



Oncology Medical Home

ONCOLOGY MEDICAL HOME

Oncology Medical Home Progress and Status

Bruce Gould, MD
Northwest Georgia Oncology
OMH Steering Committee Chair



Drivers Towards Quality and Value

- **Accountable Care Organizations**
 - Cost savings
 - Quality measures
- **Hospital Compare**
 - Hospitals measured, and paid, on patient satisfaction and outcomes
- **Physician Compare**
- Physician payment "value-based modifier"
- **Quality & Resource Use Report**
 - Pilot in Iowa, Kansas, Missouri, Mississippi & Nebraska
- **Cancer specific projects**



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Accountable Care Organizations





- **Big picture**
 - Primary care driven
 - Specialists cannot take the lead in forming an ACO but can participate in it
 - Clearly is driven by primary care and large integrated systems
 - Some easing of anti-trust provisions designed to hinder coordination of care in the first place
 - Share in the savings if quality metrics (33) are met
 - Not cancer care friendly
 - Take on more risk, more potential return
- *"Cancer" mentioned only 15 times in 694 pages!*
- *"Cancer care" not mentioned at all*



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Hospital Compare

General Information	Patient Survey Results	Timely & Effective Care	Readmissions , Complications & Deaths	Use of Medical Imaging	Medicare Payment	Number of Medicare Patients
USMD HOSPITAL AT FORT WORTH LP 5900 DIRKS ROAD FORT WORTH, TX 76132 (817) 433-9100 Hospital Type: Acute Care Hospitals Provides Emergency Services: Yes Add to my Favorites  Map and Directions 			Patient Survey Results HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a national survey that asks patients about their experiences during a recent hospital stay. Use the results shown here to compare hospitals based on ten important hospital quality topics. <ul style="list-style-type: none">• More information about patient survey results.• Current data collection period.			
<div> View Graphs</div> <div> View More Details</div>		USMD HOSPITAL AT FORT WORTH LP		TEXAS AVERAGE		NATIONAL AVERAGE
Patients who reported that their nurses "Always" communicated well.		87%		77%		77%
Patients who reported that their doctors "Always" communicated well.		91%		82%		81%
Patients who reported that they "Always" received help as soon as they wanted.		84%		67%		65%



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Source: <http://www.hospitalcompare.hhs.gov/>

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Physician Compare

GUS GONZALEZ

Oncologist

Add To My Favorites

Office Locations **Group Practice Locations**

• Denton Cancer Center, PLLC

Locations Within Your Searched Area

No locations for this organization were found within your search criteria.

Locations Outside Of Your Searched Area

View map of area locations »

3537 S I 35 E
Suite 111B
DENTON, TX 76210

Map & Directions

(940) 898-8200

Additional Information

Education:

- Graduated: 1997
- School: UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE

Gender:

- Male

Foreign Languages:

- Spanish

Physician Quality Reporting System:

This professional chose to take part in Medicare's Physician Quality Reporting System and reported quality measure information satisfactorily for the year 2010.

What is the Physician Quality Reporting System?

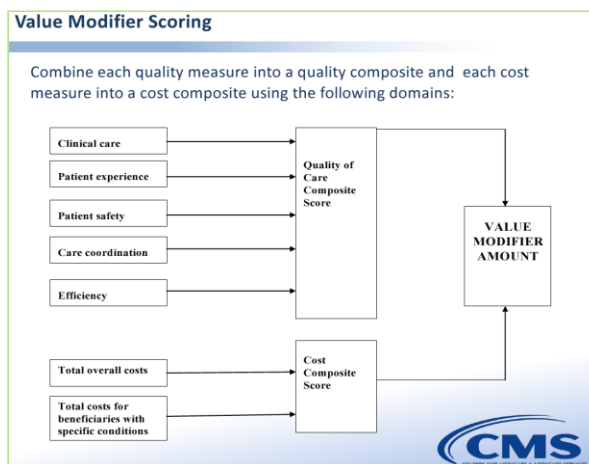
Source: <http://www.medicare.gov/find-a-doctor/provider-search.aspx>



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Physician Value Based Modifier

