



PAYER EXCHANGE SUMMIT VII

ONCOLOGY PAYMENT REFORM



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2018 COMMUNITY ONCOLOGY CONFERENCE



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ONCOLOGY PAYMENT REFORM

Update & Challenges on the OCM: Oncology Payment Reform

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Northwest Georgia Oncology Centers



OCM Progress & Update



Source: Centers for Medicare & Medicaid Services

Originally, 196
practices; now 190



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Hyatt Regency Tysons Corner Center, Virginia



CMMI – Oncology Care Model

- 5 Year EOC Model of High Volume Cancers beginning July on 2016
- July 1, 2016 – June 30, 2021
- 9 episodes of 6 months each
- Includes Medicare FFS and 15 Commercial Payers (not MA)
- Aim to Improve:
 - Care Coordination
 - Appropriateness of Care
 - Access for Beneficiaries Receiving Chemotherapy
 - Overall Care
 - Lower Costs



OCM Components

- Practice redesign
- Monthly Enhanced Oncology Services Payments (MEOS)
- Performance Based Payment (PBP)



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Practice Redesign

1. Provide and Attest to 24 Hours a Day, 7 Days a Week Patient Access to an Appropriate Clinician Who has Real-Time Access to Practice's Medical Records
2. Attestation and Use of Certified EMR
3. Utilize Data for Continuous Quality Improvement
4. Provide Core Functions of Patient Navigation
5. Document a Care Plan that Contains the 13 Components in the Institute of Medicine Care Management Plan
6. Treat Patients with Therapies Consistent with Nationally Recognized Clinical Guidelines



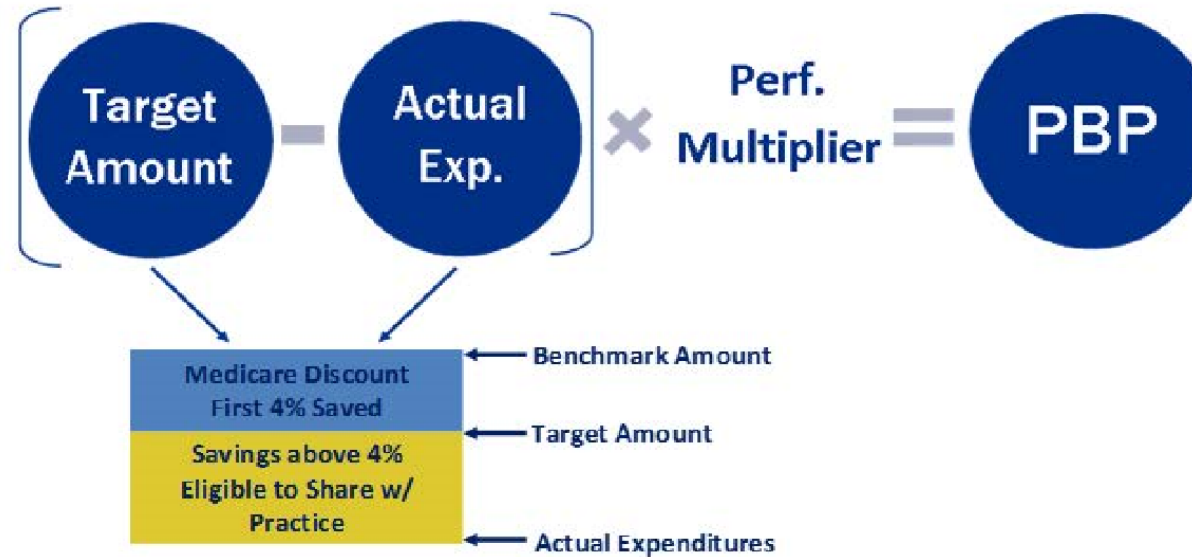
Monthly Enhanced Oncology Services (MEOS) Payment

- \$160/month/pt for 6 months
- 6 month episodes that start when pt receives IV anticancer therapy or when pt obtains oral script from pharmacy.
 - Includes adjuvant hormonal therapy for breast cancer
- The episodes end at 6 months if chemo terminates before then (ie if an adjuvant therapy ends at month 4, the MEOS continues two more months).
- MEOS payments end immediately if pt dies or goes on hospice.
- 6 month episode rolls over to a new one if the pt continues therapy (as in metastatic therapy).
- Pts on clinical trials included if trigger drug billed.



