Miami Cancer Meeting 2023

Oncology Payment Models: Where are we going?

APR 29, 2024

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Objectives

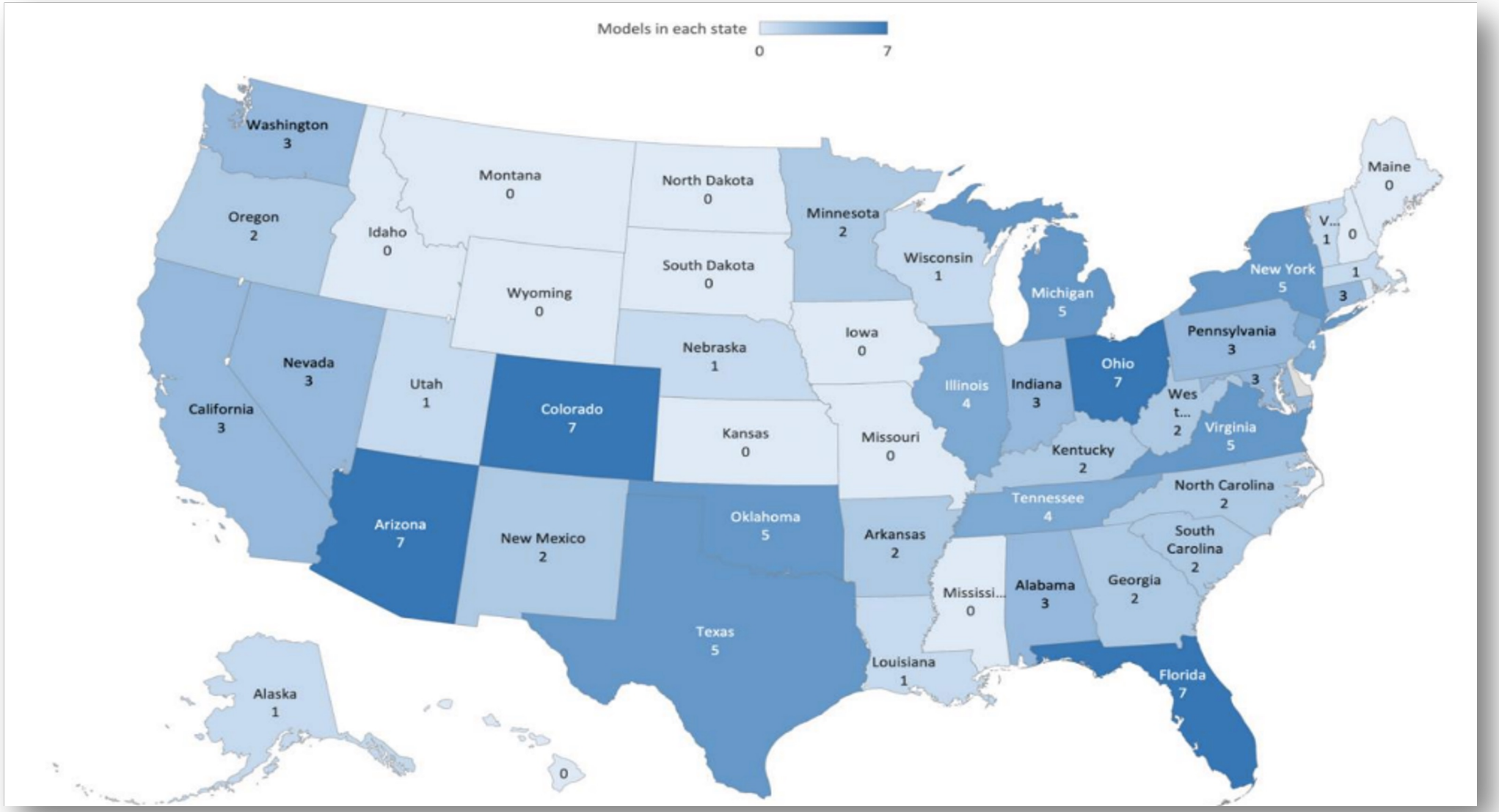
Review of Oncology Alternative Payment Models

Future Oncology Alternative Payment Models

Quality Certifications

Legislative Changes Impacting Cancer Care

Oncology Payment Reform Models



Source: Community Oncology Alliance

Alternative Payment Models: What works based on evidence

- **Major Models**
  - Come Home Project
  - United Health Care Demo
  - Oncology Care Model
- Key Findings
  - Reduce ER Visits
  - Reduce Hospitalizations
  - Appropriate Patient Access to Oncology Provider
  - Appropriate Use/Site of/for Radiology and Labs
  - Right Drug to the Right Patient at the Right Time

Oncology Care Model: Promoted Practice Transformation

- **Model Scope**
  - Includes most major cancer types for performance-based payments
  - 6-Month Episodes with an initial Part B or Part D chemotherapy claim
  - OCM participant practices accountable for the TOTAL cost of care during the 6-month episode (Parts A, B, and Part D)
  - Quality performance measured by 12 claims-based and practice-reported measures
- **Beneficiary Attribution**
  - Medicare FFS beneficiaries receiving treatment from an OCM participating practice
  - Patients do not actively elect to participate in the model
- **Provider Requirements**
  - 24/7 patient access to clinicians with access to medical records
  - Patient navigation services/care planning (meets IOM Guidelines)
  - Use of certified-electronic health records
  - Continuous quality improvement
  - Use of nationally recognized clinical guidelines

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OCM Payment Methodology

- Monthly MEOS payment for each enrolled participant
- Routine FFS charges: E&M, drugs both IV & oral
- Performance-based payment if savings (in either one or two-sided risk)
- Reimburse CMS if losses on two-sided risk

