Cost Effectiveness of Integrated Medicine

By John A. Fallon, AB, MD, MBA, FACP

The article by Coriat et al¹ begins to explore the potential economic benefits of expanded follow-up care after chemotherapy, with the goal of avoiding treatment-related hospital admissions. The savings in the intervention cohort were approximately \$1,100 per patient, and there was a two-fold reduction in hospitalizations.

We all should applaud the authors' search for ways to improve both quality and cost. The integrated care they strive to achieve is something all patients should expect. Unfortunately, as highlighted in the article, the current fee-for-service payment methodologies do not reward the extra resources required to deliver such patient-centered, coordinated care. There is a growing recognition of the perverse incentives of fee for service, which reward the volume and complexity of services delivered rather than outcomes related to quality and efficiency. There is a rapidly evolving movement toward new payment models that would create freedom for care delivery innovation and new structures supported by financial incentives to deliver coordinated care across the continuum of the delivery system. Patient-centered medical homes, accountable care organizations, and physician-hospital coalescing to receive bundled payments for services are common types of payment programs that have already changed the focus to best outcomes and, by doing so, are also decreasing unwanted variations in care delivery.

There is a growing public awareness of the need to redesign the cancer care delivery system. From the government (penalizing for preventable admissions/readmissions or changing payments for oncology drugs) to colleagues (hospitals/physicians)

functioning in redesigned delivery models to employer groups and insurers seeking centers of excellence, there is a new environment demanding accountability for cost and quality. Oncologists should take the lead in defining clinical and operational standards for specific disease states and be proactive in identifying and supporting new care models.

With escalating local and national health care reform, there will be increased access and a simultaneous enhanced demand for transparency of quality and cost. Oncologists must develop data-driven, actionable, scientifically valid and reproducible value-based interventions. Coriat et al¹ have shown that coordinated longitudinal care can bring added value. More studies are needed in the complicated world of oncology to determine the most efficient and effective science of delivery system redesign. Who better than oncologists to take accountability for quality and cost in cancer care?

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The author indicated no potential conflicts of interest.

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Reference

1. Coriat R, Boudou-Rouquette P, Durand J-P, et al: Cost-effectiveness of integrated medicine in patients with cancer receiving anticancer chemotherapy. *J Oncol Pract* 205-210, 2012