A Care Model for the Future: the COA Oncology Medical Home Initiative

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Learning objectives

- Understand a core set of standardized quality and value measures to document performance
- Explore benchmark capabilities that allows providers to compare performance against their peers
- Identify information, tools, technologies, templates and services that can be stepping stones for completing the journey, including payment models that make the medical home a viable and sustained
- Understand a forum of information exchange for practices to continually improve processes and outcomes
Tangible impact of recent changes on legacy of community oncology

- Decreasing voice in wider oncology community
- Increasing impact of Payers on care decisions (cost-driven)
- Further negotiating drug prices is no longer the option
  - Increasing number of generic agents; increasing commoditization
  - Manufacturer’s own need to fund continued R&D
- It’s time to look for other opportunities
  - Revenue – look to grow top line using data and information for discussions
  - Costs – contain and manage growth of costs

Demographic and psychographic shifts will drive further patient growth

- Increasing number of patients, government-covered patients
- Changing expectations of Providers by these same Patients
  - Boomer, Gen X expectations different from past patients
Several changes will result for community practice…

- Healthcare reform uncertainty
- Evidence-based medicine/clinical pathways
- P4P, quality measurement
- Practices struggling financially/declining incomes
- Practice consolidation
- Hospital acquisition shifting treatment setting
- Oncologist shortage
- Growing co-pay crisis

... leaving limited options for Providers

Limited options for oncologists in the current environment

**Institutional-based system**
- Fully integrated with institutional healthcare organizations
- Likely to be physician employment models

**Virtual networks**
- Payment mechanisms foster collaboration and value
- Maintain physician independence
Proposed changes to behaviour, attitude, and practice have been subjected to peer review...

Suggestions to bend cost curve:

- Limit second- and third-line treatments
- Seek good performance status
- Recognize the costs of care are driven by our actions
- Realign compensation to value cognitive services
- Accept need for cost-effective analysis and limits on care

... and differences identified in rising cost of care in separate delivery settings...

Site of service cost differences for Medicare patients receiving chemotherapy:

- Two cohorts – physician office (POV) or hospital outpatient (HOP) settings
- Per-Patient-Per Month (PPPM) allowed costs lower for POV; holds for most of the “top 10” cancer types
- Total PPPM costs over $6,500/year lower in POV
- Patient pay amounts ~10% higher for HOP patients (over $650 per patient per year)
- Cost differences persist:
  - Across all age-sex categories
  - Across a range of the number of chemotherapy sessions
  - Even after excluding inpatient hospital costs

... but what if the choice of care model were up to the patient?

- If you are one of the 19MM new patients covered by the ACA, which setting would you choose? (i.e., will the invisible hand prevail?)

<table>
<thead>
<tr>
<th>Choice</th>
<th>Hospital-based</th>
<th>Community-based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>Comparable</td>
<td>Comparable</td>
</tr>
<tr>
<td>Cost</td>
<td>More expensive</td>
<td>Less expensive</td>
</tr>
<tr>
<td>Efficiency</td>
<td>Potentially inefficient</td>
<td>Naturally strives for efficiency</td>
</tr>
<tr>
<td>Technology</td>
<td>Laggard</td>
<td>Early adopter</td>
</tr>
<tr>
<td>Parking</td>
<td>Difficult and/or expensive</td>
<td>Ample and/or free</td>
</tr>
<tr>
<td>Environment, setting</td>
<td>Designed to minimize costs</td>
<td>Designed to maximize care</td>
</tr>
</tbody>
</table>

Episodic payments and value-based Payer/Provider relationships: conceptually simple

- Win-win-win for Patients, Providers, and Payers alike
- Maximize Patient benefit and Provider accountability for Payer’s healthcare expenditures
- Establish relationships, negotiate, and contract with Payers around services, not drugs
- Share risk; incent evidence- and outcomes-based care (i.e., reduce unnecessary variation in patient care)
- Explore gain share of savings
- Educate, counsel, and support patient from diagnosis through advanced care planning
- Measure, baseline, and share data... early and often
Market Pressures Challenging Cancer Costs
2010-2012 New Cancer Drugs

- Provenge, Prostate Cancer
- Yervoy, Metastatic Melanoma
- Arzerria, Chronic Lymphocytic Leukemia
- Adcetris, Hodgkin’s Disease
- Perjeta, Breast Cancer

COA Board Meeting

"Sure hard work pays off in the future but laziness pays off now."

