PROMOTING HIGH-VALUE ONCOLOGY CARE IN THE US

Jessica Lin, MPH[1]; Claudia Amar, MHA[1]; Doug Blayney, MD[1,2]
1. Clinical Excellence Research Center, Stanford University
2. Stanford Cancer Institute, Stanford University School of Medicine

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BACKGROUND

Cancer care is complex, variably delivered, and usually conducted in an ambulatory setting by physician-led teams. As practices face increased pressure to lower spending and improve the quality of oncology care, understanding what distinguishes high and low-value care among ambulatory oncology practices is crucial in informing practical approaches to increasing the value of their care.

Stanford University's Clinical Excellence Research Center (CERC) identified key attributes of oncology practices that deliver high-quality, low-cost care using quantitative and qualitative mixed methods and site visits to 7 practices.[1] Thirteen attributes were identified, five of which clearly distinguished oncology practices that ranked favorably on value. These include the following:

1. Palliative care was incorporated early in the care arc and normalized.
2. Ambulatory rapid response was provided for patients with an unstable condition.
3. Limits and consequences of treatment were discussed.
4. Signs and symptoms are proactively and continually assessed for the need of further assessment or triage, leading to in-office or higher level of care.
5. Diagnostic and surveillance imaging are used conservatively.

1. Blayney, Douglas W., et al. "Critical lessons from high-value oncology practices." JAMA oncology 4.2 (2018): 164-171.

PROJECT AIMS

- **Aim 1**: Develop four videos to promote a national understanding and adoption of high-value oncology care attributes
- **Aim 2**: Evaluate the usefulness and impact of the videos on practices' efforts to improve their value of care
- **Aim 3**: Discover how to apply these findings in practice

STRATEGY AND APPROACH

1 Engagement and Recruitment

We engaged oncology practices across the country to help disseminate, view, and evaluate videos on the oncology care attributes. Participation was open to all clinical staff, including physicians, nurses, medical assistants, practice managers, and quality improvement facilitators.

2 Video Production

We developed 4 brief, web-based videos with a video production company that describes attributes 1-3 and how to implement them:

- ***Video 1***: Introduction to CERC and the original research methodology
- ***Video 2***: Attribute 1 – Incorporating and normalizing palliative care early in the care arc
- ***Video 3***: Attribute 2 – Providing ambulatory rapid response for patients with an unstable condition
- ***Video 4***: Attribute 3 – Discussing the limits and consequences of treatment

3 Video Release and Communication

After the videos were completed, we distributed the videos, as well as a survey link to a short 17-question web-based survey to assess the quality and perceived usefulness of the videos.

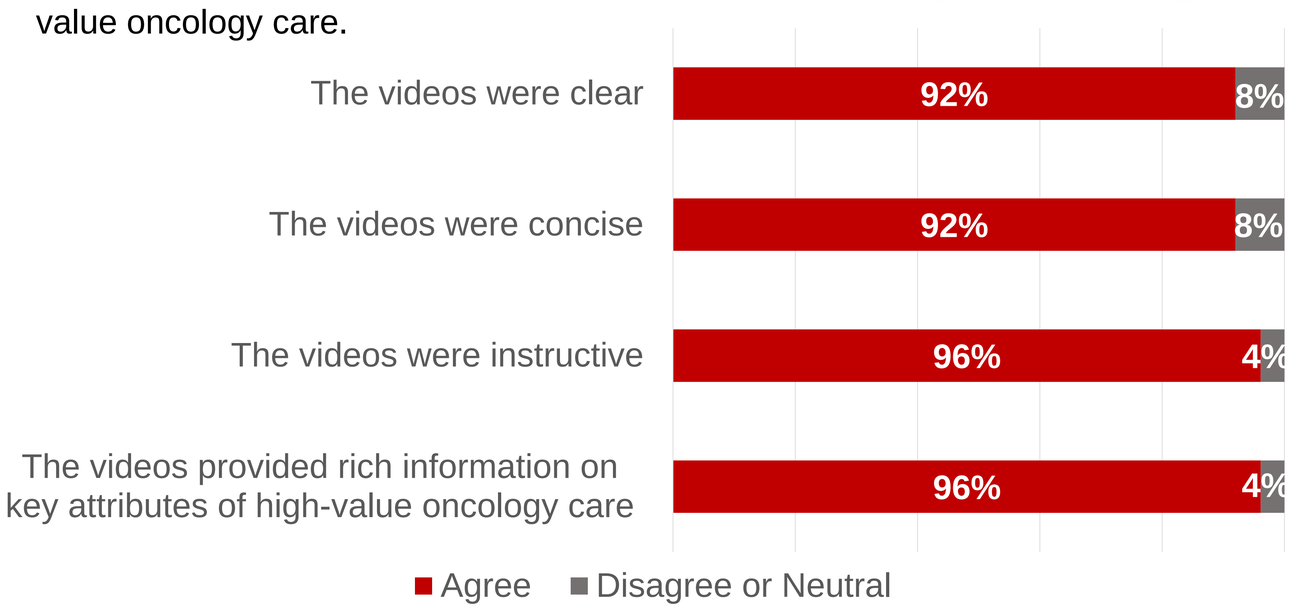
4 Evaluation

We collected survey data over 3 months. After completing data collection, we analyzed the data using STATA to generate descriptive results on the quality and impact of the videos on their daily practice.

