# OMH Steering Committee

<table>
<thead>
<tr>
<th>Oncologists</th>
<th>Bruce Gould, MD (GA) Chair Northwest Georgia Oncology</th>
<th>Payers</th>
<th>Lee Newcomer, MD United Insurance Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patrick Cobb, MD (MT) Frontier Cancer Center</td>
<td></td>
<td>Ira Klein, MD Aetna Insurance Company</td>
</tr>
<tr>
<td></td>
<td>Marcus Neubauer MD McKesson/US Oncology</td>
<td></td>
<td>Michael Fine, MD Healthnet</td>
</tr>
<tr>
<td></td>
<td>John Sprandio, MD (PA) Consultants in Medical Oncology</td>
<td></td>
<td>Dexter Shurney, MD Cummins Inc.</td>
</tr>
<tr>
<td>Administrators</td>
<td>Scott Parker (GA) Northwest Georgia Oncology</td>
<td></td>
<td>John Fox, MD Priority Health</td>
</tr>
<tr>
<td></td>
<td>Robert Baird (OH) Dayton Physician Network</td>
<td>Patient</td>
<td>Kathy Smith, NP (CA) Cancer Care Associates</td>
</tr>
<tr>
<td>Cancer Care Advocates</td>
<td>National Pt Advocacy Foundation Nancy Davenport-Ennis</td>
<td>Nurse</td>
<td>Marsha Devita, NPA (NY) Hem Onc Assoc of CNY</td>
</tr>
<tr>
<td></td>
<td>ASCO John Cox, DO</td>
<td>Pharmacist</td>
<td>Karen Kellogg, Pharm D (UT) Utah Cancer Specialists</td>
</tr>
<tr>
<td></td>
<td>Lynn Fitzgerald NCCN</td>
<td>Business Partner</td>
<td>Dave Leverett Amerisource Bergen</td>
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</table>
Why the Oncology Medical Home?

- **Best Outcomes**
- **Focus is first on the stakeholders**
  - Meeting the needs of patients, payers, and providers in cancer care
- **Meeting their needs requires:**
  - Improving the patient experience
  - Providing better value for the healthcare dollar
  - Keeping expert cancer care close to the patients’ homes
- **Measures of quality and value specific to cancer care**
  - Includes patient satisfaction/experience
  - 19 measures that cover diagnosis to survivorship to death
Three Stakeholder Needs of an OMH

- Best Outcomes
- Best possible survivorship and ability to be productive
- Fewest toxicities and hospitalizations
- Safety of therapy
- Satisfied patients/members and families
Processes of care

- Best Practices – Medical Oncology, Radiation Oncology, Radiology, supportive care guidelines
  - Appropriate use of Genomics
  - Oral Compliance
- Proactive patient management
  - Structured triage
- Efficient use of resources – ER/Hospitals
- End of Life Care
Patient Care
Resource Utilization
End of Life
Survivorship
OMH measures

PATIENT CARE

• % of patients with pathology staging pre-chemotherapy
• % of patients that receive a treatment plan pre-chemotherapy
• % of chemotherapy treatments that are adherent to NCCN guidelines
• Antiemetic appropriateness
• % of patients receiving GCSF with > 20 % risk of febrile neutropenia
• Presence of performance status before a new line of treatment
OMH Measures

RESOURCE UTILIZATION

- # of Emergency Room visits/patient/year
- # of hospital admissions/patient/year
- % of early stage breast cancer patients that received advanced diagnostic imaging
- % of early stage prostate cancer patients that receive advanced diagnostic imaging
OMH Measures

END of LIFE

- % of Stage IV patients with end of life discussions documented
- Average # of days in hospice
- # of deaths in the acute care setting
- Days from last chemotherapy until date of death
OMH Measures

SURVIVORSHIP

• % of patients receiving a survivorship plan < 45 days post chemotherapy
• % of patients receiving psycho/social screening and interventions
• Survival rate of colon, lung, breast cancer patients - all stages
**Medical Home Projects**

- **Come Home CMS demonstration project**
  - 7 practice demo including NGOC
- **Aetna OMH pilot**
- **Priority Health OMH in Michigan**
- **Single Practice Demos**
  - Linda Bosserman, M.D. and Wellpoint
  - John Sprandio, M.D. and Aetna
- **Others**
Key Attributes of the OMH

- The clinical team “quarterbacks” the patient care which leads to an enhanced patient experience

- Provides the payers better value for their Healthcare dollar

- Aligns financial incentives so that community oncology practices can stay independent and expert cancer care can remain close to home
Oncology Medical Home Accreditation Pilot Project Update

Why the COC?

