MEDICARE PAYMENT REFORM

Panel Moderator: Mark Thompson, MD
Past President, Community Oncology Alliance
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PRIVATE PAYER & MEDICARE ONCOLOGY PAYMENT REFORM PILOTS
MODERATOR: MARK THOMPSON, MD

• Bruce Gould, MD, President, Community Oncology Alliance, and Medical Director Northwest Georgia Oncology Centers

• Jeff Mortier, Partner, Ryan, MacKinnon, Vasapoli & Berzok

• Ted Okon, MBA, Executive Director, Community Oncology Alliance

STATE OF MEDICARE ONCOLOGY PAYMENT REFORM INITIATIVES

• COME HOME CMMI $19+ million grant

• Development of the CMMI Oncology Care Model (OCM)
  – Released in early 2015
  – 5-year pilot project
  – Based on expert panel input
  – Applications being processed now
  – Implementation in Spring of 2016

• Cancer Care Payment Reform Act of 2015 (H.R. 1934)
  – Cosponsored by Reps. Cathy McMorris Rodgers and Steve Israel
  – 5-year demonstration project
  – Based on the Oncology Medical Home
  – E&C legislative hearing on 10/8
**COA ONCOLOGY PAYMENT REFORM MODEL**

- 4-Phase Model tied to the Oncology Medical Home
  - Preparation (per patient fee)
  - Implementation of measurement (per patient fee)
  - Measurement of quality and value (shared savings)
  - Episodes of care (modified shared savings)
- Utilizes 19 measures of value and quality
  - Additional patient satisfaction tool
  - Measures developed by team of providers, payers, and patients
- Now proven to produce positive results and win-win-win
  - Patients, providers, and payers

**CMMI ONCOLOGY CARE MODEL**

- Goals: “Utilize appropriately aligned financial incentives to improve care coordination, appropriateness of care, and access to care for beneficiaries undergoing chemotherapy.”
- Five-year pilot project based on 6-month episodes of chemotherapy treatment
  - Care management payment of $160 per beneficiary per month
  - Performance-based payment for OCM episodes
- Multi-payer involvement
- Requires specific, prescribed facets of care provision
  - Core functions of care navigation
  - 24/7 care
  - Provide 13 functions prescribed in the Institute of Medicine report, “Delivering High Quality Cancer Care: Charting a New Course for a System in Crisis”
  - Treat patients consistent with national guidelines
  - Use data to drive continuous quality improvement and use an OCN-certified EHR
CANCER CARE PAYMENT REFORM ACT OF 2015 (H.R. 1934)

• Three-phase, 5-year demonstration project aimed at enhancing the quality and value of cancer care
  – Attest practice is pursuing Oncology Medical Home accreditation by Commission on Cancer or others
    ➢ Per beneficiary, per month payment
  – Gain accreditation
    ➢ Per beneficiary, per month payment
  – Implement and measure
    ➢ Shared savings
• Based on successful COME HOME pilot and new Oncology Home accreditation
• Must report on and hit target benchmarks on at least 10 out of 19 measures of quality and value
  – If targets are not hit, no shared savings even if shared savings realized
• True shared savings
  – Comparisons against other practices, not within practice

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