Performance-Based Payments (PBPs)

PBP CALCULATION OVERVIEW

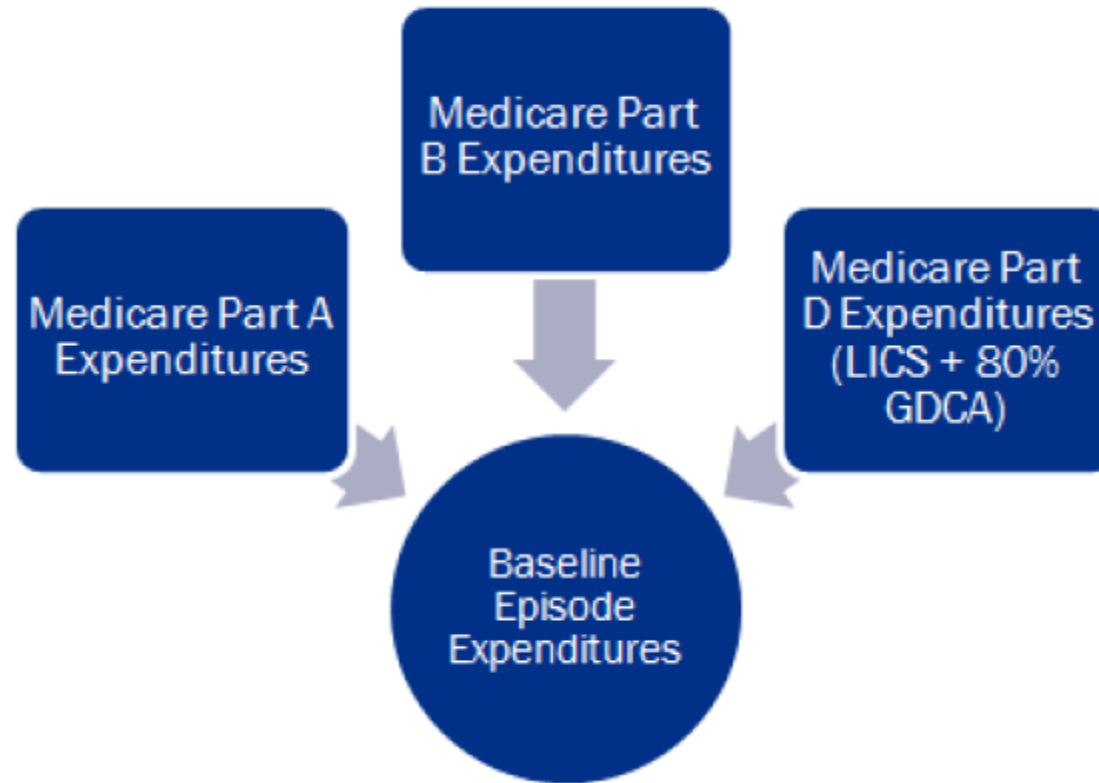


The PBP calculation will occur for each of OCM's nine performance periods.



Performance-Based Payments (PBPs)

