

Healthcare Delivery Research: What's Coming Down the Pike

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Agenda

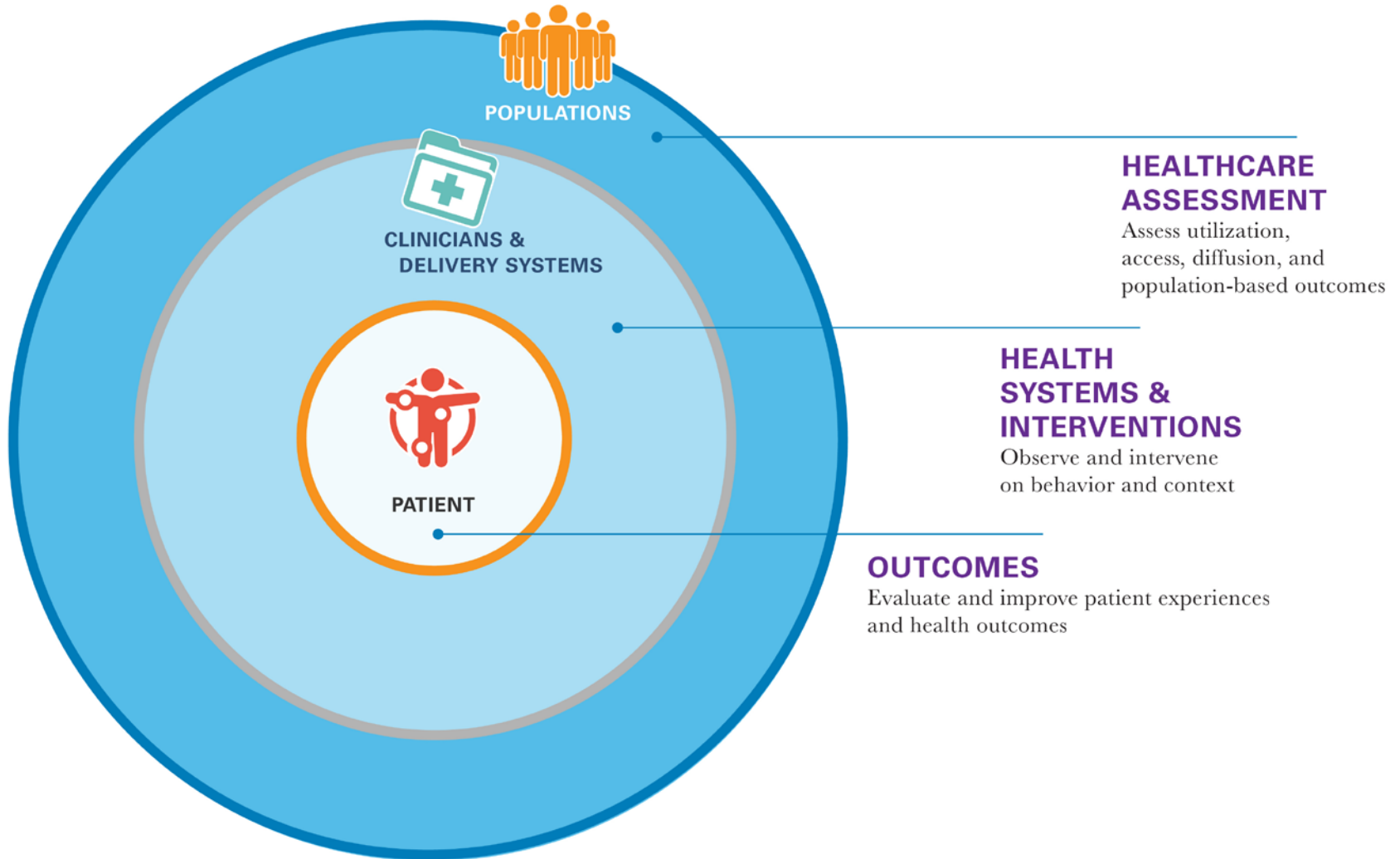
1. Care Delivery Research at NCI
2. Current Focus
3. Emerging Area: Financial Toxicity

