And why is the Oncology Medical Home important to cancer patients and their families?
External Forces - Quality and Value

- Accountable Care Organizations
  - Cost savings
  - Quality measures
- Hospital Compare
  - Hospitals measured, and paid, on patient satisfaction and outcomes
- Physician Compare
  - Physician payment “value-based modifier”
- Quality & Resource Use Report
  - Pilot in Iowa, Kansas, Missouri, Mississippi & Nebraska
- Cancer specific projects

Accountable Care Organizations

- Big picture
  - Primary care driven
    - Clearly is driven by primary care and large integrated systems
  - Share in the savings if quality criteria (33) are met
  - Not cancer “care” friendly
  - Take on more risk, more potential return
- “Cancer” mentioned only 15 times in 694 pages!
- “Cancer care” not mentioned at all
Hospital Compare

USMD HOSPITAL AT FORT WORTH LP

3100 DIXIE ROAD
FORT WORTH, TX 76132
(817) 439-8000

Hospital Type: Acute Care Hospitals
Provides Emergency Services: Yes

HCAPPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a national survey that asks patients about their experiences during a recent hospital stay. Use the results shown here to compare hospitals based on ten important hospital quality topics:

- More information about patient survey results.
- Current data collection period.

<table>
<thead>
<tr>
<th></th>
<th>USMD HOSPITAL AT FORT WORTH LP</th>
<th>TEXAS AVERAGE</th>
<th>NATIONAL AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients who reported that their nurses &quot;Always&quot; communicated well.</td>
<td>87%</td>
<td>77%</td>
<td>77%</td>
</tr>
<tr>
<td>Patients who reported that their doctors &quot;Always&quot; communicated well.</td>
<td>91%</td>
<td>82%</td>
<td>81%</td>
</tr>
<tr>
<td>Patients who reported that they &quot;Always&quot; received help as soon as they wanted.</td>
<td>84%</td>
<td>67%</td>
<td>53%</td>
</tr>
</tbody>
</table>

Source: http://www.hospitalcompare.hhs.gov/

Physician Compare

GUS GONZALEZ

Additional Information
Education:
- Graduated: 1997
- School: UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE

GENDER:
- Male

Foreign Languages:
- Spanish

Physician Quality Reporting System:
The professional choice to take part in Medicare's Physician Quality Reporting System and reported quality measures information satisfactorily for the year 2010.

- What is the Physician Quality Reporting System?

Physician Value Based Modifier

Value Modifier Scoring

Combining each quality measure into a quality composite and each cost measure into a cost composite using the following domains:

- Clinical Care
- Patient Experience
- Patient Safety
- Care Coordination
- Efficiency
- Total Overall Costs
- Total Costs for Beneficiaries with Specific Conditions

Source: 08/01/12 CMS Presentation on Value Based Modifier

MD Quality & Use Resource Report

Performance Highlights

Source: Centers for Medicare & Medicaid Services
Implications for Oncology

- Medicare and private payers are wanting tangible proof of good care
  - Outcomes
  - Value
    - Emphasis on reducing costs!
  - Quality
  - Patient Satisfaction
  - (Think in terms of restaurant sanitary ratings, Amazon ratings, or JD Powers etc... but for healthcare)

- Moving away from utilization (only) based systems

- All want comprehensive solutions

Implications for Oncology

- Cancer care is different
  - Better access
  - Better coordination
  - Better communications
  - Better care

- Have not the best job proving the “better”

- Others are saying “show me”
  - Employers
  - Medicare
  - Private Payers
  - Patients
  - Other hospitals and physicians
What is the COA OMH Gameplan?

- Create general consensus and unity among stakeholders about what each wants from cancer care
  - Patients
  - Payers
  - Providers

- Agree on quality and value
  - Measures
    - With benchmarking
  - Patient satisfaction
  - With benchmarking

- Create a template for viable payment
  - Private payers
  - Medicare

- Help practices implement
  - Process change
  - Payer contracting

COA OMH Implementation Efforts

- COA Board
  - Set overall strategy & direction
  - Empower the process

- Steering Committee
  - Provide guidance & consensus
  - Identify stakeholder perspectives
  - Develop quality & value measures
  - Oversee overall implementation

- Implementation Team
  - Identify practice needs
  - Establish an implementation roadmap
  - Create information sharing among practices
OMH Steering Committee

