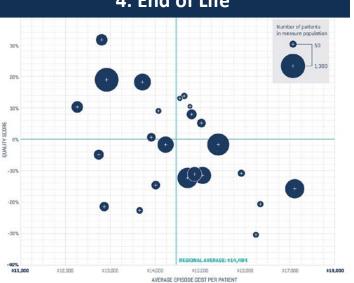


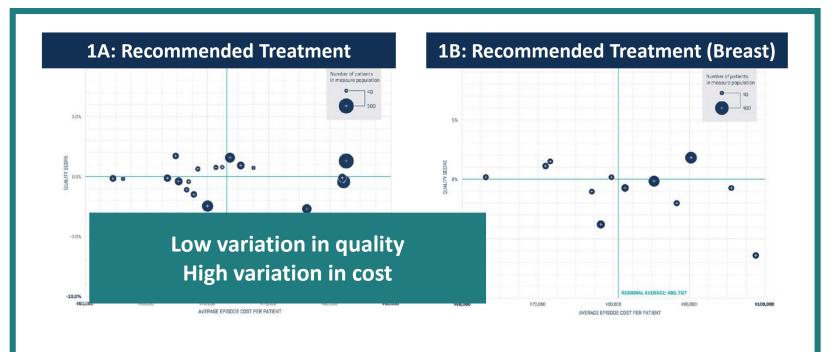


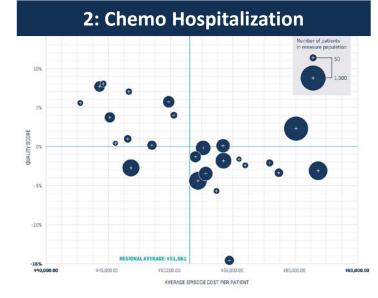
#### **3B: Follow-Up Testing (Breast)**

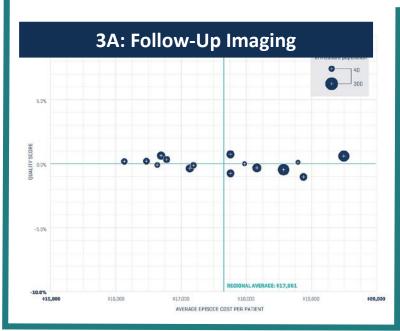


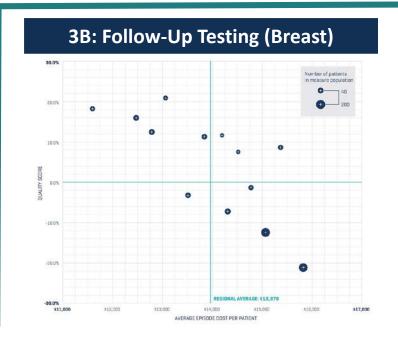
#### 4: End of Life

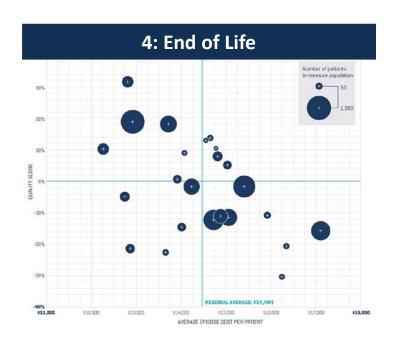


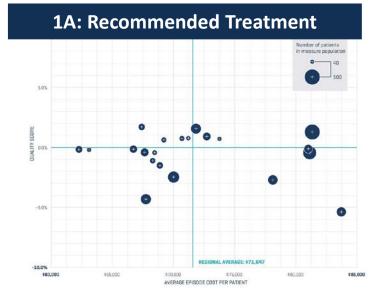


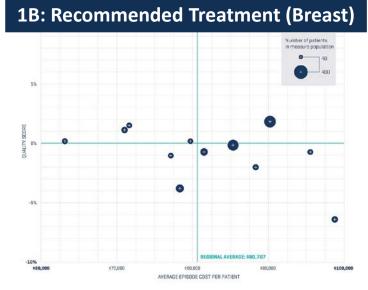




