Oncology Payment Reform: Update on Novel Practice & Payer Models

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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
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
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
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…
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
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
Financial

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

Virginia live – V2 – 4/1/19
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”
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
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
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
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
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
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
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!!!
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.