



Innovating and Advocating for Community Cancer Care

Oncology Care Model

FLASCO

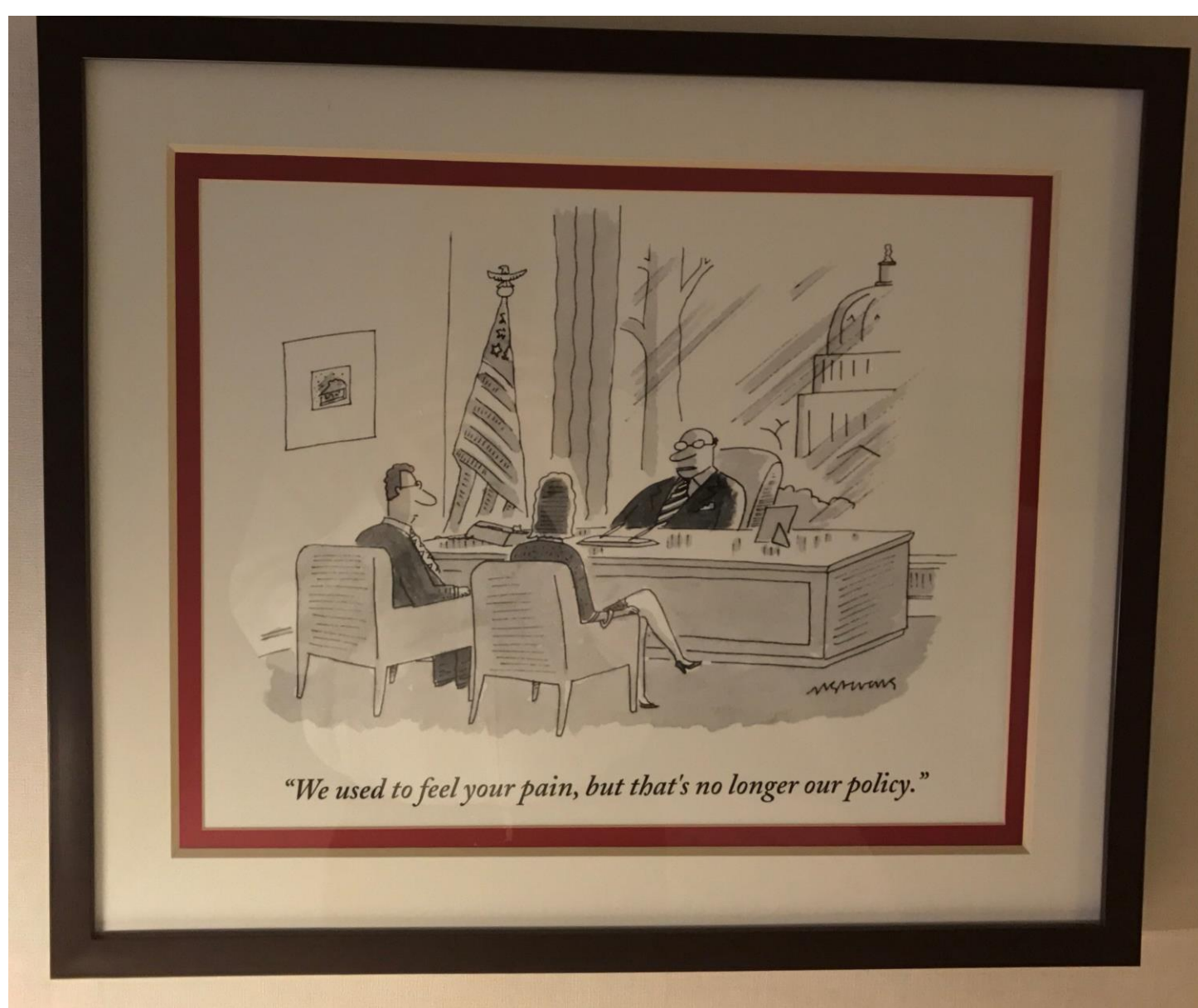
Saturday, April 1st, 2017

Bo Gamble

Community Oncology Alliance

bgamble@COAcancer.org

In my DC
hotel
room
yesterday



Innovating and Advocating for Community Cancer Care

OCM – Past, Present, Future

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



Innovating and Advocating for Community Cancer Care



Innovating and Advocating for Community Cancer Care

OCM – Effort to Present

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????



