Overheard at the ACCC OCM Workshop

BY LEAH RALPH

Last month, at the ACCC 43rd Annual Meeting, Oncology Care Model (OCM) practices came together at an OCM Workshop to share updates, pain points and successes, and to collaborate on innovative approaches to meeting OCM requirements.

Participation in the OCM has been likened to "training for a marathon," requiring cancer programs to do an honest self-assessment of their financial and operational capabilities, and double down on their investment in workflows, staffing, and data collection—all while trying to reduce costs and meet a number of beneficiary-level reporting requirements. EHRs (electronic health records) play a critical role in these efforts, and practices are finding that much of the quality and clinical data CMS is asking for is not readily accessible, requiring time-consuming chart abstraction and manual reporting. In addition to data analytics, other major challenges include staffing, investment in IT systems, and clinician education and engagement. Some practices have hired full-time patient care coordinators—similar to a research coordinator for a clinical trial—to manage OCM requirements, including identifying and tracking patients, coordinating episodes and required measures, and billing the monthly enhanced oncology services (MEOS) payments.

While the OCM's policy goals—improving care quality and reducing costs—are the right ones, operationalizing the program has proven to be far more complex than originally anticipated, even by CMS. And, like all major payment reform initiatives, course corrections will be needed along the way.

But despite challenges, ACCC OCM Workshop participants are also finding that the "practice transformation" requirements are strengthening their programs. Many have taken a "good, hard look" at palliative care and pain documentation, care coordination, and end-of-life conversations. Others have implemented social work and dietitian services that were not previously available to patients. While many cancer programs were doing these activities in some form before the OCM, this demonstration program has made these components robust and consistent, improving patient care. One practice called it an "awesome byproduct" of the program.

Another byproduct? Practices are also finding that the OCM is creating an imperative for the C-suite to make certain investments and providing leverage with EHR vendors; requests that were previously considered optimization items are now considered "must haves" to meet OCM requirements.

In March 2017 OCM practices faced their first big data reporting deadline, and later in the month received their first feedback reports following the first episode of care, breaking out cost per episode and comparing performance to other OCM practices. The data came in a format that was not easy to interpret, and required several practices to outsource the data analysis and interpretation. With the feedback reports practices are seeing their spending on OCM patients, and getting a sense of how they may fare with performance-based payments down the road, but practices won't see reconciliations against target prices until early 2018.

Where OCM practices succeed and struggle carry important implications for all cancer programs and the movement to value-based care. One practice called the OCM "the pebble in the pond for us." We should all be watching closely. And taking notes.

For more information, visit ACCC's OCM Collaborative at accc-cancer.org/OCM. All OCM participating programs are invited to join our online community at ocmcollaborative.org to hear what else your colleagues are saying. OI

Leah Ralph is ACCC Director of Health Policy.