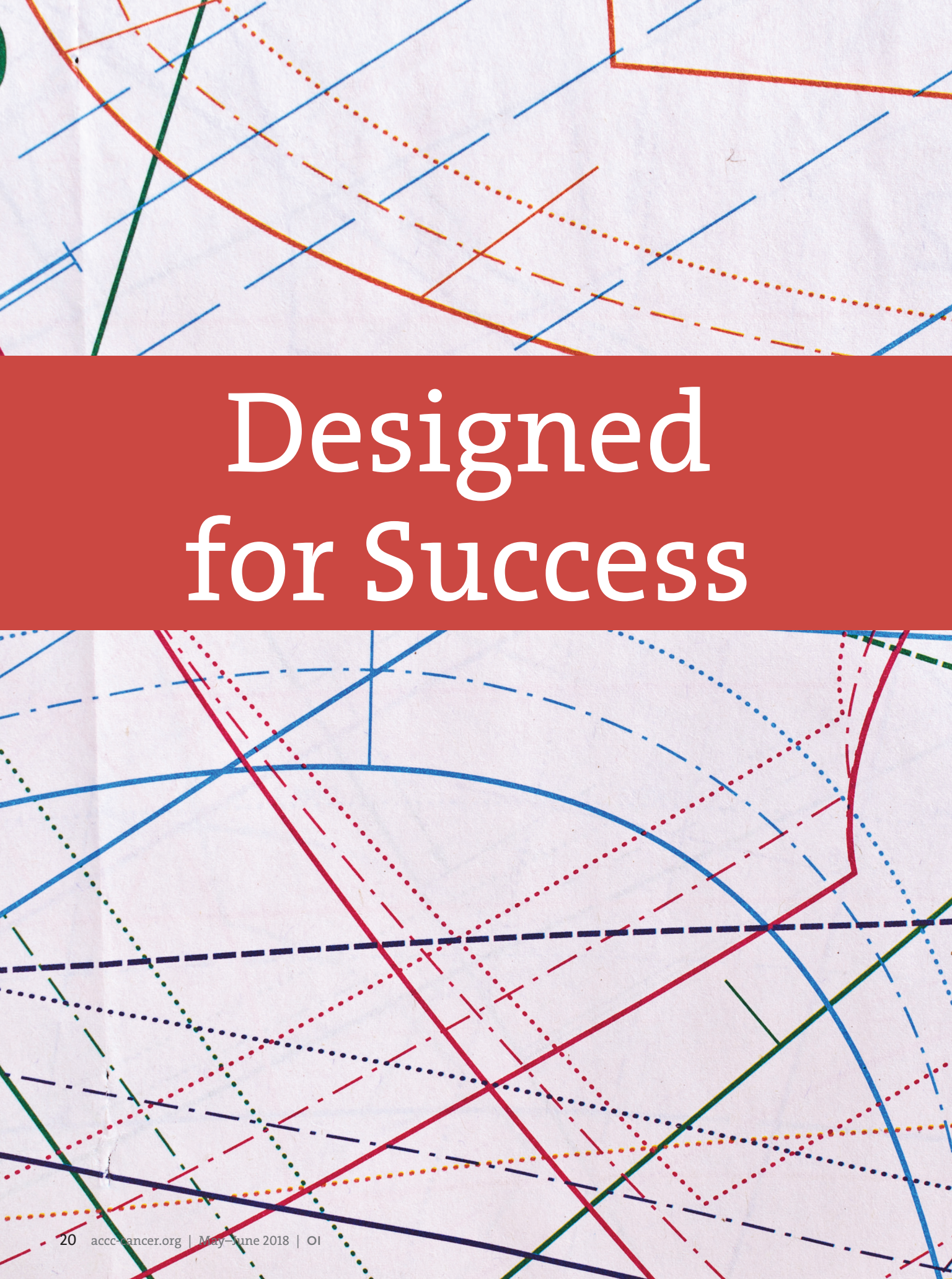

Designed for Success

BY JESSA DUNIVAN AND SIBEL BLAU, MD

A research-based approach to meet OCM requirements

As the country struggles to address the current state of a healthcare system that is fragmented, inefficient, inaccessible, and extremely expensive, the move from a fee-for-service (or volume-based) model to a value-based model is gaining momentum. The basic idea is that providing *better* care instead of *more* care will not only be sustainable financially but will also result in improved outcomes and more satisfied patients. The 2010 Affordable Care Act catalyzed this transformation and helped launch an array of federal health reform initiatives with an early focus on cancer care.

