2019 Community Oncology Conference

Ensuring quality, affordable & accessible cancer care

Oncology Payment Reform: Update on Novel Practice & Payer Models

Bo Gamble
Community Oncology Alliance

What is happening out there?

Models or initiatives

How are they similar

How are the different

Who is growing

Who is not

18 Models/Initiatives – that we are aware of

Aetna
BCBS Association
BCBS – Florida
BCBS – Michigan
BCBS – South Carolina
Cigna
Florida Connections
Health Springs/Wellcare
HCSC BCBS IL
Highmark
Indiana Project
OCM – CMMI
Premera
Priority Health
Summacare
Univ Arizona Health Plans
UPMC
VIVA

Aetna

Features

- Nurse navigation, clinical decision support, EMR
- Patient experience feedback – practice reported
- Monthly reporting package, daily inpatient report
- Monthly meeting with each OMHs and as requested

Measures

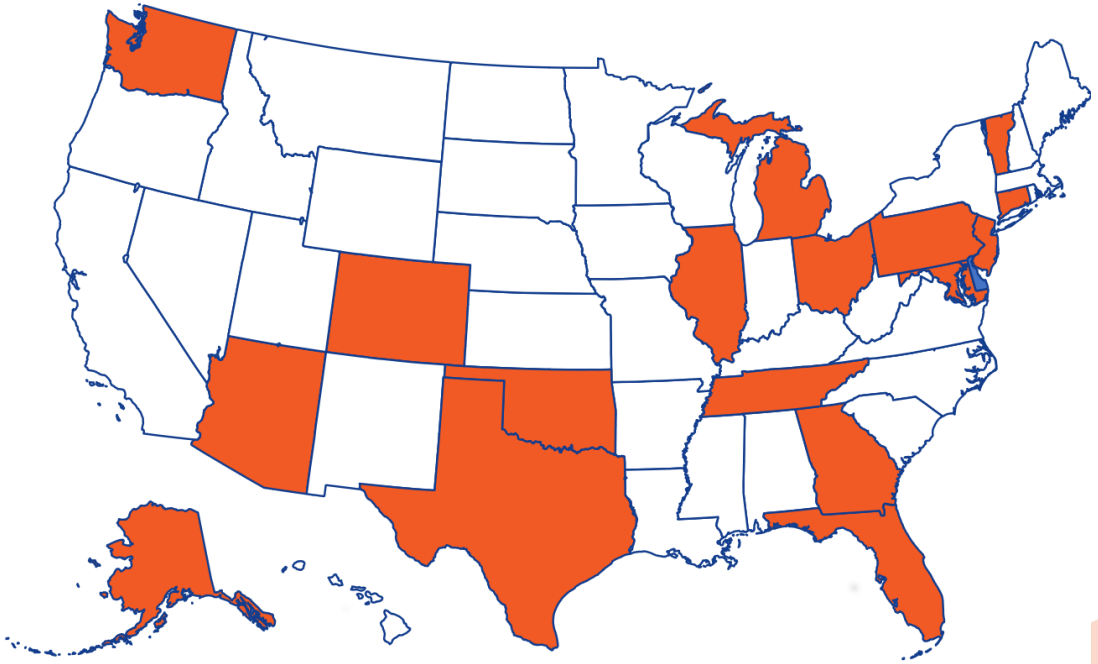
- Drug utilization, inpatient days, ER visits

Aetna

Financial

- No PMPM
- Shared savings
- No downside risk

Adding practices



BCBS Association

Features – Blue Distinction Centers

- Selection Criteria- Local Plan Criteria (if any), VB reimbursement program with local BCBS Plan, providers must be paid under local plan with VB reimbursement, using a model with both cost and quality outcomes…
- Examples by plan - Value based reimbursement programs, shared savings, PMPM reduction goals, episode bundling payment models

