Oncology Medical Home/Patient Centered Cancer Care Program

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Background and why

- Early pioneers and effort
- Impact of the CMMI OCM initiative
- Enlightenment
- Goals of the NEW OMH/PCCC
  - More than policies
  - Transparency and accountability
  - Measures are the proof of higher quality and value
  - Platform for continuous quality improvement – for all

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PRESS RELEASE

New UnitedHealthcare Cancer Care Payment Model To Focus On Best Bett

October 20, 2

OPCMH

Oncology Patient Centered Medical Home®

ed Medical

CMS.gov

Centers for Medicare & Medicaid Services

Medicare | Medicaid/CHIP | Medicare-Medicaid Coordination | Private Insurance | Innovation Center

Innovation Center Home > Innovation Models > Oncology Care Model

Oncology Care Model

Oncology Medical Home

History

- 2009 - UnitedHealthcare Episodes of Care
- 2010 - John Sprandio, MD's – Oncology PCMH
- 2012 – Barbara McAneny, MD's – COME HOME model
- 2013 – Oncology Medical Home CoC Program
- 2014 – Aetna Model & 1st COA Payer Exchange Summit
- 2016 – CMMI Oncology Care Model

Impact of the OCM – 3rd OCM Evaluation Report – January 2021

Total Episode Payments, defined as Medicare part A, B and D payments that occurred during a six-month window of time, increased for both the OCM and comparison groups in the first five PPs. However, in the OCM group, the total episode payments for high-risk episodes was on average $503 less than th payments for low all cancer types t episode gross est were included (M nearly $316M ac

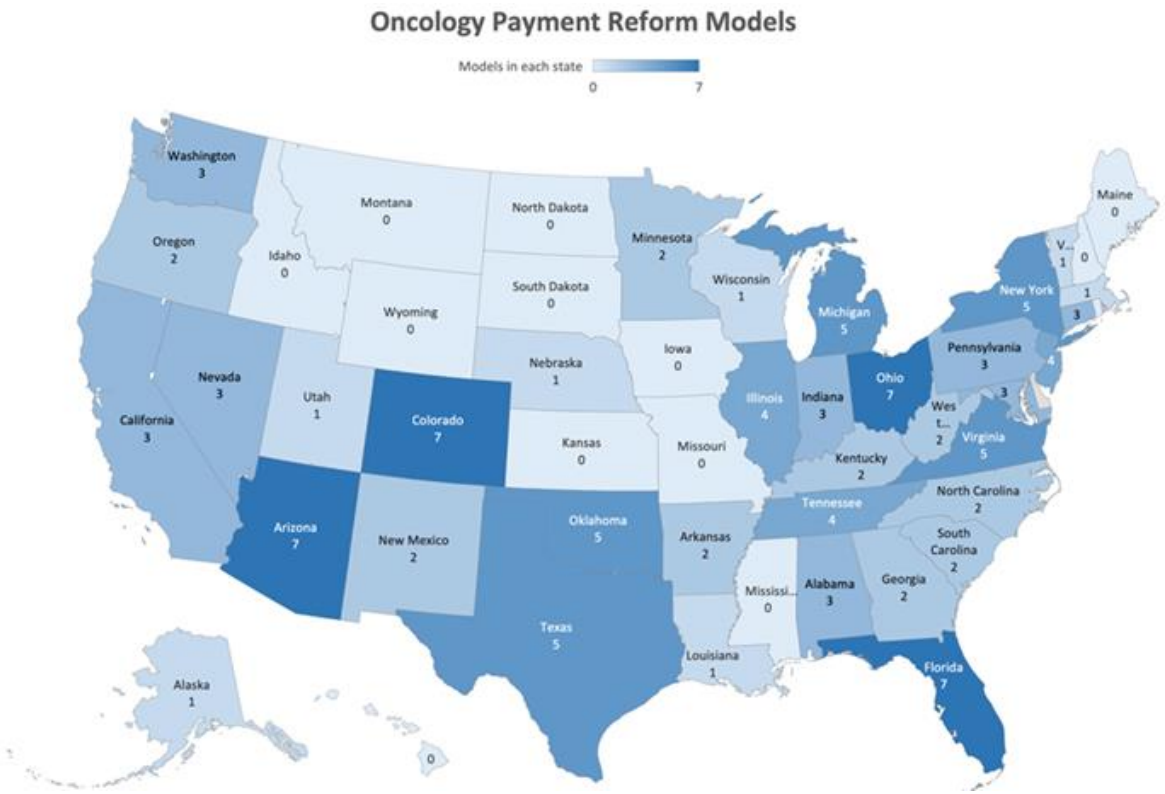
OCM practices adopted Care Plans to improve information sharing and support shared decision-making. OCM practices also broadened their use of patient navigation, phone triage, same-day urgent care, financial counseling, and advance care planning. Despite these efforts, OCM had no observable impact on utilization of outpatient emergency department visits or hospitalizations overall. OCM also had no impact on the rate of hospitalizations due to chemotherapy toxicity, and the impact on the number of emergency department visits for chemotherapy toxicity was so slig per payments of $539, for deceased beneficiaries. Avoiding hospitalizations is considered positive and a sign of possible improved quality, because it may indicate better quality of life for the patient near the end of life.

