

SUPPORTIVE CANCER CARE



Supportive Cancer Care Measure Set

December 2025



Purchaser Business
Group on Health

Measure Set

The Purchaser Business Group on Health (PBGH) recently launched a Supportive Cancer Care Workgroup of employers and public purchasers to identify and align on strategies for increasing patient, family, and caregiver access to supportive cancer care. Supportive cancer care is a comprehensive, whole-person approach that includes access to physical, psychological, spiritual, educational, economic, and community supports for patients and their caregivers. To evaluate availability and utilization of these services, PBGH reviewed measures highlighted within literature and endorsed by national cancer and medical organizations. PBGH then facilitated a multistakeholder process to define a measure set focused on care access, high-value care, and patient-reported outcomes. These measures were selected based on their alignment with accreditation organizations and their ability to assess quality for key aspects of supportive cancer care that were prioritized based on measure availability and impact, as well as access to services.

All measures will be required to be stratified by race, ethnicity and language (REaL) and sexual orientation and gender identity (SOGI) data where available.

Measures

These measures will be applied to plan members with a cancer diagnosis

1	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
2	Social Needs Screening and Intervention
3	Shared Decision Making Process
4	Emergency Department Visits
5	Inpatient/Acute Hospital Utilization
6	Total Cost of Care
7	% of patients who receive palliative care specialty care
8	% of patients who receive care at an oncology medical home or medical home/care coordination claim
9	% of patients who have a nutrition services claim
10	% of patients who have psychosocial support claim

PBGH Members have prioritized the assessment of utilization of supportive cancer care services, and as such, are advocating for the use of claims-based measures (the bottom four) to determine plan member access to this care.