OCM Payment Methodology

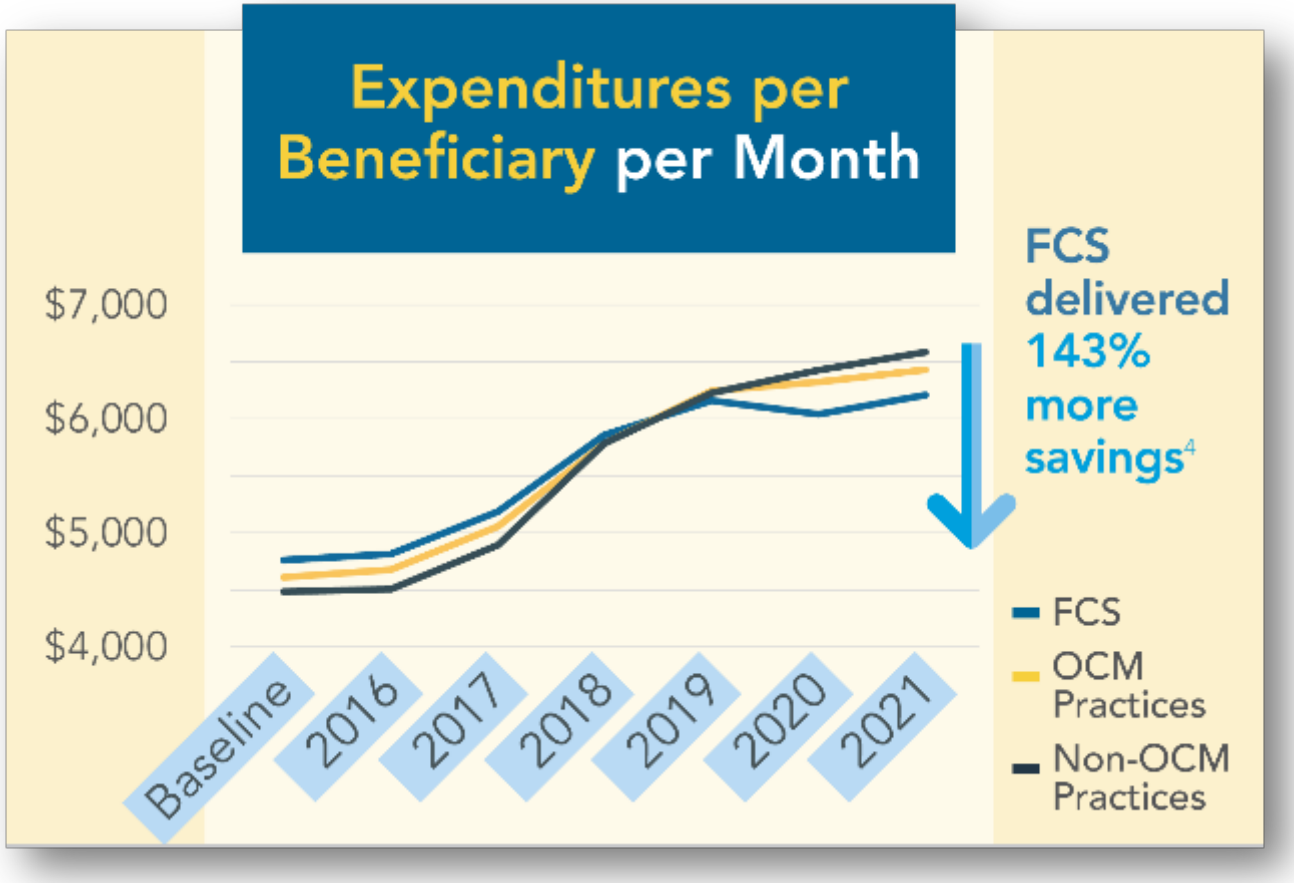
Design Feature	Risk Arrangement		
	One-Sided Risk	**Original Two-Sided Risk**	**Alternative Two-sided Risk**
OCM Discount	4% of Benchmark Price	2.75% of Benchmark Price	2.5% of Benchmark Price
PBP Possible If the Following Is True	Actual Expenditures < Target Amount	Actual Expenditures < Target Amount	Actual Expenditures < Target Amount
PBP Based on This Difference (with AQS applied)**	Target Amount – Actual Expenditures	Target Amount – Actual Expenditures	Target Amount – Actual Expenditures
Stop-Gain	20% of Benchmark Amount	20% of Benchmark Amount	16% of Revenue + Chemo*
Recoupment Occurs If the Following Is True	NA	Actual Expenditures > Target Amount	Actual Expenditures > Benchmark Amount
Recoupment Based on This Difference**	NA	Actual Expenditures – Target Amount	Actual Expenditures – Benchmark Amount
Stop-Loss	NA	20% of Benchmark Amount	8% of Revenue + Chemo*
Advanced APM Status	No	Yes	Yes

Source: Community Oncology Alliance

Evaluation of the OCM

- Performance Periods 1-3
  - Failed to Achieve Savings per July 2020 CMMI & CMS Report
  - 191 Practices
- Performance Periods 1-5
  - Failed to Achieve Savings Per Jan 2021 CMMI & CMS Report
  - 176 Practices
- Performance Periods 1-9
  - No CMS/CMMI Report Published
  - ~126 Remaining
  - Published Data Per Practices – Many with Savings

Florida Cancer Specialists PP1-9



- FCS began utilizing biosimilar drugs and adhering to new treatment guidelines
- Reduction in cost of care per beneficiary when compared to other practices, regardless of their participation in the OCM
- Reductions in inpatient admissions, readmissions, and emergency department visits for all OCM participants

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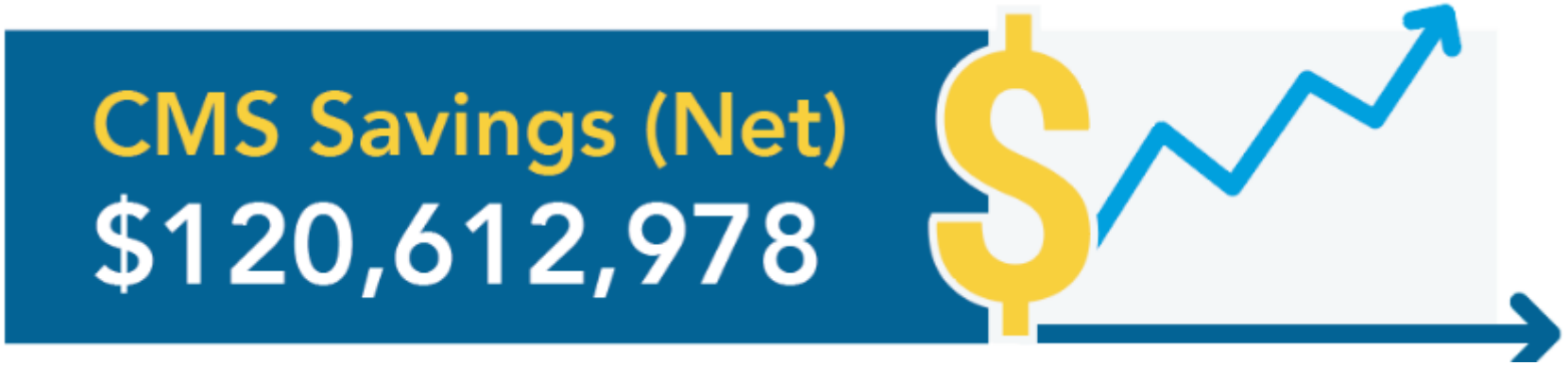
OCM: FCS Achieved Top-Ranking Results

8% lower hospital admissions than other OCM-enrolled practices

21% fewer cases of ER visits, preventing inpatient admissions



CMS OCM Feedback report Q21 (February 2022)

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OCM: FCS Multi-channel approach

- Enhanced Care Management
  - 24/7 access to clinicians, patient education and additional care management services mitigated incidents related to pain management and adverse effects and prevented ER visits and hospital admissions
- Investments in Genetic Sequencing
  - Laboratory expansion & rapid adoption of genetic sequencing enables providers to effectively prescribe personalized treatments, eliminated uncertainty and unnecessary costs
- Adoption of Biosimilar Drugs
  - A shift in the utilization of biosimilar drugs during a time when prices for the brand-recognizable clinical equivalents were surging, significantly lowered drug-related costs

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Enhancing OCM Model (EOM)

ENHANCING ONCOLOGY MODEL (EOM) BACKGROUND

Cancer is one of the **most common and devastating diseases** in the United States (US):

Over 1.9 million people are estimated to be diagnosed with cancer in the US in 2022.[1]

609,360 deaths estimated in 2022. Cancer was the second leading cause of death in the US but was the leading cause of death for males and females aged 60-79 years old, the majority of whom are Medicare patients.[2]

Examples of disparities in cancer care include, but are not limited to, delays in initiation of chemotherapy, **more advanced stage** of diagnosis, **underrepresentation and access** to clinical trials, decreased medication adherence, **more frequent hospitalizations** and ICU admissions near the end of life, and **lower enrollment in hospice**.[3, 4]

EOM Purpose:

To **drive transformation in oncology care** by preserving or enhancing the quality of care furnished to beneficiaries undergoing treatment for certain cancer types, and with the expectation that such transformations will **reduce Medicare expenditures**.

