ONCOLOGY MEDICAL HOME ACCREDITATION
MODERATOR: BO GAMBLE

• Daniel McKellar, MD, FACS, Chair, Commission on Cancer

• Charles Bane, MD, Dayton Physicians Network

• Brian Bourbeau, Director, Organizational Effectiveness, Oncology Hematology Care

• Marsha Devita, RN, NP, Chief Clinical Officer, Hematology Oncology Associates of CNY

• Tammy Chambers, Director of Contracting, The Center for Cancer and Blood Disorders

Oncology Medical Home (OMH) Accreditation Program Update

Daniel P. McKellar, MD, FACS
Chair, Commission on Cancer
OMH Accreditation Program 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
  - Extensive experience with data on cancer patients (NCDB)
  - Numerous educational programs for cancer programs
- National recognition for accrediting cancer programs

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.”
Commission on Cancer Membership
56 professional organization representatives

Administrative:

Advocacy/Patient Based: American Cancer Society, Cancer Support Community, Community Oncology Alliance, LIVESTRONG, National Coalition for Cancer Survivorship

Allied Health: Academy of Oncology Nurse and Patient Navigators, American Academy of Hospice and Palliative Medicine, Academy of Nutrition and Dietetics, American Psychosocial Oncology Society, Association of Oncology Social Work, National Society of Genetic Counselors, Oncology Nursing Society

Clinical: American Academy of Pediatrics, American College of Obstetricians & Gynecologists, American College of Physicians, American College of Radiology, American College of Surgeons Resident & Associate Society, American College of Surgeons Young Fellows Association, American Head & Neck Society, American Medical Association, American Pediatric Surgical Association, American Radium Society, American Society of Breast Surgeons, American Society of Clinical Oncology, American Society of Colon & Rectal Surgeons, American Society of Radiation Oncology, American Urological Association, College of American Pathologists, Hematology and Oncology Pharmacy Association, Society for the Immunotherapy of Cancer, Society of Gynecologic Oncologists, Society of Nuclear Medicine, Society of Surgical Oncology, Society of Thoracic Surgeons

Government: Centers for Disease Control & Prevention, Department of Defense, Department of Veterans Affairs, National Cancer Institute, Applied Research Program, National Cancer Institute SEER Program

Registry: National Cancer Registrars Association, North American Association of Central Cancer Registries

Research/Education: Alliance Clinical Research Program, American Association for Cancer Education, American Joint Committee on Cancer, Association of American Cancer Institutes, National Accreditation Program for Breast Centers, National Comprehensive Cancer Network, National Surgical Adjuvant Breast & Bowel Project
OMH Accreditation Program Update

Progress to date…

- Workgroup established and developed standards and quality measures
- Initial pilot surveys completed in 10 oncology practices
- Standards manual finalized

OMH Accreditation Program Update

Next Steps…

- Open accreditation program to 20-30 practices in 2016
- Recruit and train surveyor team
- Continue to seek input from stakeholders to ensure standards are meaningful
- Further refine standards
- Develop database to demonstrate compliance with quality measures
- Finalize an electronic application process
OMH Accreditation Survey Process

- Practices submit an application to verify readiness for accreditation
- Practices complete the Survey Application Record (SAR)
  - Documentation to support compliance with standards
- Survey practices on-site by surveyor (medical oncologist)
- Surveyor report submitted to CoC staff who do a quality assurance review
- Performance Report is provided to practices

OMH Accreditation Survey Process

- Any deficiencies must be resolved by practice within 12 months of receipt of Performance Report
- Potential accreditation award:
  - Three-year full accreditation
  - Three-year accreditation with contingency
  - Non-accreditation
OMH Accreditation Survey Process

OMH Education and Support

- Detailed standards manual
- OMH Accreditation 101 Seminar-Extensive review of standards and presentations by knowledgeable experts
- Webinars
- Examples of best practices
- Consultant program to assist practices in transforming into an OMH

OMH Standards

- Eligibility Requirement criteria similar to CoC criteria

- Five Chapters
  1. Patient Engagement
  2. Expanded Access
  3. Evidence-Based Medicine
  4. Comprehensive Team-Based Care
  5. Quality Improvement
Chapter 1: Patient Engagement

Standard 1.1: All patients are provided education on the Oncology Medical Home practice and concept.