Figure 1: Components of Baseline Episode Expenditures



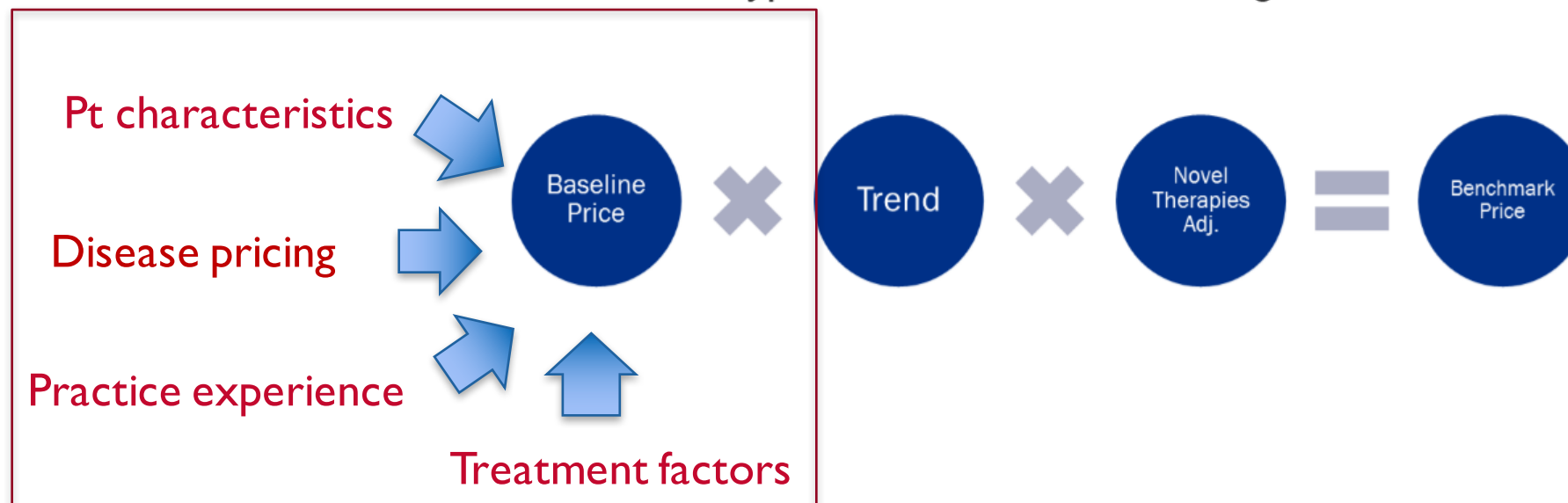
Based on historical
experience:
July 1, 2012 – June 30, 2015



Performance-Based Payments (PBPs)

STEP 2: CALCULATE THE BENCHMARK AMOUNT

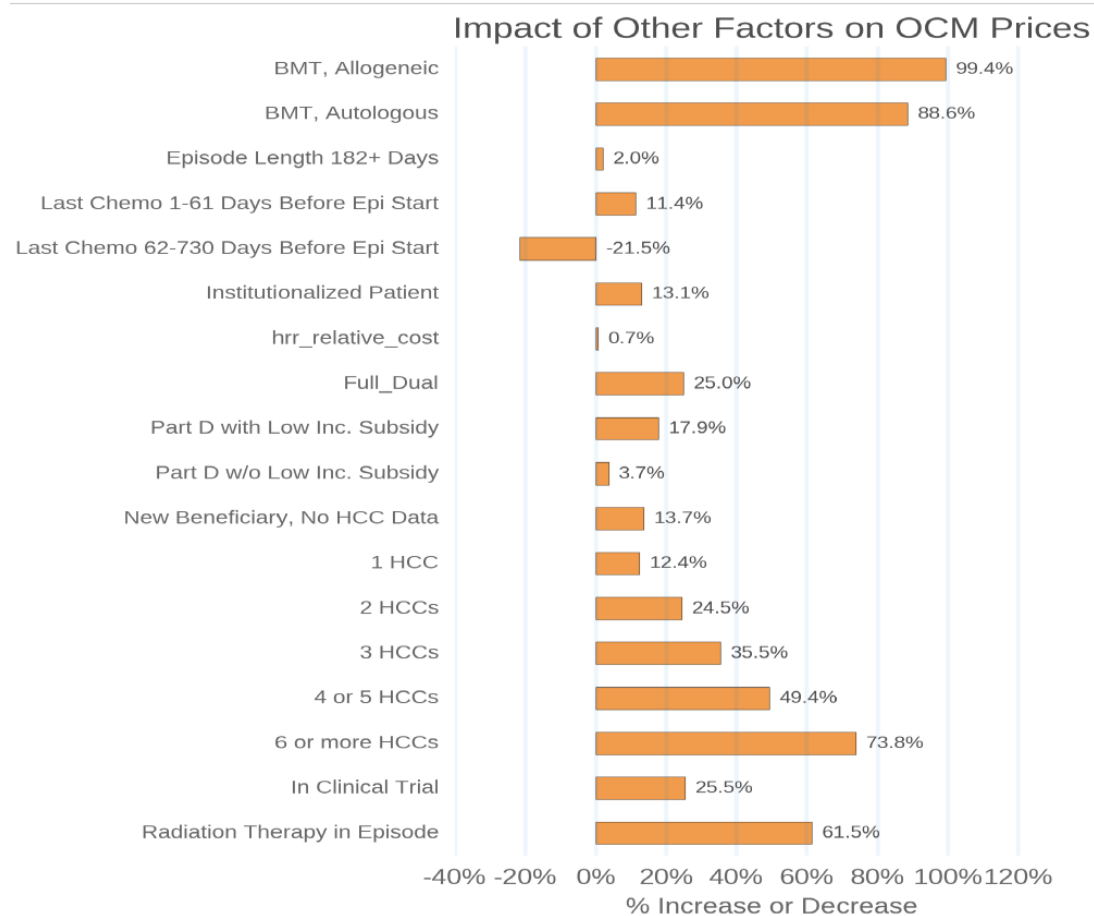
- **Benchmark amount** = sum of benchmark prices for all episodes that are attributed to that practice and that have a cancer type that is reconciliation-eligible



