Summary

Cancer is a burden to patients and the healthcare system. Last year, an estimated 1.6 million new cancer cases were diagnosed in the U.S and the latest figures estimate that 13.4 million people, about 4 percent of the U.S. population, live with cancer in the U.S.¹

Furthermore, $88.7 billion was spent on direct medical costs for cancer in the U.S. in 2011.² Given these data points, it’s no surprise that cancer is recognized as a national priority for quality improvement from the Centers for Medicare & Medicaid Services (CMS), the Department of Health and Human Services (HHS), the Institute of Medicine (IOM), and numerous medical professional societies, such as the American Society of Clinical Oncology (ASCO) and the American College of Surgeons (ACS).³⁴⁵⁶⁷

Organizations like those mentioned above are actively engaged in strategies to address quality of care issues in cancer, including the development and use of quality measures. They are tools that are used to measure/quantify healthcare processes, patient outcomes and experience, organizational structures and systems that are associated with the ability to provide high-quality healthcare and/or meet certain quality goals. Quality measures are especially important given the shift that our system is undergoing from a fee-for-service model to value-based purchasing. With quality measures, stakeholders can identify areas for quality improvement and track
Avalere’s Quality Measures Navigator™ includes 305 quality measures related to the care of patients with cancer—most of which address general cancer care, breast cancer and colorectal cancer.³ Thirty-nine of these measures are used by the CMS in its various quality programs that seek to incentivize higher quality of care for the Medicare and Medicaid populations. The majority of these measures (32 of 39) are used in the Physician Quality Reporting System program. Despite the number of measures that exist and are in use for more prevalent forms of cancer, there are still gaps in measurement development for specific cancer types and subgroups, including pediatric cancer and hematologic cancer.⁴ Other gap areas include measures addressing care coordination, functional status, patient adherence to prescribed therapies, patient and family engagement, survivorship, management of comorbidities, advance care planning and marker-specific therapies.⁵,⁶

Part of the challenge in developing meaningful quality measures for cancer care is its complexity, which includes multiple stages, phases, treatment modalities and combination strategies. In fact, many existing cancer quality measures focus on initial treatment, but there are few measures that evaluate post-treatment follow-up and long-term outcomes. It is expected that new models of care, such as the Centers for Medicare and Medicaid Innovation’s Oncology Care Model, will create demand for better measures that can address existing gaps and better assess patient experience and quality of life across a range of cancers.

You can learn more about cancer care and quality measures by downloading the factsheet below.


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8. The number of measures is current as of March 2015.


