Oncology Care Model 2.0

The Universal Payment Model in Oncology

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THE 2017 COMMUNITY ONCOLOGY CONFERENCE FUELING THE CANCER MOONSHOT

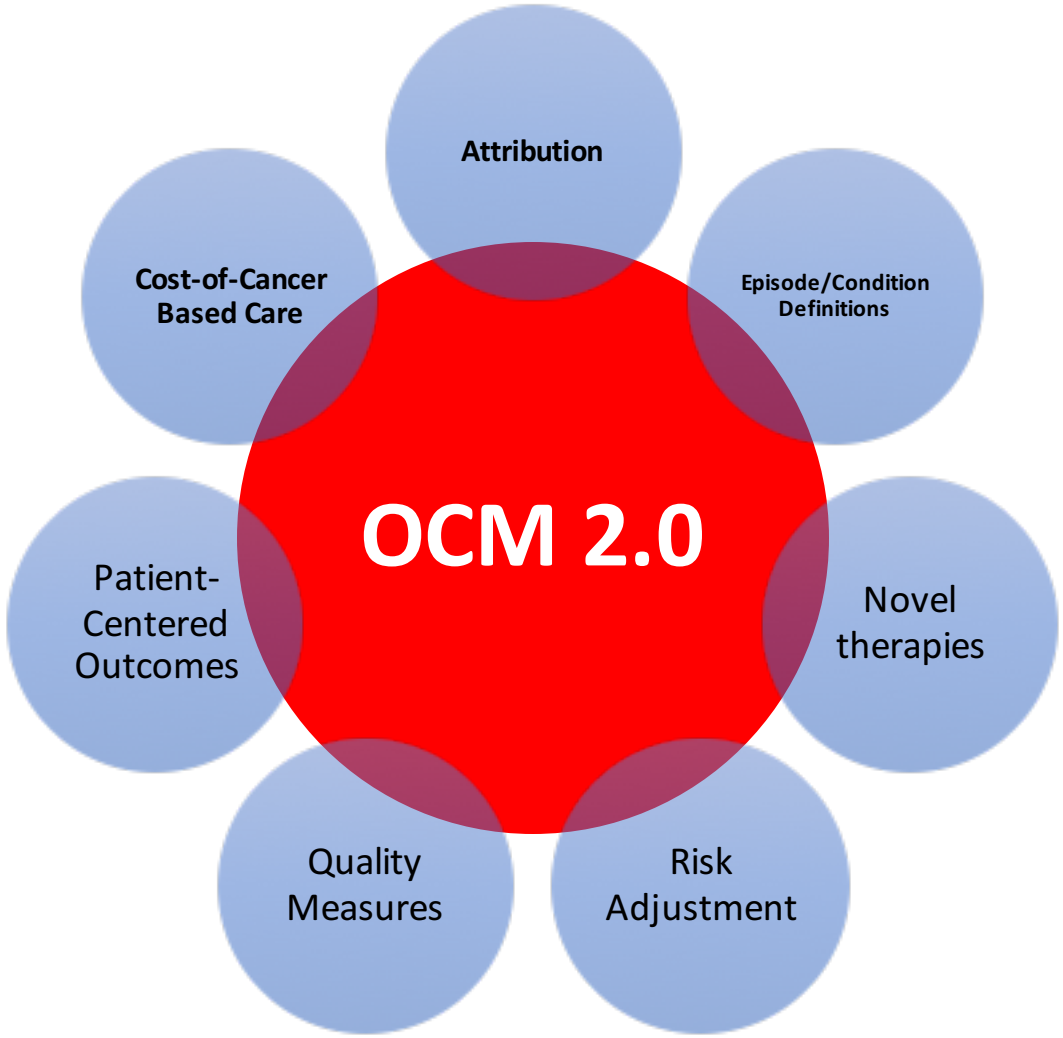
Review of the Oncology Care Model 1.0

- **Medicare-centric model but involves private payers**
  - Created by the Center for Medicare & Medicaid Innovation
- **Currently being implemented by 191 cancer care facilities**
  - Community oncology practices, hospitals, and academic systems
  - Involves 16 private payers
- **Good first start but concerns with the design and implementation**
  - Starts with an "artificial" 6-month chemotherapy bundle
  - Focus is just on Medicare fee-for-service cancer patients
  - Biased against patients in pharmaceutical-funded clinical trials
  - Burdensome quality measure reporting requirements
  - Overall too focused on process and not on patient care

Why an OCM Version 2.0?