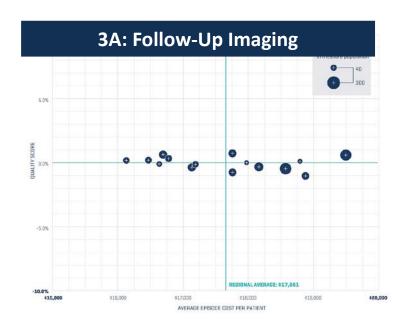














# 2: Hospitalization during chemotherapy

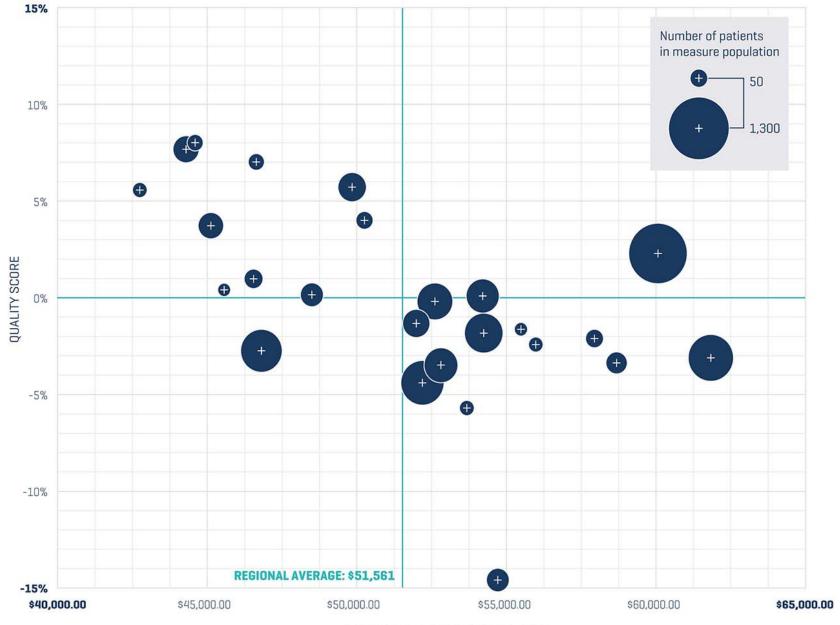
Regional average cost: **\$51,561** 

Follow-up episode average length: **168 days** 

Cost range: **\$19,090** 

The quality score: difference of **22.6**%

Strong negative relationship, suggesting that efforts to improve quality may also lower costs.