Cancer care has been targeted as one of the greatest opportunities to reduce variability in cost and outcomes via alternative payment models. Among those new payment models is the Center for Medicare & Medicaid Innovation (CMMI) Oncology Care Model (OCM), which aims to improve care and lower costs through episodic and performance-based payments that reward high-quality patient care. In 2016 nearly 200 physician group practices voluntarily entered the OCM and will face financial and performance accountability for episodes of care surrounding chemotherapy administration to cancer patients. The providers participating in the OCM have committed to focusing on patient-centered services that improve the patient experience and health outcomes, while lowering the cost of care. CMMI identified three primary goals for the care of this medically complex population:

1. Better care
2. Smarter spending
3. Healthier people.

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The Vision of Northwest Medical Specialties

When Northwest Medical Specialties joined the OCM, we knew that success was going to require extensive transformation to the way our practice delivered care—marking the end of business as usual. With six locations across the south Puget Sound area, 10 medical oncologists, 11 mid-level providers, and 1,700 new oncology cases per year, we understood that it was going to be a challenge. To meet this challenge, we adopted a proactive approach to the five-year experimental model.

At the outset of the OCM, our practice recognized that the aims of the program—better care, smarter spending, and improved outcomes—should be true for *all* of our patients. Accordingly, we worked to develop a new patient-centered oncology care model that focused on providing the highest quality patient care while driving down the cost of cancer care and that could, eventually, be expanded to all patients. This entailed adding new dedicated resources, creating innovative solutions, and onboarding technology to continually drive practice transformation.

The Transformation: People, Process, and Technology

Though the OCM promotes innovative, coordinated, and high-quality care, the program is at the same time confusing and complicated. CMMI's stated intent is to "utilize appropriately aligned financial incentives to enable improved care coordination, appropriateness of care, and access to care for beneficiaries undergoing chemotherapy." But how do those words translate into practice?

CMMI provided a structured set of requirements that participating practices needed to follow. It also provided a contract that outlined which patients qualified for the OCM program, what data needed to be collected from different groups of patients, and when to gather these data and report on them. CMMI did not provide or identify a method for how to do so.

Northwest Medical Specialties has ongoing value initiatives, participating in payer programs with Aetna and Premera. We are also one of only 10 practices to receive the National Committee for Quality Assurance's (NCQA) Oncology Medical Home Recognition, so we already had a head start on the path to value. We began by identifying the factors needed for success under the OCM:

- Delivering coordinated care to control costs, with a primary focus on preventing unnecessary emergency department (ED) visits
- Coordinating a multidisciplinary care team to provide comprehensive care
- Tracking activities to make sure the practice was complying with the requirements of the program and able to report back to CMMI.

Keeping patients out of the emergency department is extremely important for effective and efficient patient care, because the effects of chemotherapy can be misunderstood by an ED physician and can lead to unneeded tests and overreactions to side effects that may be treated differently for an otherwise healthy person. Keeping patients out of the ED can also help lower the cost of care. For example, the Pennsylvania practice, Consultants Medical Oncology and Hematology, PC, realized about two thirds of its cost savings by reducing avoidable hospital events during its participation with the NCQA Oncology Patient-Centered Medical Home program (see Table 1, right). With enhanced services, resources, and systems, Northwest Medical Specialties looked to achieve similar results, delivering the right care at the right time. In addition to changing the care we provided and how we provided it, the practice still needed to figure out how to track and comply with complex and seemingly ever-evolving OCM program requirements.

As the team of Northwest Medical Specialties discussed its approach to meeting OCM requirements, we realized that the program required rigor and processes like those found in clinical research programs, and an idea surfaced. Employing practices, procedures, and rules commonly used by those who work in a clinical research setting looked like a promising avenue for OCM implementation. After adjustments and tweaks to our clinical trial management system, we soon found that it could be a tool to help our practice meet OCM requirements. Based on the OCM quality measures, we leveraged our clinical trial management system in an unconventional way, tracking and quantifying the required data for each patient enrolled in the OCM.