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HEALTHCARE DELIVERY RESEARCH PROGRAM

Advancing innovative research to improve the delivery of cancer-related care



Outcomes Research Branch

- **Science of outcomes measurement**
 - Health Measures: A Patient-Centered Assessment Resource
- **Patient symptoms and health-related quality of life in cancer clinical trials and observational research**
 - Patient-Reported Outcomes Version of the Common Terminology Criteria for Adverse Events (PRO-CTCAE)
- **Quality of cancer care, particularly patient experiences**
 - SEER-Medicare Health Outcomes Survey Linkage (SEER-MHOS)
 - SEER-Consumer Assessment of Healthcare Providers and Systems (SEER-CAHPS)

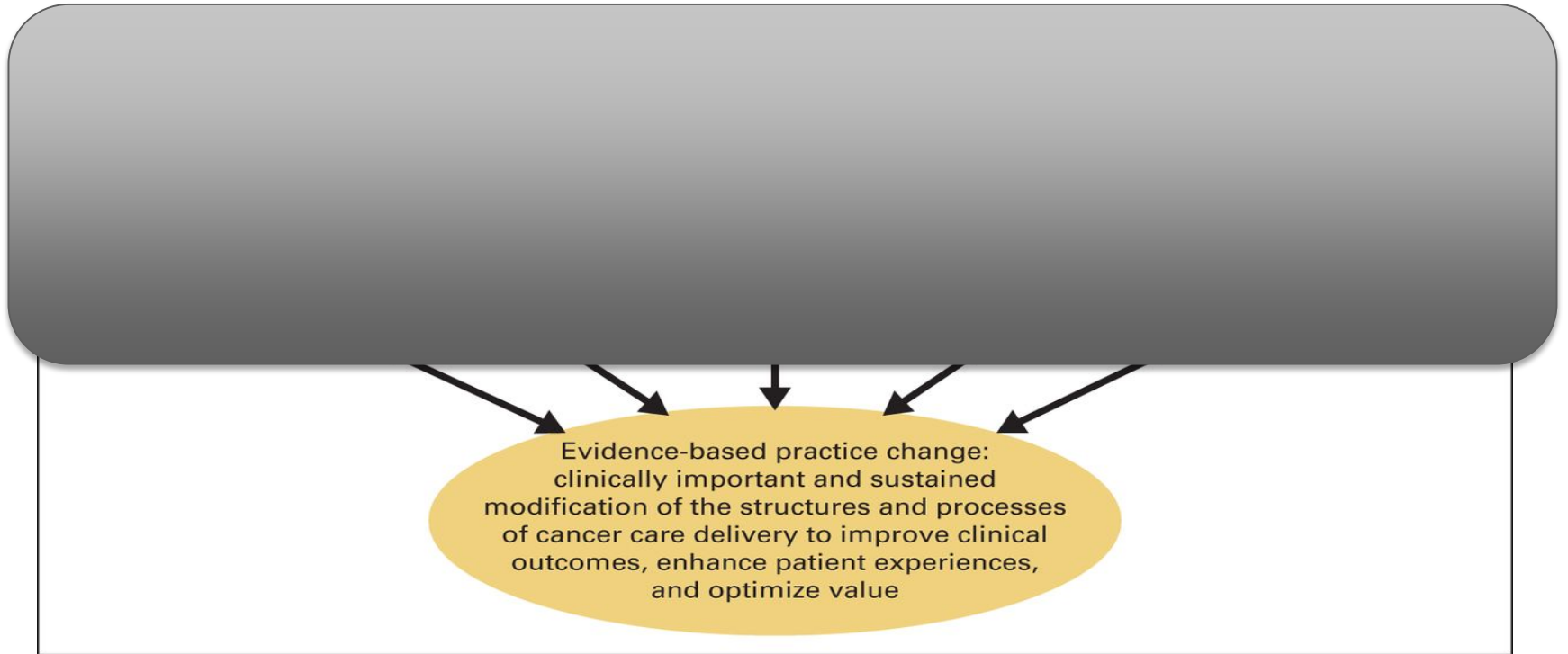
Health Systems & Interventions Research Branch