Innovating and Advocating for Community Cancer Care

Components:

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



Innovating and Advocating for Community Cancer Care

Resources:

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



[Chatter](#)

[People](#)

[Groups](#)

[Calendar](#)

[Libraries](#)

[Help](#)



Innovating and Advocating for Community Cancer Care

Resources:

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



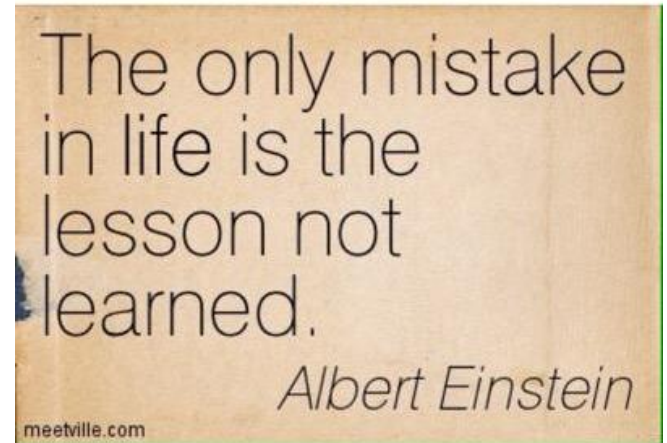
Innovating and Advocating for Community Cancer Care

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.



Innovating and Advocating for Community Cancer Care



Innovating and Advocating for Community Cancer Care

Current Challenges

Challenges:

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



Innovating and Advocating for Community Cancer Care

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



Innovating and Advocating for Community Cancer Care

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).



Innovating and Advocating for Community Cancer Care

Challenges:

Quality Measures

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

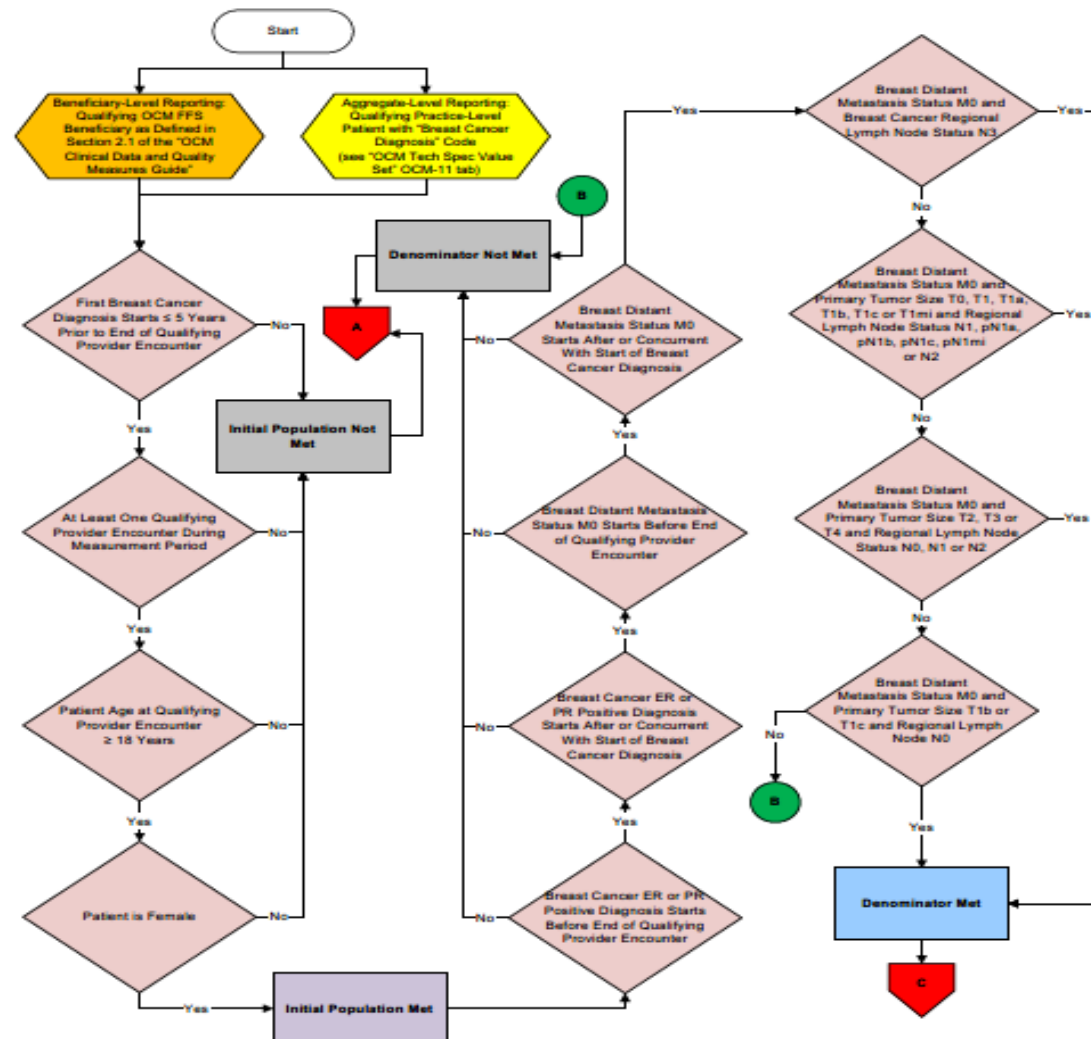
- **Monitoring Measures**
 - 7 Measures – Practice Reported

- **AND....Clinical Registry**
 - 55 Measures
 - ALL patients



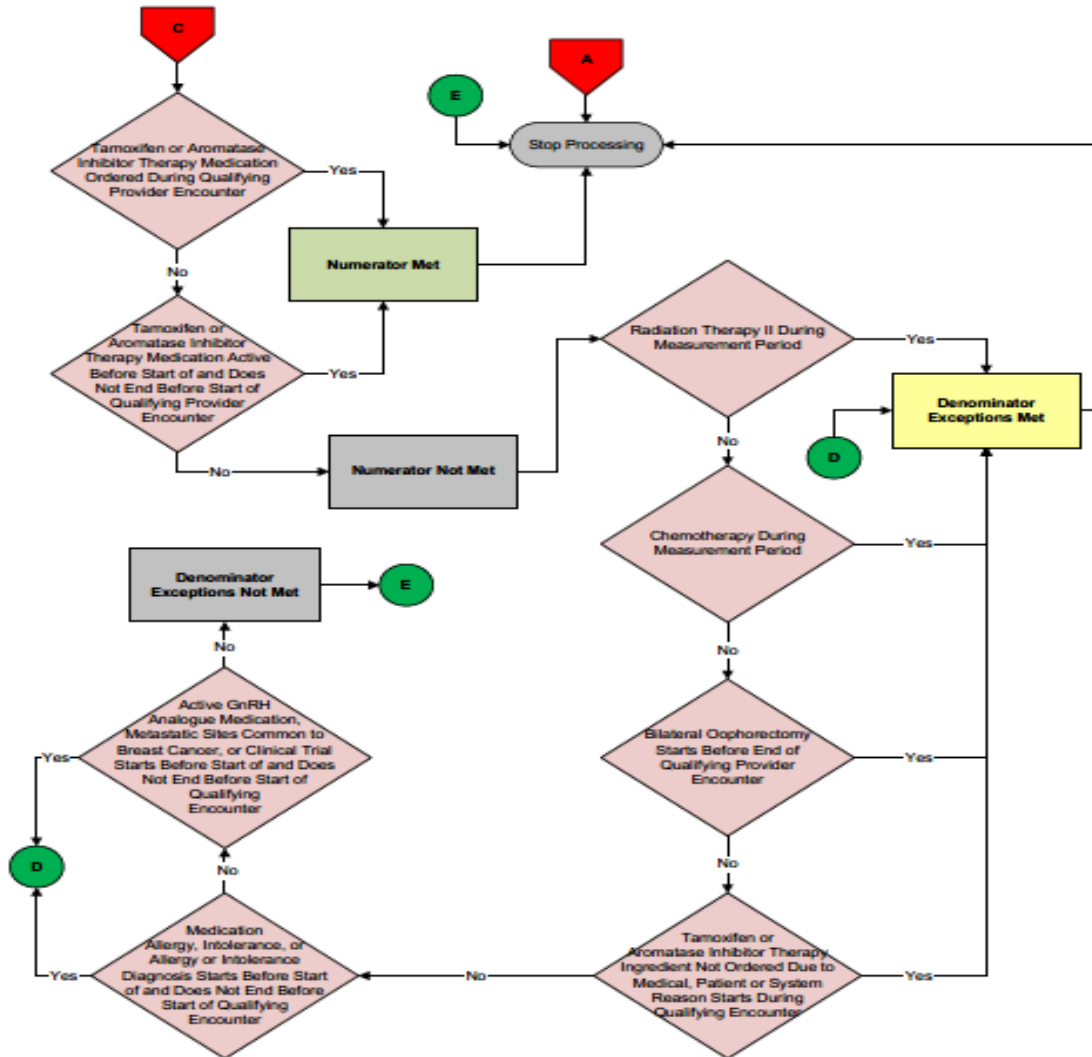
Innovating and Advocating for Community Cancer Care

