

Oncology Care Model Overview



*Centers for Medicare &
Medicaid Services
Innovation Center (CMMI)*

September 2017

Innovation at CMS

Center for Medicare & Medicaid Innovation (Innovation Center)

- Established by section 1115A of the Social Security Act (as added by Section 3021 of the Affordable Care Act)
- Created for purpose of developing and testing innovative health care payment and service delivery models within Medicare, Medicaid, and CHIP programs nationwide

Innovation Center priorities:

- Test new payment and service delivery models
- Evaluate results and advance best practices
- Engage a broad range of stakeholders to develop additional models for testing

Innovation Center Models

- **Aim to “reduce program expenditures . . . while preserving or enhancing the quality of care”**
- **Range in focus, including:**
 - Accountable Care Organizations
 - Primary Care Transformation
 - Bundled Payments for Care Improvement
 - State-Based Innovation

Oncology Care Model Background

- The Innovation Center also focuses on specialty care, including improving the effectiveness and efficiency of oncology care.
- Estimates for 2016 were that more than 1.6 million new cases of cancer would be diagnosed and that cancer would kill an estimated 600,000 Americans in 2016. A significant proportion of those diagnosed are over 65 years old and Medicare beneficiaries.
- According to the NIH, based on growth and the aging of the U.S. population, medical expenditures for cancer in the year 2020 are projected to reach at least \$158 billion (in 2010 dollars) – an increase of 27 percent over 2010.

Oncology Care Model (OCM)

- The Innovation Center's Oncology Care Model (OCM) focuses on episodes of cancer care that include chemotherapy
- The goals of OCM are to utilize appropriately aligned financial incentives to improve:
 - 1) Care coordination
 - 2) Appropriateness of care
 - 3) Access for beneficiaries undergoing chemotherapy
- Financial incentives encourage participating practices to work collaboratively with other providers to comprehensively address the complex care needs of beneficiaries receiving chemotherapy treatment, and encourage the use of services that improve health outcomes.

OCM Overview

Episode-based

Payment model targets chemotherapy and related care during a 6-month period that begins with receipt of chemotherapy treatment

Emphasizes practice transformation

Physician practices are required to implement “practice redesign activities” to improve the quality of care they deliver

Multi-payer model

Includes Medicare fee-for-service and other payers working in tandem to leverage the opportunity to transform care for oncology patients across the practice’s population

Timeline: July 1, 2016-June 30, 2021

Practice Redesign Activities

1) Provide Enhanced Services

- Provide OCM Beneficiaries with 24/7 access to an appropriate clinician who has real-time access to the Practice's medical records
- Provide the core functions of patient navigation to OCM Beneficiaries
- Document a care plan for each OCM Beneficiary that contains the 13 components in the Institute of Medicine Care Management Plan
- Treat OCM Beneficiaries with therapies that are consistent with nationally recognized clinical guidelines

Practice Redesign Activities (cont.)

2) Use certified electronic health record technology (CEHRT)

OCM Practices must use CEHRT in a manner sufficient to meet the requirements of an “eligible alternative payment entity” under the MACRA rule implementing the Quality Payment Program.

3) Utilize data for continuous quality improvement

Practices must collect and report clinical and quality data to the Innovation Center. In addition, the Innovation Center will provide participating practices with feedback reports for practices to use to continuously improve OCM patient care management.

