

National Healthcare Reform

**Baker Institute
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October 25, 2013

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Healthcare Reform

Improving VALUE for all who live in the U.S.A. is the overall goal in healthcare reform.

- Improving outcomes
- Reducing costs

A recent reference: M. Porter and T.H. Lee, Harvard Business Review, Oct. 2015

Key perspective: focus on efficient and effective patient-centered systems rather than positive margins.

Principles

1. Provide access to healthcare for everyone who lives in America.
2. Organize care delivery into integrated practice units that promote multidisciplinary, collaborative and coordinated care.
3. Providers should expand services that are unique and excellent, both locally and over geographic areas, and reduce or eliminate services that are not.

Principles

4. Measure outcomes and costs for each patient to enable providers to improve value, patients to make informed choices and payors to pay for performance. Promote healthy competition.
5. Transition to bundled payments for episodes of care. Build in incentives which reward better outcomes and cost savings that don't compromise care.
6. Provide services and incentives for improving health through prevention and by altering lifestyle and behavior.

Principles

7. Build information technology platforms that support a standardized and interoperable medical record, create uniform billing, track outcomes and costs, enable analysis of clinical and research data, and provide decision support for patients and physicians.
8. Perform research that will translate scientific discoveries into clinical trials of new therapies, and translate information on clinical outcomes and costs into better practices.

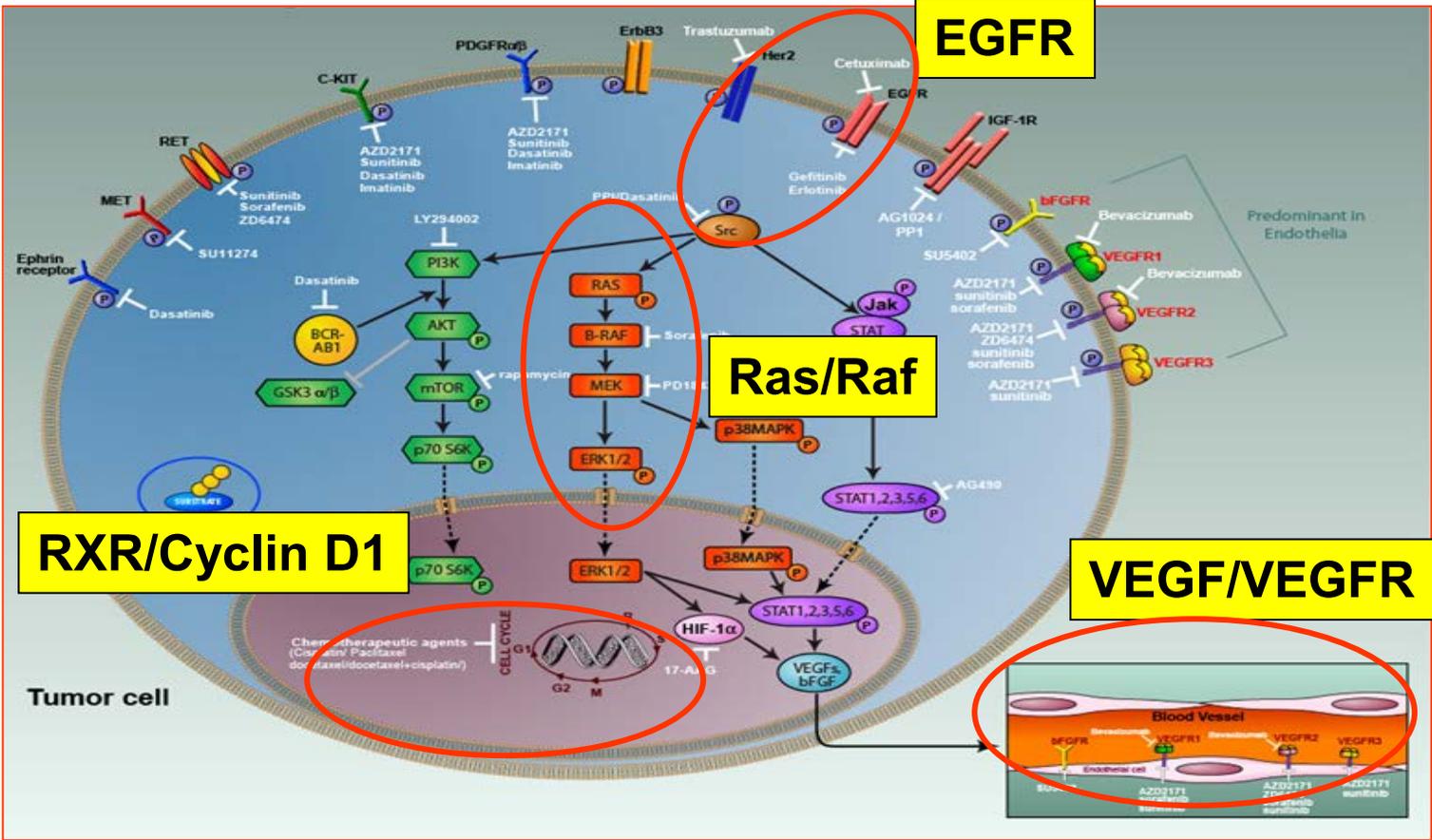
Principles

9. Address the special needs of cancer survivors, who face recurrence, risk of new cancers, and the residual side effects of their disease and their treatment.
10. Educate providers of cancer care, future researchers, health care administrators and the public on issues relating to improving the value of health care.

Personalized Cancer Therapy: The Paradigm of Cancer as a Genetic Disease

1. We have identified most of the genetic abnormalities that cause cancer.
2. There are over 800 drugs in the pipeline that target the products of those abnormal genes.
3. We can detect aberrant genes (biomarkers) in an individual patient's cancer in a reasonable time frame, and at a reasonable cost.
4. Clinical trials can explore assigning a targeted therapy on the basis of the genetic aberrations in a patient's cancer.

Multiple Pathways Involved in the Pathogenesis and Progression of Lung Tumors: The BATTLE Clinical Trial



Progress Report: Khalifa Institute for Personalized Cancer Therapy at MD Anderson

- We conducted the original clinical trials with experimental targeted therapies that demonstrated improved outcomes when a detected genetic biomarker in the cancer was required for enrollment.
- Since March 2012, we have performed genetic screening on tumor specimens from 3,000 patients who have failed standard care for their cancers.
- We detect “potentially actionable” aberrant genes in 40% of these patients.
- We are able to assign a therapy that targets the product of an aberrant gene for less than 20% of these patients.
 - Access to “off-label” approved therapies
 - Access to experimental therapies

Principles of Personalized/Targeted Therapy

1. Use biomarkers to detect cancer, select treatments likely to be effective, monitor responses, and predict prognosis.
2. Treat with a therapeutic agent that targets an abnormally functioning gene or gene product in a patient's cancer.
3. Deliver combinations of targeted therapies, along with surgery, radiation, standard chemotherapy and immunotherapy.
4. Provide personalized behavioral and lifestyle counseling to prevent cancer, improve treatment outcomes, and enhance patient well being.

THE UNIVERSITY OF TEXAS

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