



Thomas Barr, COO  
Oncology Metrics



According to the American Cancer Society, 1,479,350 new cancer cases and 562,340 deaths from cancer are projected to occur in the United States in 2009 (*CA Cancer J Clin.* 2009; 59:225-249). That means that about 2.8 people per minute of every hour of every day are being diagnosed with the disease. There is ample evidence that the care delivered to these patients—our family and friends included—will not be of uniform high quality. This is through no lack of empathy for these patients, but rather due to the marked absence of a systematic approach to delivering cancer care.

Through the application of information technology, we can quickly and with absolute certainty, improve this situation. Business and operational benchmarks demonstrate that there are valuable tools available for the day-to-day management of oncology practices in the billing and collections systems ubiquitously operated throughout our industry. Still, these do not answer the questions being posed in ongoing national discussions of healthcare reform—questions about quality of care, comparative effectiveness, and outcomes, among others.

At the practice level, these questions can only be answered when business and operational data are linked with clinical data through the use of electronic medical records (EMRs). Currently, there are a limited number of oncology practices with fully functional EMRs, but that number is expected to increase over the next several years. When that hap-

pens, the true value of benchmarking—for both business purposes and patient care—will be optimized.

I believe that the pharmaceutical industry, so important to oncology, can and should promote strong clinical benchmarking through significant financial underwriting that stimulates proper EMR utilization. There are likely many ways that could be legally completed and the Oncology Circle, a collaborative peer to peer benchmarking group, has been doing it with administrative data since 2002 and with clinical data since the fall of 2008.

Showcasing clinical process management and creating financial incentives that promote uniform high quality care rather than building market share sounds like the right medicine to get improved results from existing EMR investments. We can do much more with deployed EMRs that will improve care, reward early adaptors, and motivate the late majority of practices to get with the program.

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On October 19 the FDA approved a sixth drug for advanced kidney cancer, GlaxoSmithKline's Votrient®, which enters the marketplace to compete with Bayer/Onyx's Nexavar® and Pfizer's Sutent® among others. (FDA, 10/19/09)