THE NOW & FUTURE OF ONCOLOGY PAYMENT REFORM

Bruce Gould, MD
President, Community Oncology Alliance
CANCER MORTALITY OVER 25 YEARS

Lung cancer death rates by sex

Breast and prostate cancer death rates

Colorectal cancer death rates by sex

All-sites cancer death rates by sex
DECLINE IN STAGE IV MELANOMA MORTALITY

Yervoy – $130K
Anti PD1 drugs – $150K
The number of cancer survivors is expected to increase from 11.7 million in 2007 to 18 million by 2020.
CARE COST BREAKDOWN

Source: Based on Milliman analysis of the 2004-2014 Truven MarketScan data and Medicare 5% sample data
CONSOLIDATION OF CANCER CARE IS A REAL ISSUE

2010

2016
KEY ATTRIBUTES OF THE ONCOLOGY MEDICAL HOME (OMH)

• The clinical team “quarterbacks” the patient care which leads to an enhanced patient experience
• Provides the payers better value for their Healthcare dollar
• Alignment of financial incentives so that community oncology practices can stay independent and expert cancer care can remain close to home
ONCOLOGY MEDICAL HOME ACCREDITATION PROGRAM

Benefits and Importance of Accreditation

- Important for **validation** of compliance of standards.
- Assures **appropriate structures and processes** are in place.
- Promotes **best practices**.
- Identifies areas needing **improvement**.
- Improves **efficiency** of care.
- Improves patient and other stakeholder **confidence** in the **quality** of care.
ELIGIBILITY REQUIREMENTS

ER1: The Oncology Medical Home (OMH) Practice leadership, including administrators and physicians, support the OMH concept, and adopt policies and procedures to achieve OMH accreditation.

ER2: The OMH practice utilizes a certified Electronic Health Record (EHR) as defined by the Centers for Medicare and Medicaid Services (CMS).

ER3: The OMH practice submits applicable data annually to verify compliance with mandatory performance measures.
Eligibility Criteria Similar to Commission on Cancer criteria for hospital based cancer programs:

5 Domains of Care

- Patient Engagement
- Expanded Access
- Evidence Based Medicine
- Comprehensive Team Based Care
- Quality Improvement
DOMAIN 1: PATIENT ENGAGEMENT

Standard 1.1: Patient education about the OMH benefits

Standard 1.2: Financial counseling services availability

Standard 1.3: Patients education and involvement in their care planning

Standard 1.4: Patient portal

Standard 1.5: Specialty trained nurses
DOMAIN 2: EXPANDED ACCESS

Standard 2.1: New and established patients can easily access the OMH Practice and their providers.
DOMAIN 3: EVIDENCE BASED MEDICINE

Standard 3.1: Evidence-based treatment guidelines and/or pathways are used for treatment planning.

Standard 3.2: Clinical trials.
DOMAIN 4: COMPREHENSIVE TEAM BASED CARE

Standard 4.1: The medical oncologist directs the patient’s team based-care within the Oncology Medical Home Practice, and manages or co-manages the inpatient team-based care.

Standard 4.2: Practice establishes relationships with outside providers for management of urgent non-oncology problems.

Standard 4.3: The Oncology Medical Home shares diagnosis, treatment, and follow-up data with the COC.

Standard 4.4: Psychosocial distress screening and intervention.

Standard 4.5: Patients receive a treatment summary and survivorship care plan at the end of treatment.
DOMAIN 5: QUALITY IMPROVEMENT

Standard 5.1: Practice has a process in place to record, review and monitor completeness of clinical data for quality improvement activities.

Standard 5.2: Patient satisfaction survey semiannually

Standard 5.3: Annually, the Oncology Medical Home Practice performs one quality improvement study associated with clinical improvement activities.
ACCREDITATION SURVEY VISIT

- Review OMH Program, Standards and Performance Measures
- POC Meeting and Staff Interviews
- Review of Application and P&Ps
- Practice tour
- Chart reviews

SUMMATION
COME HOME PILOT

- A demonstration of the OMH concept
- One of two, first round CMMI demonstration awards
- Grantee Dr. Barbara McAneny and IOBS
- $19,000,000 grant
- Seven practices with a national footprint
ANALYSIS OF COME HOME

• Reduction in ER and Hospital readmissions
• Triage pathways improved workflow
• Patients appreciated the capacity for urgent care and extended hours
• Elements of the model were incorporated into the OCM
  – Patrick Conway, CMS Blog, May 12, 2015
Thank you to our Supporters!