Payment and Models of Care to Address Adverse Consequences of Cancer Treatment

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Addressing the Adverse Consequences of Cancer Treatment Workshop
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Disclosures

- I am Clinical Lead of the CMS Oncology Care Model (OCM) Evaluation Team. Any mention of OCM reflects work that has been published in the OCM Evaluation Team Annual Reports. My comments and opinions are my own and not reflective of those of CMS.

Outline

1. Oncology payment/delivery models

   Focus: Oncology Care Model
2. Other existing and proposed models
3. Challenges and opportunities

Setting Value-Based Payment Goals — HHS Efforts to Improve U.S. Health Care

Sylvia M. Burwell

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"…our target is to have 30% of Medicare payments tied to quality or value through alternative payment models by the end of 2016, and 50% of payments by the end of 2018. Alternative payment models include accountable care organizations (ACOs) and bundled-payment arrangements under which health care providers are accountable for the quality and cost of the care they deliver to patients."

N ENGL J MED 372;10 NEJM.ORG MARCH 5, 2015

The New England Journal of Medicine

-Sylvia Burwell, Secretary of HHS, NEJM 2015

CMS Oncology Care Model

138 practices and 10 payers

Source: Centers for Medicare & Medicaid Services

CMS Oncology Care Model

- Focus on oncology patients in fee-for-service (FFS) Medicare undergoing systemic therapy

Service	Standard FFS Medicare	OCM 6-mo Episode
Care management	None	$160 PMPM
All other care	FFS	FFS
Performance-based payment*	None	Yes

*If performance quality goals met, practice can share in savings based on comparing all expenditures (including monthly payments) to risk-adjusted historical benchmark minus CMS discount

OCM Quality Measures

OCM Measure Number	Measure Name	Measure Source
OCM-2	Risk-adjusted proportion of patients with all-cause emergency department visits or observation stays that did not result in a hospital admission within the 6-month episode	Claims
OCM-3	Proportion of patients that died who were admitted to hospice for 3 days or more	Claims
OCM-4a	Oncology: Medical and Radiation – Pain Intensity Quantified (MIPS 143, NQF 0384)	Practice Reported
OCM-4b	Oncology: Medical and Radiation – Plan of Care for Pain (MIPS 144, NQF 0383)	Practice Reported
OCM-5	Preventive Care and Screening: Screening for Depression and Follow-Up Plan (CMS 2v8.1, NQF 0418)	Practice Reported
OCM-6	Patient-Reported Experience of Care	CMS-Acquired Data