Table 1. Cost Savings Reported by Consultants in Medical Oncology and Hematology after Participating in NCQA's Oncology Patient-Centered Medical Home Program[1]

Source	% Cost Reduction
Drug pathways compliance	1.0% to 3.0%
Avoidable ER utilization	0.6% to 1.1%
Avoidable hospital admissions	4.0% to 7.0%
Diagnostics (imaging, lab)	0.2% to 0.5%
End-of-life care management	0.9% to 1.9%
Total potential savings	6.7% to 13.5%

[1] Source. Sprandio JD. Consultants in medical oncology and hematology. Oncology patient centered medical home analysis of OPCMH savings conducted by third party actuary, 2010. *J Oncol Pract*. 2012;8(3S): 47s–49s.

The Importance of a Comprehensive Team Approach

The ability to effectively track and quantify data is not the end of our story. Northwest Medical Specialties also recognized the need for a team approach, including up to seven different roles to be filled, and a need to identify who in the practice would be responsible for what. This approach ensures that nothing is missed and that tasks are being completed according to individual expertise. The OCM team the practice developed is comprehensive and allows each member to operate at the top of their license and/or skill set. Our OCM team consists of:

- Medical oncologists
- Mid-level providers
- Triage staff
- Social workers
- Financial counselors
- Patient care coordinators
- Case managers.

These roles are all important to the success of each patient—especially in a value-based model that requires:

- Patients to have trust in the care team
- Patients to buy in and understand their treatment plan
- Providers to meet the psychosocial needs of their patients

- Providers to address the financial concerns of their patients
- Patients to know what do and who to contact if they need medical assistance during treatment.

In addition to assisting our patients in these important ways, our practice assigned a case manager and a care coordinator to each OCM patient. These two roles have been critical to ensuring that what needs to happen for compliance is, in fact, happening and that care is being delivered in an efficient and high-quality manner.

A Closer Look at Patient Care Coordination and Management

Our patient care coordinators play a key role helping our practice meet OCM requirements. Northwest Medical Specialties currently has 620 patients in an active OCM episode. Though each person on the care team has his or her individual responsibilities, patient care coordinators are the team members tasked with making sure that all tasks are done accurately and in the appropriate time frames—very similar to a research study coordinator. This responsibility can include screening for new starts, tracking and coordinating required quality measures, working with case management, monitoring program changes, data entry, and more.

In the early model the practice developed, the patient care coordinators entered the required quality measures into the clinical trial management system, resulting in a clear roadmap of the tasks that needed to be accomplished for each patient that was like the schedule of assessments found in a research protocol. Because an episode is six months long, Northwest Medical Specialties set a process in place to review and complete the measures for each patient monthly, aligning care coordination and structuring accurate monthly enhanced oncology services (MEOS) billing. Patient care coordinators do not bill out a MEOS charge until the monthly measures are met, alleviating the need for the billing department to directly manage MEOS charges. This process means that the MEOS payment is a direct reflection of quality measures that have been met for that patient for that respective month.

Patient care coordinators also track and manage required measures, including:

- Performance status
- Staging
- Pathways
- Chemo teach and treatment plans
- Advance care planning
- Supportive care
- Survivorship visits
- Patient satisfaction surveys
- Referrals, ensuring that all referral loops are closed.

Figure 1, below, outlines our patient care coordinators' key responsibilities. Patient care coordinators fulfill these responsibilities by working closely with the case management team, ensuring efficient and high-quality patient care.