Source: Enhancing Oncology Model (EOM) Background – CMS webinar, June 30, 2022

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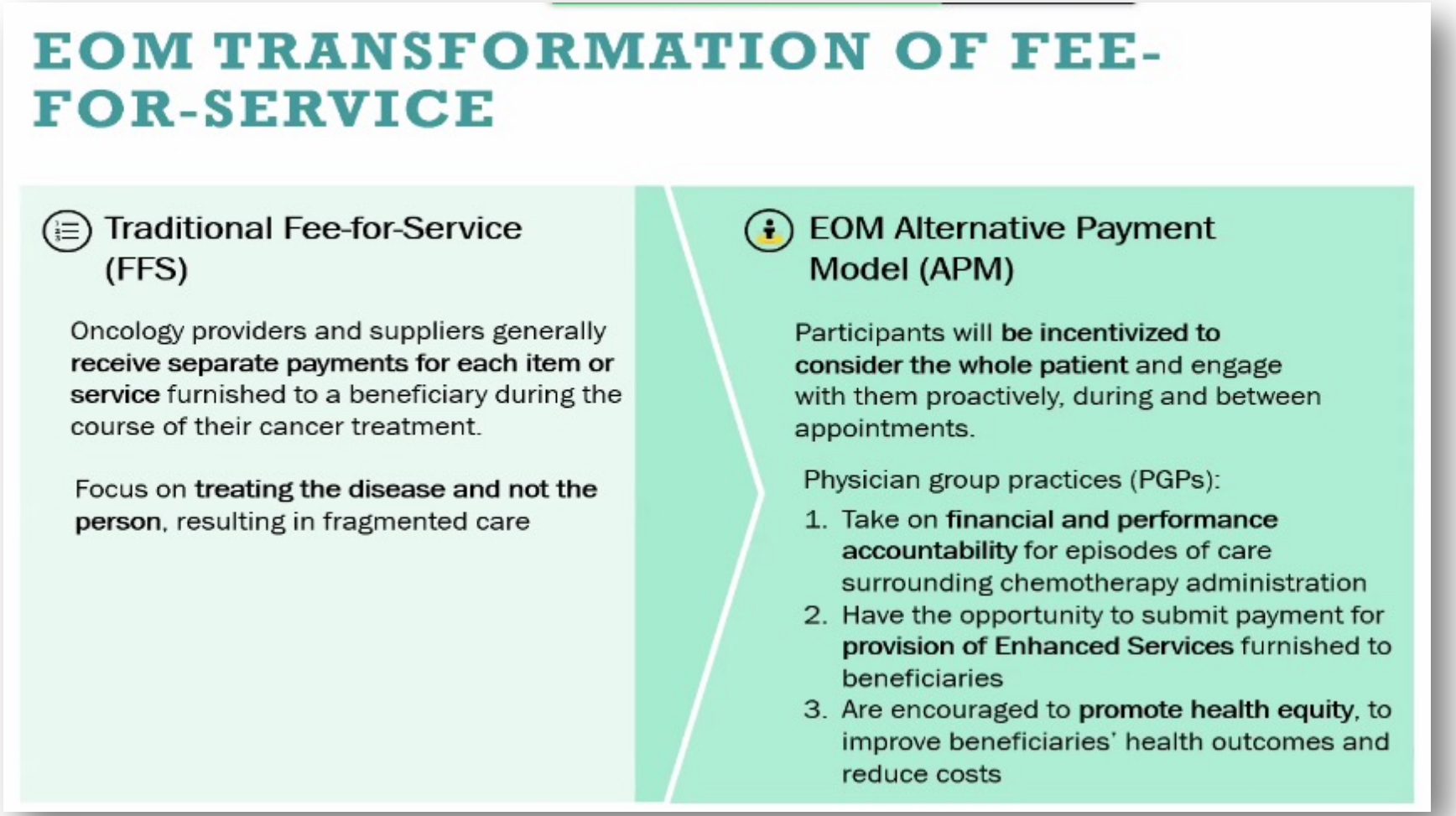
Enhancing OCM Model



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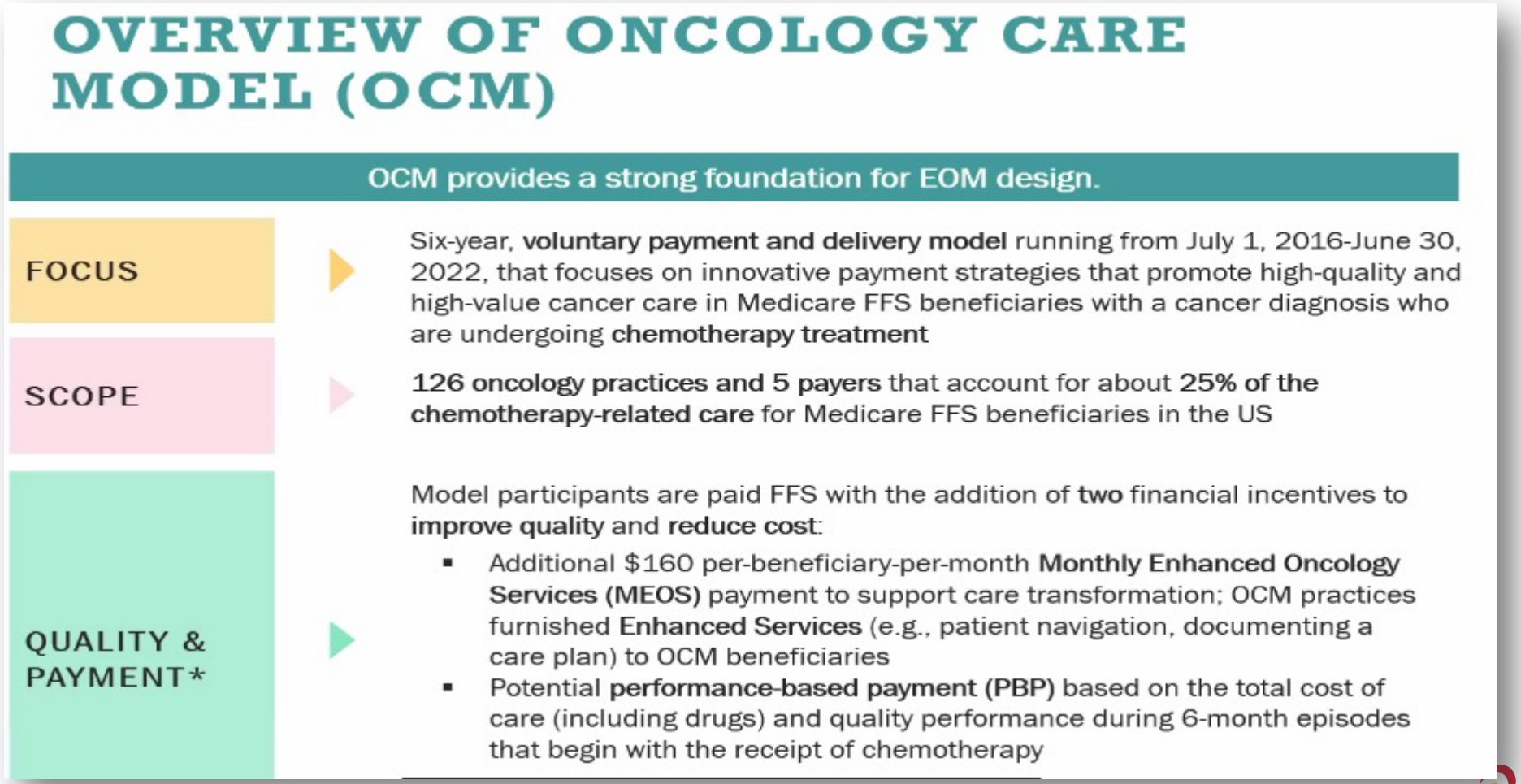