- **Clinician and multilevel system factors**
 - Healthcare Teams Collaboration with ASCO
- **Interventions to improve care delivery**
 - Cancer Research Network
 - Population-Based Research Optimizing Screening through Personalized Regimens (PROSPR)
- **Delivery of cancer-related health services by community-based health care providers and health care delivery organizations**
 - HPV Vaccination Uptake in Cancer Centers

Healthcare Assessment Research Branch

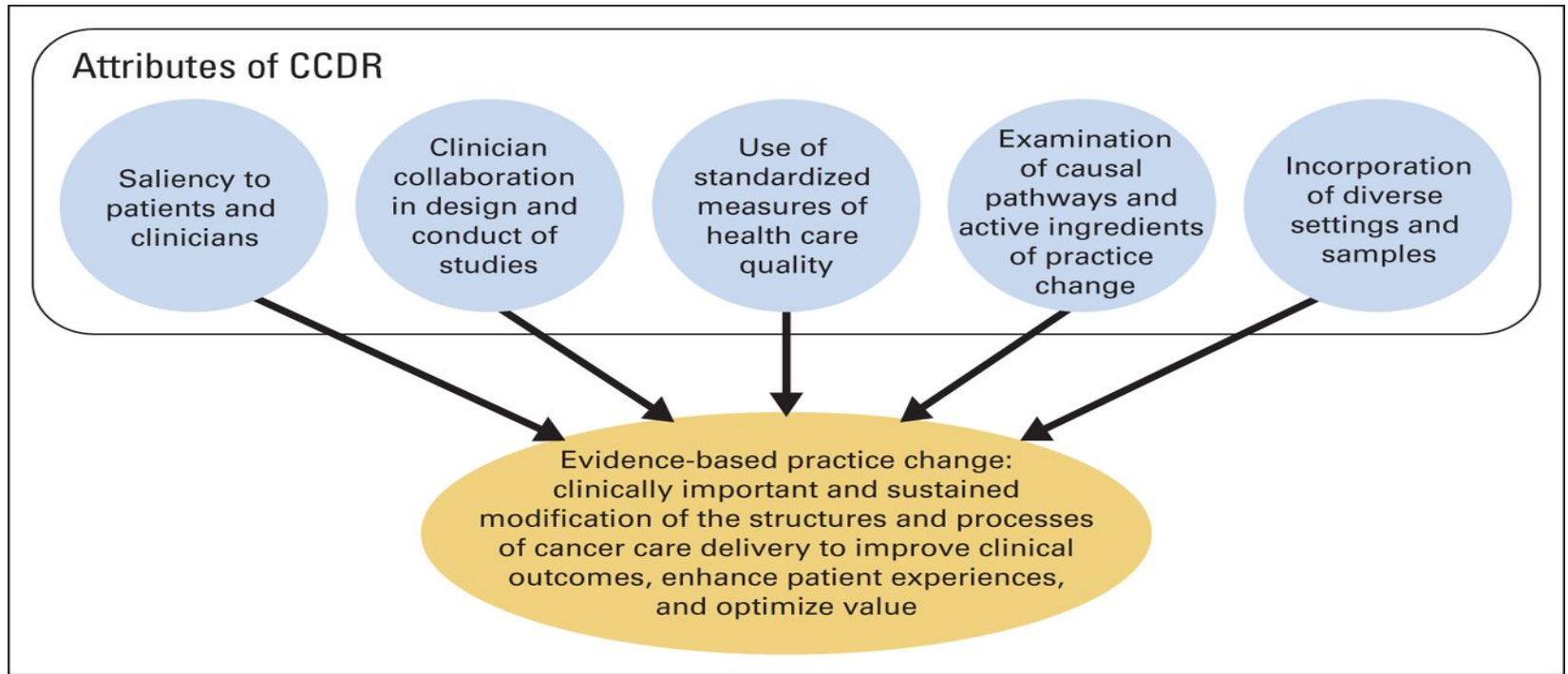
- **Health System – Providers**
 - National Physician Survey of Precision Medicine in Cancer Treatment
- **Health System – Delivery**
 - Patterns of Care
 - Surveillance Epidemiology and End Results-Medicare Linked Database (SEER-Medicare)
- **Financial Burden**
 - Medical Expenditure Panel Survey (MEPS) Experiences with Cancer Supplement
- **Population**
 - National Health Interview Survey (NHIS) Cancer Control Data