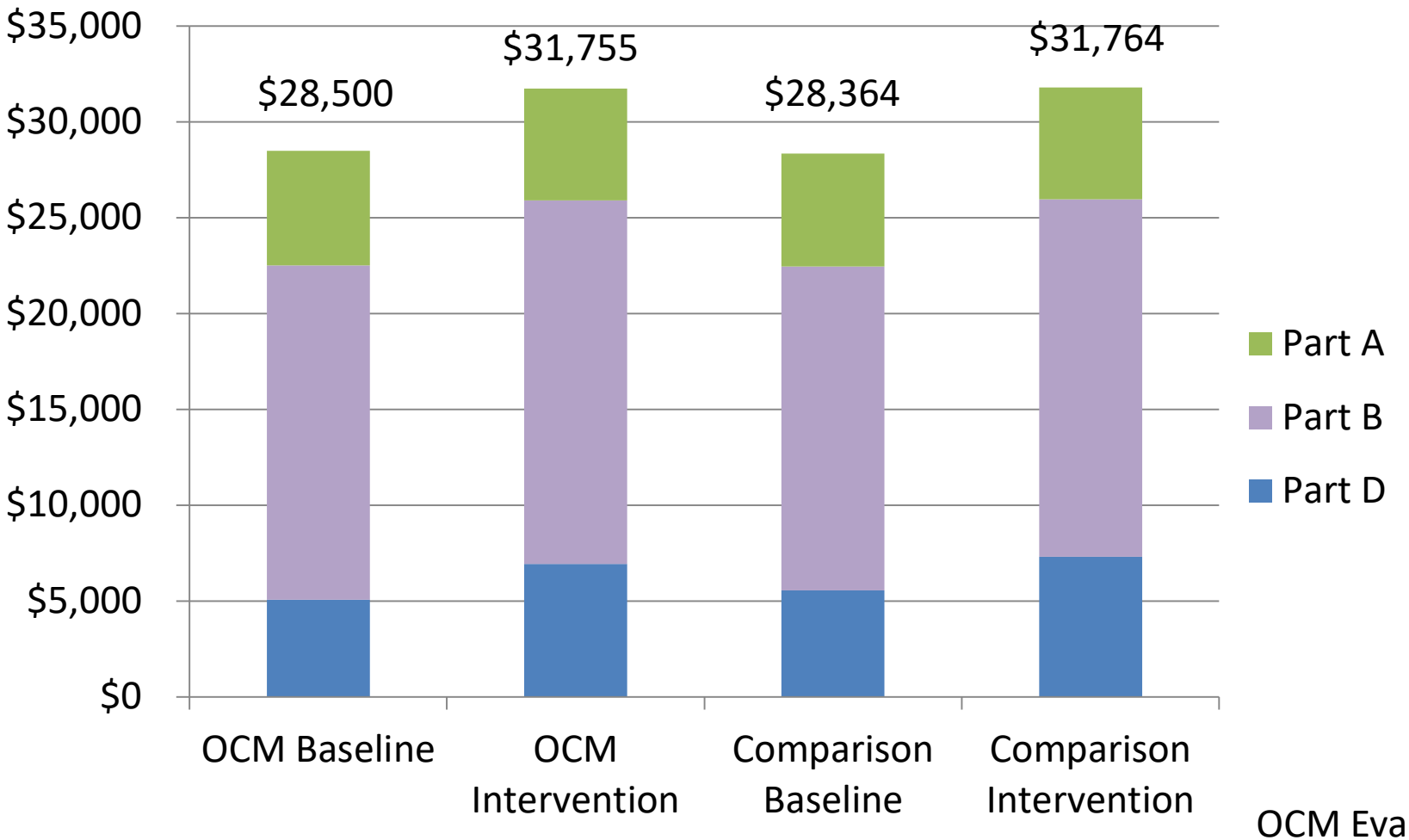
OCM Overview. CMS OCM Website

Practice Redesign-Model Requirements

- Provide enhanced services
  - 24/7 access, patient navigation, care consistent with national guidelines
  - Cancer care plan – diagnosis, prognosis, treatment goals, treatment plan, expected response, benefits/harms, advance care plans, estimated costs, psychosocial plan, survivorship plan
- Certified electronic medical records
- Use data for continuous quality improvement

Total Episode Payments Through Performance Period 3

(Excluding Monthly Payments & Performance-Based Payments)