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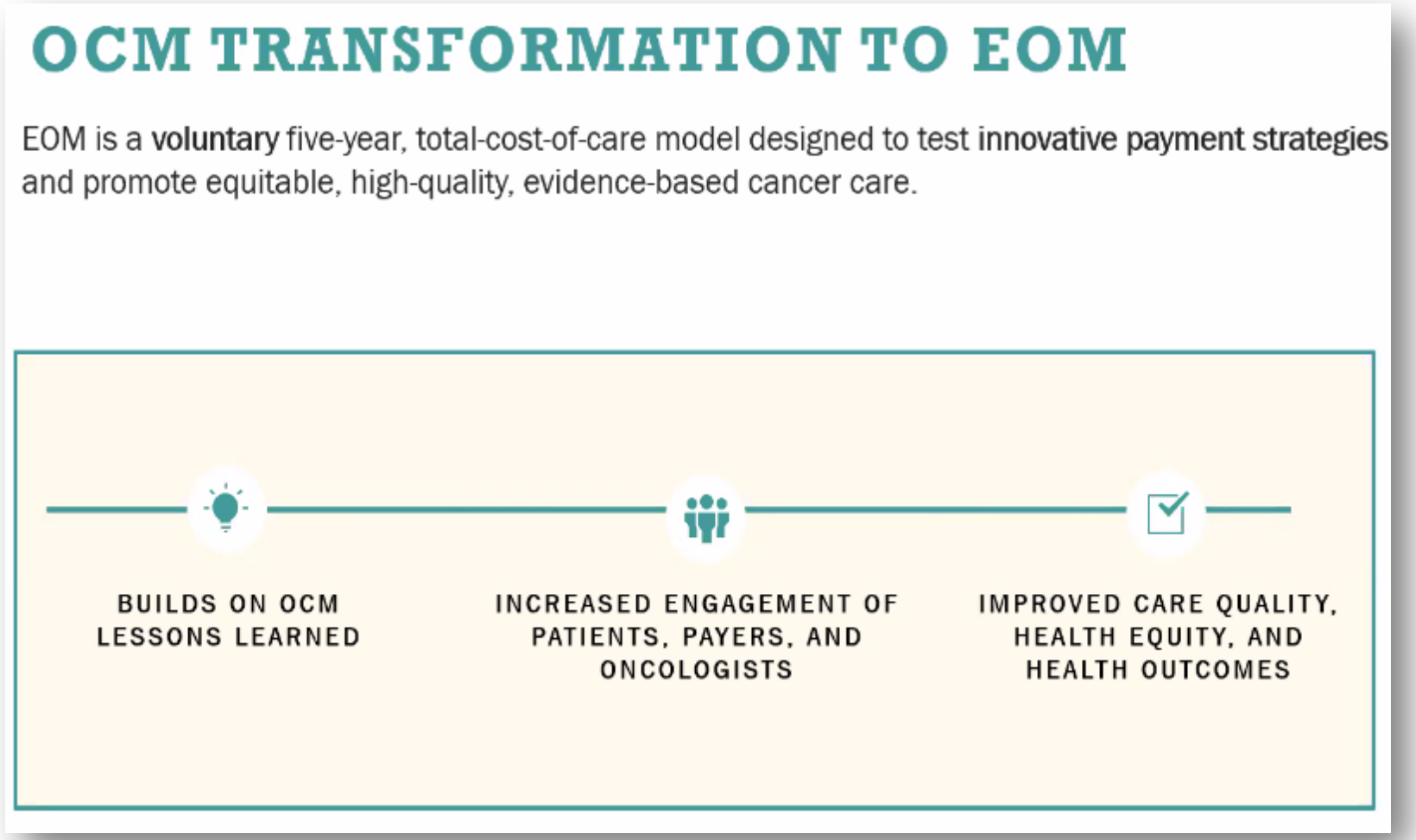

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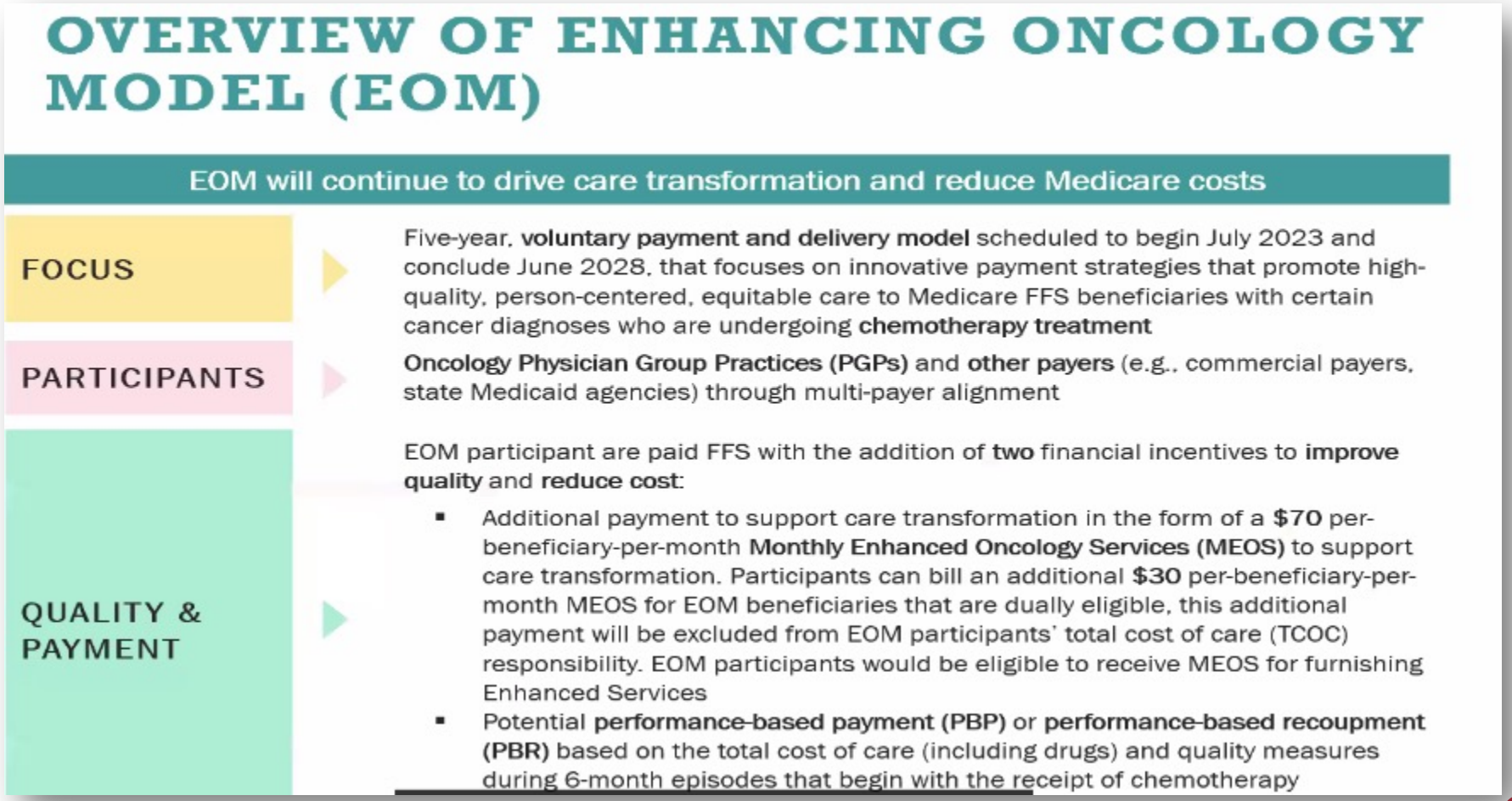
Enhancing OCM Model



OVERVIEW OF ENHANCING ONCOLOGY MODEL (EOM)

EOM will continue to drive care transformation and reduce Medicare costs

FOCUS

Five-year, **voluntary payment and delivery model** scheduled to begin July 2023 and conclude June 2028, that focuses on innovative payment strategies that promote high-quality, person-centered, equitable care to Medicare FFS beneficiaries with certain cancer diagnoses who are undergoing **chemotherapy treatment**

PARTICIPANTS

Oncology Physician Group Practices (PGPs) and **other payers** (e.g., commercial payers, state Medicaid agencies) through multi-payer alignment

QUALITY & PAYMENT

EOM participant are paid FFS with the addition of **two** financial incentives to **improve quality** and **reduce cost**:

- Additional payment to support care transformation in the form of a **$70** per-beneficiary-per-month **Monthly Enhanced Oncology Services (MEOS)** to support care transformation. Participants can bill an additional **$30** per-beneficiary-per-month MEOS for EOM beneficiaries that are dually eligible, this additional payment will be excluded from EOM participants' total cost of care (TCOC) responsibility. EOM participants would be eligible to receive MEOS for furnishing Enhanced Services
- Potential **performance-based payment (PBP)** or **performance-based recoupment (PBR)** based on the total cost of care (including drugs) and quality measures during 6-month episodes that begin with the receipt of chemotherapy

Source: Enhancing Oncology Model (EOM) Background – CMS webinar, June 30, 2022

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Enhancing OCM Model

QUALITY MEASURES & DATA REPORTING

EOM will include valid. reliable. and meaningful claims-based. participant reported and survey measures. Performance on these measures will be tied to payment:

Quality Measures will focus on the following domains:

- Patient experience
- Avoidable acute care utilization
- Management of symptoms of toxicity
- Management of psychosocial health
- Management of end-of-life care

Clinical Data Elements collection and reporting of clinical data elements not available in claims or captured in the quality measures (e.g. ever-metastatic status. HER2 status) for purposes of monitoring, evaluation, and payment

Sociodemographic Data Elements collection and reporting of beneficiary-level sociodemographic data to be used for monitoring and evaluation Feedback reports will stratify aggregate de-identified data by sociodemographic variables in order for EOM participants to identify and address disparities within their beneficiary populations

Source: Enhancing Oncology Model (EOM) Background
CMS webinar, June 30, 2022

Enhancing OCM Model

HEALTH EQUITY

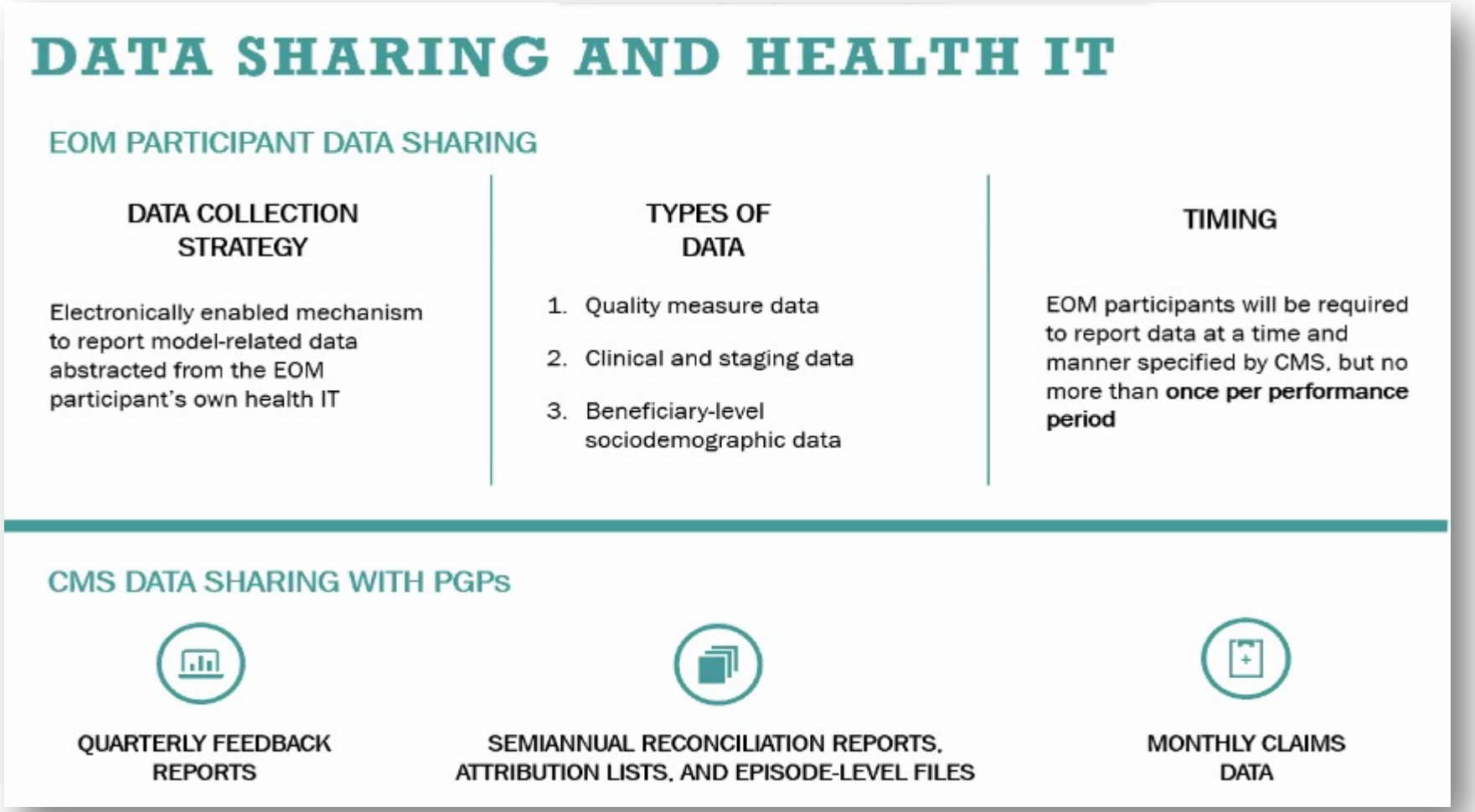
EOM seeks to improve quality of care and equitable health outcomes for all EOM beneficiaries, including but not limited to:

	EOM Requirement	Description
1	**Incentivize care for underserved communities**	**Differential MEOS Payment** to support Enhanced Services (base: $70 PBPM: $30 PBPM, outside of TCOC accountability, for dual eligible beneficiaries) TCOC benchmark will be **risk adjusted for multiple factors**, including, but not limited to, dual status and low-income subsidy (LIS) status
2	**Collect beneficiary-level sociodemographic data**	EOM participants will collect and report **beneficiary-level sociodemographic data** to report to CMS for purposes of monitoring and evaluation
3	**Identify and address health-related social needs (HRSN)**	EOM participants will be required to use **screening tools** to screen for, at a minimum, three **HRSN domains:** transportation, food insecurity, and housing instability Example HRSN screening tools: • NCCN Distress Thermometer and Problem List • Accountable Health Communities (AHC) Screening Tool • Protocol of Responding to and Assessing Patient's Assets, Risks, and Experiences (PREPARE) Tool **Collect ePROs** from patients, including a HRSN domain*
4	**Improved shared decision-making and care planning**	EOM participants will be required to **develop a care plan** with the patient, including discussion of prognosis and treatment goals, a plan for addressing psychosocial needs, and estimated out-of-pocket costs
5	**Continuous Quality Improvement (CQI)**	EOM participants will be required to develop a **health equity plan** as part of using data for COI