While there was little change overall in quality and utilization, there was a shift toward higher-value use of supportive care drugs. For example, OCM episodes had higher-value

Not all OCM participants, and impacted patients would agree with the above.

2020 Cancer Care Payment Reform – 35 models

- 4 National payers
- 12 Blue Cross Blue Shield
- 4 Employer-based
- 1 Retirement Association
- 1 Medicare ACO
- 4 Radiation
- 9 Others



Enlightenment

- ***"Have courage to use your own reason!"***
  - Immanuel Kant, 30 September 1784
- The definition of quality cancer care is maturing
  - Timely comprehensive communications with patients
  - Evidenced based medicine
  - Care for the entire journey
  - Patient feedback
  - Measuring and tracking improvements
- Other stakeholders are becoming more informed regarding good, better, and best cancer care and their options
- Stakeholders are learning the language of other important stakeholders
- Standardized delivery for high quality cancer care, with measures, sets the foundation for meaningful payment reform

Goals for the NEW OMH/PCCC

- More than policies – proof of how well components of care are completed
  - Standards provide direction
  - Measures provide proof
- Transparency and accountability
  - he definition of quality cancer care is maturing
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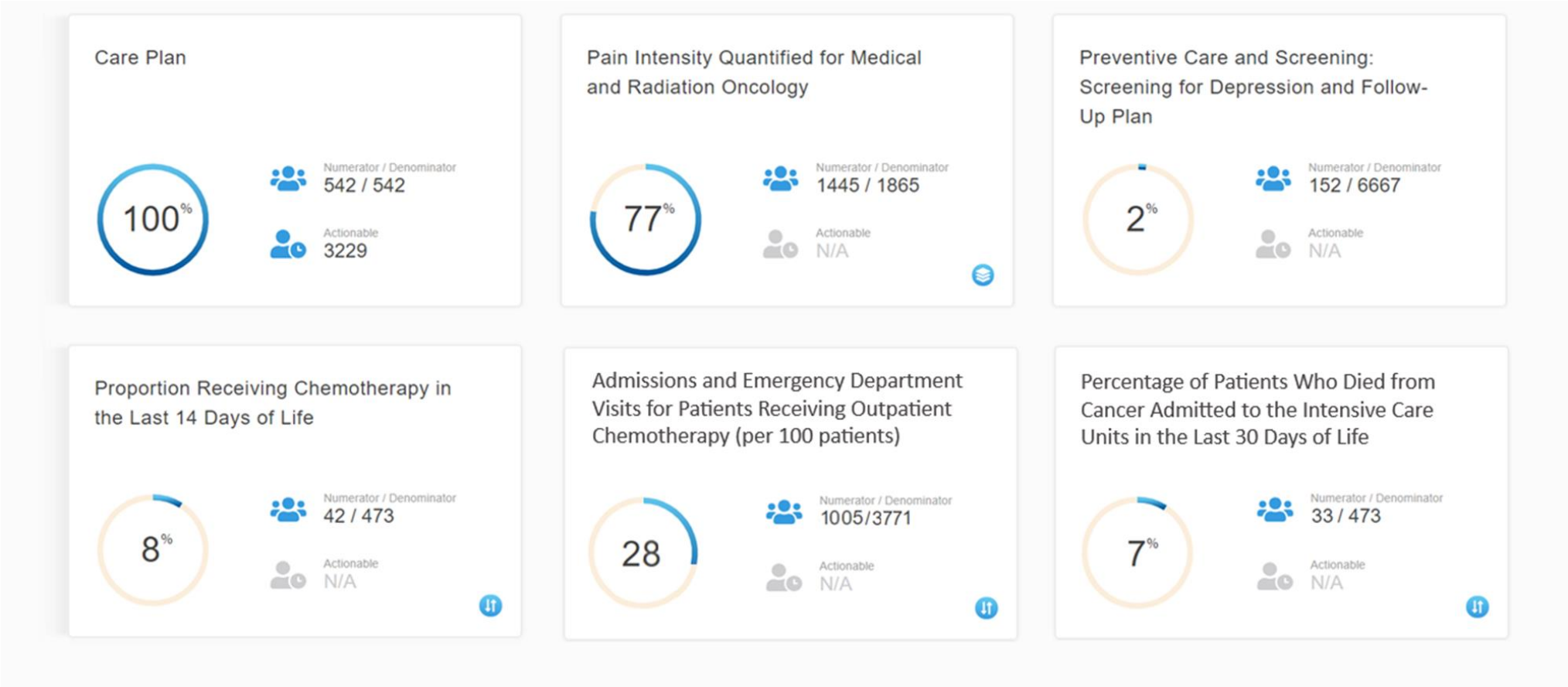
Mock-up – Results of OMH/Patient Centered Care