SUMMARY OF RESULTS

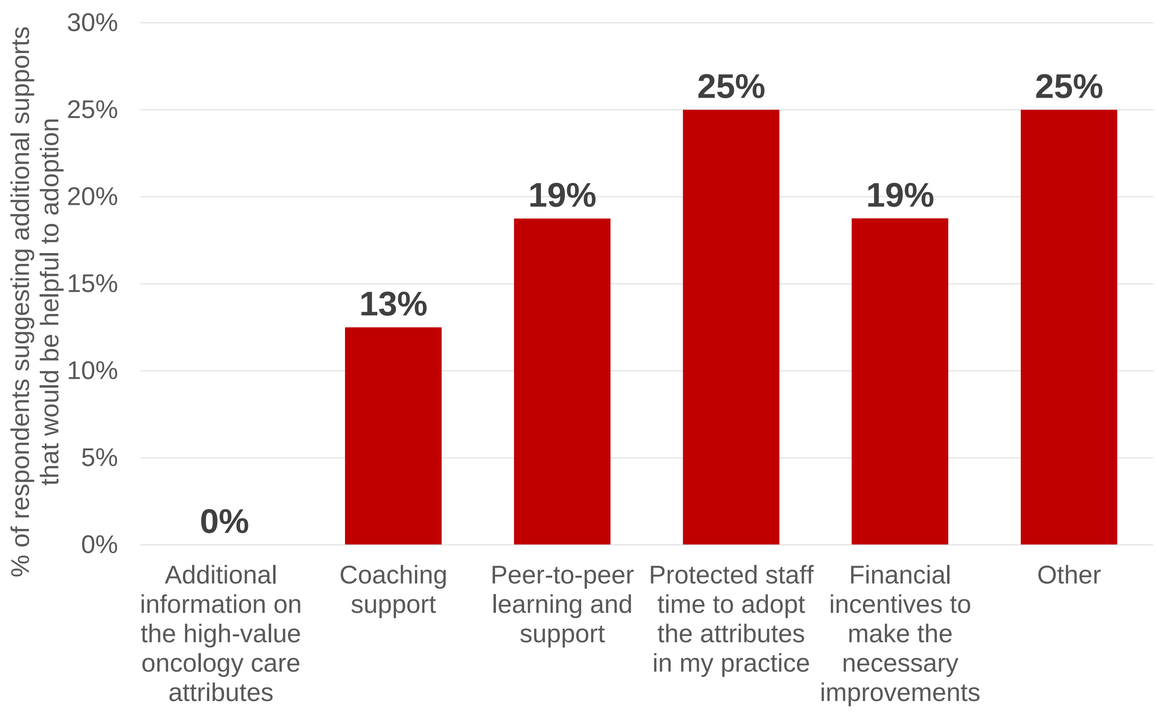
A mix of 27 practitioners – including physicians, quality improvement facilitators, practice managers, and nurses – completed the survey. Most were located in urban areas (75%) and were part of a large practice with 10+ oncologists (75%).

Overall, a majority of participants thought that the videos were clear, concise, instructive, and contained rich information on each of the key attributes of high-value oncology care.



In addition, participants thought that the videos provided insightful guidance on how to adopt the attributes into their setting (81%). When asked how the videos would have been made more useful, several participants commented that they should include more specific examples and strategies to overcome barriers associated with implementing the attributes. Others also commented that they would've like to have taken home a change package with learning materials and checklists to bring back to their practices.

While 92% of participants felt motivated to change their practice based on the information presented in the videos, 85% stated that they did not make any changes as a result of the videos. Of those who did not make changes, most said that there was not sufficient time between watching the videos and answering the survey. Others were also having difficulties gaining buy-in from leadership to make effective changes. Although most participants agreed that the videos had clear and useful information, about 64% said that they would need additional support – such as protected staff time, financial incentives, and peer-to-peer learning – in order to successfully implement the attributes into practice.



NEXT STEPS

While the participants found the videos to be informative and useful in their practice, most stated that they needed additional support to make any meaningful change within their practice. We plan to provide some of the identified additional support to implement these attributes into ambulatory oncology practices across the US, and evaluate the impact on quality and cost as the next phase of our research.

For more information, please contact **Jessica Lin**, jymlin@Stanford.edu.

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