Oncology Medical Home Progress and Status

Bruce Gould, MD
Northwest Georgia Oncology
OMH Steering Committee Chair

Drivers Towards Quality and Value

- 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
- Cancer specific projects
Accountable Care Organizations

- **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
  - Not cancer care friendly
  - Take on more risk, more potential return
- "Cancer” mentioned only 15 times in 694 pages!
- "Cancer care” not mentioned at all

Hospital Compare

![Hospital Compare](http://www.hospitalcompare.hhs.gov/)

**Patient Survey Results**

- Patients who reported that their nurses "Always" communicated well: 91% USMD HOSPITAL AT FORT WORTH LP, 83% Texas Average, 81% National Average
- Patients who reported that their doctors "Always" communicated well: 86% USMD HOSPITAL AT FORT WORTH LP, 87% Texas Average, 85% National Average
- Patients who reported that they "Always" received help as soon as they wanted: 87% USMD HOSPITAL AT FORT WORTH LP, 87% Texas Average, 87% National Average

Source: [http://www.hospitalcompare.hhs.gov/](http://www.hospitalcompare.hhs.gov/)
Physician Compare


Physician Value Based Modifier

Source: [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
- Moving away from utilization (only) based systems
- All want comprehensive solutions

Source: Centers for Medicare & Medicaid Services
Oncology and the Medical Home Model

- 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
  - **Payment**
    - Recognition
    - Reward

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
      - With benchmarking
    - Patient satisfaction
      - With benchmarking

  - **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

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**OMH Steering Committee**

<table>
<thead>
<tr>
<th>Oncologists</th>
<th>Payers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bruce Gould, MD (GA) Chair</td>
<td>Lee Newcomer, MD United Insurance Group</td>
</tr>
<tr>
<td>Patrick Cobb, MD (MT) Frontier Cancer Center</td>
<td>Ira Klein, MD Aetna Insurance Company</td>
</tr>
<tr>
<td>Roy Beveridge, MD McKesson/US Oncology</td>
<td>Michael Fine, MD Healthnet</td>
</tr>
<tr>
<td>John Sprandio, MD (PA) Consultants in Medical Oncology</td>
<td>Dexter Shurney, MD Cummins Inc.</td>
</tr>
<tr>
<td>Scott Parker (GA) Northwest Georgia Oncology</td>
<td>John Fox, MD Priority Health</td>
</tr>
<tr>
<td>Robert Baird (OH) Dayton Physician Network</td>
<td>Kathy Smith, NP (CA) Cancer Care Associates</td>
</tr>
<tr>
<td>National Patient Advocacy Foundation</td>
<td>Nurse Marsha Devita, NPA (NY) Hem Onc Assoc of CNY</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 Dave Leverett Amerisource Bergen</td>
</tr>
</tbody>
</table>
**OMH 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

**Stakeholder Needs**

<table>
<thead>
<tr>
<th>Patients</th>
<th>Payers</th>
<th>Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Possible Outcome</td>
<td>Best Possible Clinical Outcomes</td>
<td>Best Outcome for Patient</td>
</tr>
<tr>
<td>Docs with the 3 A’s (Able, affable, accessible)</td>
<td>Member Satisfaction / Experience</td>
<td>Satisfied patients and family</td>
</tr>
<tr>
<td>Least Out Of Pocket Expense</td>
<td>Control Total Costs / Variability</td>
<td>Fairest Reimbursement to Provide Quality Patient Care</td>
</tr>
<tr>
<td>Education and Engagement of the Patient in the Care Plan</td>
<td>Productivity / Survivorship</td>
<td>Compensated for Cognitive Services Including Treatment Planning, End of Life Care and Survivorship.</td>
</tr>
<tr>
<td>Best Quality of Life</td>
<td>Meaningful Proof of Quality / Value</td>
<td>Less Administrative Burdens</td>
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## Quality, Value, Outcomes Measures

