Oncology Care Model

FLASCO
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In my DC hotel room yesterday

“We used to feel your pain, but that’s no longer our policy.”
OCM – Past, Present, Future

- Early effort
- Current challenges
- Future events and goals
- *And...lessons learned along the way*
Timeline:

- Fall 2014 – Proposed OCM
- February 2015 – LOIs submitted 443
- June 2015 – RFAs submitted 226 33 pages
- November 2016 – Selected teams 196
- July 1, 2016 – Start date 68 page PA, 10 Appendix
- Current teams – 191???
Components:

- Monthly Enhance Oncology Services – MEOS
- Measures – Quality and Clinical
- Performance Based Payment
- Risk Adjustments
- Feedback Reports
XXV. Appendices

Appendix A Initial OCM Practitioner List
Appendix B OCM Payment Methodology
Appendix C OCM Practice Redesign Activities
Appendix D Quality Measures and Clinical Data
Appendix E Implementation Protocol
Appendix F Initial Care Partner List
Appendix G Medicare Payment Policy Waivers
Appendix H Pooling Protocol
Appendix I Included Cancer Types
Appendix J Beneficiary Episode Attribution
Resources:

- ACCC Support Network
- COA Support Network
- Other
  - Listservs
  - Affinity groups
  - Monthly calls
  - Workshops
  - Stakeholder meetings
Lessons Learned:

Reform is TOUGH!!!!

Not a PROJECT – a whole NEW WAY of providing care.

No one has it all figured out.

It will require COMMITMENT from the enter team.

Begin today – agreement has begun.
Current Challenges
Challenges:

- Transformation
- MEOS
- Quality Measures
- Site Visits
- Practice Feedback Reports
  - Historic Claims Data
- Future
  - Reconciliation, Two-sided risk, ?
Challenges:

Components of the IOM Management Plan

1. Patient information (e.g., name, date of birth, medication list, and allergies)
2. Diagnosis, including specific tissue information, relevant biomarkers, and stage
3. Prognosis
4. Treatment goals (curative, life-prolonging, symptom control, palliative care)
5. Initial plan for treatment and proposed duration, including specific chemotherapy drug names, doses, and schedule as well as surgery and radiation therapy (if applicable)
6. Expected response to treatment
7. Treatment benefits and harms, including common and rare toxicities and how to manage these toxicities, as well as short-term and late effects of treatment
8. Information on quality of life and a patient’s likely experience with treatment
9. Who will take responsibility for specific aspects of a patient’s care (e.g., the cancer care team, the primary care/geriatrics care team, or other care teams)
10. Advance care plans, including advanced directives and other legal documents
11. Estimated total and out-of-pocket costs of cancer treatment
12. A plan for addressing a patient’s psychosocial health needs, including psychological, vocational, disability, legal, or financial concerns and their management
13. Survivorship plan, including a summary of treatment and information on recommended follow-up activities and surveillance, as well as risk reduction and health promotion activities
Challenges:
MEOS

“MEOS Payment” means the Monthly Enhanced Oncology Services Payment that the Practice may be eligible to be paid for each OCM Beneficiary within an Episode that is attributed to the Practice during each month of an Episode as described in section X.B. with the exceptions laid out in section X.B.

1. In exchange for the Practice’s provision of Enhanced Services to OCM Beneficiaries, the Practice may bill CMS for a base MEOS Payment of $160 for each OCM Beneficiary within an Episode attributed to the Practice, for each month of the Episode, unless the beneficiary elects hospice or dies. The Practice may not receive MEOS Payments for services billed with a Date of Service after the date the OCM Beneficiary has elected hospice or died.

“List of Initiating Cancer Therapies” means a list issued to the Practice by CMS pursuant to section VIII.B that identifies certain chemotherapy drugs paid for under Medicare Part B or Part D (including hormonal therapies but excluding topical chemotherapy agents).
Challenges:

Quality Measures

▪ Used in Performance Based Payments
  • 3 Measures – Claims
  • 1 Measure – Patient Survey
  • 9 Measures – Practice Reported

▪ Monitoring Measures
  • 7 Measures – Practice Reported

▪ AND….Clinical Registry
  • 55 Measures
  • ALL patients
OCM-11 CMS 140v5.0 (NQF 0387) Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIc Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

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Q2 How confident are you regarding your ability to successfully comply with the February 28th submission date? (0 = not confident at all, 100 = extremely confident)

Answered: 70    Skipped: 23
Challenges:

Quality Measures

Q7 HOW DIFFICULT is this process of identifying, gathering and submitting data and information for this aspect of the OCM?
(0 = not difficult at all, 100 = extremely difficult)

Answered: 69   Skipped: 24
Challenges:

**Practice Feedback Reports**

- Released with Historic Claims Data
- Expenditure Measures
  - Total Expenditures
  - Inpatient Admissions
  - Unplanned Readmissions
  - Observation Days
  - ED Visits
  - Ancillary Services
  - Hospice
Challenges:

Practice Feedback Reports

- Utilization Measures
  - Admissions
  - Observation Days
  - ED Visits
  - Home Health/Hospice

- End of Life Measures
  - Mortality Rate
  - Hospice within 30 days of date of death
  - Chemotherapy within 2 weeks of data
Challenges:

**Practice Feedback Reports**

“CALL US EARLY – CALL US FIRST!!!”

- Lower total expenditure PMPM
- Higher use of palliative care and hospice
- Overall ancillary services cost are lower
- Lower hospital admissions

**Issues and Solutions:**

- Visibility and understanding of patient-level Total Cost of Care - Data analysis
- Clinical awareness of “avoidable” costs - Reduce ER/IP visits
- Clinical practices related to Total Cost - Data analysis of episode cost by drug
- Automation of the process and data framework -
- Patient engagement and satisfaction - tailoring interventions to demographics
- Ongoing role of data analysis in change management and quality improvement

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Challenges:

Future

- Performance Based Payment
- Risk
  - One sided
  - Two sided
- Other TBD
Challenges:

Future – Performance Based Payment

▪ Baselines, Targets, Thresholds
▪ Model Coefficients/Parameters – x 62
▪ Hierarchical Condition Category – x 62
▪ Geographic Practice Adjustments
▪ Performance Measures
  • Claims Based & Practice Reported
  • Patient Experience of Care
▪ Novel Therapies

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Oncology Care Model

= OCM

= Overall Crazy Math
Lessons Learned:

Know the answer before you get asked the question.

Communicate, Communicate, Communicate!!!

Don’t ASSUME anything - it will make an %&# of U and ME

Don’t take your eye off the prize.

JUST DO IT. Communicate some more!
Lessons Learned:

And....
The next era of OCM
OCM 2.0

- Notes from all of these lessons learned
- Letter to PTAC

Next steps:
- Interview stakeholders
  - Different types
  - Different interests
  - Different goals
- Begin model definition and design
Criteria

1. Scope of Proposed PFPM (high priority)
2. Quality and Cost (high priority)
3. Payment Methodology (high priority)
4. Value over Volume
5. Flexibility
6. Ability to be Evaluated
7. Integration and Care Coordination
8. Patient Choice
9. Patient Safety
10. Health Information Technology
OCM 2.0

- Episodes/Triggers
- Attribution
- Network design
- Innovation
- Metrics/Accountability
- Patient engagement
- Financial design
- Care management/coordination
OCM 2.0

- All involved - Quality & Value...
  - Care teams
  - Care sites
  - Ancillary service providers
  - Manufacturers
  - Payers
  - Employers
Questions & Discussion
Thank you!

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