Transform Practice



Erin E. Kent et al. JCO 2015;33:2705-2711

Transform Practice



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Funding Opportunity Announcements - Disparities

- Addressing Health Disparities through Effective Interventions among Immigrant Populations (R01, R21)
- Behavioral and Social Science Research on Understanding and Reducing Health Disparities (R01, R21)
- Health of Sexual and Gender Minority (SGM) Populations
- Interventions for Health Promotion and Disease Prevention in Native American Populations (R01)
- Surgical Disparities Research (R01, R21)

http://cancercontrol.cancer.gov/funding_apply.html

Dissemination and Implementation Research in Health (R01, R21, R03)

Definitions

- **Dissemination research** → targeted distribution of information and intervention materials
- **Implementation research** → use of strategies to adopt and integrate evidence-based health interventions into clinical / community settings

Supports

- Innovative approaches to identifying, understanding, developing strategies to improve adoption, adaptation, integration, scale-up, and sustainability of EBPs

Focus

- Need to understand how to de-implement ineffective practices

http://cancercontrol.cancer.gov/funding_apply.html

Linking the Provider Recommendation to Adolescent HPV Vaccine Uptake (R01, R21, R03)

Encourages

- Research on how delivery system enhances or inhibits effectiveness of a provider's recommendation

Requirements

- Primary data collection in clinical setting
- Geographic areas where HPV vaccination low
- Girls and boys ages 11 to 12 years
- Contextual measures

Requires

- Expertise in cancer prevention, adult and childhood behavior, immunization promotion, and healthcare delivery

http://cancercontrol.cancer.gov/funding_apply.html

Reducing Overscreening for Breast, Cervical, and Colorectal Cancers among Older Adults (R01, R21)

Promotes

- Research designed to reduce overscreening among average risk adults

Goals

- Understand factors that drive overuse
- Develop and test multilevel interventions to reduce overuse

Encourages

- Include screening rates as primary outcome
- Address at least *two* contextual levels (individual, healthcare team, delivery system, or community)
- Be grounded in conceptual framework

<https://grants.nih.gov/grants/guide/pa-files/PA-17-110.html>

Multilevel Interventions in Cancer Care Delivery: Follow-up to Abnormal Screening Tests (U01)

Promotes

- Research to improve follow-up to abnormal screening tests for breast, cervical, colorectal and lung cancers at *one or more* level (patient, provider, healthcare team, organization, community)

Requirement

- Intervene at *one or more* level
- Measure outcomes at *three or more* levels
- Account for interactions that occur *between* levels

Encourages

- Increase in the proportion of individuals receiving abnormal screening test results who complete follow-up evaluations.

<https://grants.nih.gov/grants/guide/pa-files/PAR-17-146.html>

Oral Anticancer Agents: Utilization, Adherence, and Health Care Delivery (R01, R21)

Purpose

- Assess and describe current state of utilization, delivery, & adherence
- Identify structural, systemic, and psychosocial barriers to adherence
- Develop models and strategies to improve safe and effective delivery of OAA to optimize clinical outcomes

Required focus on at least *one*

- Cancer type
- Class of drugs
- Group subject to disparities
- Observational studies must focus on modifiable risk factors to inform future intervention research

<https://grants.nih.gov/grants/guide/pa-files/PA-17-060.html>

Intervening with Cancer Caregivers to Improve Patient & Caregiver Health Outcomes & Optimize Healthcare Utilization (R01, R21)

- Funds interventions that support the success of informal cancer caregivers, as measured by the following outcomes:

- 1. Improved patient health:**

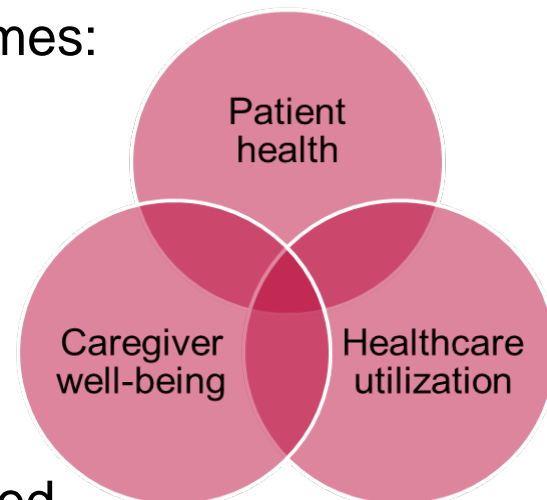
Physical and psychosocial outcomes, QOL

- 2. Improved caregiver well-being:**

Lower burden, higher capacity, and QOL

- 3. Optimized healthcare utilization:**

Improved oral medication adherence; reduced ER visits, hospitalization and hospital readmissions; lower rates of infection; timely med refills; better adherence; use of supportive/palliative care service; primary care visits

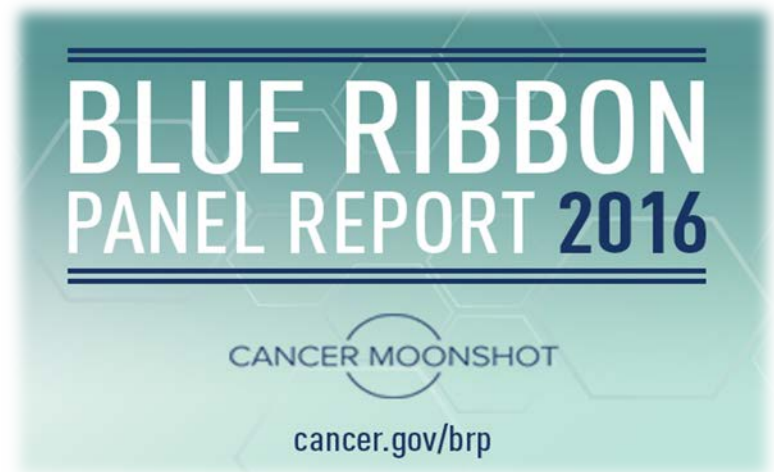


- Studies must target adult cancer patients/survivors
- Special consideration for studies that target medically underserved and under-represented patient-caregiver populations

<https://grants.nih.gov/grants/guide/pa-files/PAR-16-318.html>

21st Century Cures Act / Beau Biden Cancer Moonshot: Minimize cancer treatment's debilitating side effects

- Accelerate adoption of technology-aided systems that:
 - Collect and monitor patient-reported symptoms
 - Provide actionable decision support approaches utilizing evidence-based guidelines to treat symptoms throughout the cancer continuum.
- Gathered input from research and advocacy communities
- Pursuing multiple strategies
 - PA, RFA, SBIR



<https://www.cancer.gov/research/key-initiatives/moonshot-cancer-initiative/blue-ribbon-panel>

Moonshot Activities: High Risk Cancers Implementation

- **Accelerating Colorectal Cancer Screening and follow-up through Implementation Science (ACCSIS)**
 - **Goal:** Generate effective implementation strategies to improve CRC screening and follow-up rates in populations where screening rates are substantially below the 80% target
- **Lynch Syndrome**
 - **Goal:** Improve current state of early detection, genetic testing, genetic counseling and knowledge landscape of the mechanisms and biomarkers associated with cancer development
- **Tobacco Cessation**
 - **Goal:** Reduce tobacco use among cancer patients and survivors by incorporating evidence-based comprehensive cessation strategies into oncology care settings

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3. **Emerging Area: Financial Toxicity**