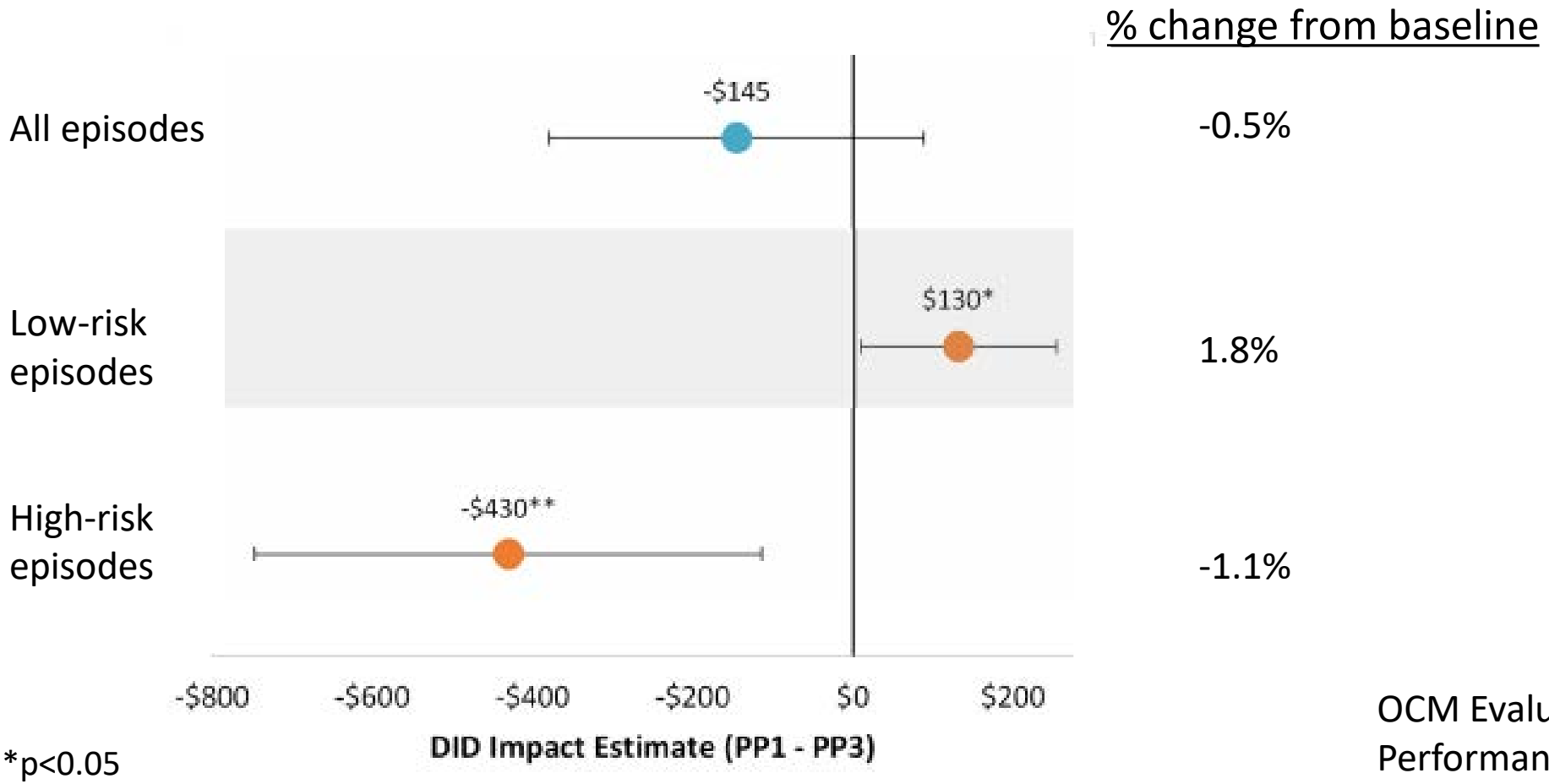


Difference-in-Differences Impact Estimate
-$145 (90% CI: -$379, $89)

OCM Evaluation Report: Performance Periods 1-3

OCM Impact on Total Episode Payments Through Performance Period 3: Overall and by High-Risk vs. Low-Risk Episodes

(Excluding Monthly Payments & Performance-Based Payments)