➤ 80 years of experience accrediting cancer programs
  • Comprehensive Patient-Centered standards
  • Leader in quality metric development and implementation
➤ Significant infrastructure in place
  • Well trained knowledgeable staff
  • Trained and experienced surveyor team
  • Experience with data on cancer patients (NCDB)
  • Numerous educational programs for cancer programs
➤ National recognition for accrediting cancer programs
➤ 52 professional organization representatives
Commission on Cancer: Our Mission

The CoC is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality care.
Oncology Medical Home Accreditation Pilot Project Update

Progress to date...

- Workgroup established and meets by conference call
  - Commission on Cancer (COC)
  - Community Oncology Alliance (COA)
  - American Society of Clinical Oncology (ASCO)
  - National Comprehensive Cancer Network (NCCN)
- Outline of standards developed
- CMMI Grant application submitted
Oncology Medical Home Accreditation Pilot Project Update

Proposed Standards

- Eligibility Criteria Similar to Commission on Cancer criteria

- 5 Domains of Care
  - Patient Engagement
  - Expanded Access
  - Evidence Based Medicine
  - Comprehensive Team Based Care
  - Quality Improvement
## Domain 1: Patient Engagement

### Documentation or Process Validation

<table>
<thead>
<tr>
<th>1.1 Financial Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Documented policy and procedure of financial counseling.</td>
</tr>
<tr>
<td>• Accounting logs of financial /drug replacement assistance provided to patients.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1.2 Patient Orientation and Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Documented policy and procedure on new patient education.</td>
</tr>
<tr>
<td>• Documented policy on communication standards of the practice to ensure timely and comprehensive communications with patients/caregivers.</td>
</tr>
<tr>
<td>• Policy and procedure and education materials provided to patients and caregivers prior to chemotherapy.</td>
</tr>
<tr>
<td>• Documented policy and procedure on a patient call-back policy; include adherence rates (Time Received Call/Time Returned Call).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1.3 Patient portal available or under development</th>
</tr>
</thead>
<tbody>
<tr>
<td>• If portal is under development, a provided implementation plan.</td>
</tr>
<tr>
<td>• If portal is active:</td>
</tr>
<tr>
<td>- Demonstrated access to a patient portal.</td>
</tr>
<tr>
<td>- Documentation of usage statistic of patient portal.</td>
</tr>
</tbody>
</table>

**COMMENDATION STANDARD:** Patient portal is available for communications with care team.

### Objective Validation

- % of patients receiving treatment plan prior to initiation of chemotherapy
## Domain 2: Expanded Access

### Documentation or Process Validation

<table>
<thead>
<tr>
<th>2.1 New Patient Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Policy and procedure that outlines all aspects of expanded access, including: expedited appointments for new patients, urgent and emergent appointments for established patients, and same-day/walk-in appointments for patients under treatment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.2 Documented evidence of Access for Established Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Documented evidence of new patient scheduling procedure that reflects triage process and provider requests.</td>
</tr>
<tr>
<td>• Documented evidence of same day appointments each month.</td>
</tr>
<tr>
<td>• Documented evidence of patients using triage system per month.</td>
</tr>
<tr>
<td>• Documentation of expanded after hours availability.</td>
</tr>
<tr>
<td>• Documentation on the triage process for the practice.</td>
</tr>
</tbody>
</table>

### Objective Validation

<table>
<thead>
<tr>
<th>Objective Validation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Number of emergency room visits per chemotherapy patient per year to validate outcomes of effective triage and expanded access.</td>
</tr>
<tr>
<td>• Number of hospital admissions per chemotherapy patient per year to validate outcomes of effective triage and expanded access.</td>
</tr>
<tr>
<td>• Patient satisfaction scores related to expanded access.</td>
</tr>
</tbody>
</table>
### Domain 3: Evidenced Based Medicine

