

A Rapid-Learning System for Cancer Care

An HHS-wide Challenge

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HHS Cancer Leadership

- HHS can lead a new rapid-learning cancer strategy, in collaboration with key partners
 - HHS is the nation's top health agency
 - Most cancer patients are Medicare enrollees
 - HHS is the leading funder for cancer research, cancer patient care, comparative effectiveness research, HIT/EHRs, CaBIG, cancer registries, computerized biomedical databases (GenBank), quality measures, regulation of cancer Rx & devices, on-line consumer health information (Medlineplus.gov)
- If HHS does not lead, the chaotic state of adult cancer care will likely continue, or get worse

Medicare's Potential Role

- Medicare has been a “bill paying” or insurance program
- Medicare can play an important future role in a rapid-learning cancer care system
 - Medicare finances most cancer care (750,000 new cases annually, 5 million patients living with cancer)
 - Medicare's policies and incentives strongly influence whether there will be an evidence-based system for personalized care of Medicare cancer patients, or not

Medicare's Potential Role

- #1. Cover new cancer therapies subject to “evidence development” reporting requirements – to learn, as rapidly as possible, about their best use for personalized care
- #2. Require reporting of cancer clinical data and quality measures to national cancer registries, key resources for a new rapid-learning system; pay providers after information is submitted & passes edits
- #3. Fund and set standards for EHRs, with Medicare cancer care modules, for Medicare patients

Medicare's Potential Role

- #4. Shift Medicare cancer payments to “pay-for-performance” and “preferred provider” contracts, paying more for effective, high quality care; incentivize participation in learning networks
- #5. Inform Medicare patients and physicians about cancer CER, best practices, and quality performance, so they can choose best cancer providers and treatments
- #6. Use innovation funds to support new models of patient-centered, high quality care

Rapid-Learning for New Cancer Technologies

- At point of FDA approval or first Medicare payment, HHS, with agency-wide (AHRQ, NIH, FDA, CDC, CMS, ONC, OS) input:
 - Establishes, with the private sector, a 3-year national research plan for learning as much as possible, as soon as possible, about the best use of the new technologies for personalized care
 - Uses Medicare & private payer “coverage with evidence development” to generate the data for the CER studies
 - Establishes a national data registry system for these data; funds CER research; disseminates results for patients &

Rapid-Learning: An HHS-wide Challenge

- HHS health agencies – OS, ONC, AHRQ, NIH, CMS, CDC, FDA – will need to collaborate to an unprecedented degree
- Recent positive developments for a rapid-learning cancer initiative:
 - \$1.1 B for CER (AHRQ, NIH, OS), Federal Coordinating Council for CER & HHS plans, IOM “Top 100” CER priorities report
 - FDA Sentinel Network, up to 100 M records
 - \$17 B EHR funding, EHRs for everyone by 2014, ONC
 - \$10 B NIH increase + commitment to double cancer research; NIH funding for Kaiser-NIH-RWJF Biobank w/ 500,000 persons (EHRs + genomics + environment)
 - \$10 B for Medicare innovations center; \$800 B for expanded insurance coverage (reform bills)