& Research Institute

Source: Enhancing Oncology Model (EOM) Background | CMS webinar, June 30, 2022

Enhancing OCM Model



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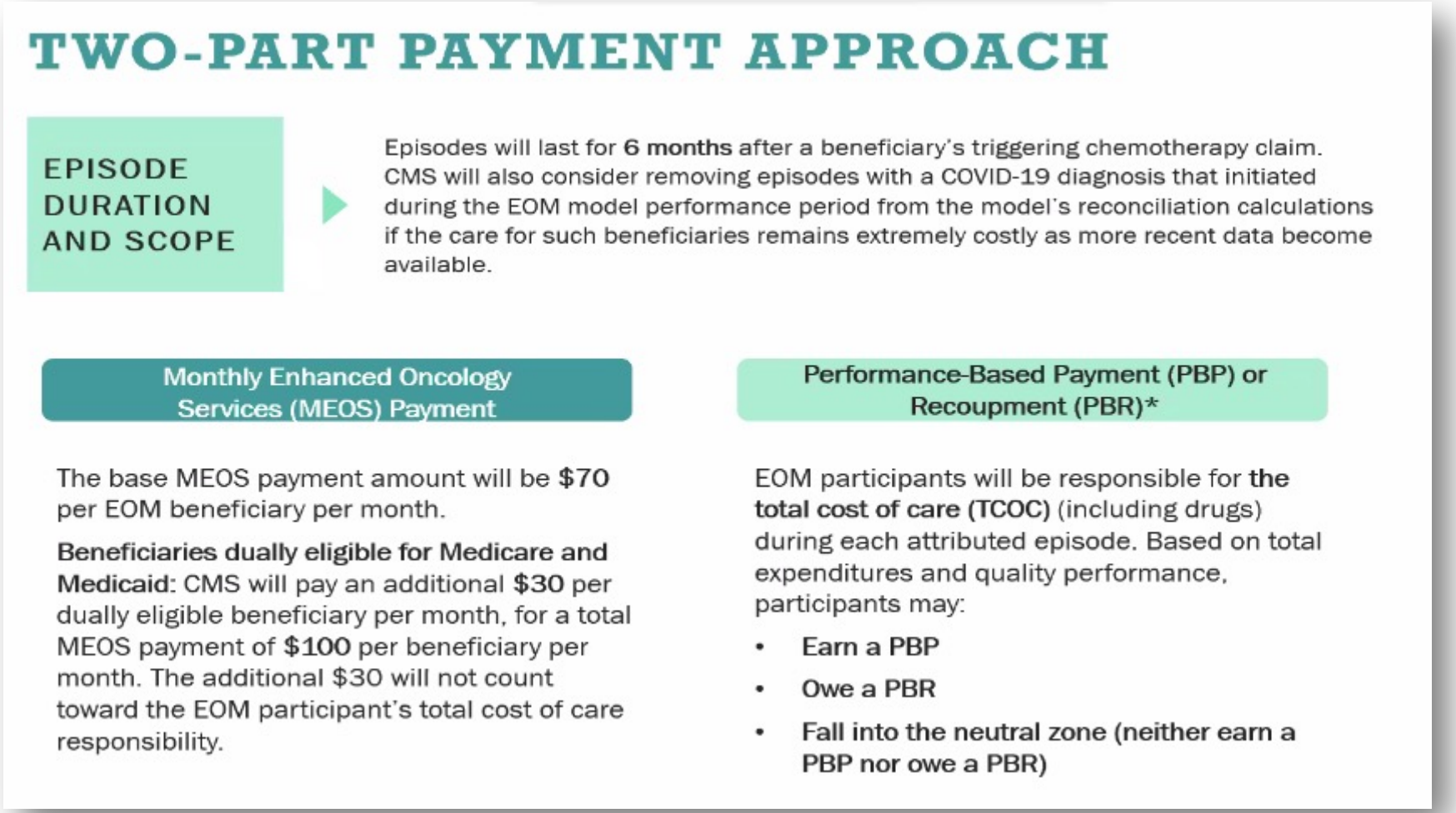
Enhancing OCM Model



Source: Enhancing Oncology Model (EOM) Background – CMS webinar, June 30, 2022

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Enhancing OCM Model

RISK ARRANGEMENT OPTIONS

Amounts of PBP earned or PBR owed by the EOM participant or pool **will be calculated as a percentage of the benchmark** amount. The benchmark amount represents the total projected cost of attributed episodes in the absence of EOM.

	Risk Arrangement 1 (RA1)	Risk Arrangement 2 (RA2)
EOM Discount	4% of the benchmark amount	3% of the benchmark amount
Target Amount	96% of the benchmark amount	97% of the benchmark amount
Threshold for Recoupment	98% of the benchmark amount	98% of the benchmark amount
Stop-loss / Stop-gain	2% Stop-Loss 4% Stop-Gain	6% Stop-Loss 12% Stop-Gain

Source: Enhancing Oncology Model (EOM) Background – CMS webinar, June 30, 2022

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Quality Payment Program

Advanced Alternative Payment Model (Advanced APM)

Beginning in Performance Period 1 (July 1, 2023), we expect **Risk Arrangement 2 of EOM** will meet the criteria under 42 CFR § 414.1415 to be an **Advanced Alternative Payment Model (Advanced APM)**. See the Advanced APM section in EOM's RFA for additional information.

Merit-based Incentive Payment System (MIPS)

We expect **both Risk Arrangement 1 and Risk Arrangement 2** of EOM will meet the criteria to be a **Merit-based Incentive Payment System (MIPS) APM**. See the MIPS section in EOM's RFA for additional information.

Source: Enhancing Oncology Model (EOM) Background – CMS webinar, June 30, 2022

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Model Timeline

Milestone	Planned Timing[1]
RFA released / Application portal opens	June 27, 2022
Application deadline	September 30, 2022
Participant selection & Participant Agreement (PA) signing	Late Winter 2022 or Early Spring 2023
Pre-implementation period	January 1, 2023 – June 30, 2023
Performance periods	Start July 1, 2023

Source: Enhancing Oncology Model (EOM) Background – CMS webinar, June 30, 2022

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OCM to EOM High-Level Comparison

	OCM	EOM
Health equity	No explicit focus	Key element of design and implementation
Beneficiary population	Beneficiaries with all cancer types who receive chemotherapy or hormonal therapy	High-risk beneficiaries with certain cancer types receiving systemic chemotherapy only
Use of ePROs	No requirement	Required gradual implementation
MEOS payment	$160 PBPM for each OCM beneficiary	$70 PBPM for beneficiaries not dually eligible for Medicaid and Medicare $100 PBPM for beneficiaries dually eligible for Medicaid and Medicare
Attribution	Based on plurality of E&M claims	Based on initial care plus at least minimum care over time
Benchmark and novel therapy calculations	At the practice level; limited use of clinical data to inform risk adjustment	At the cancer type level; more robust use of clinical data to inform risk adjustment
Risk arrangements for performance-based payment	One-sided risk in performance period 1, followed by the option for one- or two-sided risk in performance periods 2-7 Participants earning a performance-based payment by the initial reconciliation of PP4 have the option to stay in one-sided risk in PP8—PP11; other participants must either accept two-sided risk in PP8—PP11 or be terminated from the model	Two downside risk arrangement options

Source: Enhancing Oncology Model (EOM) Background – CMS webinar, June 30, 2022

Integra – Anthem Oncology Care Model

Builds on OCM

Submission of Quality Measures

More Details Forthcoming

Limited to States that have Anthem

ASCO/COA Oncology Medical Home

JCO® Oncology Practice
Volume 17, Issue 8 475

CARE DELIVERY

Oncology Medical Home: ASCO and COA Standards

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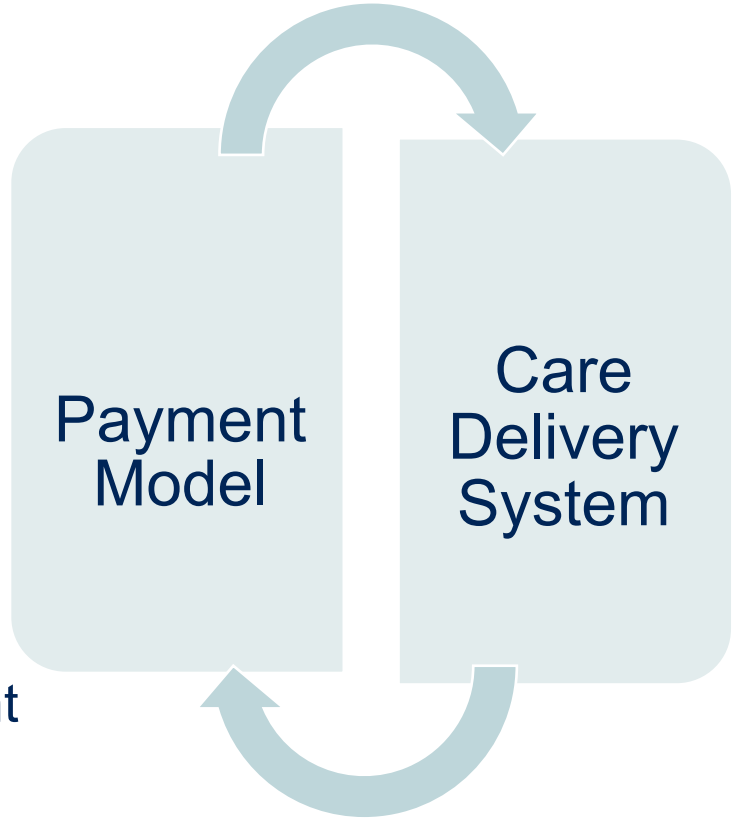
Success in Value-Based care

