



**PAYER EXCHANGE SUMMIT**  
**ONCOLOGY PAYMENT REFORM**  
OCTOBER 28-29, 2019 | TYSONS CORNER, VA

# A VISION FOR THE FUTURE: THE “OCM 2.0” & ONCOLOGY MEDICAL HOME (OMH)

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**(A.K.A. What features of an APM should practices demand as they negotiate for alternative payment models?)**



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# WHAT IS IT?

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- Comprehensive plan to continue the reformation of cancer care.
- Emphasis on:
  - Standards for the effective high-quality cancer care
  - Efficient delivery of this care
  - Efficient payment models
  - Effective payment models
  - Applicable for...
    - Care teams – all types
    - Payers – all types
    - Employers – coalitions, jumbo, other



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# HIGH-QUALITY CARE STANDARDS

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- *NEW* Oncology Medical Home (OMH) – with American Society of Clinical Oncology (ASCO)
  - Standards
    - Patient engagement
    - Availability and access to care
    - Evidenced-based care
    - Comprehensive team-based care
    - Quality improvement
    - Palliative and end-of-life care
    - Chemotherapy safety
  - On-site review for compliance
  - Ongoing review of progress and improvements
  - Patient feedback



# SAID DIFFERENTLY...

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- Continue the transformative care that is obvious in the OCM and other models
- Plus
  - Universal appeal and adaption
  - Integrate standard measures as evidence of transformation
- Designed specifically for cancer care



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# EFFICIENT DELIVERY OF CARE

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- Comprehensive, appropriate and timely patient communications
  - Treatment plan
  - Survivorship
  - End of life
- 24/7 access to care
- Coordinated care through entire journey
- Promotion of high value sites of care/services
- Minimize:
  - Unnecessary ED visits
  - Unnecessary hospitalizations
  - Duplication of tests



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# EFFICIENT PAYMENT MODELS

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- Efficient gathering and reporting of quality/value of process/outcomes measures
  - ASCO QOPI/QCDR measure repository
  - All patients for all payers and payer types
- Timely feedback – monthly/quarterly feedback reports
- Identifiable and actionable goals – outliers more easily identified and addressed
- Lessen the dependence on outside model support - guidance versus interpretation
- Methodology understood by different stakeholders – payers, employers etc.



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# EFFECTIVE PAYMENT MODELS

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- Pilots for value-based arrangements between care teams and science companies
  - 6 drug companies are officially interested
  - Others have expressed interest

## ADMINISTRATION UNVEILS OVERHAUL OF FRAUD AND ABUSE

**RULES:** The much-anticipated revamp of decades-old regulations aims to make it easier for providers to coordinate patient care and anticipates the move toward more value-based payment arrangements.

- Attribution – replace pre-certification
- Risk methodology – comorbidities/complications
- Benchmarking – relative accomplishment



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# EFFECTIVE PAYMENT MODELS

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- Inclusion/exclusion criteria
- Outliers/winsorization
- Address the cost of therapies – oral and IV
- Address the total cost of care



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# APPLICABLE FOR

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- The next CMMI OCM
- Other Federal programs
- State, regional commercial payers
- Self funded employers with traditional payers
- Employers interested in value-based arrangements
- Employer coalitions



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# OCM 2.0 STATUS UPDATE

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- Given a rapidly changing OCM environment
  - Upcoming major decision regarding two-sided risk in the OCM;
  - Possible decrease in participation in the OCM; and
  - Methodology issues within the OCM that are currently being addressed.
- COA has requested to significantly augment the OCM 2.0 PTAC application.
  - Will allow COA to adapt model to new developments in OCM; and
  - Prepare more in-depth model in response to PTAC questions.



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# QUESTIONS?