Association of American Cancer Institutes
COMMENTARY

Fall 2017

AACI PCLI

Commentary Overview

* In 2016 AACI's Physician Clinical Leadership Initiative (PCLI) surveyed its members about their satisfaction with various aspects of the oncology quality and cancer clinical operations at their institutions.

* Cancer center clinical leaders perceive substantial room for improvement in all the areas of quality, clinical operations, research integration, network incorporation and reimbursement/incentive programs.

* Quality programs appear to be too heavily driven by leadership, rather than stakeholders, and reimbursement and incentive programs are ineffective and in need of substantial enhancement.

Satisfaction with Oncology Quality and Clinical Operations: A survey from the AACI Physician Clinical Leadership Initiative (PCLI)

Morgan Dodson[1], Michael Neuss, Laura Hutchins, Richard Lauer, John Sweetenham, Nathan Levitan, Martha Mims, Mohammed Milhem, Craig Bunnell, Dan Mulkerin, Randall F. Holcombe[2]

AACI's Physician Clinical Leadership Initiative (PCLI) provides a forum where AACI cancer center clinical services leaders can collect, evaluate, and share best practices that promote the efficient and effective operation of cancer center clinical and quality care programs. In 2016, during AACI's annual meeting, in Chicago, PCLI surveyed its members about their satisfaction with various aspects of the oncology quality and cancer clinical operations at their institutions.

With more than 50 participating physician leaders, the PCLI survey examined how they felt their centers were positioned in key subject areas, where they felt their centers should be, where there was variation in the state of centers across the nation according to physician leadership, and the extent of agreement or disagreement among centers regarding their goals. Survey results will be used to assess which subject areas are priority targets for improvement.

In the survey, **Oncology Quality Program** refers to the state of a program at a given cancer center meant to improve the quality of oncology care at that particular center. Quality encompasses the effectiveness of cancer care provided at a center, the value of that care as perceived by the patient, and the value relative to the cost of care.

Cancer Clinical Operations refers to the internal mechanisms and day-to-day functioning of the clinical care delivery component of AACI cancer centers.

About AACI Commentary

As part of AACI's efforts to feature the work and views of its member centers, AACI publishes *AACI Commentary*, a quarterly editorial series. Written by cancer center leaders, each edition focuses on a major issue of common interest to AACI cancer centers.

This is a key subject area both for improving value-to-cost ratios by improving efficiency and for ensuring that patients and providers are in a good environment for ensuring delivery of quality multidisciplinary care.

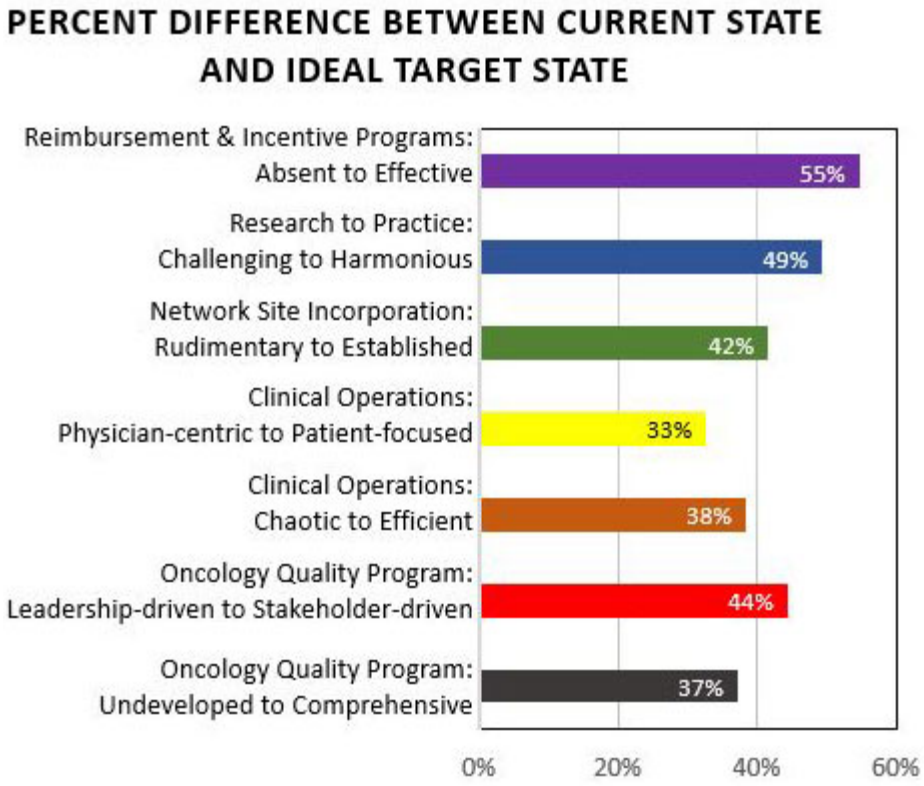
Participants rated the "current state" and "ideal target state" on a 0cm-to-70cm Likert scale for the following seven categories:

- Oncology Quality Program (Undeveloped to Comprehensive)
- Oncology Quality Program (Leadership-driven to Stakeholder-driven)
- Clinical Operations (Chaotic to Efficient)
- Clinical Operations (Physician-centric to Patient-focused)
- Network Site Incorporation (Rudimentary to Established)
- Research to Practice (Challenging to Harmonious)
- Reimbursement & Incentive Programs (Absent to Effective)

In all cases, the current state aligned with the first descriptor and the target state aligned with the second descriptor.

For two categories the current state was ranked statistically significantly below the median (45cm), suggesting specific dissatisfaction: Oncology Quality Program as Leadership- rather than Stakeholder-driven (value 17.2 ± 8.5cm), and Reimbursement & Incentive Programs as Absent rather than Effective (20.5 ± 14.0cm). The ideal targets ranged from just over the median at 48.3cm (Quality: Leadership to Stakeholder Driven) to 61.8cm (Research to Practice).

The differences between the current state and the ideal target state for each category are depicted in graph below (a data table is available **here**). All were strongly statistically significant (p values 3.9E-11 to 1.2E-18). Interestingly, the smallest degree of difference was for Network Site Incorporation at 32.7% (22.9cm absolute difference). While significant improvement in this arena is desired, other areas were perceived to require a greater degree of improvement to reach the ideal target. The largest degree of difference was for Reimbursement and Incentive Programs with a 54.7% improvement (38.3cm absolute difference) needed to move from the perceived current state to the ideal target state.



Room for Improvement

Cancer center clinical leaders perceive substantial room for improvement in all the areas of quality, clinical operations, research integration, network incorporation and reimbursement/incentive programs. Quality programs appear to be too heavily driven by leadership, rather than stakeholders, and reimbursement and incentive programs are ineffective and in need of substantial enhancement. The PCLI survey highlights areas of concern that can be best addressed through dialog and sharing of best practices among all AACI member institutions.

The AACI PCLI's is hosting an in-person meeting at the 2017 AACI/CCAF Annual meeting in Washington, DC where meeting attendees will explore a number of issues including the role of advanced practice nursing in cancer quality and an overview of two Centers for Medicare and Medicaid Quality Programs—the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and Merit-based Incentive Payment System (MIPS).

[1]*Morgan Dodson is a student at the University of Pittsburgh's Graduate School of Public Health. Sections of this* AACI Commentary *are drawn from "Going Forward with the AACI: Routes For Improvement and The Role Of Human Genetics In Delivery Of Cancer Care", an essay submitted by Mr. Dodson as part of his master's degree requirements.*

[2]*Randall Holcombe, MD, MBA, is director of the University of Hawaii Cancer Center, and chair of PCLI's steering committee. All other authors are PCLI steering committee members.*

Representing 97 of North America's premier academic and free-standing cancer centers, the Association of American Cancer Institutes is dedicated to reducing the burden of cancer by enhancing the impact of leading cancer centers.