Examples of Disease Pricing per Episode Before Risk Adjustment



Factors That Go into Predicted Baseline Episode Expenditures



Examples of baseline prices per episode *after* risk adjustment



1 HCC \$25,655 (12.4%)

2 HCCs \$28,531 (25%)

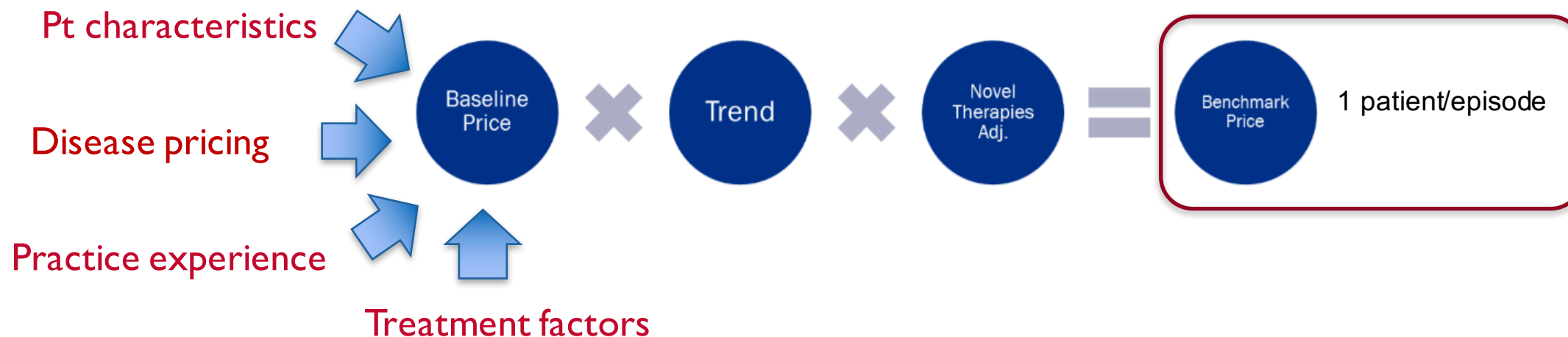
2 HCCs/Clinical Trial \$34,237 (50 %)



Performance-Based Payments (PBPs)

STEP 2: CALCULATE THE BENCHMARK AMOUNT

- **Benchmark amount** = sum of benchmark prices for all episodes that are attributed to that practice and that have a cancer type that is reconciliation-eligible



Performance-Based Payments (PBPs)

STEP 3: CALCULATE THE TARGET PRICE

- **Target price** = the benchmark price adjusted for the OCM discount

Typically 96% of
Baseline price



Performance-Based Payments (PBPs)