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



Innovating and Advocating for Community Cancer Care

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



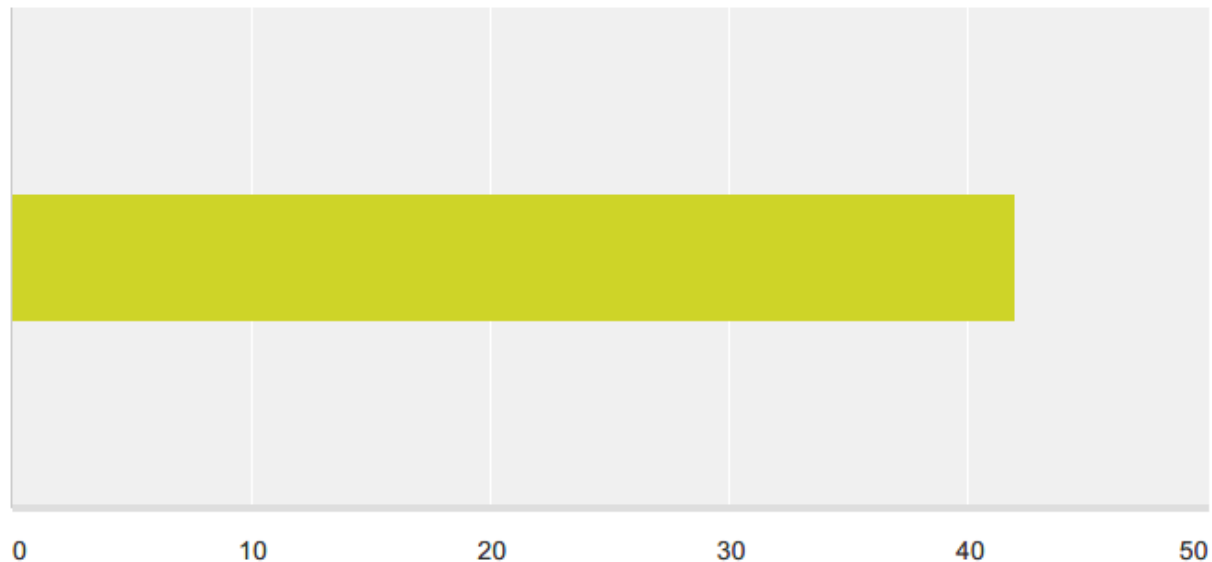
Innovating and Advocating for Community Cancer Care

