Blues Plans Use Evidence-Based Measures to Improve Cancer Care Quality and Outcomes

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With cancer treatments growing increasingly expensive, several Blue Cross and Blue Shield plans are stepping up efforts to improve the quality of oncology care and reduce expenses. The Regence Group, CareFirst BlueCross BlueShield and Blue Cross Blue Shield of Michigan (BCBSMI) are among Blues plans working with cancer clinics in an attempt to improve adherence to evidence-based guidelines.

Most recently, Regence, which operates Blues plans in Idaho, Oregon, Utah and parts of Washington, partnered with Willamette Valley Cancer Center and Northwest Cancer Specialists. Both Oregon-based cancer centers have agreed to adhere to the Quality Oncology Practice Initiative (QOPI), an oncology practice-based quality-improvement program developed by the American Society of Clinical Oncology (ASCO). The initiative identifies and measures best practices in cancer treatment.

For example, core measures include documenting a summary of a patient's chemotherapy treatment within three months of completion and communicating that summary to the patient. There also are measures related to specific types of cancers, like breast or colon, and specific domains, such as symptom and toxicity management. Under that domain, several measures address documentation of patients' hemoglobin and iron levels prior to prescribing an erythropoiesis-stimulating agent (ESA), a risky and expensive anemia drug.

In exchange for participation, oncologists and other providers are not subject to Regence's prior-approval policy related to ESA use. Regence has expanded the QOPI program based on the success of a pilot launched in April 2008 with Puget Sound Cancer Centers (PSCC), based in Seattle.

The arrangements with the two Oregon cancer groups that were implemented in October are too new to have measurable results. But it will be interesting to see how well those groups adhere to QOPI, Lynn Nishida, director of clinical pharmacy services for Regence, tells The AIS Report. She notes that both are larger than PSCC, and the plan has "found that the larger the clinic, the more variation [in treatment] you'll see."

Under the PSCC project, "We've seen trends where there's been a decrease in utilization of ESAs," Nishida says. She explains that PSCC has kept its compliance with ESA prescribing guidelines in the low- to high-90% range. And PSCC demonstrated 100% compliance with the best-practice guidelines in the first 30 days of the program, Nishida says, although she adds that "I don't think any clinic could stay at 100%."
While the decrease in ESAs and related costs are important, she points out that "you don't want to see an increase in the need for transfusions" as a result of changes made in ESA prescribing patterns. She adds, "If transfusion rates are going up, that is something we'd be interested in too, because it means something is not right — but so far it looks great."

She explains that "this is in comparison to our overall Regence network, where we do apply prior authorization, which has about 80%" compliance with the guidelines. According to Nishida, "Puget Sound has done a great job in establishing a bar...in terms of prescribing by the guidelines and standing orders that are based on science."

The next step with PSCC "is working with them to see if they have any data that follow their patients over time to see what the rate of transfusion has been....If they're managing patients well, they shouldn't see a need for an increase in transfusions," she hypothesizes.

**BCBSMI Offers Incentives to Oncologists**

More than 220 oncologists from the Michigan Blues plan's PPO network are participating in a project intended to improve clinical outcomes and increase efficiency in cancer care, says Thomas Leyden, the insurer's manager of health care partnerships. Under the program, which began in January 2008, participants submit information to ASCO's QOPI database to help identify best practices.

"Many of the quality indicators addressed in the QOPI project are relevant to the care of all cancer patients," Leyden explains. "When disease-specific indicators are present, they will be more frequently applied to common rather than uncommon cancers." He adds that QOPI's "well-established process...for oncology practices to submit data to a national registry" enabled the plan and Michigan oncologists to "enhance quality as quickly as possible."

BCBSMI is funding the project to encourage participation and help cover the cost of data collection. Although the plan predicts it will make $650,000 in payments to participants in 2008, Leyden says it is still too early to disclose results. In the next few months, "we anticipate that the Michigan oncology community will begin to identify areas for improvement," he says. "The oncologists will then collectively — and individually — develop quality — improvement initiatives for their practice to improve the quality of care they deliver."

According to the plan, some of the information being collected is on chemotherapy planning, chemotherapy-related side effects, and pain assessment and control. In addition, oncologists are submitting information on management measures specific to colon and rectal cancer, non-Hodgkin's lymphoma and non-small cell lung cancer.

**Vendor Helps CareFirst Establish Pathways**

CareFirst has contracted with P4 Healthcare LLC to "to facilitate the development of the treatment pathways" for oncology management, explains Winston Wong, Pharm. D., CareFirst's associate vice president of pharmacy management. "What we are trying to do is to recommend rational therapies for treatment of metastatic disease,"
he tells The AIS Report. He contends that guidelines "tend to be broad and academically based, whereas pathways tend to be narrower and community-based. Guidelines do not tend to take into account cost-effectiveness, whereas pathways definitely take [that] into account."

According to Wong, the treatment of metastasized cancer provides the largest opportunity for cost savings "because in essence, what you have are very expensive drugs that really do not provide additional clinical benefit." The P4 Pathways were developed by the vendor under the guidance of mid-Atlantic academic and community oncologists, and are structured to encourage high-quality, evidence-based standards of care. Wong says pathways are being established across CareFirst's "spectrum of products and are specific to breast cancer, colon cancer, lung cancer and supportive care." If a provider does not want to take part in the opt-in program, "then literally nothing changes. If the provider opts to participate in the program and they meet our compliance thresholds, they're reimbursed at a higher rate." CareFirst declines to disclose the amount of the additional payment to providers participating in the P4 Pathways program.

An advantage to working with P4, he says, is that "as a vendor, P4 can measure and monitor physician prescribing practices under the major medical benefit....Our weakness is that we cannot measure prescribing practices under major medical as tightly as we can under the prescription benefit. So P4 has the ability to monitor physician prescribing practices in a more timely manner."

"Prior to implementation of our pathways...we didn't drive towards any particular cancer regimen or treatment," Wong says. "It was pretty much up to the providers to implement the treatment they wanted. Under the pathways program, we are specifically spelling out what we feel are the one, two or three options for treatment of each stage of cancer." While he says the program just started in August 2008, and it's "a little too early to tell [how effective it is], we are getting feedback from manufacturers that utilization of their drugs has gone down as a result of our pathways."