

A clinical case for value-based care (VBC) in oncology

A shift from the fee-for-service model to VBC is in the patient's best interest

The rising incidence and prevalence of cancer, along with the increasing cost of new oncology drugs and treatments has major financial implications for funders, oncologists and cancer patients alike. The need for both professionals and funders to work together to manage this issue constructively is urgently needed. A shift from fee-for-service to value-based care (VBC) is considered a pragmatic way forward. In the private healthcare sector, Icon Oncology is leading the way in this field.

This increasing financial burden of cancer care results in delays in funders granting authorisation for cancer treatment. Apart from the potential impact this has on the efficacy of treatment, it also leads to frustrations and anxiety on the part of oncologists and their cancer patients. High costs results in the depletion of the annual cancer care benefits of patients often before treatment can be completed. This then means the transfer of the financial burden onto the patient.

One of the leading causes of this situation identified by Icon Oncology is the fee-for-service model. Simplistically, this model funds the volume of treatment given without taking clinical outcomes into consideration.

Almost 10 years ago Icon Oncology was founded as a network-driven solution to bridge this gap between funders and practitioners, while placing the patient at the centre.

Icon Oncology has advocated for the VBC model in local oncology and this has shown itself to be an innovative solution to this issue. Icon's studies have shown that VBC, using evidence-based treatment protocols, developed by the Icon oncologist network, can reduce oncology costs without compromising patient care and clinical outcomes.

Two studies conducted

Two recent retrospective studies done by Icon using matched anonymised patient authorisation and claims data have shown that protocol compliance drives significant cost savings and improved patient outcomes.

Study 1. Cost Impact of Protocol Compliance for Cancer Treatment Plans in the Private Healthcare Environment (1; 2)

The first study, published in 2017, assessed the cost and clinical impact of VBC in a third-party funder environment. A retrospective analysis of cancer treatment plan requests to funders over a period of 24 months was done.

This study found that the cost of treating patients using Icon clinical protocols was 27% less compared to those patients treated in a non-protocolised environment. The validity of the results was confirmed by performing the same analysis on data from a previous year.

Most importantly the analysis showed no evidence of denial of care.

These findings then formed the basis on which a further study was conducted.

Study 2. Hospitalisation Rate As A Proxy Outcome For Clinical Value In A Protocolised Cancer Treatment Environment (3.)

Protocolised treatments have been criticised for possible cost shifting and compromising on appropriate care. Using the hypothesis that unscheduled hospitalisation during oncology treatment

is considered a negative clinical outcome, this study aimed to prove that patients treated in a protocolised environment had at least equivalent outcomes to those treated in a non-protocol setting.

The results showed that unscheduled hospitalisation events were reduced in the patient group that received treatment from oncologists treating in a protocolised environment - 16.07% - compare to those patients treated in a non-protocolised setting - 17.64%.

The average hospitalisation stay of 1.62 days for patients in the protocolised environment was also shorter than the 1.95 days of the non-protocolised group.

The average hospitalisation cost was lower in the protocolised group at R14 114 versus R21 405 for the non-protocolised group.

The results of this study, using hospitalisation metrics as a proxy for clinical outcomes, indicated that the patient cohort in the protocolised setting demonstrated significant benefit without compromising the care given.

These results were again validated by using data from a previous year.

A clinical case for VBC

These two studies, presented as poster presentations at international conferences, and published in peer reviewed journals (1; 2; 3), gives a strong indication that the implementation of VBC does not result in inferior quality of care to oncology patients. In the 10-year period of championing VBC as an alternative to the fee-for-service model, Icon Oncology has convincing evidence that patients receiving protocolised treatment will receive excellent care without compromising on clinical outcomes.

The results of the two studies support Icon Oncology's vision of placing the cancer patient's needs at the forefront and ensuring that they receive the appropriate care at an appropriate cost without compromising on quality of care.

References:

1. Kotze, L. 2017. Cost Impact of Protocol Compliance for Cancer Treatment Plans in the Private Healthcare Environment. *Value in Health*, vol 20, issue 9, A426-A427.
2. Kotzé, L., Izzett, M. and Snyman, JR. (2017). Cost Impact of Protocol Compliance for Cancer Treatment Plans in the Private Healthcare Environment. *African Journal of Clinical and Outcomes Research*. 01 (01), 15-18.
3. Izzett, M et al. 2018. Hospitalisation Rate as a Proxy Outcome for Clinical Value in a Protocolised Cancer Treatment Environment. *Value in Health*, vol.21, S121.

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About Icon: Icon Oncology is part of the recently rebranded Medical Specialist Holdings (MSH) (Pty) Ltd. Today Icon Oncology represents subsidiaries, Icon Radiotherapy, Icon Network and Icon Managed Care. Across its business, Icon is the South African pioneer of Value-Based Care (VBC) in cancer treatment, a viable and much-needed alternative to the traditional fee-for-service model. Its provider-driven protocols have been proven to significantly improve efficacy and efficiencies and it is practiced by oncologists within its broad network, representing more than 80% of practising oncologists. VBC is effective as it places the patient at the centre ensuring the right care at the right time and the right price. The Icon team also developed e-Auth®, a proprietary software platform that

can grant oncologists real-time authorisation of Icon approved treatment plans. Together, VBC and the e-Auth platform address burning issues associated with oncology, namely rising costs and burdensome administration.