I
n the world of oncology, you often hear the phrases “transition from volume to value” and “value-based care is here to stay”—but, after countless conferences, workshops, and webinars, those phrases can lose real meaning. At the Friday, Mar. 22, ACCC Oncology Care Model (OCM) Collaborative Workshop held in conjunction with the ACCC 45th Annual Meeting & Cancer Center Business Summit, presenters and participants came together to share their experiences with the real-world barriers they have encountered as they continue forward in the OCM; their successes achieved to date; and their suggestions for proactive steps to help ensure a smooth transition to value-based care in oncology.

OCM is the first alternative payment model for medical oncology from the Center for Medicare and Medicaid Innovation (CMMI), exploring the move from fee-for-service to value-based care in cancer care from 2016 through 2021. Almost three years into the model, 180 cancer programs across the country are still participating, and more than one-third of those practices made the trip to Washington, D.C., for the March ACCC OCM workshop. As workshop moderator Basit Chaudhry, MD, PhD, pointed out, the timing for the meeting was ideal, coming at the release of Performance Period 3 data.

Practices still participating in the OCM are approaching an indicative and potentially program-altering crossroads. At the end of summer 2019, these 180 practices will need to make a choice whether to assume two-sided (rather than nominal) risk. The assumption of two-sided risk is required to continue participating in the OCM through the model’s intended end date in 2021. Currently, one-third of participating OCM practices have achieved a performance-based payment in the model, an indicator that many are viewing as a lens into who will and will not assume two-sided risk in this iteration of OCM.

With this pivotal decision point quickly approaching, the ACCC OCM Collaborative Workshop participants listened to case studies and presentations that explored approaches to deploying cost containment and utilization strategies, examined how OCM practices are operationalizing their data, and participated in in-depth discussions about assuming risk in the current OCM model.

Members of the CMMI OCM team were also in attendance to provide updates and answer some of the participants’ most pressing questions.

Implementation of this model is no small feat for these OCM practices. Tasked with increasing the value of patient care through implementation of the 13-part Institute of Medicine care plan and with driving down costs to achieve a performance-based payment, the experience of the OCM practices is being viewed as a window into the future of value-based care for oncology and is being closely watched by all oncology stakeholders.

Despite the challenges, the OCM Workshop participants recognize that this experience is conferring a level of knowledge and empowerment that should put them ahead of the curve with the many alternative payment models anticipated from CMMI in the coming months and years. Though the future of OCM beyond 2021 is still very much up in the air, health policy experts across the country note that this model will likely lay the groundwork for the future of bundled payments and serves as a look-ahead to what all practices will be expected to implement to successfully transition to a value-based care delivery system.

Since the early days of the model, collaboration and communication have been essential to pushing the needle forward for practice transformation. The ACCC OCM Collaborative has been there from the start, with the goal of helping OCM practices connect and support each other in this groundbreaking endeavor. Plan now to attend the next OCM Collaborative Workshop in Orlando, Fla., in October. See how this workshop puts ACCC’s belief that “Together, We Are Stronger” into action.

For more information, and to join the ACCC Oncology Care Model Collaborative, visit ocmcollaborative.org/home.

Blair Burnett is senior policy analyst at ACCC.