Summary of Key Points

- Medicare and public payers are moving medicine towards *measured* accountability
  - Quality (*including the patient experience*)
  - Value (*weighed by cost*)
- Oncology needs to define quality and value
  - *Either lead or be led!*
- The government’s model for ACOs has functionally left out oncology
- The oncology medical home is a viable model for oncology
  - Evolutionary, not revolutionary
  - All about process first — delivering quality & value — and payment fit to process
  - Accommodates different payment approaches
  - Solution for Medicare and private payer reimbursement dilemmas
  - Allows oncology to lead change, not be led by change
Scoring Health Care Delivery

- Days of playing “golf” without a “score card” are over
- 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

Hospital Compare

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

Physician Compare Provider Profile


Oncology Medical Home

Hospital Value-Based Purchasing

- All hospitals’ DRG payments reduced
- Participating VBP hospitals eligible for incentive payments out of DRG reduction pool
  - Payments begin 10/12
  - Comparison to baseline period
- Payment based on measures falling into 2 areas
  - Clinical process of care (70%)
  - Patient experience of care (30%)
- Hospitals benchmarked against each other

Oncology Medical Home
MD Quality & Use Resource Report

Physician Value Based Modifier

Value Modifier Scoring

Combine 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

Quality of Care Composite Score

Cost Composite Score

Value Modifier Amount

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

- Medicare and private payers are moving towards payments based on performance
  - Outcomes
  - Value
    - Emphasis on reducing costs!
  - Quality
  - Patient Satisfaction

- You are going to be measured...
  - Do you want to define the measurements or have them established for you?

- All want comprehensive solutions.

Pathways Effective but Only Part of the Solution
“Won’t You Be My Neighbor”

Medical “Neighborhood” versus Medical “Home”

Accountable Care Organizations (ACOs)

- Think of the ACO as the “medical neighborhood”
  - Different provider “neighbors” working together to spruce up the neighborhood
  - Medicare ACO model not defined by “process” but by “payment”
    - The defining payment model is “shared savings”
    - If you produce $$$ savings you get to keep a portion
      - Providing you meet quality targets
    - Providers on their own to figure out the process of making this happen
      - Savings
      - Quality
    - Some but few ACO’s folding in Oncology
CMS/Medicare Model for ACOs

- **Big picture**
  - Primary care driven
    - Specialists cannot take the lead in forming an ACO but can participate in it
    - Clearly is driven by primary care and large integrated systems
  - Some easing of anti-trust provisions designed to hinder coordination of care in the first place
  - Share in the savings if quality metrics (33) are met
  - Take on more risk, more potential return
- "Cancer" mentioned only 15 times in 694 pages!
- Not a comfortable fit for cancer care

The Oncology Medical Home Model

- **Think of the Medical Home as the house**
  - Oncology practice becomes the “medical home” for the cancer patient
    - Oncologist does not treat all diseases but coordinates the care among other treating physicians
  - It’s all about the processes that will improve quality and reduce costs
    - And measuring those processes
  - Defined by process, not payment model
    - Different payment models can be utilized to measure success
Oncology Medical Home
Versus Current Reality

- Most oncology practices already function to 80-85% of the medical home model
  - Center of the patient’s world
  - Care coordination
- What’s typically missing?
  - Going the “next step” in care coordination
  - IT support focused on the patient
  - **Measurement**
    - Quality
    - Value
    - Patient satisfaction
  - **Process improvement**
    - Benchmarking

Proof of OMH Viability in Actual Practice

- Dr. John Sprandio has made his practice a patient-centered oncology medical home
  - Re-engineered the process of care
  - Imbedded IT functionality
  - Increased physician efficiency through standards
  - Promoted a culture of physician accountability and “time, touch and teaching”
  - Placed a constant focus on patient-related disease management and coordination of care
  - Measuring quality and value (costs)
  - Working with private payers on contracting/reimbursement
- **PriorityHealth contracting with Cancer & Hematology Centers of Western Michigan**
- **CMMI award for oncology - Barbara McAneny M.D.**
Assignments for Oncology

- Define exactly what is quality and value in cancer care and measure it
  - Lead; don’t be led on this
- Put value and evidence-based medicine in the context of a model that works for cancer care
  - Model needs to work for clinical & business operations
  - Lead; don’t be led on this
- Implement new, viable payment models
  - Examples — shared savings, bundled, episode of care
  - Lead; don’t be led on this

Steps to Evolving into a Medical Home

- Mindset change to go the next step
  - Care coordination
  - Patient focus
    - Education
    - Satisfaction
- Measuring what you do
  - Quality
  - Value
- Continuous process improvement
  - Benchmarking
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
    - Benchmarking measures over time
  - Patient satisfaction
- 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
Steering Committee

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

Implementation Team

- Carol Murtaugh RN OCN, NE (Chair)
- Kent Butcher, OK
- Kristy McGowan, UT
- Maryann Roefaro, NY
- Donna Krueger, IL
- John Hennessey, KS
- Alice Canterbury, SC
- Marissa Rivera, CA
Progress to Date

- Identified, recruited, and implemented the Steering and Implementation Committees
- Defined stakeholder needs in cancer care
  - Patients
  - Payers
  - Providers
- Steering Committee endorsed 16 quality, value outcomes measures
- Developed patient satisfaction tool
- Developing practice tool kit and implementation guide
- Developed a payment reform task force of physicians and administrators.
- Discussing “Recognition” with certification entities.