<table>
<thead>
<tr>
<th>Oncologists</th>
<th>Payers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bruce Gould, MD (GA) Chair</td>
<td>Lee Newcomer, MD</td>
</tr>
<tr>
<td>Northwest Georgia Oncology</td>
<td>United Insurance Group</td>
</tr>
<tr>
<td>Patrick Cobb, MD (MT)</td>
<td>Ira Klein, MD</td>
</tr>
<tr>
<td>Frontier Cancer Center</td>
<td>Aetna Insurance Company</td>
</tr>
<tr>
<td>Roy Beveridge, MD</td>
<td>Michael Fine, MD</td>
</tr>
<tr>
<td>McKesson/US Oncology</td>
<td>Healthnet</td>
</tr>
<tr>
<td>John Sprandio, MD (PA)</td>
<td>Dexter Shurney, MD</td>
</tr>
<tr>
<td>Consultants in Medical Oncology</td>
<td>Cummins Inc.</td>
</tr>
<tr>
<td>Administrators</td>
<td></td>
</tr>
<tr>
<td>Scott Parker (GA)</td>
<td></td>
</tr>
<tr>
<td>Northwest Georgia Oncology</td>
<td></td>
</tr>
<tr>
<td>John Fox, MD</td>
<td></td>
</tr>
<tr>
<td>Priority Health</td>
<td></td>
</tr>
<tr>
<td>Robert Baird (OH)</td>
<td></td>
</tr>
<tr>
<td>Dayton Physician Network</td>
<td></td>
</tr>
<tr>
<td>Patient</td>
<td></td>
</tr>
<tr>
<td>Kathy Smith, NP (CA)</td>
<td></td>
</tr>
<tr>
<td>Cancer Care Advocates</td>
<td></td>
</tr>
<tr>
<td>Gwen Mayes, JD, MMSc NPAF</td>
<td>Nurse</td>
</tr>
<tr>
<td>Cancer Care Associates</td>
<td>Marsha Devita, NPA (NY)</td>
</tr>
<tr>
<td>Robert Hauser, Pharm D ASCO</td>
<td>Hem Onc Assoc of CNY</td>
</tr>
<tr>
<td>Pharmacist</td>
<td></td>
</tr>
<tr>
<td>Karen Kellogg, Pharm D (UT)</td>
<td></td>
</tr>
<tr>
<td>Utah Cancer Specialists</td>
<td></td>
</tr>
<tr>
<td>Trish Goldsmith</td>
<td>Business Partner</td>
</tr>
<tr>
<td>NCCN</td>
<td>Dave Leverett</td>
</tr>
<tr>
<td></td>
<td>Amerisource Bergen</td>
</tr>
</tbody>
</table>

Cancer care “needs”

<table>
<thead>
<tr>
<th>Patients</th>
<th>Payers</th>
<th>Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Possible Outcome</td>
<td>Best Possible Clinical Outcomes</td>
<td>Best Outcome for Patient</td>
</tr>
<tr>
<td>Docs with the 3 A's (Able, affable, accessible)</td>
<td>Member Satisfaction / Experience</td>
<td>Satisfied patients and family</td>
</tr>
<tr>
<td>Least Out Of Pocket Expense</td>
<td>Control Total Costs / Variability</td>
<td>Fairest Reimbursement to Provide Quality Patient Care</td>
</tr>
<tr>
<td>Education and Engagement of the Patient in the Care Plan</td>
<td>Productivity / Survivorship</td>
<td>Compensated for Cognitive Services Including Treatment Planning, End of Life Care and Survivorship.</td>
</tr>
<tr>
<td>Best Quality of Life</td>
<td>Meaningful Proof of Quality / Value</td>
<td>Less Administrative Burdens</td>
</tr>
</tbody>
</table>
Quality, Value, Outcomes Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care Measures</td>
<td>% of cancer patients that received a treatment plan prior to the administration of chemotherapy.</td>
</tr>
<tr>
<td></td>
<td>% of cancer patients with documented clinical or pathologic staging prior to initiation of first course of treatment.</td>
</tr>
<tr>
<td></td>
<td>% of chemotherapy treatments that have adhered to NCCN guidelines or pathways.</td>
</tr>
<tr>
<td></td>
<td>Anticholinergic drugs given appropriately with highly emetogenic chemotherapy treatments.</td>
</tr>
<tr>
<td></td>
<td>% of cancer patients undergoing treatment with a chemotherapy regimen with a 20% or more risk of developing neutropenia that also received GCSF/white cell growth factor.</td>
</tr>
<tr>
<td></td>
<td>Resource Utilization</td>
</tr>
<tr>
<td></td>
<td># of hospital admissions per chemotherapy patient per year.</td>
</tr>
<tr>
<td></td>
<td>Survivorship</td>
</tr>
<tr>
<td></td>
<td>% of chemotherapy patients that received psychosocial screening and received measurable interventions as a result of the psychosocial screening.</td>
</tr>
<tr>
<td></td>
<td>Survival rates of stage IV breast cancer patients.</td>
</tr>
<tr>
<td></td>
<td>Survival rates of stage IV colorectal cancer patients.</td>
</tr>
<tr>
<td></td>
<td>Survival rates of stage IV NSCL lung cancer patients.</td>
</tr>
<tr>
<td></td>
<td>End of Life</td>
</tr>
<tr>
<td></td>
<td>Average # of days under hospice care (home or inpatient) at time of death.</td>
</tr>
<tr>
<td></td>
<td>% of patient deaths where the patient died in an acute care setting.</td>
</tr>
<tr>
<td></td>
<td>A measurement of chemotherapy given near end of life.</td>
</tr>
</tbody>
</table>