BCBS Association

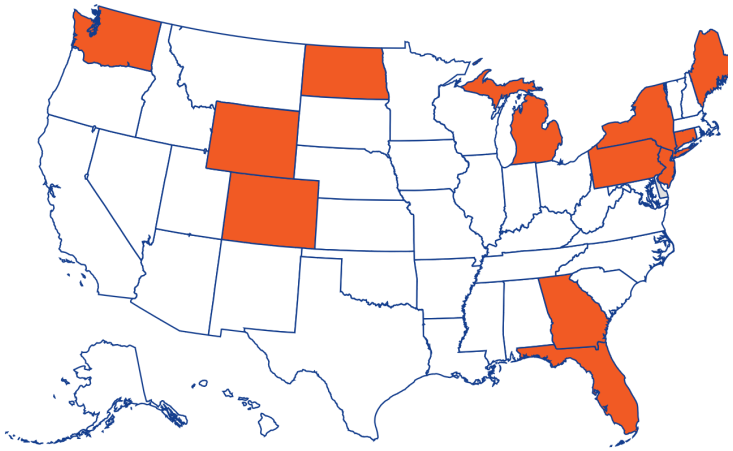
Measure (Examples) – Blue Distinction Centers

- Pathway compliance rates
- Episode cost of care
- Quality metrics
  - All-cause ED visits or observations & no admission
  - Cancer patients who died & hospice > 2 days
  - Cancer patients who died with > 1 ED visit last 30 days
  - Cancer patients who died & ICU visit last 30 days
  - Patient Satisfaction/Experience of Care Survey results
- Cost metrics…

BCBS Association

Other

- Local plan contracts directly with providers for VBA
- No down-side risk
- *"…supports ongoing review of new provider applicants when they are ready to be evaluated. Local BCBS Plans and provider entities are encouraged to participate."*



BCBS Michigan

Features

- Collaborative Quality Imitative
- Approximately 90% of oncologist in Michigan
- Enhanced use of prior authorizations
- “Strong creative leadership”

Measures

- Apx 20 measures, QOPI, smoking, hospice, etc.
- Moving towards AIM/Triple AIM
- Working with PBGH re patient experience

BCBS Michigan

Financial

- Increases to fee schedule
- “No facilities wanted down-side risk”

BCBS South Carolina

Features -

- Follows CMS OCM model; care coordination, monthly care coordination payment - breast and lung

Measures

- OCM-1, OCM-2, OCM-3
- Determines 25%, 50%, 75%, or 100% of 50% savings

Financial

- 2 x 6 month episodes – annual shared savings
- Down side risk w changes possible 7/1/19

Cigna

Features -

- Initial program ended 1/1/19
- New model – 50 covered lives minimum, “tollgate”
- Focus on quality and efficiency towards savings
- Triage, access to care, shared-decision-making, end-of-life care, adherence to evidenced-based pathways

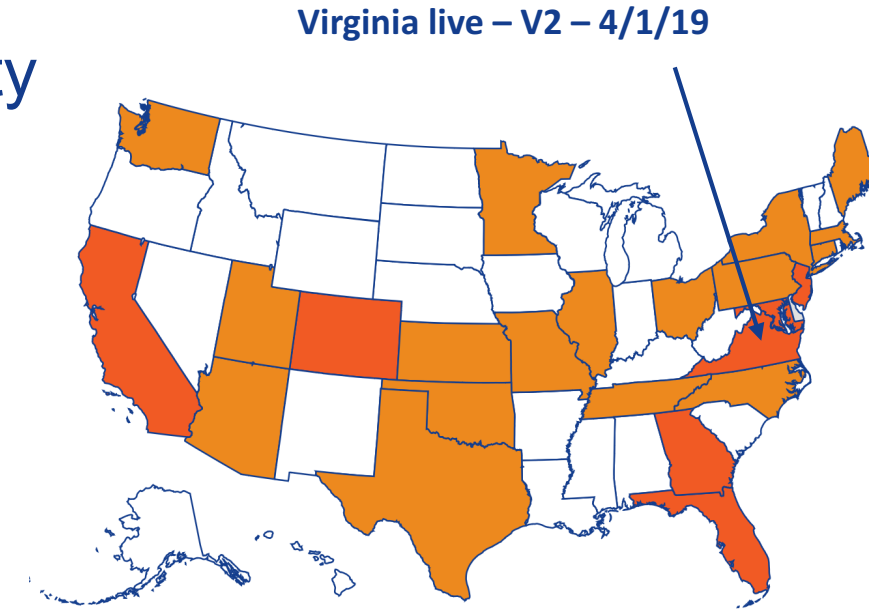
Measures

- Quality: pain, certification, NCCN, care-plan, experience
- Efficiency: IP/ER, imaging, pathways, pharmacy

Cigna

Financial

- Group must pass a quality and efficiency tollgate score
- Care coordination fee
- Points beyond tollgate determine savings amounts
- No down side risk



Florida Connections

Features -

- Collaboration - Employers & Florida Cancer Specialists
- Clinical – Pathways and emphasis on 2nd opinions
- Enhanced clinical navigation, telemedicine and support.
- Removes prior-auths. Emphasizes site of care.