Goals for the NEW OMH/PCCC – Continuous Quality Improvement

- Improvements with basic measures
  - Patient satisfaction
  - Pathway compliance
  - End of life care planning
- Improving more challenging measures
  - ER Visits
  - Admissions
  - Hospice
- Improving the science of CQI
  - Timing of triage follow-up
  - Days and times of ER visits
  - Meeting needs of disparate population
- Vision to determine what needs to be measured next

Stronger Together

Memorial Cancer Institute Oncology Medical Home

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Patient-Centered Cancer Care Certification Pilot

- 2-year ASCO-led Patient-Centered Care Certification Pilot
- The pilot is based on oncology medical home standards from ASCO and the Community Oncology Alliance (COA)

Pilot Timeline

- July 1, 2021 – Pilot launches
- Fall/Winter 2021 – Measure periods and site surveys conducted
- Spring 2022 – Certification award to practices
- Summer 2022 – Ongoing assessment and improvement activities begin
- Summer 2023 – Pilot completion and assessment

Patient-Centered Cancer Care Certification | ASCO Practice Central

Oncology Medical Home Standards | ASCO

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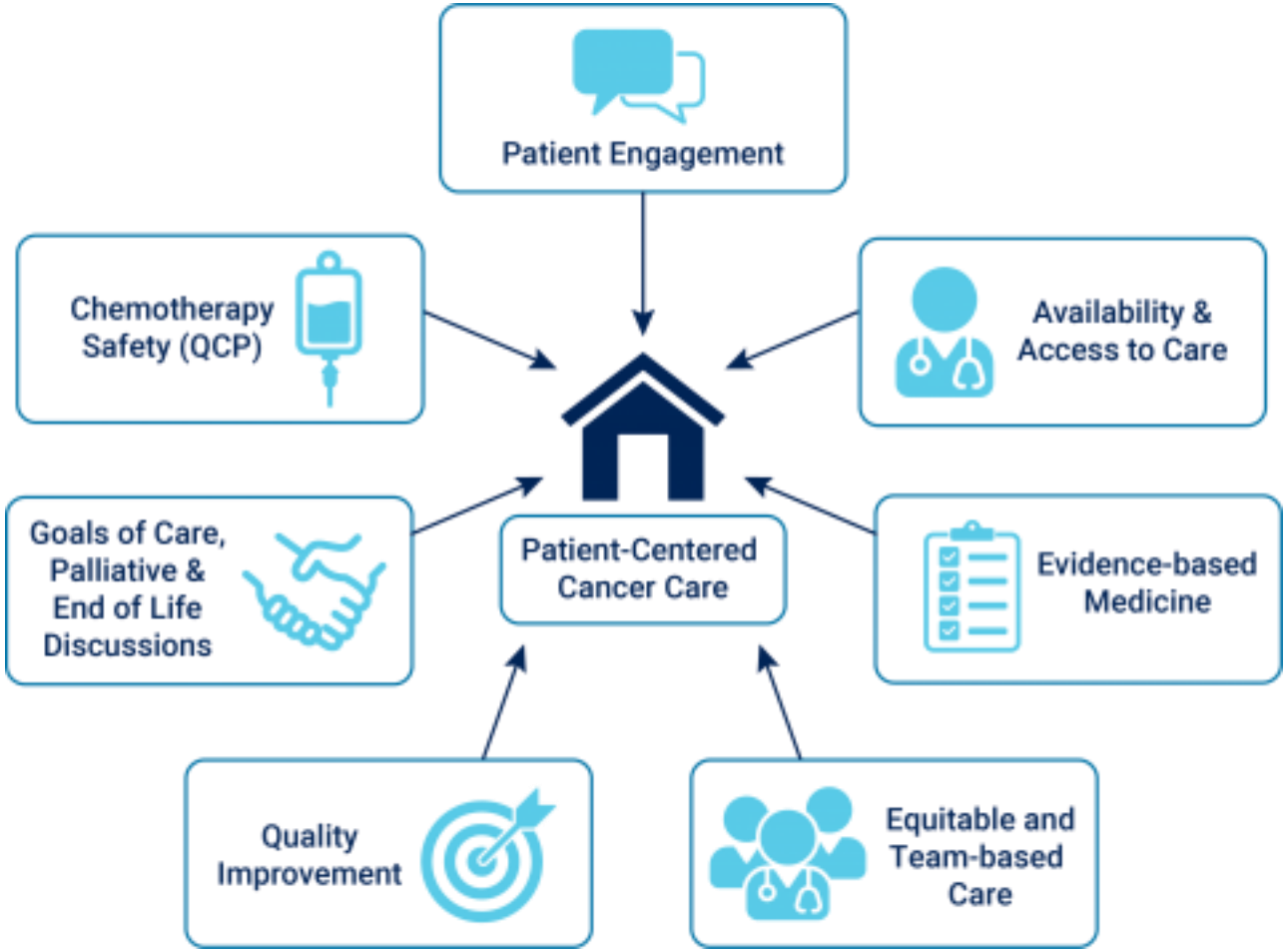