AVERAGE EPISODE COST PER PATIENT

# 3B: Follow-up testing after breast cancer treatment

Regional average cost: \$13,978

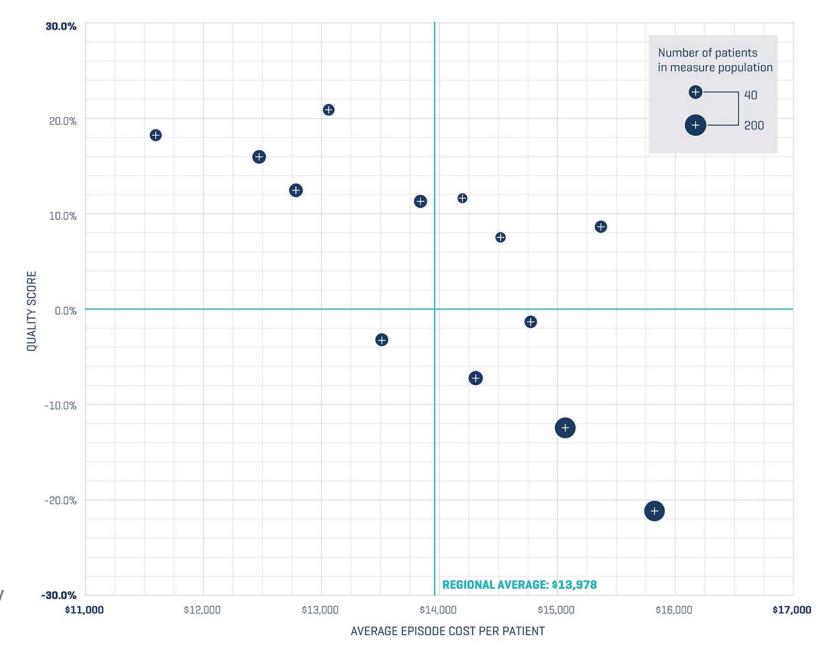
Follow-up episode average

length: 388 days

Cost Range: \$4,219

The quality score: difference of **42.1**%

There is a strong negative relationship: indicating higher quality is associated with lower costs.



#### 4: End of life care

Regional average cost:

\$14,494

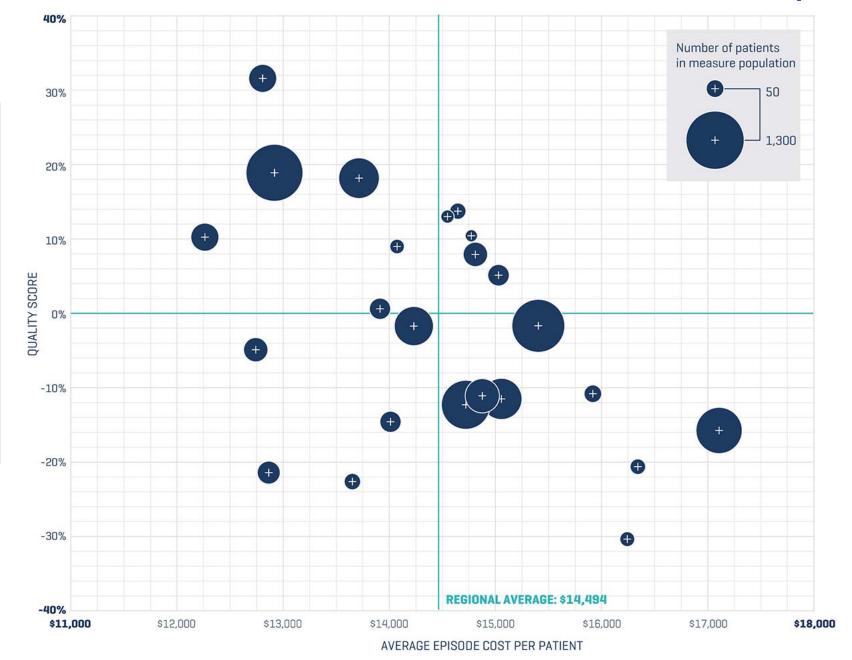
Last 30 days of life

Cost range: **\$4,832** 

The quality score:

difference of 61.8%

There is a strong negative relationship: indicating higher quality is associated with lower costs.



# Making Measurement Matter: Our Strengths

- Partnerships
- Strong community engagement
- Comprehensive, current data asset

# Making Measurement Matter: What do we need to create change?

- Innovative ideas
  - Capitalize on unique science and technology environment in Washington state
- Novel partnerships and resources to leverage the ideas
  - Flexible funding
- Willingness to pilot test novel approaches
  - Implement strategies that work
  - Move on from approaches that don't work
  - Hold fast to the goal of making cancer care better



# Collaboration across organizations, fields, and geography is necessary to create solutions to address challenges in cancer care







Use data visualization platform to understand barriers to care and challenges for vulnerable populations





Use AI, machine learning and biosensors for early identification of treatment-related symptoms to reduce ER visits during chemotherapy

## Thank you to the Community Cancer Care Report team

- Catherine Fedorenko
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