*p<0.01 **p<0.05

OCM Evaluation Report: Performance Periods 1-3

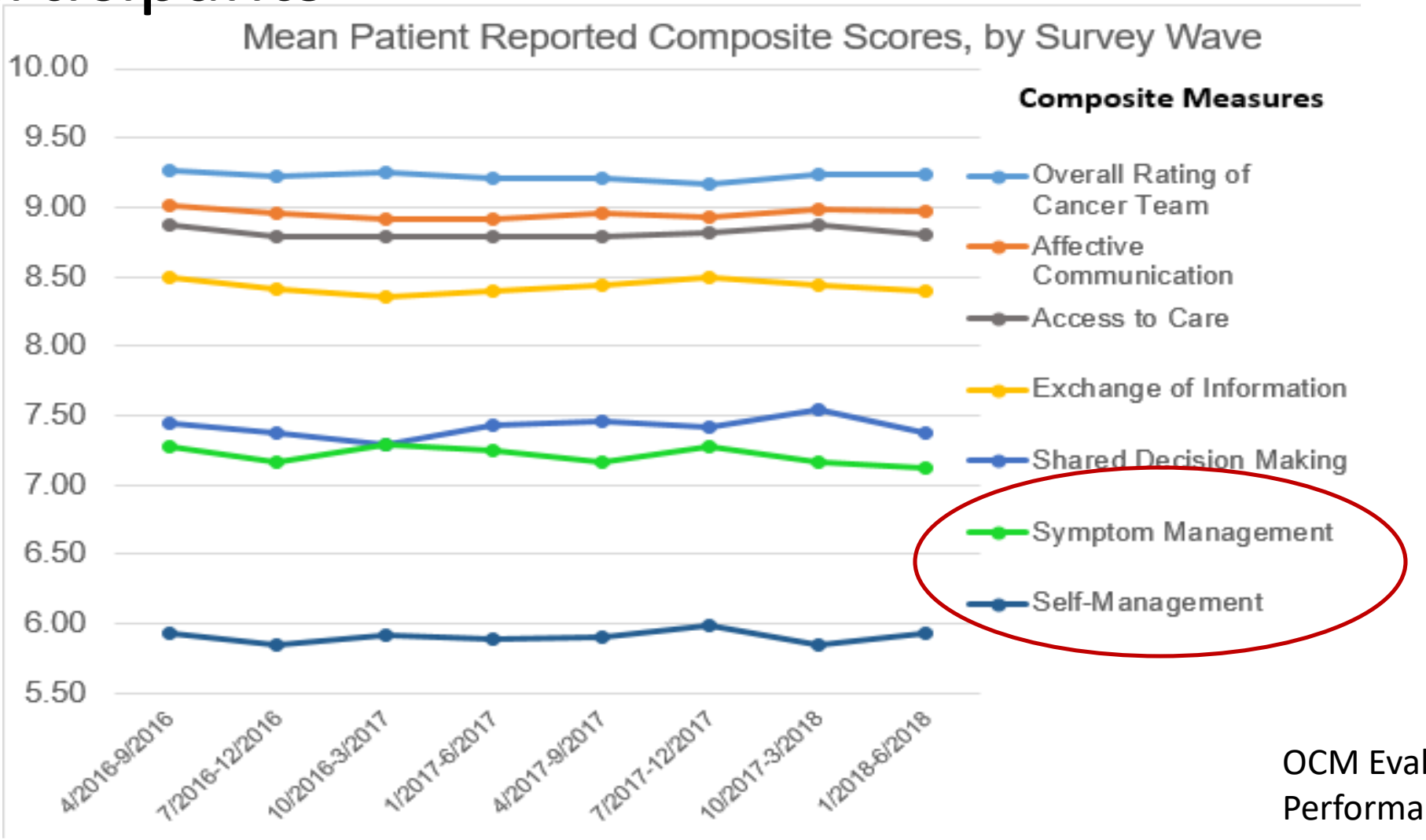
OCM Had No Impact on Hospital-Based Services

	OCM Baseline	OCM Intervention	Comparison Baseline	Comparison Intervention	DID (90% CI)
% with any hospitalization	27.2%	25.9%	25.9%	24.3%	0.2% (-0.2%, 0.5%)
% with ED visit	23.5%	23.6%	24.2%	24.3%	0.0% (-0.3%, 0.3%)
% with chemotherapy associated hospitalization	9.3%	8.7%	8.9%	8.2%	0.0% (-0.2%, 0.2%)
% with chemotherapy associated ED visit	6.7%	6.4%	7.0%	6.8%	-0.1% (-0.2%, 0.1%)

*p<0.01 **p<0.05

OCM Evaluation Report:
Performance Periods 1-3

No Changes in Care Experiences Over Time Among OCM Participants



OCM Evaluation Report: Performance Periods 1-3

Other Existing & Proposed Models

Oncology Medical Home Models

- Provide patient-focused care
- Optimized based on evidence
- Accessible, efficient, high quality

- Some evidence for reductions in ED visits, spending
  - Studies have focused on patients undergoing cancer treatment

Colligan et al. Med Care 2017; 55: 873-878
Kuntz et al, J Oncol Pract 2014. 10: 294-297

RECOGNIZED NCQA ONCOLOGY MEDICAL HOME

Commission on Cancer® ONCOLOGY MEDICAL HOME

Oncology Medical Home

COME HOME
Innovative Oncology Business Solutions, Inc.

