

Novel system proposed for accountable cancer care

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Noting that relatively little attention has been given to reducing the costs of [cancer care](#) in the [Affordable Care Act](#), Justin E. Bekelman, M.D., from the University of Pennsylvania in Philadelphia, and colleagues propose a model of accountable cancer care.

The authors note that three principles of reform should drive accountable cancer care: aligning provider incentives toward patient-

centered coordinated care; fostering guideline-concordant care; and provision of feedback to patients, providers, and payers. To meet these goals, Cancer Care Groups (CCGs) could be established, which would formalize the multidisciplinary ethos of tumor boards and include panels of surgical, radiation, and medical oncologists. These panels should coordinate care with primary care providers and palliative care specialists. CCGs should be compensated under a bundled payment system, based on the diagnosis and stage of disease, after adjustment for factors such as [disease severity](#) and comorbidities. The bundle would include costs of surgery, chemotherapy and irradiation, management of symptoms and comorbidities, and [palliative care](#) for those with metastatic disease. This approach would reduce cost growth through incentives for specialists to discontinue unnecessary treatment and tests and shift to lower-cost medications when appropriate. To promote high-quality care, CCGs should be evaluated according to their provision of cancer care concordant with established guidelines.

"The CCG represents a new structural and payment-reform vehicle that has the potential to drive toward accountable cancer care," the authors write.

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