Standard 1.2: Patient financial counseling services are available within the Oncology Medical Home practice.

Standard 1.3: All patients are provided with education on their cancer diagnosis and an individualized treatment plan.

Standard 1.4: The Oncology Medical Home practice provides a secure patient portal.

Standard 1.5: Oncology nursing care is provided by nurses with specialized knowledge and skills. Nursing competency is evaluated each calendar year.

Chapter 2: Expanded Access

Standard 2.1: Oncology Medical Home practices institute a triage system and expanded access to ensure that patients can easily access the practice and their providers.

Triage system infrastructure and policies to be formulated and reviewed by the POC must include:
- Extended hours and weekend availability to manage patient issues and reduce ED visits and hospitalizations (weekend infusions, injections, extended practice hours, and on-call physician access)
- At least one oncologist on call overnight and on weekends to manage emergencies
- Urgent and emergency patient access for new and established patients
- Availability to schedule same-day appointments for patients requiring urgent care
- Accommodation of walk-in patients
- Policy and procedures for direct admissions (bypassing the ED when medically appropriate)
- Specific policies and procedures that expedite appointments for new patients. These policies and procedures should include a provision for urgent scheduling of appointments based on medical need or patient anxiety.
Chapter 3: Evidence-Based Medicine

**Standard 3.1:** Evidence-based treatment guidelines and/or pathways are used for treatment planning.

**Standard 3.2:** Patients are provided clinical research study information by the Oncology Medical Home practice and the required percentages of patients are accrued to clinical trials each calendar year.

Chapter 4: Comprehensive Team-Based Care

**Standard 4.1:** A medical oncologist directs the patient’s care team within the Oncology Medical Home practice and manages or co-manages the inpatient team-based care.

**Standard 4.2:** The Oncology Medical Home practice establishes relationships for effective communication with outside providers for the appropriate management of patient care.

**Standard 4.3:** The Oncology Medical Home practice shares diagnosis, treatment, and follow-up data on mutual patients with Commission on Cancer accredited cancer programs.

**Standard 4.4:** All patients are provided on-site psychosocial distress screening and referral for the provision of psychosocial care, as needed.

**Standard 4.5:** The Oncology Medical Home practice develops and implements a process to disseminate a treatment summary and survivorship care plan to patients within 90 days of the completion of treatment.
Chapter 5: Quality Improvement

Standard 5.1: Each calendar year, the Oncology Medical Home practice records, reviews, and monitors completeness of clinical data for initiating quality improvement activities.

Standard 5.2: Each calendar year, the Oncology Medical Home practice administers a patient satisfaction survey to cancer patients at least twice each calendar year. The results of the survey are analyzed and used to guide quality improvement activities.

Standard 5.3: Each calendar year, the Oncology Medical Home Practice develops, analyzes, and documents at least one quality improvement study associated with improving clinical outcomes and implements at least one quality improvement based on study results.

QUALITY MEASURES

<table>
<thead>
<tr>
<th>Standard 2.1: New and established patients can easily access the Oncology Medical Home practice and their providers.</th>
<th>Number of ED visits per chemotherapy patient per calendar year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 3.1: Evidence-based treatment guidelines and/or pathways are used for treatment planning.</td>
<td>Number of hospital admissions per chemotherapy patient per calendar year.</td>
</tr>
<tr>
<td>Percentage of patients treated according to scientifically validated evidence-based guidelines each calendar year.</td>
<td>Percentage of patients with high empiric risk receiving anti-emetics each calendar year.</td>
</tr>
<tr>
<td>Percentage of patients with greater than 20 percent risk for neutropenia receiving white blood cell growth factor each calendar year.</td>
<td>Percentage of patients undergoing advanced imaging with Stage I or II breast cancer each calendar year.</td>
</tr>
<tr>
<td>Percentage of patients with staging documentation prior to initiation of treatment each calendar year.</td>
<td>Percentage of patients with performance status documentation prior to treatment each calendar year.</td>
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</tbody>
</table>
## QUALITY MEASURES