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Memorial Cancer Institute Vision Statement

Premier cancer program and regional destination of choice, providing ***Patient- and Family-Centered Care****, fully* ***integrated and coordinated clinical research and supportive services*** *during treatment and* ***through survivorship****.*

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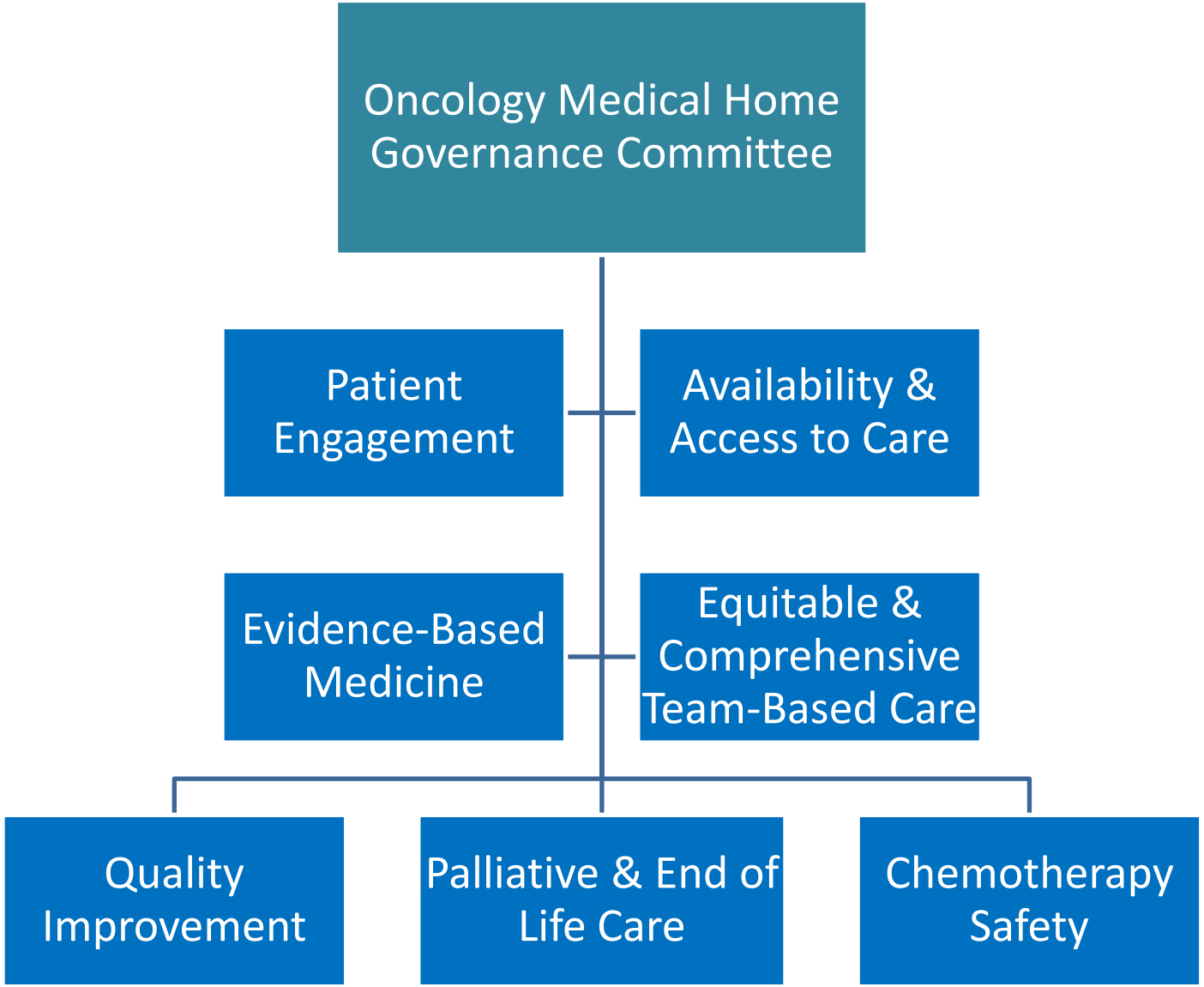

