Quality & Value in HCT Updates

Ruth Brentari, MHA
BMT Tandem Meetings 2017
Orlando, FL
Disclosures

• No relevant disclosures
Advisory Group on Financial Barriers to Transplant
2016 Overview

• NMDP Advisory Group since 2012
• Membership
  – National and regional payers
  – Transplant networks
  – Physicians
  – HCT program administrators
• Working groups
  – Care Coordination
  – Early Referral/Underutilization
• Annual Quality/Value Forums
Review of Past Meetings

2013: Blood and Marrow HCT: A Forum on Quality, Transparency, Cost and Value

2014: Defining Quality and Value in HCT

2015: Aligning Quality and Value in HCT

2016: Implementing Quality and Value in HCT
Implementing Quality & Value in HCT Overview

- October 19-20, 2016 Minneapolis, MN
- Meeting co-chairs: Krishna Komanduri & Ruth Brentari
- Over 70 stakeholders attended
  - TC Administrators/Medical Directors
  - Leadership from ASBMT/CIBMTR/FACT
  - National payers and reinsurers
  - Representatives from government agencies
- Agenda developed with co-chairs and AGFBT membership
- Meeting objectives:
  - Build community consensus around quality and value initiatives in HCT, particularly, patient-centered care coordination, early referral to transplant and emerging reimbursement models
  - Identify actionable next steps to implement and support the selected quality and value initiatives
Featured Presentations

- Keeping It All Together: Patient-Centered Care Coordination
- Measuring Quality of Life
- Quality Improvement in HCT
- Value-Based Purchasing and Access
- Early Referrals and Underutilization
- Costs of Care: Improving Financial Value & Emerging Reimbursement Models
What words come to mind when you think about quality and value in the context of HCT?
Care Coordination

• Working group co-chairs: Patricia Martin & Nandita Khera

• Why do we need care coordination in HCT?
  – High level of mortality and morbidity
  – Very expensive medical technology
  – Multiple stakeholders that are spread out in time and distance
  – Multiple transitions
  – Need for life-long follow-up for a host of late complications
Care Coordination Model Overview

Phase I: Pre-Referral & Referral

Phase II: Pre-Transplant

Phase III: Transplant

Phase IV: Post-Transplant

Issues:

Each phase will have coordination issues highlighted by color. The touchpoints will be highlighted in that color to signify their role in addressing each issue.
Incorporating care coordination in routine practice when caring for HCT patient can be challenging
- Medically complex
- Going through a series of transitions
- Interacting with multiple stakeholders

Broad approaches and specific steps that can be utilized by different stakeholders
- Include strategies from existing care coordination models
- Need a lot of commitment not only from TC community but also other stakeholders
Measuring Quality of Life

• Two sessions from Linda Burns & Doug Rizzo
  – PCOR Overview
    • PCOR Session, “Building a PCOR Collaborative Community” Saturday 12:15-4:45pm (Sun A)
  – CIBMTR: What can an outcomes registry do?
- Estimated ~110,000 HCT survivors in the US in 2009
  - ~5X increase by 2030 if transplant rates stay stable

NS Majhail et al, BBMT 2013
Burden of Late Morbidity

- Late complications are significant issue for survivors
  - BMT-SS – 1022 auto and allo HCT 2-year survivors

Cumulative incidence of chronic health conditions

CL Sun et al, Blood 2010; 116: 3129
Patient Reported QOL

- Patient reported outcomes encompass symptoms, functional status, and perceptions of health status or health-related QOL as reported directly by the patient.
- Feasible to prospectively collect PRO directly from patients at multiple time points.
- High enrollment and return rate.
- Good patient satisfaction and ongoing interest.
- Baseline PROs are significantly associated with survival and post transplant QoL after adjusting for clinical factors.
- Routine collection of PRO adds value to current clinical data.
Quality Improvement in HCT

• Three presentations:
  – Dennis Gastineau, “Corrective Action Strategies to Improve Care”
  – Navneet Majhail, “ASBMT Quality Outcomes Committee”
  – Rocky Billups, “Quality Across a Network of HCT Programs”
Quality Improvement in HCT Takeaways

Corrective Action Strategies to Improve Care

• Programs need continued education about what the one-year survival data means and the importance of identifying specific causes of death

ASBMT Quality Outcomes Committee

• Inform SCTOD efforts for center-specific quality outcomes reporting
• Collaboration with FACT Clinical Outcomes Committee
• Choosing Wisely

Quality Across a Network of HCT Programs

• Practical review of corrective action plans developed in the Sarah Cannon network
Value-Based Purchasing and Access

- Two panels with payer, transplant network, reinsurer and transplant center representatives
- Discussed payer center of excellence network strategies
- The panels explored the impact of network requirements on patient access to care
- CIBMTR “Less than Expected Outcomes” discussion
Early Referral and Underutilization

• Working Group co-chairs: Bill Wood & Julie Walz
• Objectives:
  – Measure variation in referrals and utilization
  – What’s the role of the TC and payers?
Scope of Underutilization: AML

- 887 adults with non-APL AML
- 27.5% of patients less than age 60 received alloHCT
- 2.7% of patients > age 60 received alloHCT

Doria-Rose et al., Leuk Lymphoma 2014

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Scope of Underutilization: MM

Al-Hamadani et al., AJH 2014
Early Referral and Underutilization

**Preparation:**
- Identify stakeholders
- Identify referral practices/models
- Plan measurement/evaluation of model effectiveness

**System interventions:**
- Develop real-time clinical registry
- Automation – list of Dxs needing referral, typing based on cytogenetics

**Provider Interventions:**
- Build into pathways, incentivize consultation/referral when appropriate
- Special focus on nurses/navigators

**Payers:**
- Have case managers that integrate Oncology/Transplant
- Assist with building new Oncology-specific benefit language into plans

**Patients:**
- Partner with advocacy organizations
- Peer outreach – patient and caregiver

**Other Partners:**
- Industry partners – educating referral base
Costs of Care: Improving Financial Value & Emerging Reimbursement Models

• US health care costs continue to rise
• Industry shift from FFS to value-based care
• Essential for the HCT community to understand value and evaluate potential waste
• Future work will focus on MACRA/APMs (ex. Oncology Care Model), episode based payment bundling, incorporation of HCT into oncology pathways
Next Steps

• AGFBT and working groups will reconvene after Tandem
• Future work will engage a cross-section of HCT stakeholders
• Forum summary available on: https://network.bethematchclinical.org/transplant-centers/access-to-transplant/reimbursement-support/
Questions?