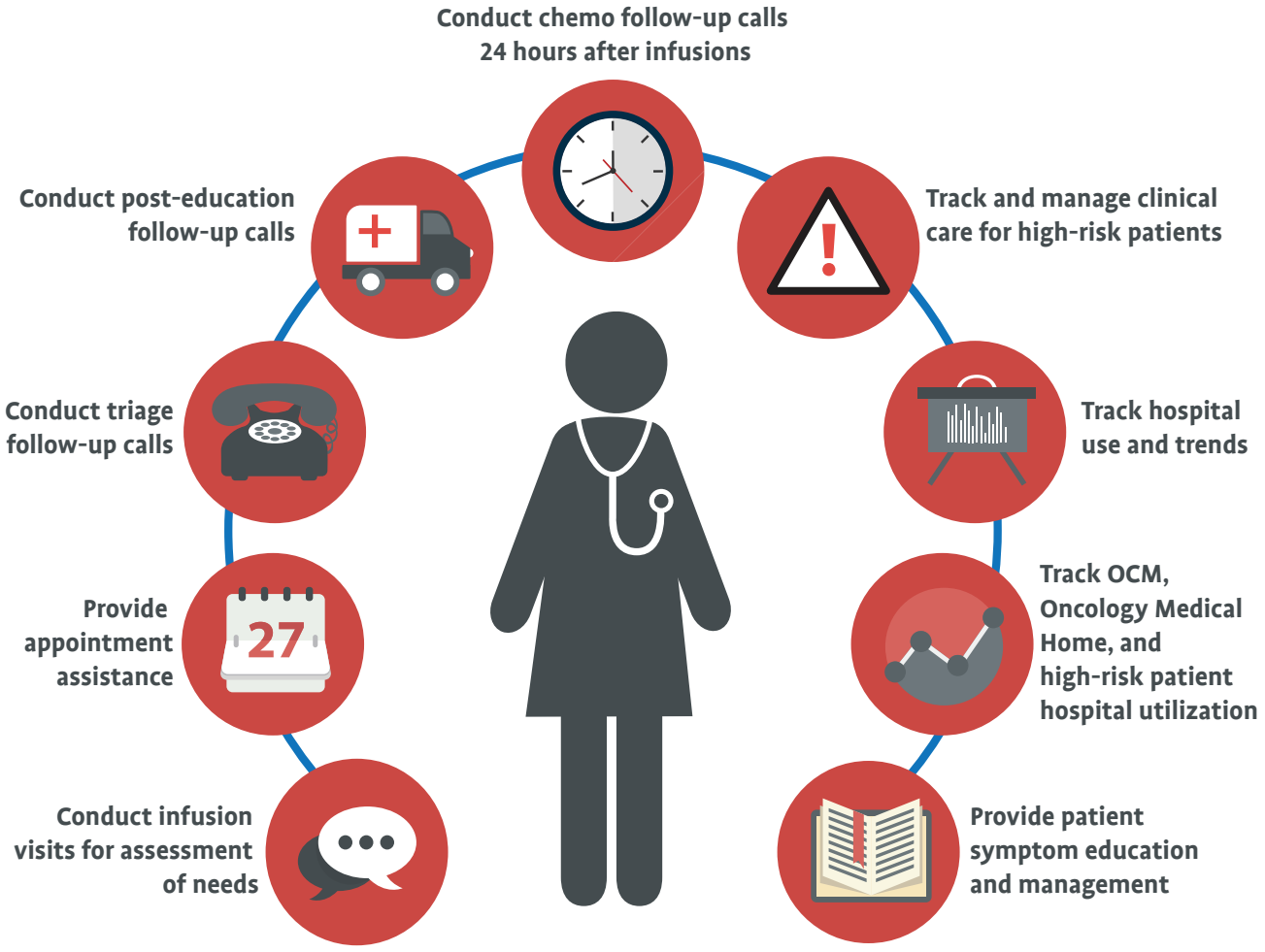
Our case management nurses are oncology-certified registered nurses who worked as infusion nurses prior to becoming case managers. Their experience as infusion nurses helps these staff members understand and meet patient needs throughout the treatment continuum.

Our case management nurses are integral to a proactive care model that allows the practice to identify potential issues before they have a negative impact on the patient's treatment. Case management nurses track and manage clinical care for OCM, Oncology Medical Home, and high-risk patients. These staff members place chemo follow-up calls 24 hours after infusions and post-ED follow-up calls; provide appointment assistance and patient symptom education and information to prevent ED use; and track hospital use and trends. Case management nurses know each patient personally and make it their business to intervene and provide support whenever necessary. Figure 2, page 24, identifies the key responsibilities of our case management nurses.

Due to the complexity of OCM requirements, the care team prints a list of what needs to be done for OCM patients each month. Figure 3, page 25, is an example of a Month 1 checklist. This process serves as a safety net to help ensure that all patient

Figure 1. Responsibilities of Our Patient Care Coordinators

Figure 2. Responsibilities of Our Case Management Nurses



> We have already seen that this type of personalized care does lower costs and keep patients on track through our OCM participation. Now, with Population Health, our practice can provide rigorous high-quality, coordinated, and proactive care to every patient.

needs are met, while simultaneously providing the care team with an accurate process to reconcile tasks that have been completed and those that may need follow-up.