- **Create a truly universal model for the payment of both oncology services and drugs**
  - Flexible and adaptable for modification by providers and payers
  - Provide a conduit for value-based services and drug reimbursement
- **Focus on the patient and from the point of diagnosis**
  - Regardless of what treatment is prescribed
  - Make the model truly about enhancing patient outcomes and not data collection and cost savings
- **Provide a ”safety-net” should the OCM 1.0 stumble**
  - Concerns about the year 2+ viability of the OCM

OCM 2.0: Conceptual Framework



OCM 2.0: Important Elements

- **Flexibility for providers and payers**
  - Allow both to modify the base model to meet their needs
- **Ability to work across settings and providers**
  - Community-based settings working where appropriate with larger facilities
    - Community-based oncologists working closely with hospitalists, primary care, etc.
- **Everybody needs to find a way to "win"**
  - Patients want to trust that their physicians are practicing with the latest evidence and that they are getting the best "value"
  - Providers want to deliver the highest quality care
  - Payers want to decrease cost and inappropriate utilization while ensure the highest quality care is delivered

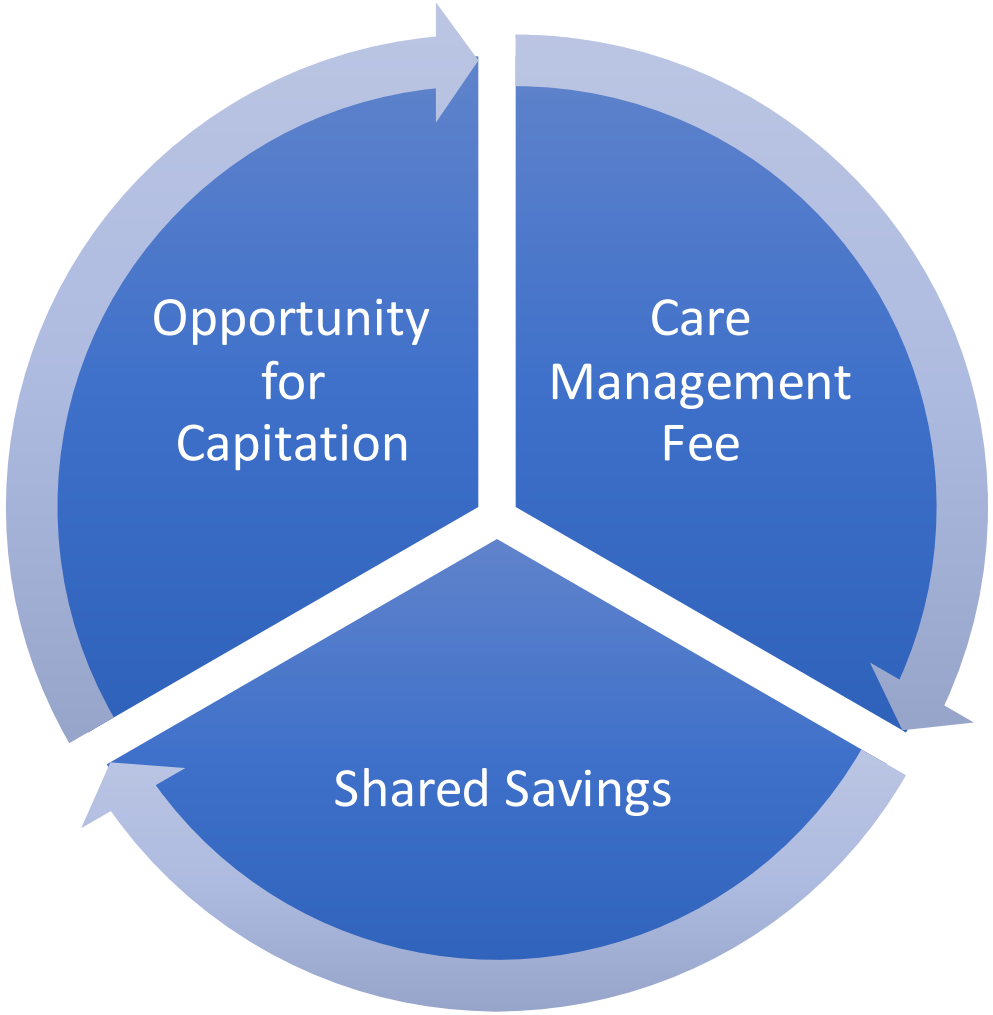
OCM 2.0: Major Points of Emphasis

- **Transparency**
  - Openness of the model, the measures, and the “math”
- **Consensus**
  - Among all the stakeholders, including patients, providers, and payers
- **Clarity**
  - Of what is expected of providers in terms of implementation and processes
- **Simplicity**
  - So that the emphasis is on enhancing patient care, not data collection and other tasks
- **Value**
  - Of services and drugs