Closer Look at the Progress

- Stakeholder input on what they want from cancer care
- Identifying the core quality and value measures
- Payment models
- Implementation team tasks
A closer look:
What Patients Want from Cancer Care

- Best possible treatment outcome
- Best quality of life
- Oncologists with the 3 A’s
  - Available
  - Affable
  - Able
- Honesty about diagnosis and prognosis
- Education and engagement of the patient in the care plan
- Coordination of care
- Least amount of pain, toxicity, and hospitalizations
- Timely communication of test results

A closer look:
What Patients Want from Cancer Care

- Best office experience
  - Wait times minimized
  - Easy access to staff and office via locations and responsive triage
  - Friendly, compassionate, and competent staff
  - Comfortable and homey physical setting
  - Supportive care services
- Least out-of-pocket expense
- Comprehension of insurance benefits and options
A closer look:

**What Payers Want from Cancer Care**

- Member satisfaction and experience
- Best possible clinical outcomes
- Ensure that treatments given are evidence-based and most cost effective
- Control *total* costs and variability
- Care in the lowest cost setting
- Productivity and survivorship
- Meaningful proof of quality and value (cost savings)

A closer look:

**What Providers Want from Cancer Care**

- Best outcome for the patient
- Safety
- Fewest hospitalizations
- Satisfied patients and family
- Less administrative burdens
  - No pre-certs, peer-to-peer for radiology etc.
- Less interference by third parties
  - Pay for practice navigators
- Help with patient assistance
- Fairest reimbursement to provide quality patient care
- Compensated for cognitive services, including treatment planning, end-of-life care and survivorship.
A closer look:

**Quality, Value, Outcomes Measures**

<table>
<thead>
<tr>
<th>COA Medical Home Measure</th>
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<tbody>
<tr>
<td>% of chemotherapy treatments that have adhered to NCCN guidelines or pathways.</td>
</tr>
<tr>
<td>% of cancer patients with documented clinical or pathologic staging prior to initiation of first course of treatment.</td>
</tr>
<tr>
<td># of emergency room visits per chemotherapy patient per year.</td>
</tr>
<tr>
<td># of hospital admissions per chemotherapy patient per year.</td>
</tr>
<tr>
<td>% of patient deaths where the patient died in an acute care setting.</td>
</tr>
<tr>
<td>Average # of days under hospice care (home or inpatient) at time of death.</td>
</tr>
<tr>
<td>% of patients that have Stage IV disease that have end-of-life care discussions documented.</td>
</tr>
<tr>
<td>Survival rates of stage I through IV breast cancer patients.</td>
</tr>
<tr>
<td>Survival rates of stage I through IV colorectal cancer patients.</td>
</tr>
<tr>
<td>Survival rates of stage I through IV NSCL lung cancer patients.</td>
</tr>
<tr>
<td>% of cancer patients undergoing treatment with a chemotherapy regimen with a 20% or more risk of developing neutropenia and also received GCSF/white cell growth factor.</td>
</tr>
<tr>
<td>% of chemotherapy patients that received psycho/social screening and received measurable interventions as a result of the psycho/social screening. This screening to be completed through an endorsed and recognizable program or procedure.</td>
</tr>
</tbody>
</table>

A closer look:

**Measures — Patient Satisfaction**

- Based on [c-HPS](#)
- Organized and standardized for cancer care
- Timeliness of care and responses
- General satisfaction
- Automated if/when possible
- Benchmarked
- Being tested by 5 sites
A closer look:

Payment Reform Task Force

- Go beyond
  - Pay for Reporting
  - Pay for Guideline Adherence
  - Pay for Episode of Care
- Provide appropriate, realistic reimbursement
- Recognize and reward quality, value, and positive outcomes.
- Do not prioritize cost savings over best patient treatment
- Incent patient engagement and feedback
- Do not further destabilize the unstable Medicare pricing system leading to drug shortages

A closer look:

Project Summary
How to get there from here

Step 1 – Read Up on the Subject

- Medical Home: Disruptive Innovation to a New Primary Care Model – Deloitte Center for Health Solutions
- Oncology Patient-Centered Medical Home and Accountable Care Organization – Community Oncology, 12/10
- Early Evaluations of the Medical Home: Building on a Promising Start – American Journal of Managed Care, 2/11
- Pathways, Outcomes, and Costs in Colon Cancer: Retrospective evaluations in Two Distinct Databases – JOP, 5/11 Supplement
Step 2 — Start Thinking Differently

- **New Twist on Policies/Procedures**
  - New Patients
  - Tracking Results
  - Active /Inactive Patients
  - End of Life Care
  - Other

- **Market your uniqueness**
  - They don’t know what they don’t know...
    - Local payers
    - Large employers
    - Hospice organizations
    - etc.

- **Official Chant** – “Quality... value... quality...value”

Step 3 — Get Busy (Or busier)

- **Patient Management**
  - GPO Tools
  - Patient Portal
  - Pathway Compliance
  - ASCO QOPI
  - Medicity, Inexx — Information Exchange Tool
  - ASCO Survivorship Templates

- **Patient Assistance**
  - ACCC Patient Advocacy Assistance Guide
  - NCCN Patient Guides
  - NCI Patient Guides/Tools
  - ASCO Managing the Cost of Care
  - 5 Wishes
Step 3 — Get Busy

- Practice Management
  - Readiness Assessment
  - GPO Tools
  - National Business Group on Health (NBGH) – Cancer Toolkits
  - E&M Audit Tools
  - Clinical Trials Tools
  - ONS Telephone Triage Guidelines
  - Draft Letters to:
    - Employers
    - Payers
    - Other
  - Patient Satisfaction Survey
  - Consulting Services/Tools

Thank You!

Bo Gamble
Bgamble@COAcancer.org

Coming soon…. www.medicalhomeoncology.org

CMS Proposed Fee Schedule Model Available

Hill Day on 09/19/12

www.communityoncology.org (COA & CAN)
www.COAdvocacy.org (CPAN)
www.facebook.com/CommunityOncologyAlliance
www.facebook.com/StopCancerCareCuts