STEP 4: CALCULATE THE RISK-ADJUSTED TARGET AMOUNT

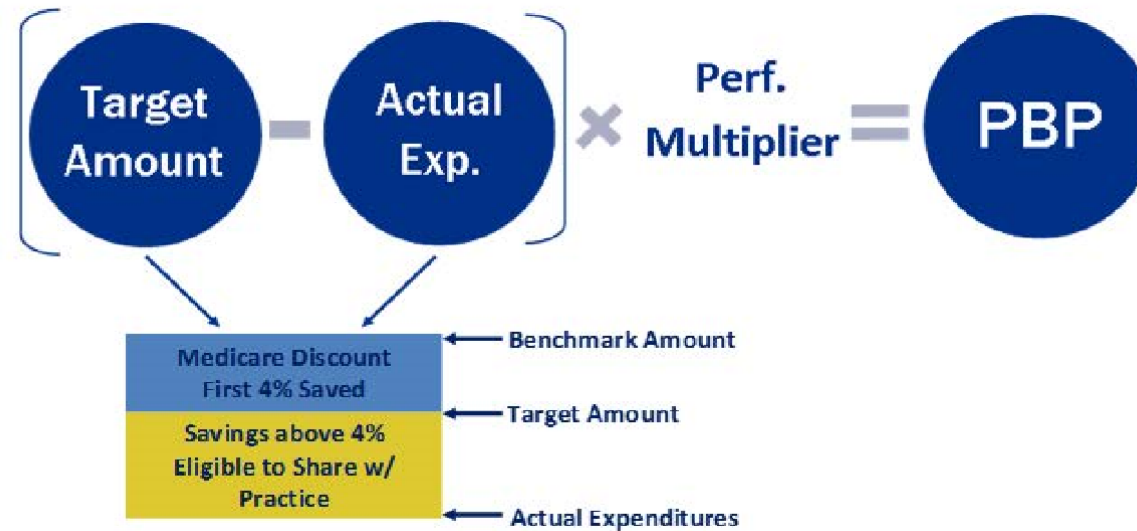
- **Risk-adjusted target amount** = sum of the target prices for all episodes attributed to practice for the performance period

$$\Sigma \text{ Episode Target Prices} = \text{Target Amount}$$



Performance-Based Payments (PBPs)

PBP CALCULATION OVERVIEW



The PBP calculation will occur for each of OCM's nine performance periods.



OCM Quality Measures

OCM Measure #	Measure Description	Source
OCM-1	Risk Adjusted proportion of patients with all-cause hospital admissions	Claims
OCM-2	Risk-adjusted proportion of patients with all-cause ED visits that did not result in a hospital admission	Claims
OCM-3	Proportion of patients who died who were admitted to hospice for 3 days or more	Claims
OCM-4	Pain assessment and management	Practice
OCM-5	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Practice
OCM-6	Patient-reported experience of care	Survey
OCM-7	Prostate cancer: Adjuvant hormonal therapy for high-risk beneficiaries	Practice
OCM-8	Timeliness of adjuvant chemotherapy for colon cancer	Practice
OCM-9	Timeliness of combination chemotherapy for hormone receptor negative breast cancer	Practice
OCM-10	Trastuzumab received by patients with AJCC stage I (T1c) to III Her2/neu positive breast cancer	Practice
OCM-11	Hormonal therapy for stage IC-IIIC estrogen receptor/progesterone receptor positive breast cancer	Practice
OCM-12	Documentation of current medication	Practice



