Standardizing Cancer Care Or Discouraging Personalized Medicine?

The escalating expense of cancer care in the US has driven payers to implement programs to control costs and encourage oncologists to adhere to standardized treatment guidelines. The latest effort, implemented in July 2014 by WellPoint, Inc. is the WellPoint Cancer Care Quality Program, which identifies certain cancer treatment pathways that are selected based upon factors such as current medical evidence and peer-reviewed published literature. The program offers oncologists a \$350-per-month payment for each patient who is on one of the insurer's recommended regimens.

WellPoint's cancer initiative highlights the dichotomy between the efficiencies that can be realized by standardizing care and the fact that improvements in targeted cancer therapies are rapidly enhancing the opportunities for individualized approaches to treatment. By incentivizing physicians to prescribe particular regimens, are payers discouraging personalized approaches to care? This type of prudent cost control may be at odds with medical advancements, and speaks to the overriding challenge of who will be deciding on the appropriate treatment protocol: payers or physicians?

Here's what Oncologists had to say:

How will this program impact How will this program impact **Physicians? Patients?** "A program that is well needed in the "Excellent initiative to ensure delivery of U.S. to hopefully coordinate the care and evidence based medicine targeting patients and incentivize physicians. This should treatment of cancer, while addressing expenditure related issues." bring in homogeneity on care and help rein in unnecessary spending. A program that should have been launched earlier." "This has been a trend long coming. Many practices have pathways 42% positive already in anticipation. This could "Patients will be treated by guidelines work if done intelligently." and not over-treated by physicians." "Provides more consistency in treatment "Favorable, I agree the system is broken and not sustainable. We need to using evidence-based regimens, have cost effective guidelines." improving overall quality." "I think that this is the future. We as "It is interesting but unfair to the 18% neutral patient, as it tries to make all patients oncologists may not be happy but this is necessary to manage health care costs." the same without taking into account clinical judgment." "Insurance companies restricting the treatments is potentially dangerous. These "There is a reason many patients do not restrictions should come from MDs and our fall into pre-determined pathways guidelines such as NCCN guidelines." - each patient is unique.' "There is often conflicting data and "Apprehensive about the outcome guidelines that should not be written At the end of the day it is important 30% negative by the payors. This may actually drive that we are all here to help the quality of care down and not up." patient. All these rules and regulations may affect patient outcome." "I am concerned it will be somewhat restrictive for newer, less proven agents." "This is going to make it very difficult to practice individualized medicine. No patient fits into a 'mold' of cancer care." "I'm concerned about losing my freedom to best treat my patients as individuals." **INDUSTRY INSIGHTS**

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