A VISION FOR THE FUTURE:
THE “OCM 2.0” & ONCOLOGY MEDICAL HOME (OMH)

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(A.K.A. What features of an APM should practices demand as they negotiate for alternative payment models?)
WHAT IS IT?

• Comprehensive plan to continue the reformation of cancer care.
• Emphasis on:
  – Standards for the effective high-quality cancer care
  – Efficient delivery of this care
  – Efficient payment models
  – Effective payment models
  – Applicable for…
    ➢ Care teams – all types
    ➢ Payers – all types
    ➢ Employers – coalitions, jumbo, other
HIGH-QUALITY CARE STANDARDS

• NEW Oncology Medical Home (OMH) – with American Society of Clinical Oncology (ASCO)
  – Standards
    ➢ Patient engagement
    ➢ Availability and access to care
    ➢ Evidenced-based care
    ➢ Comprehensive team-based care
    ➢ Quality improvement
    ➢ Palliative and end-of-life care
    ➢ Chemotherapy safety
  – On-site review for compliance
  – Ongoing review of progress and improvements
  – Patient feedback
SAID DIFFERENTLY...

• Continue the transformative care that is obvious in the OCM and other models
• Plus
  – Universal appeal and adaption
  – Integrate standard measures as evidence of transformation
• Designed specifically for cancer care
EFFICIENT DELIVERY OF CARE

• Comprehensive, appropriate and timely patient communications
  – Treatment plan
  – Survivorship
  – End of life

• 24/7 access to care

• Coordinated care through entire journey

• Promotion of high value sites of care/services

• Minimize:
  – Unnecessary ED visits
  – Unnecessary hospitalizations
  – Duplication of tests
EFFICIENT PAYMENT MODELS

• Efficient gathering and reporting of quality/value of process/outcomes measures
  – ASCO QOPI/QCDR measure repository
  – All patients for all payers and payer types
• Timely feedback – monthly/quarterly feedback reports
• Identifiable and actionable goals – outliers more easily identified and addressed
• Lessen the dependence on outside model support - guidance versus interpretation
• Methodology understood by different stakeholders – payers, employers etc.
EFFECTIVE PAYMENT MODELS

• Pilots for value-based arrangements between care teams and science companies
  – 6 drug companies are officially interested
  – Others have expressed interest

ADMINISTRATION UNVEILS OVERHAUL OF FRAUD AND ABUSE RULES: The much-anticipated revamp of decades-old regulations aims to make it easier for providers to coordinate patient care and anticipates the move toward more value-based payment arrangements.

• Attribution – replace pre-certification
• Risk methodology – comorbidities/complications
• Benchmarking – relative accomplishment
EFFECTIVE PAYMENT MODELS

- Inclusion/exclusion criteria
- Outliers/winsorization
- Address the cost of therapies – oral and IV
- Address the total cost of care
APPLICABLE FOR

- The next CMMI OCM
- Other Federal programs
- State, regional commercial payers
- Self funded employers with traditional payers
- Employers interested in value-based arrangements
- Employer coalitions
OCM 2.0 STATUS UPDATE

• Given a rapidly changing OCM environment
  – Upcoming major decision regarding two-sided risk in the OCM;
  – Possible decrease in participation in the OCM; and
  – Methodology issues within the OCM that are currently being addressed.

• COA has requested to significantly augment the OCM 2.0 PTAC application.
  – Will allow COA to adapt model to new developments in OCM; and
  – Prepare more in-depth model in response to PTAC questions.
QUESTIONS?