In the early model the practice developed, patient care coordinators and case management nurses used a pencil checklist to verify completed tasks and then manually entered the information into the clinical trial management system—like a research study. In our current model, the registry is now live, so the care team enters information directly into the registry rather than into the clinical trial management system.

Our Results

Prior to the start of the OCM, the percentage of inpatient admissions to short-term acute care hospitals and critical access hospitals was 20.4 percent. The percentage of unplanned readmissions to those same facilities within 30 days was 4.4 percent and the percentage of ED visits not leading to admission or an observation stay was 14.8 percent. These numbers were very similar to OCM practices in the same patient risk quartile (see Table 2, page 26).

(continued on page 27)

Figure 3. Month 1 Checklist for an OCM Patient

Procedure	Complete	Notes
Verify Medicare insurance		
Patient portal access activated		
Performance status		
Primary cancer diagnosis		
Patient staging		
Patient navigator or case manager engaged		
Assessed for clinical trial eligibility		
Welcome packet/OCM beneficiary letter delivered		
Advance care planning visit		
Chemo teach		
Treatment plan		
Chemotherapy consent signed		
24-Hour post-chemo follow-up call		
Seven-day post-chemo follow-up call		
14-Day oral chemotherapy follow-up call		
Relapse or progression date complete in EHR		
Pain assessed		
Pain plan documented in EHR note		
Medication reconciliation (verify date/time); one per/month		
Review coding and send to billing department		
Comorbidity capture: COPD _____, CHF _____, Diabetes _____, HTN _____, Renal Disease _____		
Close the loop on referrals		
PMPM code billed		
Comments:		

Table 2. Select Utilization Rates Prior to the Start of the OCM[a]

	Median of Four-Quarter Averages		
	NW Medical Specialties	OCM Practices in the Same Patient Risk Quartile As Your Practice	All Practices Providing Cancer Care in the Same Patient Risk Quartile As Your Practice
Number of inpatient admissions to short-term, acute care hospitals and CAHs, all cause (per 100 beneficiaries)	20.4 **20.4**	20.4	19.3
Number of unplanned readmissions to short-term acute care hospitals and CAHs within 30 days of discharge (per 100 beneficiaries)	4.4 **4.4**	4.6	4.1
Number of ED visits not leading to admission or observation stay (per 100 beneficiaries)	14.8 **14.8**	14.3	15.7

[a]Four-quarter averages, Apr. 2015 through Mar. 2016; data not risk-adjusted.

Table 3. Select Utilization Rates Post-OCM[a]

	Median of Four-Quarter Averages		
	NW Medical Specialties	OCM Practices in the Same Patient Risk Quartile As Your Practice	All Practices Providing Cancer Care in the Same Patient Risk Quartile As Your Practice
Number of inpatient admissions to short-term, acute care hospitals and CAHs, all cause (per 100 beneficiaries)	16.0 **20.4→16.0**	21.5	22.1
Number of unplanned readmissions to short-term acute care hospitals and CAHs within 30 days of discharge (per 100 beneficiaries)	2.1 **4.4→2.1**	4.6	4.6
Number of ED visits not leading to admission or observation stay (per 100 beneficiaries)	13.9 **14.8→13.9**	15.2	17.1

[a]Four-quarter averages, Oct. 2015 through Sept. 2016; data not risk-adjusted.

(continued from page 24)

Utilization after OCM was markedly improved. The percentage of inpatient admissions to short-term acute care hospitals and critical access hospitals went from 20.4 percent to 16 percent. The percentage of unplanned readmissions to those same facilities within 30 days was reduced from 4.4 percent to 2.1 percent and the percentage of ED visits not leading to admission or an observation stay went from 14.8 percent to 13.9 percent. In contrast, the number for the other OCM practices in the same patient risk quartile stayed basically the same or even went up (Table 3, left).

Northwest Medical Specialties improved in nearly every category from its baseline, and we have the lowest expenditures per Medicare beneficiary at $4,009 compared to the median four-quarter average of all other OCM practices, $4,4618, and the median four-quarter average of all practices, $4,525. Our practice has shown improvement in nearly every category from our baseline, including:

- 25 percent decrease in IP admits
- 55 percent decrease in hospital readmits
- 10 percent decrease in ED visits
- 21 percent improvement in hospital-related care costs.