Financial Toxicity is Common

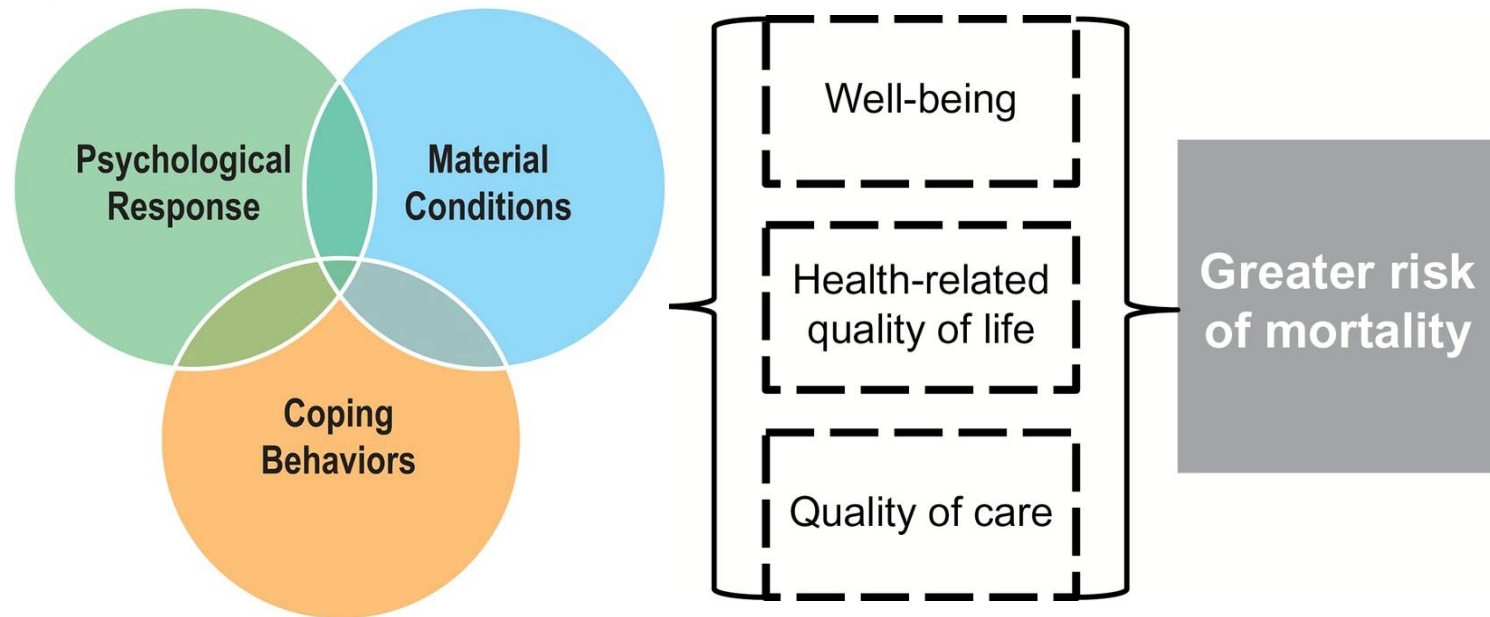
- **Cancer survivors report**
 - Income loss (\$380 to \$8,236 annually)
 - Financial distress (47% to 49%)
 - Debt due to treatment (12% to 62%)
- **Ramsey et al. work on bankruptcy found**
 - Cancer patients almost 3 times as likely to declare than controls
 - Younger cancer patients 2 to 5 times more likely to declare than older patients

Financial Toxicity Harms Patients

- **Cancer survivors experiencing financial distress report (vs. not distressed)**
 - Diminished physical and emotional health
 - 3 to 5 times greater symptom burden
 - Treatment non-adherence due to cost (4% to 45%)
- **Ramsey et al. work on bankruptcy found**
 - Patients who declared were 1.5 to 2 times more likely to die within five years of diagnosis
 - Highest risk in breast, colorectal, lung & prostate cancer patients

Kate HP et al, Cancer, 2016.
Lathan CS et al, J Clin Oncol 2016.
Altice CK et al, JNCI, 2017.
Ramsey SD et al, J Clin Oncol 2015.

Financial Burden Components and Outcomes



NCI Listens

What research areas should
NCI be thinking about?

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