#### Documentation or Process Validation

<table>
<thead>
<tr>
<th>3.1 Evidence-Based Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Documented policy and procedure on the utilization of treatment guidelines.</td>
</tr>
<tr>
<td>• Documented policy and procedure on safe medication administration.</td>
</tr>
<tr>
<td>• Documented policy and procedure of evidenced based appropriate resource utilization of chemotherapy, supportive medication, imaging, laboratory.</td>
</tr>
<tr>
<td>• Review of 10 (?) random charts selected from all patients treated in last six months and/or documented use of commercial pathway tool.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.2 Clinical Trials Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Documented policy and procedure for how patients are offered clinical trials.</td>
</tr>
<tr>
<td>• Documented clinical trial accrual log, if accrued within the practice.</td>
</tr>
<tr>
<td>• Documentation of patients referred out of the practice for clinical trials.</td>
</tr>
</tbody>
</table>

#### Objective Validation

| • % of patients treated according to guidelines. |
| • % of patients with high emesis risk receiving antiemetics. |
| • % of patients with >20% risk for neutropenia receiving GSCF/growth factor. |
| • % of patients with Stage I or II breast cancer undergoing advanced imaging. |
| • % of patients with Stage I or II Prostate cancer undergoing advanced imaging. |
| • % of patients with staging documented in chart before initiation of treatment. |
| • % of patients with performance status documented in chart before treatment. |
## Domain 4: Comprehensive Team Based Care

<table>
<thead>
<tr>
<th>Process Validation</th>
<th>4.1 Care Coordination</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Documented policies and procedures for communicating with referring physicians and PCPs, palliative care/symptom management and hospice teams.</td>
</tr>
<tr>
<td></td>
<td>• Documented policies and procedures of communication flow between the patient’s care teams within the oncology practice. (eg. pharmacist, social worker, nurses, schedulers, financial counselors, dietician, etc.)</td>
</tr>
<tr>
<td></td>
<td>• Random chart audits for documented communications to referring physicians and PCPs.</td>
</tr>
<tr>
<td></td>
<td>• Random chart audits for documented communication flow within the practice.</td>
</tr>
<tr>
<td></td>
<td>• Documented policies and procedures for referral/scheduling to specialties/services listed in the Domain.</td>
</tr>
<tr>
<td></td>
<td>• Documented policies and procedures to track/audit appointments to test results and demonstrated management of these processes.</td>
</tr>
<tr>
<td></td>
<td>• Documented policies and procedures of psycho/social screenings and interventions.</td>
</tr>
<tr>
<td></td>
<td>• Documented policies and procedures for providing a treatment summary and survivorship care plans.</td>
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</table>

<table>
<thead>
<tr>
<th>4.2 Referral Adherence</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Documented policy and procedure for following up on open referrals.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective Validation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• % of Stage IV patients with advanced care plan discussions documented.</td>
<td></td>
</tr>
<tr>
<td>• Average number of days on hospice at time of death.</td>
<td></td>
</tr>
<tr>
<td>• % of patients receiving at least one psychosocial distress screening.</td>
<td></td>
</tr>
<tr>
<td>• % of patients receiving a survivorship plan within 30 days of completion of treatment.</td>
<td></td>
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</table>
### Domain 5: Quality Improvement

<table>
<thead>
<tr>
<th>Documentation or Process Validation</th>
<th>5.1 Patient Satisfaction Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Demonstrated use of reporting/benchmarking of OMH Patient Satisfaction Survey.</td>
</tr>
</tbody>
</table>

#### 5.2 Quality Improvement Processes

- Documented practice/center policy and procedure for continuous quality improvement.
- Optional demonstrated use of reporting/benchmarking within QOPI.
- OR internal quarterly quality review audits) with associated clinical improvement activities.
- OR demonstrated use of Meaningful Use to further quality improvement.
- OR any combination above.
- Demonstrated use of Commission on Cancer reporting/benchmarking based.

#### 5.3 Practice submits data and monitors compliance with mandatory measures as established by Commission on Cancer.

<table>
<thead>
<tr>
<th>Objective Validation</th>
<th>• Survival rates for breast, colon and non small cell lung cancer, by stage.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Chemotherapy given within 30 days of end of life.</td>
</tr>
<tr>
<td></td>
<td>• % of patients who die in acute care setting.</td>
</tr>
</tbody>
</table>
Oncology Medical Home Accreditation Pilot Project Update

Next Steps…

- Finalize standards and compliance measures
- Develop standards manual
- Education to practices on standards and requirements to meet standards
- Develop a database for practices to report measure and standard compliance
- Develop resources to assist practices in meeting standards
  - Best practices
  - Educational Programs such as webinars
8 Oncology Practice Administrators