<table>
<thead>
<tr>
<th>Patient Care Measures</th>
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<tbody>
<tr>
<td>% of cancer patients that received a treatment plan prior to the administration of chemotherapy.</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 chemotherapy treatments that have adhered to NCCN guidelines or pathways.</td>
</tr>
<tr>
<td>Antiemetic drugs given appropriately with highly emetogenic chemotherapy treatments.</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>
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<th>Resource Utilization</th>
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<td># of emergency room visits per chemotherapy patient per year.</td>
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<tr>
<td># of hospital admissions per chemotherapy patient per year.</td>
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<th>Survivorship</th>
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<tbody>
<tr>
<td>% of cancer patients that received a survivorship plan within X days after the completion of chemotherapy.</td>
</tr>
<tr>
<td>% of chemotherapy patients that received psychosocial screening and received measurable interventions as a result of the psychosocial screening.</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>
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<th>End of Life</th>
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<tbody>
<tr>
<td>% of patients that have Stage IV disease that have end-of-life care discussions documented.</td>
</tr>
<tr>
<td>Average # of days under hospice care (home or inpatient) at time of death.</td>
</tr>
<tr>
<td>% of patient deaths where the patient died in an acute care setting.</td>
</tr>
<tr>
<td>A measurement of chemotherapy given near end of life.</td>
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### Oncology Medical Home Summary

#### Model
- Identify Stakeholder Needs
- Define Model Elements
- Develop Certification/Recognition

#### Measurement
- Develop Quality/Value Measures
- Develop Patient Satisfaction Tool

#### Implementation
- Identify Vendors
- Categorize Tools
- Develop Practice Implementation Guide

#### Payment
- Identify Viable Payment Models
- Develop Private Payer Templates
- Develop Medicare Model
ONCOLOGY MEDICAL HOME

How to get there from here

Carol Murtaugh
Hematology & Oncology Consultants, PC
OMH Implementation Committee Chair

Challenges

- Limited time
- Limited human resources
- Limited financial resources
- Conflicting priorities
- Increased regulations
- Decreased payments
OMH - Goals and Focus

- Stakeholder led for stakeholders
- Agnostic
- Minimal administrative burden
  - Possibly ease the burden
- Minimal financial burden
  - Goal of enhancing financial position
- FREE Wherever possible
  - Or discounted value added resources
- All intended to ease assist, promote and encourage

OMH - Goals and Focus

- Assist with the journey
- One step at a time
ONCOLOGY MEDICAL HOME

_Self - Assessment_

Bo Gamble
Community Oncology Alliance

How to get there here ...

- Many solutions
  - Simple to complex
  - Free to nominal fees to professional consulting
- As much about education as moving forward
- Involves
  - Educating team
  - Process improvement
  - Benchmarking success and improvement
  - Incorporating payment reform
ONCOLOGY MEDICAL HOME

OMH Website – Resources and Benchmarking

Carol Murtaugh
Hematology & Oncology Consultants, PC
OMH Implementation Committee Chair

What:
A Website to Promote...

- Quality and value in cancer care
- Delivery of the right care, at the right time and at the right place
- All good things in cancer care
What: A Website to Assist...

- **Providers**
  - OMH information and tips
  - Patient management resources
  - Patient assistance resources
  - Practice management resources
  - Patient satisfaction tools and benchmarking

- **Patients**
  - OMH Information

- **Payers** –
  - OMH information
  - Secure portal to view authorized benchmarks

www.MedicalHomeOncology.org
What:
A Website to provide

Infrastructure to:
- Submit blinded patient data
- Specific to 16 OMH quality and value measures
- In the form of registry
- That could be used for ratio calculations and benchmarking
- In a secure, and by invitation only, environment
- And promoting continuous improvement

Payment Reform

Bo Gamble
Community Oncology Alliance
Current Initiatives

- **Pennsylvania - John Sprandio**
  - The oncology medical home pioneer
  - Measuring quality and value (costs)
  - Working with private payers on contracting/reimbursement
  - Incentive based reimbursement
- **Michigan**
  - PriorityHealth with multiple practices
  - Base pay, case management, incentives on positive outcomes.
- **National – Barbara McAneny M.D.**
  - CMMI award
  - Value focus with patient satisfaction

Payment Reform Task Force

- Single proposal for Medicare
- 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
Medicare Payment Reform for Oncology
Ensuring the Delivery of Quality & Value-Based Cancer Care

In Summary

- Stakeholder led, defined and implemented
  - Scalable to ALL cancer care providers
  - Minimal administrative burden
  - Minimal financial burden
- Education
- Process
- Measurement
- Benchmarking
- Payment Reform
- Win for Patients, Providers, ALL Payers
  - Higher quality
  - Higher value
OMH Next Steps

- Continue to enroll practices/centers
  - OMH Implementation Team here to assist
- Continue to identify resources that can assist
- Finalize and promote quality data registry
- Benchmark 16 OMH quality and value measures
- Promote automated submission of quality data
- Identity a “recognition” entity
- Continue to promote and implement reward based payment reform

Thank You!

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