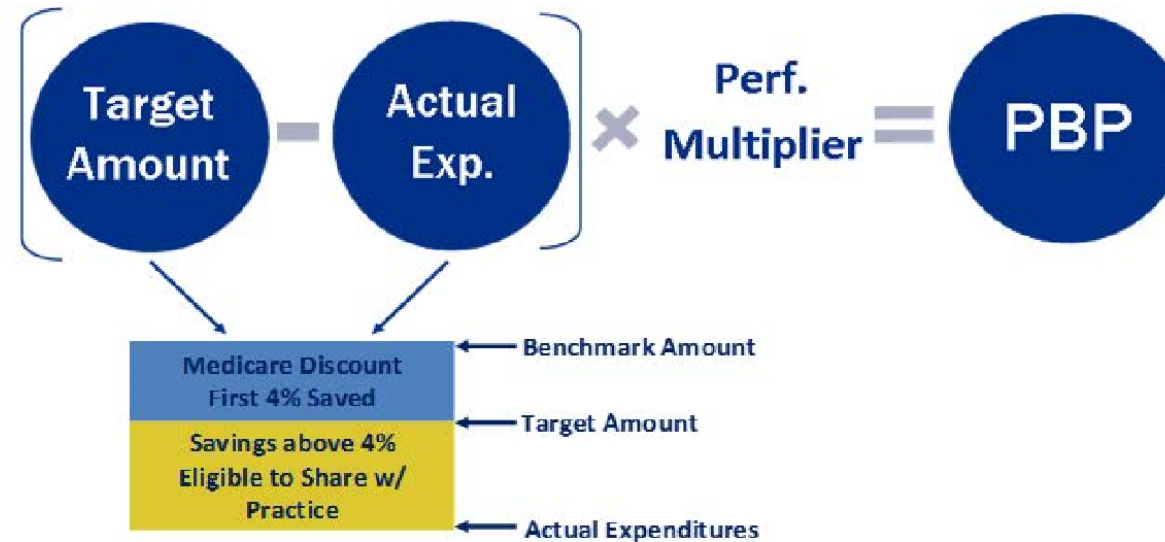
Performance Multiplier

Aggregate Quality Score	Performance Multiplier
75% - 100%	100%
50% - 74%	75%
30% - 49%	50%
Below 30%	0%



Performance-Based Payments (PBPs)

PBP CALCULATION OVERVIEW



The PBP calculation will occur for each of OCM's nine performance periods.



OCM CHALLENGES

- **Clinical**
- Changing MD behavior
- ER avoidance
- Same day appts/more midlevels
- Understanding and influence the total cost of care
- Influencing MD behavior *outside the practice*
- Better end of life care
- Patient Navigation
- I3 point IOM care plan
 - Not EMR compatible
 - Total cost of care
- Providing expanded access
- Structured triage
- Data analysis



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Clinical Challenges

13 point IOM care plan

7. Treatment benefits and harms, including common and rare toxicities and how to manage these toxicities, as well as short-term and late effects of treatment
8. Information on quality of life and a patient's likely experience with treatment
9. Who will take responsibility for specific aspects of a patient's care (e.g., the cancer care team, the primary care/geriatrics care team, or other care teams)
10. Advance care plans, including advanced directives and other legal documents
11. Estimated total and out-of-pocket costs of cancer treatment
12. A plan for addressing a patient's psychosocial health needs, including psychological, vocational, disability, legal, or financial concerns and their management
13. Survivorship plan, including a summary of treatment and information on recommended follow-up activities and surveillance, as well as risk reduction and health promotion activities



OCM challenges

- Technologic
 - Data upload
 - Database Corruption
 - EMR limitations



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Technologic: Data Upload

ONE patient's data upload detailing: practice, doctor, breast cancer, ER, PR, her2/neu

TRANSACTION_ID	PARENT_TRANSACTION_ID	DELETE_IND	PROVIDER_NPI	PRACTICE_TIN	HICN	ACTIVITY_DATE	CODING_SYSTEM	CODE	OCM_ID
00950008832000039212C50.411			1497711931	581923818	277504070A	6/8/2017	ICD10CM	C50.411	OCM422
00950008832000039212C50.411	DXTC	00950008832000039212C50.411	1497711931	581923818	277504070A	5/17/2017	AJCC	T1c	OCM422
00950008832000039212C50.411	DXNC	00950008832000039212C50.411	1497711931	581923818	277504070A	5/17/2017	AJCC	N0	OCM422
00950008832000039212C50.411	DXMC	00950008832000039212C50.411	1497711931	581923818	277504070A	5/17/2017	AJCC	M0	OCM422
00950008832000039212C50.411	DXER1	00950008832000039212C50.411	1497711931	581923818	277504070A	5/17/2017	HL7	Observation-Event	OCM422
00950008832000039212C50.411	DXER2	00950008832000039212C50.411 DXER1	1497711931	581923818	277504070A	5/17/2017	LOINC	40556-3	OCM422
00950008832000039212C50.411	DXER3	00950008832000039212C50.411 DXER1	1497711931	581923818	277504070A	5/17/2017	2.16.840.1.113883.5.83	POS	OCM422
00950008832000039212C50.411	DXPR1	00950008832000039212C50.411	1497711931	581923818	277504070A	5/17/2017	HL7	Observation-Event	OCM422
00950008832000039212C50.411	DXPR2	00950008832000039212C50.411 DXPR1	1497711931	581923818	277504070A	5/17/2017	LOINC	10480-2	OCM422
00950008832000039212C50.411	DXPR3	00950008832000039212C50.411 DXPR1	1497711931	581923818	277504070A	5/17/2017	2.16.840.1.113883.5.83	POS	OCM422
00950008832000039212C50.411	DXHer1	00950008832000039212C50.411	1497711931	581923818	277504070A	5/17/2017	HL7	Observation-Event	OCM422
00950008832000039212C50.411	DXHer2	00950008832000039212C50.411 DXHer1	1497711931	581923818	277504070A	5/17/2017	LOINC	50397-9	OCM422
00950008832000039212C50.411	DXHer3	00950008832000039212C50.411 DXHer1	1497711931	581923818	277504070A	5/17/2017	2.16.840.1.113883.5.83	NEG	OCM422