Web site collection of resources for all stakeholders: providers, payers, and patients

- Over 50 tools, technologies, and templates

www.medicalhomeoncology.org
OMH Implementation Team

- **Patient Resources**
  - “My Directives” web based program
  - NCCN disease specific information guides

- **Payer Resources**
  - NAMCP Medical Directors Guide: Oncology
  - Registration to view practice survey results

- **Provider Resources**
  - Pathway Management Tools
  - Survivorship and Psycho/Social Distress Screening Tools
OMH Implementation Team

- CAHPS Based Oncology Patient Satisfaction Survey
  - Electronic or Paper
  - Over 17,000 benchmarked surveys
  - 1,092 providers
  - 2,400 sites of care
Patient Satisfaction Survey
Benchmarking within practice
Patient Satisfaction Survey
Benchmarking to other practices

[Bar chart showing satisfaction scores for different categories such as Practice, National, State, Practice Size, and % Medicare. The categories are represented by Overall, Timeliness, Thoroughness, Communications, and Friendliness-Helpful.]
OMH Implementation Team

- Provider Resources (Cont’d)
  (Tools to help with accreditation in development)
  - Policies Templates
  - Procedure and Process information

- Champions Program
  - Industry partners
  - Provide tools and support
ONCOLOGY MEDICAL HOME
IT ADVISORY TEAM

Bo Gamble, COA
Community Oncology Conference
Friday, April 4, 2014
**Purpose** – To develop and promote the intermediate and long term definitions to submit (electronically) quality, value and outcomes data to support the Oncology Medical Home accreditation program.
## IT Advisory Team Representation

<table>
<thead>
<tr>
<th>Industry Representation</th>
<th>Practice Representation</th>
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<tbody>
<tr>
<td>Altos</td>
<td>Florida</td>
</tr>
<tr>
<td>COA</td>
<td>Georgia</td>
</tr>
<tr>
<td>CoC</td>
<td>Ohio</td>
</tr>
<tr>
<td>COME HOME</td>
<td>Texas</td>
</tr>
<tr>
<td>Elekta</td>
<td></td>
</tr>
<tr>
<td>FlatIron</td>
<td></td>
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<tr>
<td>iKnowMed</td>
<td></td>
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<tr>
<td>NetOrange</td>
<td></td>
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<tr>
<td>Varian</td>
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</table>
IT Advisory Team

- **Effort to date**
  - 2 team calls
  - Participants studying ratios and data points

- **Goals/Targets**
  - Automatic aggregate data submission by Q4 2014.
  - Automatic accreditation registry data submission by Q2 2015.
Oncology Payment Reform

IS HERE!
All Shapes and Sizes

- Pay for pathways
- Pay for new services
- Pay for reporting
- Pay for performance
- Shared savings
- Bundling
- Rewarding patients
Consistent Message From Payers

- Focus on the patient
- Patient “satisfaction”
- Measurable and applicable performance
  - Demonstrated Quality & VALUE
- Preservation of community cancer care
- Comprehensive and team based care
- Best clinical outcomes
Come Home - CMMI Demonstration Project

- The ONLY approved oncology project approved in Phase I CMMI
- Led by Barbara McAneny M.D., New Mexico Cancer Center
- 7 practices in 6 states
- 3 year project that started October 2012
- 7 diseases
- University of Tennessee is leading the healthcare economic analysis and validating the data analysis
COME HOME (Medicare) Project
Aetna Medical Home Pilot

- Initially 3 practices
- Breast, Lung, Colon/Rectal
- Via Oncology Pathways
- Increased Generic Drug Fees
- Management Fees
  - Initial treatment plan,
  - End of treatment summary
  - Advanced care planning
  - Oral Oncolytics
- 30% Shared Savings vs. Region (12 month reconciliation)
All Reform Projects
(At least all that we are aware of)

- Single Projects
- Multiple Projects

**Includes**
- COME HOME
- Aetna OMH
- Aetna practice pilots
- Pathway Projects
- Priority Health
- Satisfaction Reporting
- Other
Oncology Payment Reform

How to prepare

- Understand your own quality and value proposition
- Engage your entire team
- Educate your local payers
- Educate your local large employers
- Negotiate based on quality and value
- Renegotiate based on quality and value
- Look for quality add-ons
Stakeholder Driven
Oncology Medical Home

A process for all stakeholders

Questions for the Panel