<table>
<thead>
<tr>
<th>Standard 4.4:</th>
<th>All patients are assessed for psychosocial distress, and provided or referred to psychosocial services for intervention.</th>
<th>Percentage of patients receiving at least one psychosocial distress screening each year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 4.5:</td>
<td>The Oncology Medical Home practice develops and implements a process to disseminate a treatment summary and survivorship care plan to patients who are completing cancer treatment.</td>
<td>Percentage of patients receiving a survivorship plan within 90 days of completion of treatment each calendar year.</td>
</tr>
<tr>
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<td>Percentage of Stage IV patients with advanced care plan discussions documented each calendar year.</td>
</tr>
<tr>
<td>Additional Measures</td>
<td>Survival rates for breast, colon and non-small cell lung cancer patients by stage each calendar year.</td>
<td>Average number of days patient on hospice at time of death each calendar year.</td>
</tr>
<tr>
<td></td>
<td>New payment reform model</td>
<td>Chemotherapy given within 30 days of end of life each calendar year.</td>
</tr>
<tr>
<td></td>
<td>Additional Measures</td>
<td>Percentage of patients who die in the acute care setting each calendar year.</td>
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### Why OMH accreditation?

- Commitment to oncology care
  - High quality
  - Efficient

- New payment reform model
  - Improving access and coordination of care
  - Improving patient education and support

- Patient satisfaction
What can practices do now?

- Implement OMH patient satisfaction survey
  - Simple and helps with baselines
- Develop policies and procedures for the OMH standards
- Know, understand and promote your own baseline quality and value.
- Improve your baseline quality and value.
- Notify the CoC of your interest in becoming an accredited Oncology Medical Home

OMHaccreditation@facs.org

QUESTIONS?
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Staffing: 33 Physicians
- Medical Oncology: 18
- Radiation Oncology: 7
- Urology: 8
- Advance Practice Providers: 8
- Employed staff: 350

Sites of service
- Six Cancer Centers in Southwest Ohio

Dayton Physicians Network
Payment reform initiatives
- UHC Episode Fee Payment Program
- Medicare COME HOME Pilot
- Anthem Cancer Care Quality Program
- Aetna OMH Pilot

Dayton Physicians Network

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OHC

34 Medical Oncologists
22 Advanced Practice Providers
14 Radiation Oncologists
38 Nurse Navigators
2 Gynecologic Oncologists
8 Financial Navigators

18 locations 37,000 patients

OHC Clinical Care Model

Oncology Medical Home

Comprehensive Care & Patient Navigation
Evidence-Based Access
Care Planning Oral Chemotherapy Management Survivorship VIA Pathways Sat/Sun Clinic
Patient Education Advance Directives Financial Navigation Triage Pathways Urgent Visits

Payment Reform Accreditation
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Comprehensive Cancer Site
Oncology Medical Home
4 Locations
12 Medical Oncologists
3 Radiation Oncologists
18 Advanced Practice

Brittonfield Office, East Syracuse, NY
Onondaga Hill Office, Syracuse, NY
Auburn Office, Auburn, NY
Wellness Center, Camillus NY

• Infusion Center
• Laboratory
• Linear Accelerator
• CyberKnife
• Imaging CT
• Clinical Research
• Social Work
• Dietitian
• Cancer Rehabilitation
• Wellness Center
• Survivorship
• Dispensing Pharmacy
• Patient Portal
• Breast Care Partners
• Brain Tumor Clinic
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Our Practice
- 19 Physicians - Medical Oncology, Hematology, Radiation Oncology, Gynecologic Oncology, and Breast Surgery
- 7 Advance Practitioners
- 9 Locations - Dallas/FTW Region
- Scope of Services – Research, Chemotherapy, Radiation Therapy, Diagnostic Imaging, Cyberknife, Retail Pharmacy, and Host of Support Services

Payer Reform Initiatives
- Aetna OPCMH
- CMMI COME HOME
- United Healthcare Episode
- OCM application submitted

Accreditation / Quality Initiatives
- Commission on Cancer (CoC) OMH Accreditation
- QOPI Certified
- PQRS

Driver Diagram For Oncology Medical Home Practice Transformation
Oncology Medical Home

Opportunities
- Clinical – enhanced care, patient satisfaction
- Operational – patient centered, culture shift
- Financial – cost avoidance, enhanced value

Challenges
- Clinical – acute issues, increased complexity
- Operational – increased and variable demands
- Financial – practice burden, inadequate reimbursement

Dayton Physicians Network

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