OCM Practices

- Nearly 200 oncology practices are participating in OCM.
- OCM Practices:
 - Medicare-enrolled physician groups identified by a single Taxpayer Identification Number (TIN)
 - Composed of one or more physicians who treat Medicare beneficiaries diagnosed with cancer
 - Cover urban, suburban and rural areas
 - Range in size from solo oncologists to large practices with hundreds of providers

OCM Payers

- 14 commercial insurers are supporting OCM practices in their practice transformation efforts; payers include regional and national organizations
- The goal of multi-payer participation is to provide aligned financial support and quality measurement across a practice's patient population, in order to facilitate whole practice change
- CMS and the OCM payers convene regularly throughout the model to share lessons learned on engaging in alternative payment model work that supports oncology practice transformation

OCM Payer Alignment

- OCM payers are aligning their models with the Medicare FFS arm of OCM (OCM-FFS) in the following ways:
 - Provide payments for enhanced services and for performance
 - Include patients receiving chemotherapy as a focus of the model
 - Require similar practice requirements
 - Share data with participating practices
 - Align with CMS on a core quality measure set

OCM-FFS Two-Part Payment Approach

During OCM, participating practices continue to be paid Medicare FFS payments.

Additionally, OCM has a two-part payment approach:

(1) Monthly Enhanced Oncology Services (MEOS) Payment

- Provides OCM practices with financial resources to aid in effectively managing and coordinating care for Medicare FFS beneficiaries

(2) Performance-Based Payment (PBP)

- The PBP is calculated based on the practice's achievement on quality measures and reductions in Medicare expenditures below a target price

OCM-FFS Risk Arrangement Options

One-Sided

- OCM practices are NOT responsible for Medicare expenditures that exceed the target price
- Medicare discount = 4%
- OCM practices in one-sided risk are in a MIPS APM
- *Must qualify for performance-based payment by mid-2019 to remain in one-sided risk*

Two-Sided

- OCM practices are responsible for Medicare expenditures that exceed target price
- Option to take two-sided risk begins in 2017
- Medicare discount = 2.75%
- OCM practices in two-sided risk that meet the QP threshold are in an Advanced APM

OCM-FFS Quality Measures that Affect Performance-Based Payment

OCM #	Measure Description	Source
OCM-1	Risk-adjusted proportion of patients with all-cause hospital admissions within the 6-month episode	Claims
OCM-2	Risk-adjusted proportion of patients with all-cause ED visits that did not result in a hospital admission within the 6-month episode	Claims
OCM-3	Proportion of patients who died who were admitted to hospice for 3 days or more	Claims
OCM-4a	Oncology: Medical and Radiation – Pain Intensity Quantified (NQF 0384/PQRS 143)	Practice
OCM-4b	Oncology: Medical and Radiation – Plan of Care for Pain (NQF 0383/PQRS 144)	Practice
OCM-5	Preventive Care and Screening: Screening for Depression and Follow-Up Plan (NQF 0418/ eCQM CMS2.6.3)	Practice
OCM-6	Patient-Reported Experience	Survey
OCM-7	Prostate Cancer: Adjuvant Hormonal Therapy for High or Very High Risk Prostate Cancer (NQF 0390/PQRS 104)	Practice
OCM-8	Adjuvant chemotherapy is recommended or administered within 4 months (120 days) of diagnosis to patients under the age of 80 with AJCC III (lymph node positive) colon cancer	Practice
OCM-9	Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage IB - III hormone receptor negative breast cancer (NQF 0559)	Practice
OCM-10	Trastuzumab administered to patients with AJCC stage 1 (T1c) – III and human epidermal growth factor receptor 2 (HER2) positive breast cancer who receive adjuvant chemotherapy (NQF 1858)	Practice
OCM-11	Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer (NQF 0387/eCQM CMS140v5.0)	Practice
OCM-12	Documentation of Current Medications in the Medical Record (NQF 0419/eCQM CMS68v6.1)	Practice

OCM Learning Community

The OCM Learning Community includes:

- Topic-specific webinars that allow OCM participants to learn from each other
- An online collaboration platform to support learning through shared resources, tools, ideas, discussions, and data-driven approaches to care
- Affinity and action groups in which practices work together virtually to explore critical topic areas and build capability to deliver comprehensive oncology care
- Site visits to better understand how practices manage services, use evidence-based care, and practice patient-centered care
- Technical support to help practices overcome barriers to improvement

Contact Information

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<http://innovation.cms.gov/initiatives/Oncology-Care/>