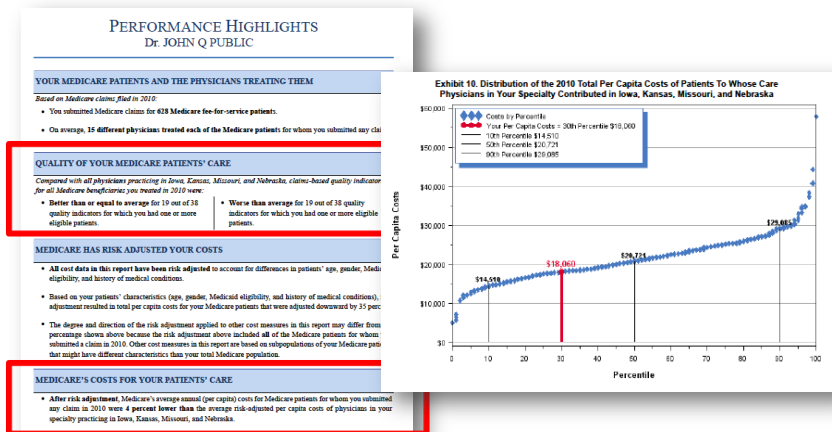


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Source: 08/01/12 CMS Presentation on Value Based Modifier

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MD Quality & Use Resource Report



Source: Centers for Medicare & Medicaid Services



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Implications for Oncology

- Medicare and private payers are moving towards payments based on performance
 - Outcomes
 - Value
 - *Emphasis on reducing costs!*
 - Quality
 - Patient Satisfaction
- Moving away from utilization (only) based systems
- All want comprehensive solutions



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Oncology and the Medical Home Model

- Most oncology practices already function to 80-85% of the medical home model
 - Center of the patient's world
 - Care coordination
- What's typically missing?
 - Going the "next step" in care coordination
 - IT support focused on the patient
 - **Measurement**
 - Quality
 - Value
 - Patient satisfaction
 - **Payment**
 - Recognition
 - Reward



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What is the COA OMH Gameplan?

- Create general consensus and unity among stakeholders about what each wants from cancer care
 - Patients
 - Payers
 - Providers
- Agree on quality and value
 - Measures
 - With benchmarking
 - Patient satisfaction
 - With benchmarking
- **Create a template for viable payment**
 - **Private payers**
 - **Medicare**
- Help practices implement
 - Process change
 - Payer contracting

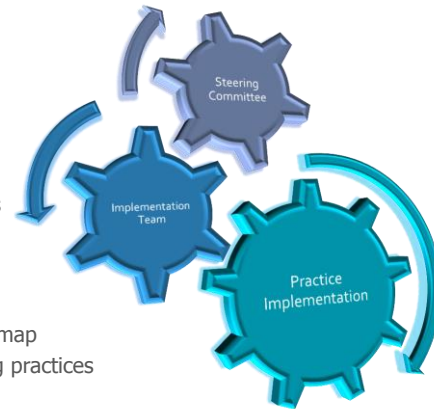


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COA OMH Implementation Efforts

- **COA Board**
 - Set overall strategy & direction
 - Empower the process
- **Steering Committee**
 - Provide guidance & consensus
 - Identify stakeholder perspectives
 - Develop quality & value measures
 - Oversee overall implementation
- **Implementation Team**
 - Identify practice needs
 - Establish an implementation roadmap
 - Create information sharing among practices



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OMH Steering Committee

Oncologists	Bruce Gould, MD (GA) Chair Northwest Georgia Oncology	Payers	Lee Newcomer, MD United Insurance Group
	Patrick Cobb, MD (MT) Frontier Cancer Center		Ira Klein, MD Aetna Insurance Company
	Roy Beveridge, MD McKesson/US Oncology		Michael Fine, MD Healthnet
	John Sprandio, MD (PA) Consultants in Medical Oncology		Dexter Shurney, MD Cummins Inc.
Administrators	Scott Parker (GA) Northwest Georgia Oncology		John Fox, MD Priority Health
	Robert Baird (OH) Dayton Physician Network	Patient	Kathy Smith, NP (CA) Cancer Care Associates
Cancer Care Advocates	National Patient Advocacy Foundation	Nurse	Marsha Devita, NPA (NY) Hem Onc Assoc of CNY
	Robert Hauser, Pharm D ASCO	Pharmacist	Karen Kellogg, Pharm D (UT) Utah Cancer Specialists
	Trish Goldsmith NCCN	Business Partner	Dave Leverett Amerisource Bergen



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OMH Implementation Team

- Carol Murtaugh RN OCN, NE (Chair)
- Kent Butcher, OK
- Kristy McGowan, UT
- Maryann Roefaro, NY
- Donna Krueger, IL
- John Hennessey, KS
- Alice Canterbury, SC
- Marissa Rivera, CA



