OCM 2.0
THE JOURNEY AHEAD

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**ONCOLOGY PAYMENT REFORM: THE GRAND VISION**

- Enhanced cancer care quality for all patients *that is patient centric*
  - Involves the patient
- Better care coordination
- Meaningful alignment to expand vision of value-based oncology care
  - Quality and cost-efficiency
- Preservation of options for patients to experience high quality care in a variety of settings
- Inclusion of innovation and clinical transformation – with flexibility and rigorous standards
- Realistic reimbursement that is value driven
- One *universal* model but that is flexible and adaptable based on provider and payer agreements/objectives
THE CMMI ONCOLOGY CARE MODEL (OCM)

• 195 practices to date have committed to the model
• Multi-payer participation in many parts of the country
• Successful emphasis on interdisciplinary care coordination
• Novel therapy inclusion
• Historical and ongoing claims data made available
• Risk adjustment and adjustment for outliers
• Inclusion of non-medical services (incorporated in IOM care plan elements)
• Extensive beneficiary/patient survey
• Flexibility to move to 2-sided risk early
OCM AND MACRA

• 2017: OCM qualifies for quality and performance improvement activities in MIPS
• 2017: 2-sided risk open, qualifies as an Advanced Alternative Payment Model (AAPM)
  – Exemption from MIPS
  – 5% bonus AAPM payment
  – QP
• OCM is an APM for 1-sided risk participants
  – Exemption out of parts of MIPS
  – Additional incentive payments possible (through partial QP)
## AREAS FOR FURTHER COLLABORATION AND WORK

<table>
<thead>
<tr>
<th>Elements For Consideration</th>
<th>OCM 1.0</th>
<th>OCM 2.0</th>
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<tbody>
<tr>
<td>Attribution</td>
<td>Practice/TIN</td>
<td>Physician level</td>
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<tr>
<td>Network Design – what’s in and what’s out</td>
<td>Medical oncology (primarily)</td>
<td>Possible expansion</td>
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<tr>
<td>Episode Definition</td>
<td>Trigger based on chemo admin</td>
<td>Broader cancer treatment trigger</td>
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<tr>
<td>Novel Therapies</td>
<td>Inclusion based on FDA approval</td>
<td>Off label use and other indications</td>
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<tr>
<td>Clinical Trials</td>
<td>Not included (without non-trial trigger) but risk adjusted</td>
<td>Inclusion and facilitate trial access, as appropriate</td>
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<tr>
<td>Metrics/Accountability</td>
<td>Mix of claims, practice reporting, and patient survey more about measurement than process improvement</td>
<td>Greater flexibility and more oriented to provider feedback and benchmarking for process improvement</td>
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<tr>
<td>Level of Risk</td>
<td>Flexible: 1 or 2-sided</td>
<td>Risk up front</td>
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<tr>
<td>Patient Incentives</td>
<td>Difficult to do directly</td>
<td>Flexible patient incentives</td>
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<tr>
<td>Financial Gains</td>
<td>MEOS + PBP</td>
<td>Greater flexibility</td>
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WHAT IS POSSIBLE?

• Working with employers, payers directly
• Alignment of current OCM participation with other payers
• Physician Focused Payment Model / AAPM in addition to OCM
• Direct oncology care services
  – Analogous to “direct primary care services”
  – Direct to consumers
TOUGH DECISIONS

• How comfortable are we at taking risk?
• What are we willing to leave on the table?
• What is the alignment with larger systems/freestanding cancer centers, etc.?
• Workforce issues in oncology?
• Alignment with other specialties?
• Advancing quality and patient-level measures?
• How can we move the field?
THE JOURNEY: LOOKING BACK AND LOOKING AHEAD

- OMH
- Increased Private Payer Initiatives
- OCM
- OCM 2.0
- Global Payment for Cancer Care and Beyond
Thank you to our Supporters!
Save the Date!

Washington, DC

2017 COMMUNITY ONCOLOGY CONFERENCE
APRIL 27-28, 2017 | Gaylord National Resort & Convention Center

Be sure to check out COAConference.org for updates, registration, and more!