

# MD Anderson guides intelligent redesign of cancer care delivery model

February 5 2014

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How best to implement key recommendations recently identified by the Institute of Medicine (IOM) for the delivery of high-quality cancer care is the focus of two peer-reviewed articles from The University of Texas MD Anderson Cancer Center.

Published recently in *Healthcare: The Journal of Delivery Science and Innovation* and the *Journal of the American Medical Informatics Association*, the papers elaborate on recommendations in the September 2013 IOM report, *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis*.

The papers support the ability to measure and improve national [cancer care](#) delivery systematically. Specifically, the papers' authors address two areas essential to improving the quality of cancer care in America, including the need to develop:

— A learning information technology (IT) system for cancer that enables real-time data analysis from [cancer patients](#) in a variety of care settings;

and

— A national quality reporting program for cancer care as a part of a learning [health care](#) system.

These needs embody key recommendations first brought to light in a

1999 IOM report on improving the quality of cancer care. Such intelligent systems provide patients and clinicians with the information and tools necessary to make well informed medical decisions, support quality measurement and improve care. With the nation's [health care system](#) undergoing rapid transformation precipitated by the Affordable Care Act, the widespread adoption of efforts that result in meaningful, patient-centric outcomes and costs of care are critical.

"It's time to pull back the curtain on cancer quality measurement efforts to date," said Thomas Feeley, M.D., director of MD Anderson's Institute for Cancer Care Innovation and an author on the papers. "Since the IOM recognized the need for a core set of quality measures to improve cancer care nearly 15 years ago, several organizations have made genuine attempts to fill these gaps. But their efforts lacked the breadth magnitude, coordination and sustainability to transform cancer care across the nation."

## **Potential leadership and management structure**

In their analyses, Feeley and colleague, Tracy Spinks, project director of MD Anderson's Clinical Operations, call for federal oversight, ensuring the necessary level of leadership to direct, coordinate and fund nationwide quality efforts. The authors, who also served as contributors to the most recent IOM report, propose that this model would enforce key tasks for the intelligent redesign of cancer care delivery, among them:

## **Putting the Patient at the Center: Intelligent Redesign of the Cancer Care Delivery Model**

Enlist the Centers for Medicare and Medicaid Services, the National Quality Forum and other professional organizations as key partners to

align, unify and accelerate quality measurement efforts already underway.

Expand quality measures to include metrics that are meaningful to providers, payers and patients, with the highest priority given to those directly tied to outcomes. Fund health services research and clinical trials that elicit non-technical dimensions of quality cancer care and integrate the patient perspective.

Enhance health care IT systems by partnering with clinicians and the IT industry to collect and report standardized cancer metrics data so that it spurs innovation and improvement. An ideal system supports clinic workflow, powerful data analytics, real-time decision-making, care coordination and patient access.

Establish a public reporting procedure, that emphasizes transparency and that presents data in a way that guides patients and caregivers in their health care decision-making.

The papers also address how important it is to include the perspective of elderly patients in metric development, as well as ensuring access to institutions that care for vulnerable and underserved populations. "The IOM provides a strong conceptual basis for these changes with the framework emerging from the report," Spinks said. "National coordination and funding will drive metrics that resonate with cancer patients, raising the bar beyond the safe and effective care that should be absolutes in our health care system. Ultimately, it will accelerate improvements in cancer care where other programs have failed."

## **Intelligent redesign in action**

As the nation's largest cancer center with more than 32,000 new patients each year, MD Anderson is among the first to work toward identifying

significant value-based outcomes for cancer patients and providers, through its Institute for Cancer Care Innovation.

The institute initiated its first comprehensive pilot project in 2008, collaborating with Michael E. Porter and the Harvard Business School. Their work in MD Anderson's Head and Neck Center resulted in a better understanding of what outcomes were important to patients and how best to gather and disseminate that information.

They're expanding this pilot to include patient focus groups for each multidisciplinary care center at the institution. This is the first phase of a two-year grant from the Arthur Vining Davis Foundation intended to narrow the outcomes that matter most to patients. The second phase, launching this year, will create a survey tool linked to MD Anderson's electronic health records that can better report patient outcomes and capture real-time patient needs.

Intelligent redesign is a concept first coined by Robert S. Kaplan of the Harvard Business School in a joint publication with the Institute for Cancer Care Innovation. MD Anderson is at the forefront of national and international efforts to reshape cancer care delivery so that it promotes value that is meaningful to patients, providers and insurers. Read more on the institute's initiatives underway in their latest newsletter.

Provided by University of Texas M. D. Anderson Cancer Center

Citation: MD Anderson guides intelligent redesign of cancer care delivery model (2014, February 5) retrieved 3 May 2024 from <https://medicalxpress.com/news/2014-02-md-anderson-intelligent-redesign-cancer.html>

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