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Stakeholder Needs

Patients	Payers	Providers
Best Possible Outcome	Best Possible Clinical Outcomes	Best Outcome for Patient
Docs with the 3 A's (Able, affable, accessible)	Member Satisfaction / Experience	Satisfied patients and family
Least Out Of Pocket Expense	Control Total Costs / Variability	Fairest Reimbursement to Provide Quality Patient Care
Education and Engagement of the Patient in the Care Plan	Productivity / Survivorship	Compensated for Cognitive Services Including Treatment Planning, End of Life Care and Survivorship.
Best Quality of Life	Meaningful Proof of Quality / Value	Less Administrative Burdens



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Quality, Value, Outcomes Measures

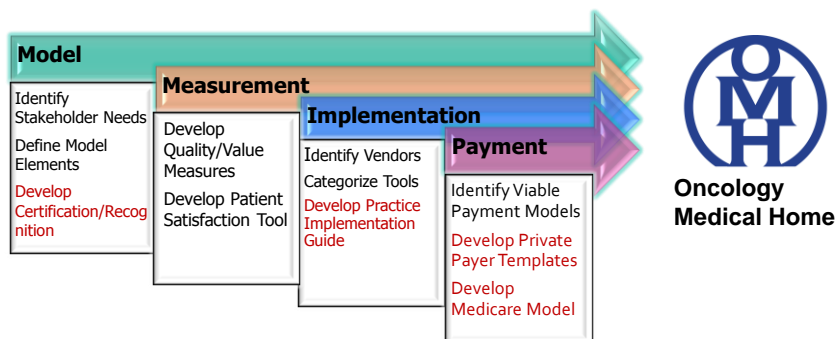
Patient Care Measures
% of cancer patients that received a treatment plan prior to the administration of chemotherapy.
% of cancer patients with documented clinical or pathologic staging prior to initiation of first course of treatment.
% of chemotherapy treatments that have adhered to NCCN guidelines or pathways.
Antiemetic drugs given appropriately with highly emetogenic chemotherapy treatments.
% of cancer patients undergoing treatment with a chemotherapy regimen with a 20% or more risk of developing neutropenia and also received GCSF/white cell growth factor.
Resource Utilization
of emergency room visits per chemotherapy patient per year.
of hospital admissions per chemotherapy patient per year.
Survivorship
% of cancer patients that received a survivorship plan within X days after the completion of chemotherapy.
% of chemotherapy patients that received psycho/social screening and received measurable interventions as a result of the psycho/social screening.
Survival rates of stage I through IV breast cancer patients.
Survival rates of stage I through IV colorectal cancer patients.
Survival rates of stage I through IV NSC lung cancer patients.
End of Life
% of patients that have Stage IV disease that have end-of-life care discussions documented.
Average # of days under hospice care (home or inpatient) at time of death.
% of patient deaths where the patient died in an acute care setting.
A measurement of chemotherapy given near end of life.



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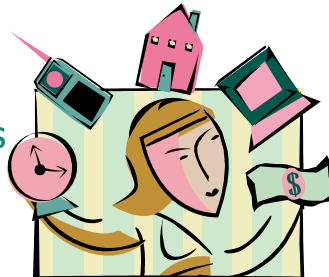
How to get there from here

Carol Murtaugh
Hematology & Oncology Consultants, PC
OMH Implementation Committee Chair



Challenges

- Limited time
- Limited human resources
- Limited financial resources
- Conflicting priorities
- Increased regulations
- Decreased payments



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OMH - Goals and Focus

- Stakeholder led for stakeholders
- Agnostic
- Minimal administrative burden
 - Possibly ease the burden
- Minimal financial burden
 - Goal of enhancing financial position
- FREE Wherever possible
 - Or discounted value added resources
- All intended to ease assist, promote and encourage

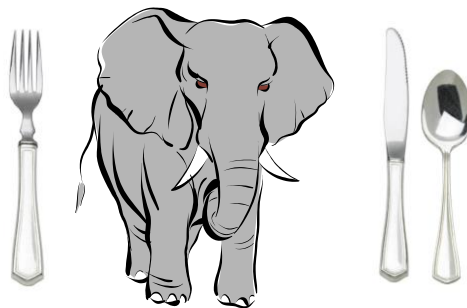


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OMH - Goals and Focus

- Assist with the journey
- One step at a time



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Self - Assessment

Bo Gamble
Community Oncology Alliance



How to get there here ...