Challenges:

Quality Measures

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



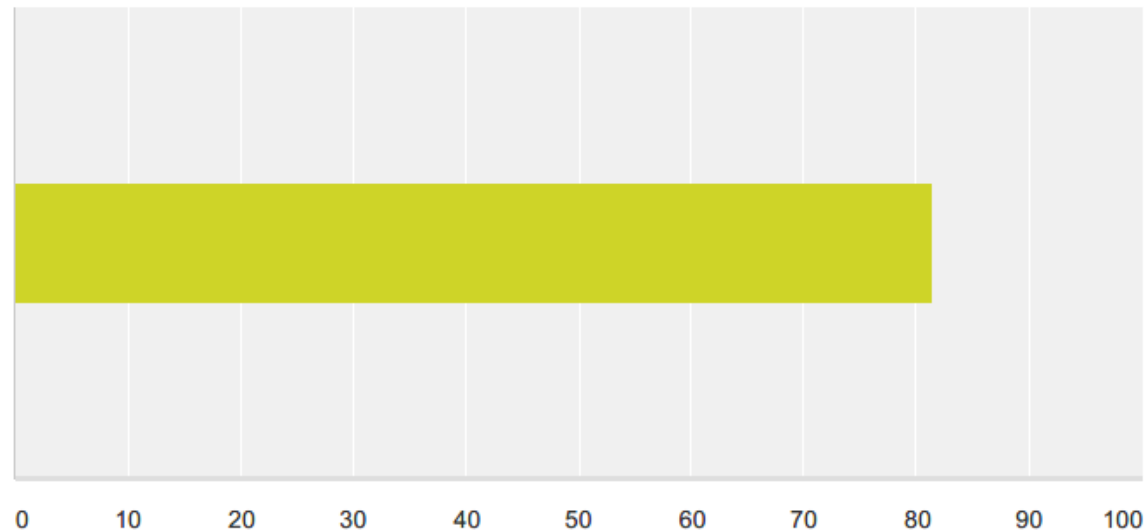
Innovating and Advocating for Community Cancer Care

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



Innovating and Advocating for Community Cancer Care

Challenges:

Practice Feedback Reports

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



Innovating and Advocating for Community Cancer Care

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



Innovating and Advocating for Community Cancer Care

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

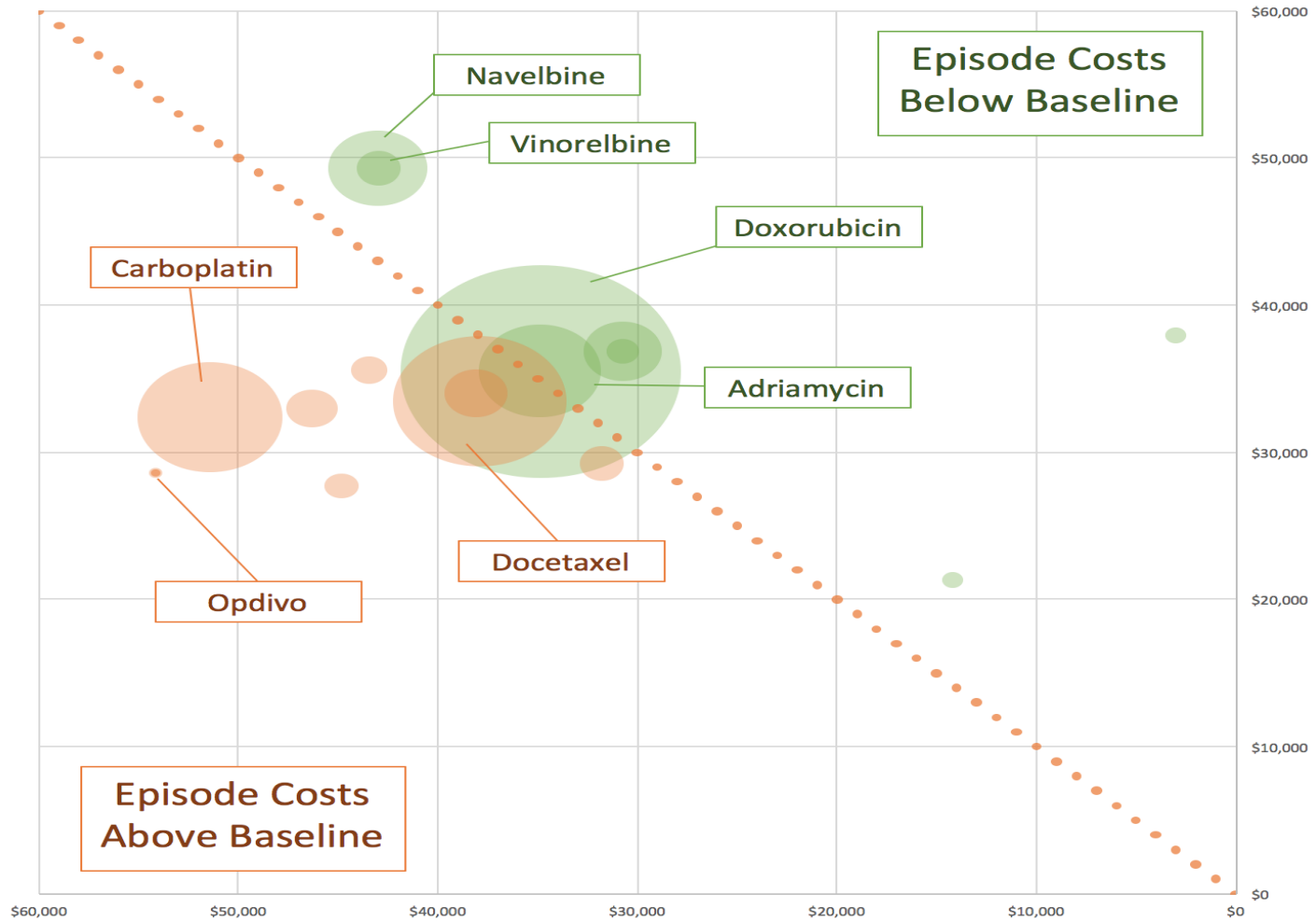
▶ Issues and Solutions:

- ▶ 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



Innovating and Advocating for Community Cancer Care

Breast Cancer Episode Costs v Baseline, Per Chemo Drug



Created by:
Kevin J. Svoboda, CPA, CGMA
Onnovation, LLC
kevinsv54@gmail.com

Challenges:

Future

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



Innovating and Advocating for Community Cancer Care

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



Innovating and Advocating for Community Cancer Care

Oncology Care Model

=

OCM

=

Overall Crazy Math



Innovating and Advocating for Community Cancer Care

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!

© MAZIK ANDERSON

WWW.ANDERZTOONS.COM



"He's right, when you look at it that way, it's not so bad!"



Innovating and Advocating for Community Cancer Care

Lessons Learned:

And....



Innovating and Advocating for Community Cancer Care



Innovating and Advocating for Community Cancer Care

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



Innovating and Advocating for Community Cancer Care

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



Innovating and Advocating for Community Cancer Care

OCM 2.0

- All involved - Quality & Value...
 - Care teams
 - Care sites
 - Ancillary service providers
 - Manufacturers
 - Payers
 - Employers



Innovating and Advocating for Community Cancer Care



Innovating and Advocating for Community Cancer Care

Questions & Discussion



Innovating and Advocating for Community Cancer Care

Thank you!

Bo Gamble
Community Oncology Alliance
bgamble@COAcancer.org