Practice Survey & Perspectives: The Oncology Care Model and the Future of Cancer Care

To assess the impact of the Oncology Care Model (OCM), the Community Oncology Alliance (COA) conducted a survey of member practices. The OCM is a federal payment and delivery reform initiative run by the Centers for Medicare & Medicaid Services (CMS) Innovation Center’s (CMMI) oncology. COA launched a major support initiative effort behind the OCM when it first started in 2016, offering free tools, resources, and knowledge to practices implementing the OCM.

With the OCM scheduled to end on June 30, 2022, COA wanted to understand how practices have been affected by the OCM, both positively and negatively, and how the end of the OCM and accompanying Monthly Enhanced Oncology Services (MEOS) reimbursement might change practice operations.

As of July 2, 2021, 126 practices were participating in the OCM. Of those practices, 83 responded to the survey, of which 78 had participated in the OCM and 73 are still participating. This report reflects the feedback of the 51 that completed the entire survey. The average respondent employed 41 MDs and 178 full-time equivalent physicians at an average of 12 locations.

Results:

Participants were asked survey questions about the impact of the OCM on cancer care, whether they would choose to continue in the OCM, and anticipated reductions in service upon the conclusion of the program.

Respondents were asked to rate, using a scale of 0-100 (0 – No impact, 100 – Tremendous impact), the impact of the OCM on five categories: Patient Experience, Operational Efficiencies, Consistency on Cancer Treatments, Reduced Total Cost of Care, and Addressing Health Disparities. The average response for all categories (see below) about the impact of OCM on these areas was significant, indicating positive effects stemming from the OCM:

- Patient Experience: 62
- Operational Efficiencies: 56
- Consistency on Cancer Treatments: 56
- Reduced Total Cost of Care: 49
- Addressing Health Disparities: 45

Overall, practices indicated that the OCM transformed the patient experience for the better by comprehensively addressing patient needs and disparities. In follow-up comments, one respondent summarized the OCM as, “a good start that needs to be built upon.”
This sentiment was echoed throughout the survey responses, as well as disappointment that the Centers for Medicare & Medicaid Services was not continuing the OCM or providing plans for a successor model.

Practices were asked if they would continue in the OCM if financial support in the form of MEOS payments were reduced or eliminated:

- 84% said yes, as it is currently operating, with full MEOS payments.
- 80% said yes, even if MEOS payments were reduced by half.
- 27% were willing to continue without any MEOS payments.

When asked what impact the end of the OCM would have on reducing or eliminating certain services, respondents indicated that care planning, survivorship planning, and nurse navigators would be most impacted. One practice noted that, while they didn’t expect to eliminate any staff, they would be “extremely limited when it comes to adding any new staff, specifically when it comes to support services. That becomes a problem as our practice grows and all sites expect to have the services we’ve offered because of OCM income.” Other respondents said staff would be reassigned.

Given the opportunity for open-ended comment on the impact and conclusion of the OCM, many responses indicated that the OCM helped practices integrate patient perspectives and mitigate external factors like financial or social toxicities. Many revealed a fear that staff now considered an essential part of the care routine would be reassigned or lost (“Lay navigator and program coordinator will be reassigned to different areas within hematology/oncology,”) or that access to care would be reduced (“Ability for Medicare patients to access both Sat and sun of the weekend will likely conclude.”)

When specifically asked about the reduction of services after the OCM conclusion, the average response showed practices reducing key positions like care planner, survivorship planner, and nurse navigator by roughly 25%.

Participants were also asked to indicate how the OCM has influenced, or will influence, past, present, and future value-based care. The majority of respondents indicated a worry that the lack of a successor model would delay future models or cause private payers to avoid creating new models over lack of government support. “It would have been good to have another program to transition to in order to keep the focus on value-based care.” “All payers have been looking to CMMI to provide direction for future models, and because they have not done so, payers are holding off on new models.”