- **Many solutions**
 - Simple to complex
 - Free to nominal fees to professional consulting
- **As much about education as moving forward**
- **Involves**
 - Educating team
 - Process improvement
 - Benchmarking success and improvement
 - Incorporating payment reform



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OMH Website – Resources and Benchmarking

Carol Murtaugh
Hematology & Oncology Consultants, PC
OMH Implementation Committee Chair



What: A Website to Promote...

- Quality and value in cancer care
- Delivery of the right care, at the right time and at the right place
- All good things in cancer care



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What: A Website to Assist...

■ Providers

- OMH information and tips
- Patient management resources
- Patient assistance resources
- Practice management resources
- Patient satisfaction tools and benchmarking

■ Patients

- OMH Information

■ Payers –

- OMH information
- Secure portal to view authorized benchmarks



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www.MedicalHomeOncology.org



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What: A Website to provide

- **Infrastructure to:**
 - Submit blinded patient data
 - Specific to 16 OMH quality and value measures
 - In the form of registry
 - That could be used for ratio calculations and benchmarking
 - In a secure, and by invitation only, environment
 - And promoting continuous improvement



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Payment Reform

Bo Gamble
Community Oncology Alliance



Current Initiatives

- **Pennsylvania - John Sprandio**
 - The oncology medical home pioneer
 - Measuring quality and value (costs)
 - Working with private payers on contracting/reimbursement
 - Incentive based reimbursement
- **Michigan**
 - PriorityHealth with multiple practices
 - Base pay, case management , incentives on positive outcomes.
- **National – Barbara McAneny M.D.**
 - CMMI award
 - Value focus with patient satisfaction



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Payment Reform Task Force

- **Single proposal for Medicare**
- **Go beyond**
 - Pay for Reporting
 - Pay for Guideline Adherence
 - Pay for Episode of Care
- **Provide appropriate, realistic reimbursement**
- **Recognize and reward quality, value, and positive outcomes.**
- **Do not prioritize cost savings over best patient treatment**
- **Incent patient engagement and feedback**
- **Do not further destabilize the unstable Medicare pricing system leading to drug shortages**



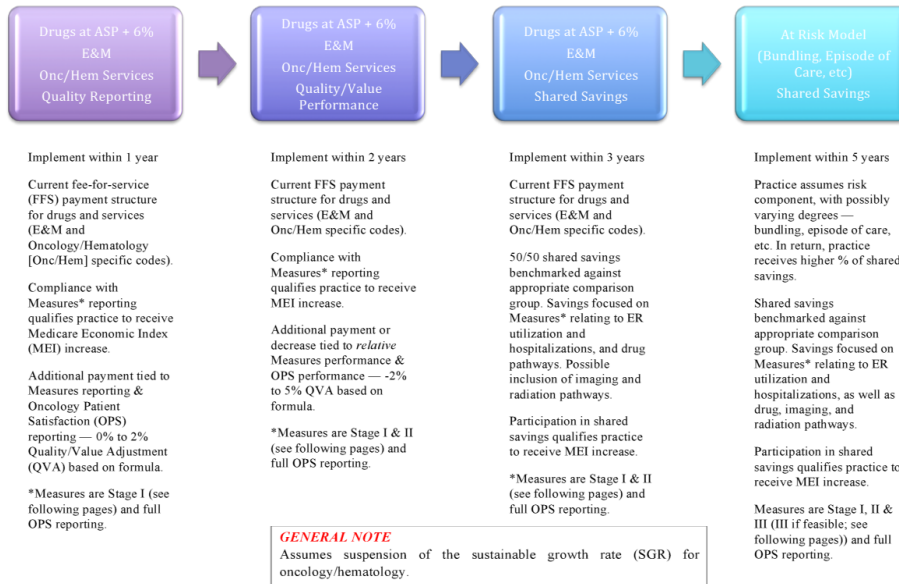
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Medicare Payment Reform for Oncology

Ensuring the Delivery of Quality & Value-Based Cancer Care



In Summary

- Stakeholder led, defined and implemented
 - Scalable to ALL cancer care providers
 - Minimal administrative burden
 - Minimal financial burden
- Education
- Process
- Measurement
- Benchmarking
- Payment Reform
- Win for Patients, Providers, ALL Payers
 - Higher quality
 - Higher value



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OMH Next Steps

- Continue to enroll practices/centers
 - OMH Implementation Team here to assist
- Continue to identify resources that can assist
- Finalize and promote quality data registry
- Benchmark 16 OMH quality and value measures
- Promote automated submission of quality data
- Identity a “recognition” entity
- Continue to promote and implement reward based payment reform



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Thank You!

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