Innovations in alternative payment models need **complementary innovations in care delivery** in order to achieve meaningful savings and improve quality

CMMI
- Oncology Care Model
- Enhancing Oncology Model

Commercial Payers
- Aetna
- Elevance Health (Anthem)
- Cigna
- Humana
- Multiple Blues

ASCO Pt-Centered Oncology Payment



Patient-Centered Cancer Care Certification
featuring ASCO and COA Oncology Medical Home

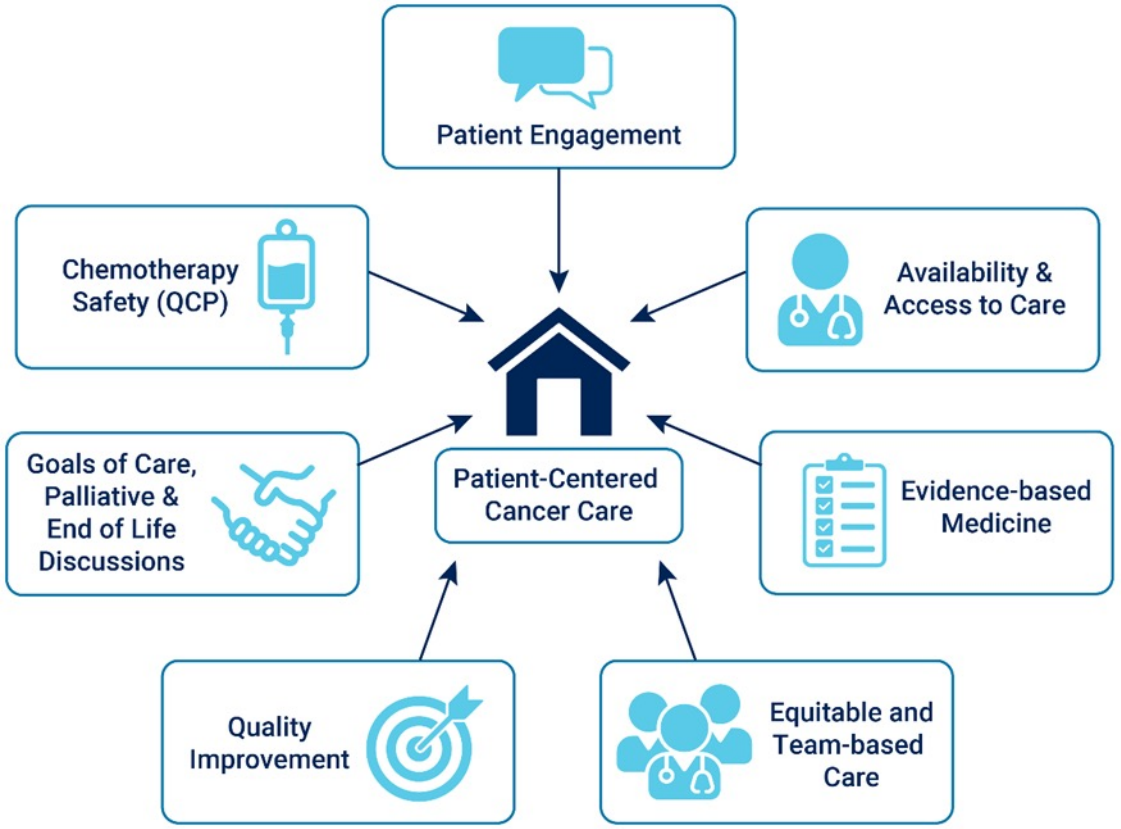
Oncology Medical Home (OMH) Standards Development

The **ASCO-COA OMH standards** were developed based on:

- consensus of a **multidisciplinary Expert Panel**:
  - clinicians
  - health system administrators
  - patient advocates.
- a **systematic review** of evidence including
  - **comparative** peer-reviewed studies
  - studies of **clinical pathways**
  - systematic review of **survivorship care plans**

Standards approved by COA's Payment Reform Committee and the ASCO Board of Directors.

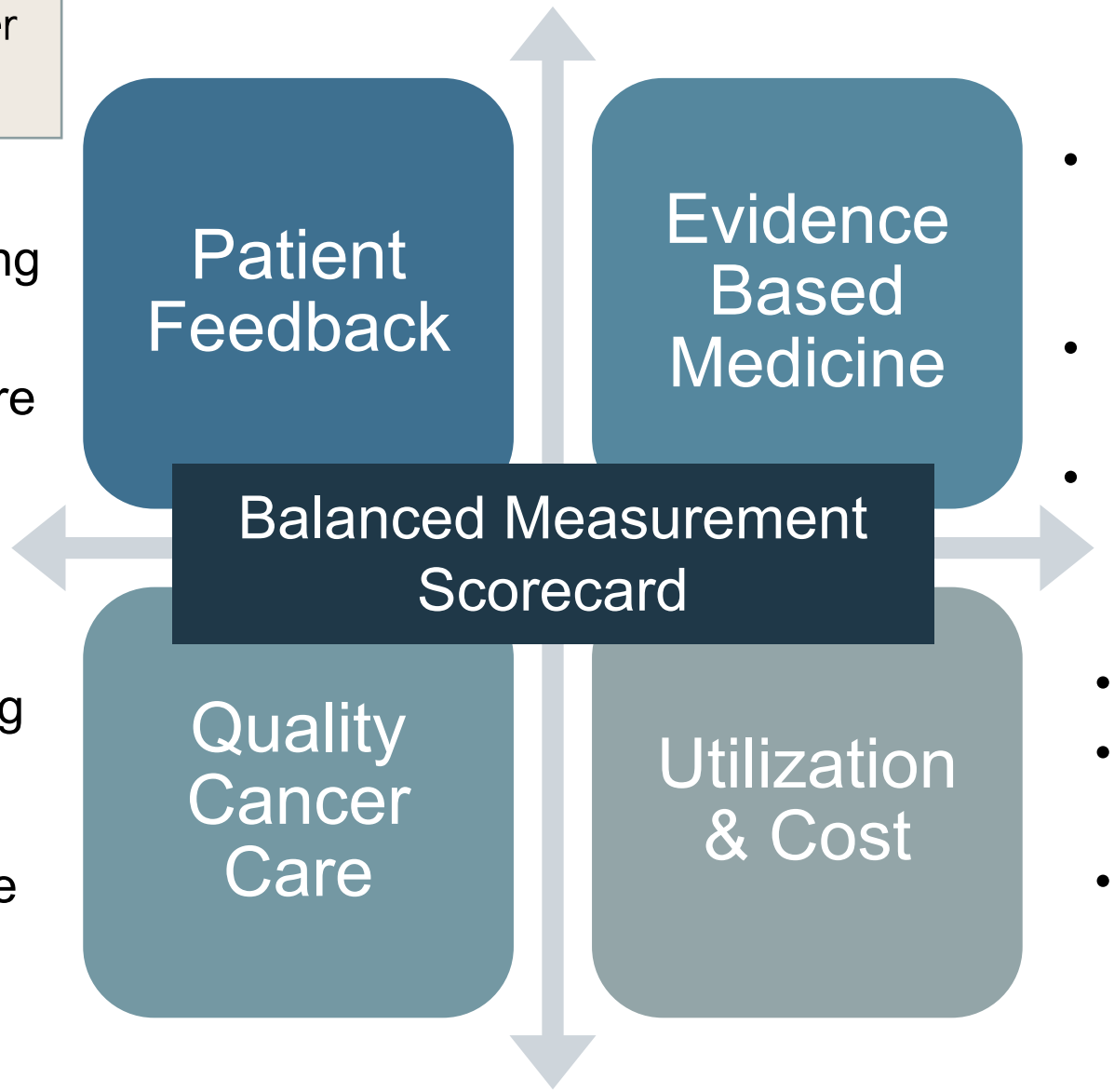
Published in JCO-OP August 2021



- 17 medical home standards
- 22 chemotherapy safety standards

ASCO Patient Centered Cancer Care Certification

- Patient Engagement
- Shared Decision Making
- Education
- Timeline Access to Care