OCM 2.0: Model Building on OCM 1.0

- **Cancer begins with accurate screening and diagnosis**
  - Major point of differentiation from the OCM 1.0
- **Quality in cancer care involves:**
  - Patient reported outcomes measures
  - Measures which push practices to the next level but also acknowledge their accomplishments
    - QOPI certification
    - NCQA designation
    - COC certification
  - Ability to select measures appropriate to practice setting
- **Opportunity to include drugs tied to "value"**
- **Basic payment model following the OCM 1.0**
  - Care management/coordination fee
  - Shared savings
- **Two variations: single and double-sided risk**

OCM 2.0: Payment Model



OCM 2.0: Important Feedback Needed

- **Risk Adjustment**
  - Claims-based is limited
  - Possibilities
    - Manual/EMR entry
    - Mapping claims to additional datasets if possible – state based registries, etc.
  - HCC scores?
  - Numbers of conditions?
  - Participation in trials?

OCM 2.0: Important Issues

- **Cost Target Issues & Questions**
  - Cancer Related Costs
    - All cancers?
    - Predominant cancers?
- **Unintended Consequence Issues**
  - How will cherry picking be dealt with?
  - How long should the agreements be?
    - Is a year adequate?
    - 3 years?

OCM 2.0: Drugs, Drugs & Drugs

- **What kind of guidance will be expected?**
  - Pathways
  - NCCN guidelines
  - Others?
- **How will the payment model account for inappropriate prescribing?**
  - Both over/under prescribing
  - Removing barriers to prescribing appropriate state-of-the-art therapies
- **Who will be held responsible for the increasing costs?**
  - Patients?
  - Providers?
  - Payers?
- **Real opportunity to introduce "value-based" drug payments**
  - Protect innovation by rewarding it

OCM 2.0: Patients Matter & Come First

- **Really understand "value" as perceived/measured by patients and incorporate it into the model**
- **Patient satisfaction and some important questions:**
  - Measured by COA patient survey or other comparable tools
  - How much will satisfaction matter on financial distribution of shared savings, or fees, etc.
  - Will patients be able to opt in or opt out?
  - How can patients be educated, engaged, and excited to be part of OCM 2.0?

OCM 2.0: Provider Perspectives

- **Don't make the model prescriptive on how to practice medicine**
  - Allow providers to practice but provide them with the best tools available
    - Oncology Medical Home tool box and accreditation processes
    - Help in transforming practice operations, both clinical and process
    - Provide feedback on results – the more, and more frequently, the better
- **Don't make data entry and processing more important than actual patient care**
- **Make the quality measures meaningful to enhancing patient care**
- **Make the measurements relevant to what the oncologist actually "controls"**

COA Perspective & Game Plan

- **Trying to make the OCM 1.0 work**
  - "Cooperative" involving 80% of the participants
    - Closed information-sharing listserv
    - Regular calls and webinars
    - In-person meetings and workshops
  - Continue building Oncology Medical Home resources for practices to use in the OCM 1.0
- **Developing the OCM 2.0**
  - Team conducting interviews, with a cultural anthropologist, to better understand the needs of all stakeholders
    - Patients
    - Providers
    - Payers
    - Pharma

COA Perspective & Game Plan *(continued)*

- **Developing the 2.0 (continued)**
  - Identifying what's not working in the OCM 1.0 and devising solutions
  - Start working with providers and payers, including employers, to implement pilots and actual projects on the OCM 2.0
- **Working with Congress on variations of the model**
  - Senate and House oncology payment reform bills built on the Oncology Medical Home model
    - Cornyn/Carper S. 463
    - CMR/Sewell H.R. 1834
- **Submitting 2-sided risk version to PTAC**
  - Advanced alternative payment model (AAPM) under MACRA