What's Next? Scaling Care to All Patient Populations

Our approach to OCM and value-based care is clearly working. To scale these innovative strategies to all of its patients, Northwest Medical Specialties recognized the need for a high-tech solution. We partnered with Navigating Cancer (navigatingcancer.com) to:

- Implement triage software
- Implement remote monitoring and patient engagement tools
- Co-develop a technology solution that automates our process to deliver coordinated and proactive care. (This new software solution is Population Health.)

With Population Health, we can scale our care management activities to deliver personalized care to all patients—regardless of payer or program. This software solution provides visibility across the entire care team for care coordination. It captures real-time patient data, so the care team is always informed and can meet the requirements of any risk contract by following unique care pathways. Moreover, this software can be scaled to our entire patient population. Figure 4, page 28, illustrates how our OCM checklist—or Care Pathway—looks today.

This solution allows cancer care providers to deliver personalized care at a population level. It enables the care team to assign a patient to one or more population groups, each with its own associated tasks, timelines, and alerts. So rather than relying on sticky notes, Outlook calendars, or other manual tools—which can be difficult to track, especially if a patient is in multiple populations—the care team is presented with a "to do list" each day via the software and can follow the prompts provided to ensure that they are providing the best care possible and complying with program requirements.

Every patient is a unique blend of populations and requires a unique set of activities. By sharing lessons learned and successes, Northwest Medical Specialties hopes that other practices will be able to replicate them to help care teams deliver both comprehensive and personalized care to broad populations.

We have already seen that this type of personalized care does lower costs and keep patients on track through our OCM participation. Now, with Population Health, our practice can provide rigorous high-quality, coordinated, and proactive care to every patient. Specifically, Northwest Medical Specialties can:

- **Improve Consistency of Care.** Use Care Pathways that allow the practice to define population care standards and carry out associated care tasks so that every patient in the population receives the same comprehensive, high-quality care
- **Scale the Care Team.** Use the platform's automation engine to replace manual care coordination and enable the care team to increase its capacity to meet the demands of value-based care programs
- **Gain Population Insights.** Dashboards present the latest population insights so that the practice can understand its successes, learn from shortcomings, and act on opportunities to improve.

Every patient is a unique blend of populations and requires a unique set of activities. By sharing lessons learned and successes, Northwest Medical Specialties hopes that other practices will be able to replicate them to help care teams deliver both comprehensive and personalized care to broad populations.

Jessa Dunivan is patient services manager and Sibel Blau, MD, is a medical oncologist at Northwest Medical Specialties, PLLC, Puyallup, Wash.

Figure 4. Northwest Medical Specialties Current OCM Checklist (or Care Pathway)

	Activity	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
1	Verify Medicare insurance	X	X	X	X	X	X
2	Confirm qualifying cancer diagnosis	X					
3	Document patient staging	X					
4	Deliver welcome packet and OCM beneficiary letter	X					
5	Register patient on Patient Link	X					
6	Assess patient for Health Tracker enrollment	X					
7	Assess for clinical trial eligibility	X					
8	Complete chemo teach	X					
9	Confirm patient signed chemotherapy consent	X					
10	Document treatment plan	X					
11	Fax/deliver treatment plan to patient care team	X					
12	Document ECOG performance status	X					
13	Assess patient's pain	X	X	X	X	X	X
14	Document pain plan in the EHR	X	X	X	X	X	X
15	Complete medication reconciliation (dose, frequency, route)	X	X	X	X	X	X
16	Review coding and send to billing department	X					
17	Notify financial counselor and provide estimated cost of care	X					
18	Order advanced care planning visit	X					
19	Complete advance care planning visit		X				
20	Assess patient's depression		X				
21	Document plan of care for depression in the EHR		X				
22	Review for survivorship eligibility	X					
23	Engage patient navigator or case manager	X	X	X	X	X	X
24	Close the loop on referrals	X	X	X	X	X	X
25	Add patient staging and clinical data to the OCM registry	X					
26	Add Medicare OCM policy to Allscripts	X					
27	Determine eligibility for starting next episode						X
28	Bill MEOS	X	X	X	X	X	X