- Use of Evidence and Value-Based Clinical Pathways
- Reducing Variations in Care
- Continuous Improvement

- Advance Care Planning
- Psychosocial Support
- Assessing Pain
- Appropriate Care at the End of Life
- Health Equity

- Hospital Admissions
- Emergency Department Visits
- Hospice Utilization

Timeline:

July 1 2021 Pilot Begins

July-Sept Measure #1

Sept-Nov Site Surveys

Oct-Dec Measure #2 ongoing quarterly

Dec-April 2022 Compliance

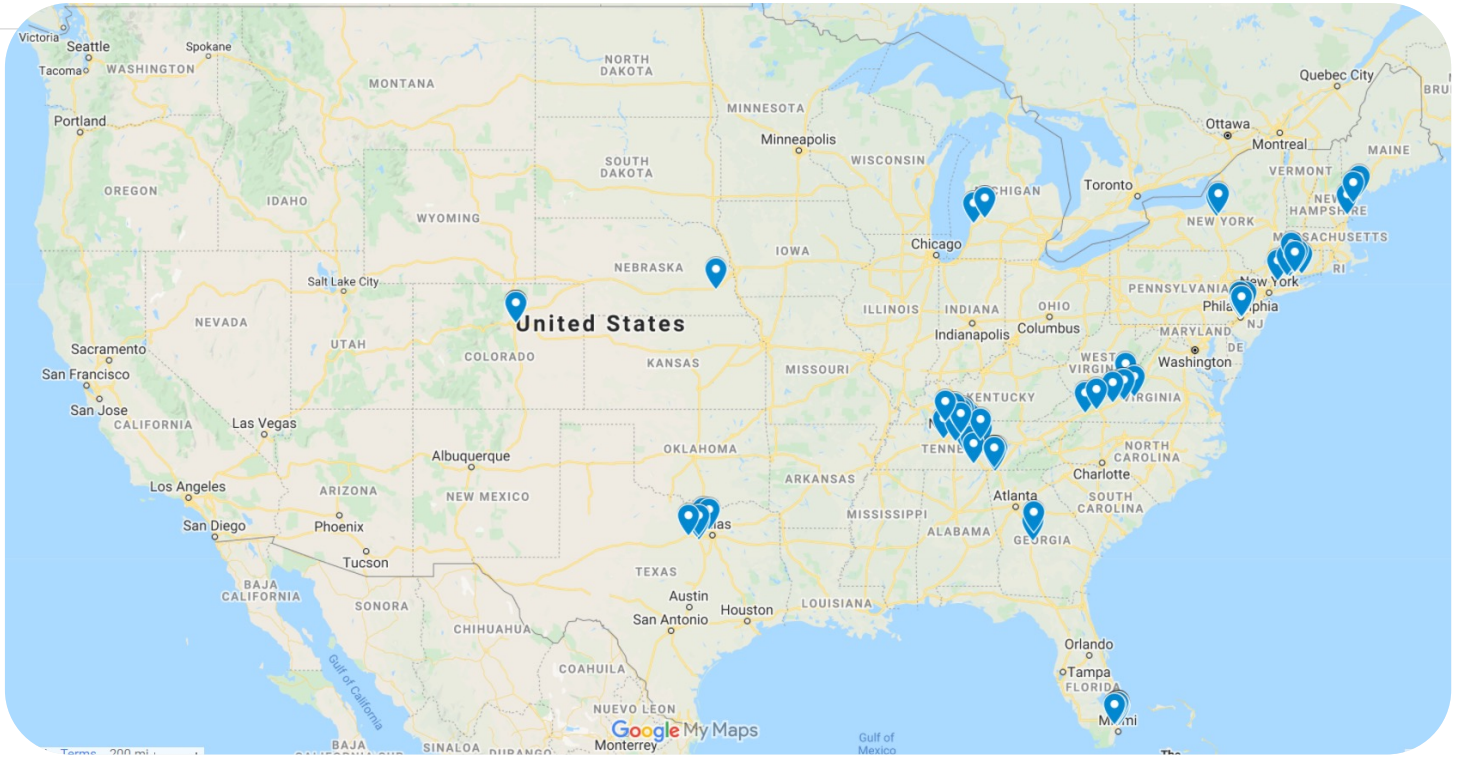
July 2022 Certifications Begin

August 2022 – June 2023 Ongoing Assessment and Evaluation

Pilot to Program TBD 2023

APC4 Pilot Participants

- **Blue Ridge Cancer Care***
  Roanoke, VA
- **Cancer & Hematology Centers of W. Michigan****
  Grand Rapids, MI
- **Central Georgia Cancer Care**
  Macon, GA
- **Hematology Oncology Associates of Central NY**
  East Syracuse, NY
- **Memorial Cancer Institute**
  Hollywood, FL
- **Nebraska Hematology Oncology**
  Lincoln, NE
- **New England Cancer Specialists*****
  Scarborough, ME
- **Sidney Kimmel Cancer Center - Jefferson Health**
  Philadelphia, PA
- **Tennessee Oncology****
  Nashville, TN
- **The Center for Cancer and Blood Disorders****
  Fort Worth, TX
- **University of Colorado Cancer Center**
  Aurora, CO
- **Yale New Haven Health – Smilow Cancer Hospital**
  New Haven, CT



12 practices, 88 sites of service, 482 oncologists

10 Certified Summer 2022

* US Oncology Network
** Partner of OneOncology
***Dana Farber Cancer Institute affiliate

Pilot Practice Year Two Activities
Ongoing Practice Assessment and Improvement Activities

- Oncology Treatment Pathway Utilization
- Patient Experience Survey results and analysis
- Health Equity activities
- Performance Improvement activities
- Ongoing follow-up for standards performance

Enhancing Oncology Model (EOM)
Practice Performance Requirements

Practice	EOM	APC4
24/7 access	X	X
Symptom Triage		X
Navigation	X	X
Care Plan	X	X
Survivorship plan	X	X
Psychosocial assess	X	X
Financial counseling		X

Enhancing Oncology Model (EOM)
Practice Performance Requirements

Practice	EOM	APC4
Rx by national standards	X	Value Pathway compliance
Clinical trial access	X	X
Identify social needs	X	Assess health equity
e-PROS	Gradual implementation	Planned
Utilize data for QI	X	X
Certified EHR	X	X
Advance care planning	X	X
Chemotherapy safety		X

Inflation Reduction Act

Gives Medicare the Ability to Negotiate Drug Prices

- Pros/Cons
- May limit access to certain drugs

Colorado's Prescription Drug Affordability Board (PDAB)

The **Prescription Drug Affordability Board (PDAB)** is a 5 member Type-1 Board tasked with the following statutory duties:

- Collect and evaluate data to identify drugs that may be subject to an affordability review;
- Perform affordability reviews if certain statutory triggers occur;
- Determine whether a prescription drug is unaffordable for Colorado consumers;
- If a drug is found to be unaffordable, the Board may set an upper payment limit; and
- Make policy recommendations to the General Assembly.

Thank you!

Email: mdiaz@flcancer.com

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