25

25

10

9

10

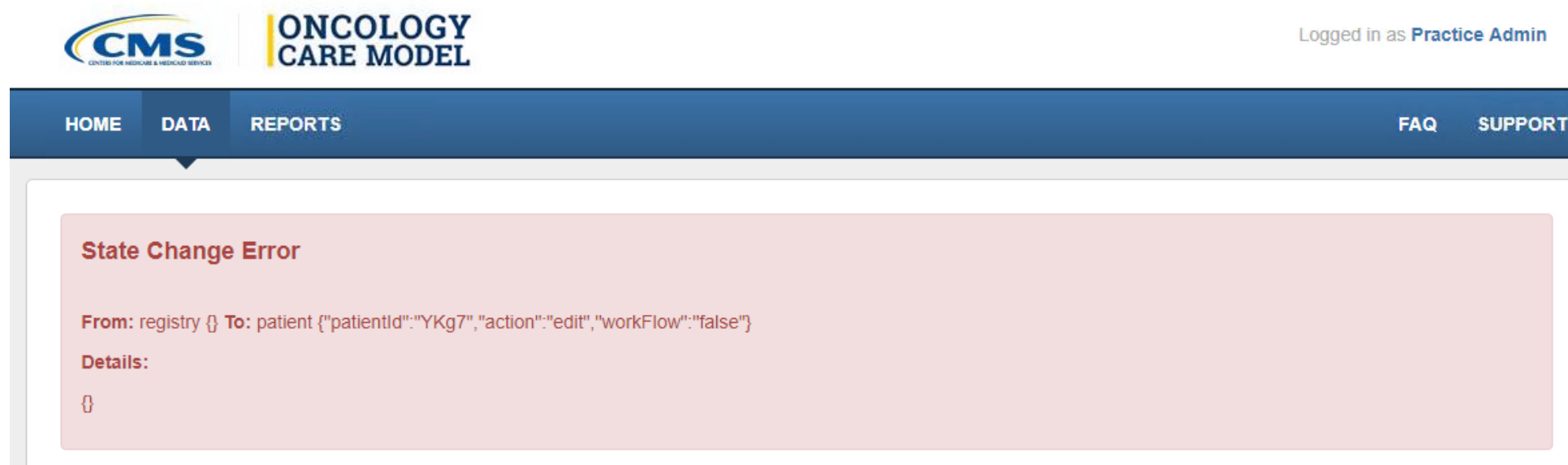
13 lines of data



Technologic: Database Corruption

Receiving error messages in OCM portal when trying to enter clinical data for some patients following demographic upload:

- Must delete patient and re-enter demographics manually



OCM challenges

- Administrative
 - OCM attribution
 - Manual data extraction
 - Manual data entry



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Technologic: EMRs

Many Elements Required to be Manually Entered into Portal

Q. Can Staging and Clinical Data be uploaded to the OCM Data Registry? *Updated Content!*

A. Staging and Clinical Data can be uploaded using the CSV "OCMR Encounter Upload File," except for a few elements that must be manually entered. These elements are:

OCM Frequently Asked Questions

- Current Clinical Status
- Disease Status
- ISS Stage
- Tumor Grade
- Resection
- Clinical Stage
- Remissions
- Relapses
- Prognostic Multi-Gene Assay Test

We are currently evaluating options for these elements to be uploaded in a future release.