Measures

- Standard measures
- Plus – Reduce duplication of diagnostic services, lower pharmacy costs, improved patient satisfaction.

Florida Connections

Financial

- Identify and utilize cost effective pathology services
- Identify and utilize cost effective pharmacy services
- Lower total cost of care site of care preferences.

Other

- Launched 1/1/2019
- 6 employers & 2 payers?
- *“Modify Program as improvements are determined”*

Health Spring & Wellcare

Features -

- Capitation Model
- Multiple data sources
- Number of Pods (Divisions under risk model)
- The total number of lives living in each pod
- Total budget assigned to each pod based on total # of lives (w & w/o Cancer) located in pod zip codes
- Total budget broken out by service lines

Health Spring & Wellcare

Actuarial Assessment

- Age/Diagnosis, data modeling (aging, disease, drug utilization, disease), charts: Control, Run, Pareto

Process

- Assess population attrition, drug utilization trends, changes in total utilization against the PMPM rate by service line, assess Min, Max, Median and break out in to a histogram to determine magnitude, carve outs

Health Spring & Wellcare

Financial

- Monthly Revenues= PMPM Rate x # of Lives in the Pod
- If patients treated for < monthly revenue = gain
- If patients treated for > monthly revenue = loss & paid

New locations are assessed for inclusion in the risk model based on risk of population

Indiana Project

Features -

- Employers and Michiana Hematology Oncology
- Michiana initiated this service and support
- Built clinic to bypass ER services and costs
- Emphasis on reducing OOP and improving experience

Measures

- Patient/employee satisfaction and employer costs

Financial

- VBA with employers. No downside risk.

OCM with CMMI

Features -

- Incentives to transform
- Emphasis on quality and total cost of care
- Multi-step reconciliations and settlements
- Receiving national attention
- Complex – attribution and methodology

Measures

- Claims data and registry input, patient survey

OCM with CMMI

Financial

- MEOS
- Measure performance impacts shared savings
- Complicated methodology
- Complicated alternative down side risk but advantages with MIPS
- Challenges to translate care improvements to achieve shared savings

Premera

Features -

- Lower overall costs while improving cancer patient experience
- Quarterly calls to ensure open communication and dialogue on the program and goals

Measures

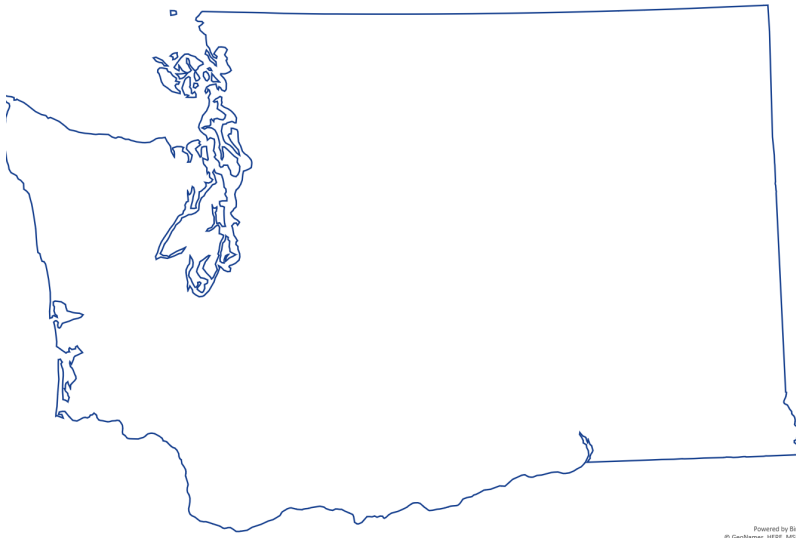
- Pathways, staging, performance status, patient surveys.
- Treatment plan w/intent, advance care discussion
- Navigator, palliative care specialist, 24 hour access