Oncology Medical Home Summary

Model
- Identify Stakeholder Needs
- Define Model Elements
- Develop Certification/Recognition

Measurement
- Develop Quality/Value Measures
- Develop Patient Satisfaction Tool

Implementation
- Develop Practice Implementation Guide
- Identify Vendors
- Categorize Tools

Payment
- Identify Viable Payment Models
- Develop Private Payer Templates
- Develop Medicare Model
What:
A Website to Promote...

- Quality and value in cancer care
- Delivery of the right care, at the right time and at the right place
- All good things in cancer care
What:
A Website to Assist...

- **Providers**
  - OMH information and tips
  - Patient management resources
  - Patient assistance resources
  - Practice management resources
  - Patient satisfaction tools and benchmarking

- **Patients**
  - OMH Information

- **Payers** –
  - OMH information
  - Secure portal to view authorized benchmarks

www.MedicalHomeOncology.org
What:
A Website to provide

- A place for practices to send quality scores
- A place for patients, physicians and insurance groups to learn more
- A secure place for cancer centers to see how they are doing compared to other cancer centers
- A secure place for insurance companies to see how well their preferred cancer centers are doing
Current Initiatives

- **Pennsylvania - John Sprandio**
  - The oncology medical home pioneer
  - Measuring quality and value (costs)
  - Incentive based reimbursement

- **Michigan**
  - Priority Health (regional insurance company) with multiple practices
  - Base pay, case management, incentives on positive outcomes.

- **Come Home Project – Barbara McAneny M.D.**
  - National cancer care quality grant from the Center of Medicare and Medicaid Innovation (CMMI)
  - Value focus with patient satisfaction

- **COA observing, offering assistance, and learning the lessons from all to develop an agnostic model that all can use**

Payment Reform

- **Solutions for Medicare, Medicaid and Private Payers**

- **Components**
  - Pay for Reporting
  - Pay for Performance
  - Sharing in quantified savings

- **Provide appropriate, realistic incentives**

- **Provide appropriate, realistic reimbursement**

- **Incent patient engagement and feedback**

- **Align incentives for it to be a WIN-WIN for patients, physicians and ALL payers**
In Summary

- Developed by leadership with good knowledge and understanding of cancer care
  - Scalable to ALL cancer care providers
  - Minimal administrative burden
  - Minimal financial burden
- Goals of
  - Enhancing cancer care from all
  - For the benefit to all
  - With proof of enhanced care
  - Through measured quality, value, outcomes
- Establish the bar for all to aim at
- While continuing to raise the bar

OMH Next Steps

- Continue to enroll practices/centers
- Continue to identify resources that can assist
- Benchmark more OMH quality and value measures
- Promote automated submission of quality data
- Identity a “recognition” entity
- Add feature to “Find an oncologist”
- Continue to promote and implement reward based payment reform
Thank You!

Bo Gamble
Dir. of Strategic Practice Initiatives
Bgamble@COAcancer.org

www.CommunityOncology.org (COA)
www.CAN.CommunityOncology.org (CAN)
www.COAadvocacy.org (CPAN)
www.facebook.com/CommunityOncologyAlliance