ASCO Patient-Centered Oncology Payment Proposal

ASCO® Patient-Centered Oncology Payment

A Community-Based

Oncology Medical Home Model

Proposal to the Physician-Focused Payment Model Technical Advisory Committee

Proposed Monthly Care Management Payments

1. New patient payment
2. Cancer treatment payment
3. Active monitoring payment (through 12 months after diagnosis only)

https://aspe.hhs.gov/proposal-submissions-physician-focused-payment-model-technical-advisory-committee

CMS Radiation Oncology Model

- Prospective, episode-based payments to practices for 90-day episodes for patients initiating radiation oncology for one of 16 cancer types
- Mandatory for practices in randomly-selected areas (caring for ~30% of Medicare beneficiaries)

Starts July 1, 2021

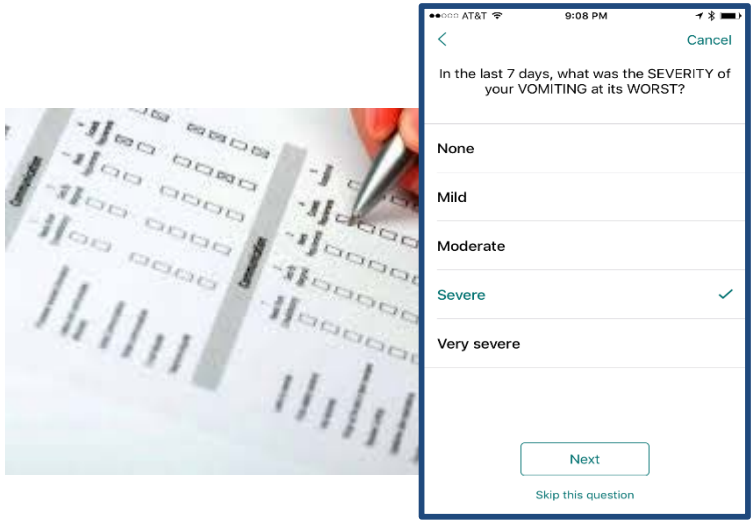
Challenges & Considerations in Paying for Survivorship Care Management

- Emerging payment and delivery models focus on patients undergoing cancer treatment
  - Limited focus on longer-term survivors
- Much survivorship care focuses on education and counseling
  - Reimbursement relatively less than for cancer treatment
- Cancer survivorship care often shared with primary care and other specialists

Reimbursement Options for Survivorship Care

- Fee-for-service
  - Bill for care and counseling provided during visits
  - Does not incentivize coordination of care
  - Does not cover care provided outside of visit
- Capitation or monthly care management fee
  - For complex patients, may incentivize better coordination, outreach to patients
  - Care may be shared—attribution may be a challenge
  - Many patients have few active needs
  - Risk stratification key
  - Quality measures limited

Quality Measurement for Value-Based Payment Models



Processes of Care

Did the patient get the right treatment in the right place at the right time?

Patient Experiences & PROs

Did the patient get the information and help they needed?
Were their symptoms addressed?

Outcomes of Care

Quality of life
Survival

Opportunities

- Delivery models designed around the patient not clinic/clinicians
  - More remote care (hospital at home, chemotherapy at home, telemedicine)
  - Remote monitoring (new CMS codes reimburse for remote monitoring)
  - Real time patient experience/symptom data (proposed CMS Oncology Care First model will require)
- Research needed on design and implementation of payment models and development and validation of quality measures

➢ Designs must consider patients undergoing treatment (including chronic treatment) & those who have completed treatment (risk stratification key)

➢ Designs must consider and prioritize equity (and evaluations must assess)

Conclusions

- Current and proposed payment and delivery models focus on patients in active treatment, typically a single treatment
  - These models have opportunities to limit adverse effects, but do not focus on patients receiving multidisciplinary treatment and quality measurement remains limited
- New models are needed to improve delivery of survivorship care for patients no longer undergoing treatment

Questions?

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