Premera

Financial

- PMPM
- Shared savings if target met, amount determined by measures
- No downside risk

Not Adding practices



Priority

Features -

- Resembles CMMI plan but with exceptions.
- Requires 200 episodes to participate

Measures

- IOM 13 point care plan, screening for depression
- OCM 1 – all cause hospital admissions, OCM 2 – all cause ED and observation days

Priority

Financial

- No risk adjustments on measures
- Makes quality incentive and shared savings payments retrospectively on an annual basis.
- Utilization based performance measures are used for shared savings component
- Claims manually processed to prevent member liability
- No downside risk
- 50% of shared savings if >4% reduction in utilization measures

UPMC

Features -

- Driven by measures for improvement

Measures

- All-cause hospital admissions & ED visits in an episode
- Medical Pain Intensity Quantified
- Medical Plan of Care for Pain
- Chemotherapy in the last 14 days of life
- Patients who died & admitted to hospice 3 days or more
- Screening for depression and follow-up plan

UPMC

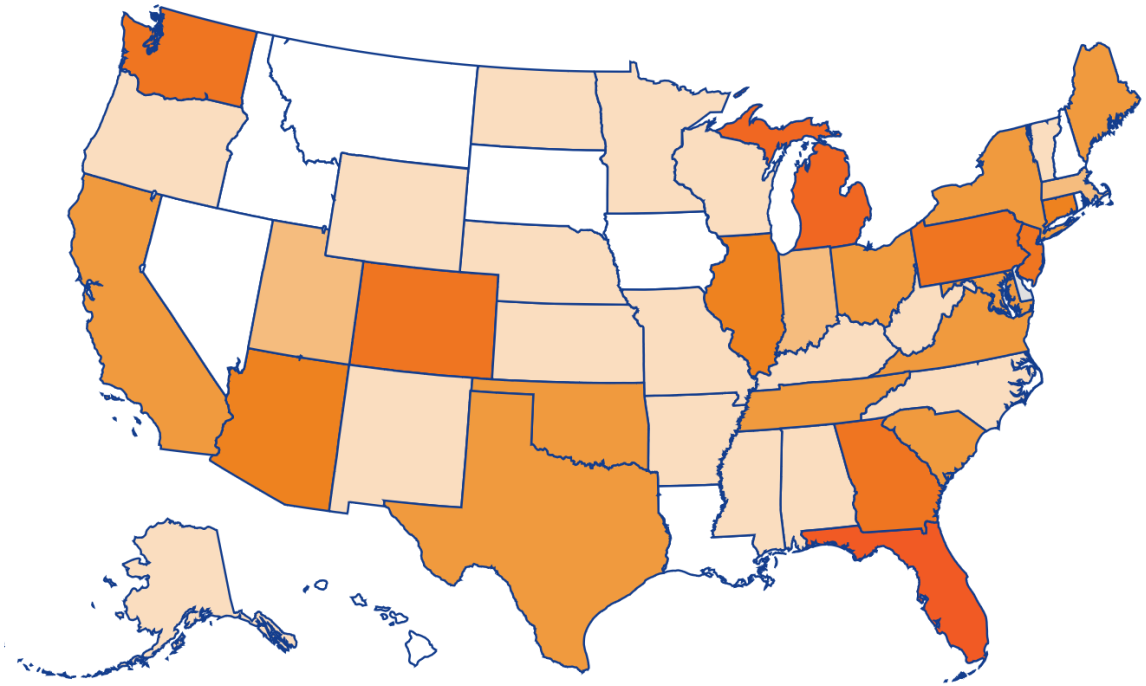
Financial

- Infrastructure Support Fee (ISF) once per unique member. Two installments: 75% is paid at episode trigger, and the remaining 25% is available if the All Cause Hospital Admission measure and at least 5 of remaining 6 quality measure targets are met or exceeded.
- No shared savings and no downside risk

Other

- Communications, shared resources, data

All Initiatives



7 states without identified reform initiates for cancer care

Florida has 7 known active reform initiates!!!

Takeaways

- Many initiatives, some similarities but each are unique
- Some emphasize total cost of care – others do not
- Some are growing – others are not
- Communication and collaboration are keys to success
- All are attempting to reform for the better
- Lessons from pathways need to be applied to reform initiatives – standardization is needed.

Questions