



NATIONAL COALITION FOR CANCER SURVIVORSHIP

Principles for Health Care Payment Reform to Improve Cancer Care Quality

Substantial investment in health care by the United States – a more significant percentage of GDP than that of other developed countries – has not resulted in quality care for all. Although innovations in cancer diagnosis and care and lifesaving new therapies have contributed to improvements in the life expectancy and quality of life for some cancer patients, many patients still experience gaps in their care and lapses in quality, and they pay a high price for the care they receive.

The Institute of Medicine (IOM) recently concluded that the cancer care system is “in crisis,” unprepared for the baby boom generation of cancer patients and unable to control costs and contribute to the long-term viability of Medicare. The IOM recommended that the Centers for Medicare and Medicaid Services (CMS) and other payers should design, implement, and evaluate innovative payment models. Congress recently considered legislation that would have encouraged the development of alternative systems for physician payment that move away from the volume-based fee-for-service system. While Congress ultimately passed a short-term “fix” instead of longer-term reform, interest in alternative payment models has not diminished. Many cancer care interests, including physician groups, health care systems, and CMS, are considering and implementing alternative systems of care and payment.

Although Medicare physician payment reform is not limited to or focused only on cancer, the effort holds the potential for encouraging improvements in cancer care. More than half of all cancer diagnoses occur among Medicare beneficiaries, suggesting that any broad Medicare reform effort will succeed only if it incorporates strategies for improving cancer care payment and delivery.

The National Coalition for Cancer Survivorship represents survivors of all types of cancer in public policy efforts to improve cancer treatments and enhance access to quality cancer care. The goal of NCCS’ public policy activities is to foster a cancer care system that is evidence-based, quality-driven, patient-focused and affordable and accessible to all. As such, NCCS recommends that any new system for paying health care providers, whether an alternative to fee-for-service or reformed fee-for-service, must

- Not be based solely on the quantity of services that are delivered;
- Require that shared decision-making and a cancer care planning process, including advance care planning, are essential elements of care for all cancer patients;
- Promote the delivery of evidence-based care by encouraging adherence to practice guidelines, cancer quality measures, and defined standards of care;
- Include consideration of clinical trial options, where appropriate, in the care planning discussion;

- Communicate patient cost-sharing responsibilities as part of the care planning process;
- Include protections to ensure that patients do not suffer from underutilization or overutilization of care;
- Incorporate rigorous outcome, process, and patient-reported outcome measures, developed with input from patients, and provide patients access to the results of quality measurement;
- Ensure that therapeutic innovations – judged by their impact on survival, quality of life, or affordability – will be rapidly incorporated into the standard of care; and
- Reimburse for coordination of care, from appropriate cancer screening through survivorship.