Martyrs for Better Care

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This issue of *Journal of Oncology Practice* provides a double dose of hefty content. In addition to our usual content, this issue presents special supplemental material. Anchoring the “State of Oncology Practice” supplement is the full data set report collected, collated, and analyzed by principles of Oncology Metrics, a division of Altos Solutions, Tom Barr and Elaine Towle (who also is a consulting editor to *JOP*). In September’s *JOP*, Barr and Towle presented an overview of these data and examined trends compared with multiple years of information the authors have collected about the economics and processes of oncology practice.¹ They noted that largely all the metrics were flat year after year, providing some solace to oncology practices that have been seeing declines in marginal revenue for some years. And there were hints of change, notably the shift of some independent practices into institutions, resulting in the inability of these practices to share a complete data set because they no longer had control over the data or reporting functions. Many survey respondents, however, did provide complete and detailed data, and readers can use this complete 2011 practice data set to benchmark their practice. As mentioned in September, this is a unique data set, for which we are indebted to the authors and to the several practices that submitted data to the effort.

JOP regularly presents information about health care policy, efforts at reform, and our profession’s response. In a May supplement (copublished with the *American Journal of Managed Care*), Sprandio et al updated his work on an oncology medical home.^{2,3} Applying the principles of process improvement to a degree rarely seen in oncology, he drove his practice to refocus on patient needs and quality outcomes. He improved access and focused on avoiding emergency room visits and hospitalizations by putting into place maneuvers to better manage these events. He created a robust set of metrics and a “dashboard” overlay with his electronic health record that turned these metrics into actionable data that drove better care. Transforming data collection to actionable clinical decision support decreased chemotherapy being provided to patients who were at most risk of toxicity and least likely to benefit.

A huge challenge faced Sprandio’s practice, however. Despite the success of his patient-centered approach, his payers did not pass on the savings realized through the practice’s efforts. The practice revenue was still tied to a fee-for-service model, and because the practice saw a decrease in the overall volume of services provided, revenues dramatically declined despite the fact that he was providing better care by every measure. Visionaries are sometimes martyred; thankfully Sprandio still lives and leads.

Clearly, this model practice outlines a cautionary tale of unilateral reform. To sustain real improvements in care (as described by Sprandio), there needs to be a transformation of how we are paid to deliver care. But what will bring these efforts to reality? At the recent Cancer Center Business Summit (of which ASCO is a co-host), pilot models were presented by both payers and providers. This is the right direction.

Hopefully, funds will be generated from the newly formed Patient-Centered Outcomes Research Institute (among other potential sources) whereby practices can participate in pilot tests to demonstrate the value of new models such as that reported by Sprandio et al. Indeed, it is likely that a project will be instituted to pilot test Sprandio’s model in the coming year. Practices need to embrace opportunities to participate in these efforts. We need more ideas and more experimentation to enlarge the possibilities and to define a better future, one not tied to the volume of drugs we give, but to the quality of our care and to meeting the needs of our patients. We look forward to publishing work about these projects in future “State of Oncology Practice” supplements.

Readers will find many other interesting articles—both original research and unique perspectives—in these pages. Please note that a significant amount of content is presented as Web-exclusive articles, designated in the table of contents and available via computer, your mobile device, or *JOP*’s iPhone/iPad apps (downloadable from iTunes). If you are not already enrolled, please sign up for electronic notification of the table of contents (eTOCs) and for early release articles (much of our content is published online ahead of print, an average of 2 or so articles a week). And watch for Robert Miller’s podcasts—usually one a month—highlighting an article via an engaging interview of the author. Please send any comments to jopeditorsdesk@asco.org. Good reading (and listening!).

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