Administrative: Onerous data requirements and measures

- Four reportable data buckets

1. Aggregate measures (5)

- Measures apply to **all** cancer pts (1/5)

1000 OCM pts

2. OCM patient clinical data (5-8)*

6500 data points

3. Measures applied to individual OCM patients

- (7-8/12)**

8000 data points

4. Cost data

14,500 data points for data buckets '2' and '3' alone.

These are updated every 6 months

- 17 measures that the practice has to report

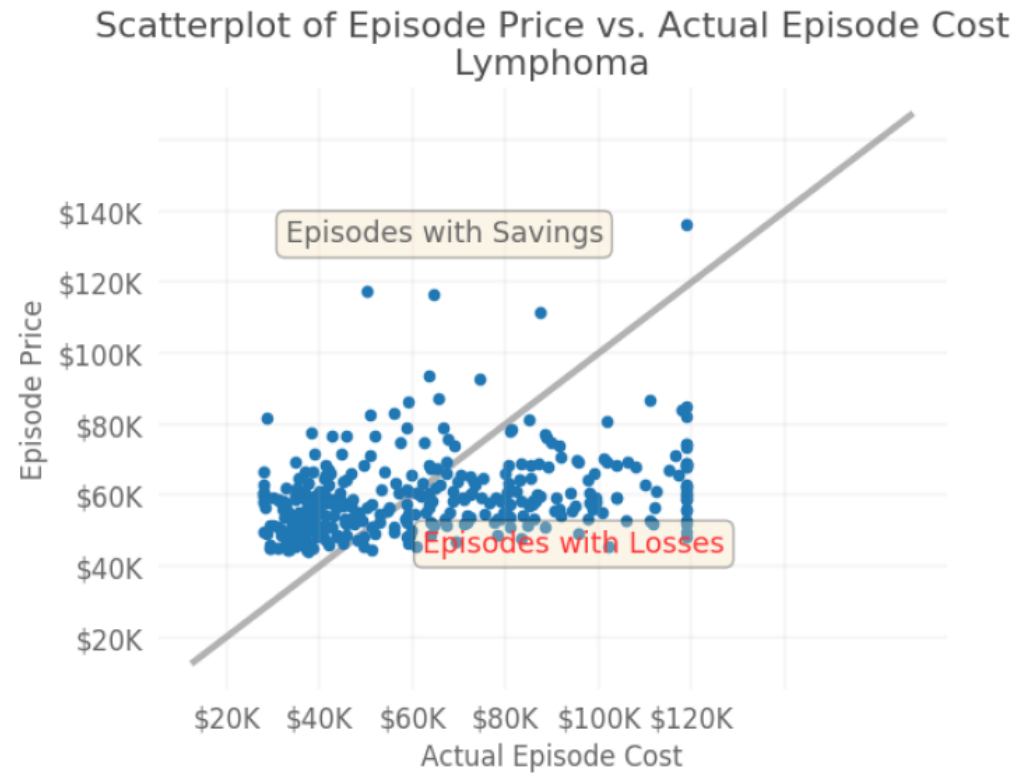


PBP Methodologic Challenges

- PBP Methodology
 - Practice experience multiplier
 - Gain sharing vs Shared savings
 - Novel therapy adjustment
 - Baseline Episode prices are not based on clinical parameters
 - Pricing adjustments not realistic ie BMT



Correlation of Predicted and Actual Costs



How do drugs figure in OCM?

- New incentives to use the most effective, least toxic and least expensive drugs
 - This must be done in the framework of total cost of care
 - Greater emphasizes of HEOR
- Greater pressure on manufactures in areas where there is competition:
 - Immunotherapy drugs
 - CDK4/CDK6 inhibitors (3)
- Rapid adoption of biosimilars
- Push for outcomes or indication based pricing



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