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Patient Engagement

- Orientation to the Oncology Medical Home model – What is an Oncology Medical Home?
- Out-of-pocket estimates, financial counseling and other assistance programs
- All patients are provided with education on their cancer diagnosis, goals of treatment, drugs, possible adverse events, and a comprehensive treatment plan
- Implementation of a team-based survivorship care program

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Availability & Access to Care

- Evidenced-based symptom triage system
- Tracking unnecessary ED visits, hospital admissions and re-admissions
- Timely transitions of care
- Effective procedures/processes to assure continuity of care

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ED VISITS

An electronic report of ED visits within a MHS facility will be monitored daily (Monday – Friday) by the MCI Quick Care Triage team, and they will F/U with patient the following business day to assess monitoring needs

HOSPITALIZATIONS

An electronic report of MHS hospitalizations by established MCI patients on active oncological therapy will be reviewed by the MCI inpatient APP team to ensure a timely follow up appointment in MCI clinic with their primary physician/APP team

READMISSIONS

An electronic report of MHS 30-day re-admissions by established MCI patients on active oncological therapy will be reviewed by the MCI Inpatient triage team daily

Triage committee will review the ED, hospitalization, and re-admission data on a monthly basis to identify trends, assess areas for process improvements and target patient education

Evidence-Based Medicine

- Utilization of approved evidence-based treatment pathways
- Tracking adherence and deviation from clinical treatment pathways
- Clinical trial information and enrollment

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Equitable and Comprehensive Team-Based Care

- Team huddles to assure efficient communications and safe environment
- Depression, distress and other screening for support services and provided navigation to those services
- Health equity is promoted within the team and for all patients so that disparities are identified and addressed
- Social determinants of health

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SDOH

Social Determinants of Health

- Social Connections
  Oct 5 2021: Socially Integrated
- Tobacco Use
  Sep 1 2021: Low Risk
- Depression
  Oct 5 2021: Not at risk
- Physical Activity
  Oct 5 2021: Insufficiently Active
- Transportation Needs
  Oct 5 2021: No Transportation Needs
- Housing Stability
  Oct 5 2021: Low Risk
- Caregiver Health
  Oct 5 2021: Low Risk
- Alcohol Use
  Oct 5 2021: Not At Risk
- Financial Resource Strain
  Oct 5 2021: Low Risk
- Stress
  Oct 5 2021: No Stress Concern Present
- Food Insecurity
  Oct 5 2021: Food Insecurity Present
- Violence
  Sep 1 2021: Not on file
- Caregiver Education and Work
  Jul 30 2021: Low Risk
- SDOH Community Resources Follow Up Questions
  Sep 1 2021: Not on file

Find community resources
View previous recommendations

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Quality Improvement

- Patient satisfaction survey is administered, results are analyzed and shared, and quality improvements are implemented
- Commitment to quality improvement by using data from care processes to evaluate and improve cancer care
- ASCO Quality Training Program (QTP)

Quality Improvement Library | ASCO Practice Central

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Palliative and End of Life Care

- Offers an advance care planning and advanced directives to all patients
- Patients with advanced cancer, or metastatic cancer or limiting co-morbid conditions receive an advance care planning discussion

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Chemotherapy Safety

- Adherence to all ASCO/ONS chemotherapy safety standards and policy elements of QOPI Certification Program (QCP)
- Active QCP practices are compliant on this OMH domain
- Mock Surveys
- Continuous chart auditing

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Tips For Success

- Solid Structure
- Timeframes and goals with achievable targets
- Early IT engagement
- Mock surveys
- Leveraging APP workforce