Steven Wright
Key Attributes of the OMH

- Enhance the patient experience
- Provide the payers better value for their Healthcare dollar
- Strengthen community oncology

<table>
<thead>
<tr>
<th>Providers:</th>
<th>Bruce Gould, MD - GA Northwest Georgia Oncology</th>
<th>Lee Newcomer, MD United Insurance Group</th>
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<tbody>
<tr>
<td></td>
<td>Patrick Cobb, MD – MT Frontier Cancer Center</td>
<td>Ira Klein, MD Aetna Insurance Company</td>
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<tr>
<td></td>
<td>Roy Beveridge, MD McKesson/US Oncology</td>
<td>John Fox, MD Priority Health</td>
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<td></td>
<td>John Sprandio, MD – PA Consultants in Medical Onc.</td>
<td>Dexter Shurney, MD Vanderbilt Employee Health Plan</td>
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<tr>
<td></td>
<td>Robert Hauser, Pharm D ASCO</td>
<td>John Fox, MD Priority Health</td>
</tr>
<tr>
<td>Patient:</td>
<td>Kathy Smith, NP – CA Cancer Care Associates</td>
<td>Marsha Devita, NPA – NY Hem Onc Assoc of CNY</td>
</tr>
<tr>
<td></td>
<td>Gwen Mayes, JD, MMSc NPAF</td>
<td>Karen Kellogg, Pharm D – UT Utah Cancer Specialists</td>
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<td></td>
<td>Trish Goldsmith NCCN</td>
<td></td>
</tr>
<tr>
<td>Business Partner</td>
<td>Mark Johnson International Oncology Network</td>
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</table>
Three Stakeholder Needs of an OMH

- Best Outcomes
- Best possible survivorship and ability to be productive
- Fewest toxicities and hospitalizations
- Safety of therapy
- Satisfied patients/members and families

Defining Value & Quality: Summary of Stakeholder Feedback – Patients

- Docs with the 3 A’s
- Honesty about Diagnosis and Prognosis
- Education and Engagement of the Patient in the Care Plan
- Coordination of Care
- Timely Communication of Test Results
Define Value & Quality: Summary of Stakeholder Feedback – **Payers**

- Ensure that Treatments Given are Evidenced Based and Most Cost Effective
- Control *Total Costs / Variability*
- Care in the Lowest Cost Setting
- Meaningful Proof of Quality / Value (Savings)

Value & Quality: Stakeholder Feedback – **Providers / Clinicians**

- Less Administrative Burdens
  - No Pre-certs / Peer-to-Peer for Radiology etc.

- Less Interference by Third Parties
  - Pay for Practice Navigators

- Help with Patient Assistance

- Fairest Reimbursement to Provide Quality Patient Care

- *Compensated for Cognitive Services Including Treatment Planning, End of Life Care and Survivorship.*
Delivering Quality and Value – How

**Best Therapeutic Practices**
- Best Medical Oncology Practices
  - Adherence to evidence based guidelines
  - Supportive care guidelines
  - Performance Status Base Therapy Rules
  - Oral Compliance
  - Genomic Based Therapies
  - Coordination of Care
- Radiologic and Laboratory guidelines
- Radiation Therapy guidelines

Delivering Quality and Value – How

- Proactive management of treatment related complications
  - Close Tracking of at Risk Patients Based on Therapies, Comorbidities, and Social Support
  - Nurse Monitoring of these Patients by Daily Phone Calls
  - Improve patient access and communication with practice
    - Structured phone triage
    - Patient Portal
Delivering Quality and Value – How

- Minimize Hospital Cost by Efficient use Resources
  - Facilitated Admissions, Expedited Work Ups, Coordination of Care and Timely Discharges
  - Minimize ER Visits
  - Coordination of Care

- Appropriate End-of-life-care Discussions

OMH Measures

- Patient Care
- Resource Utilization
- End of Life
- Survivorship
OMH Measures

- **Patient Care**
  - % of pts with path staging pre-chemo
  - % of pts receiving chemo Rx plan
  - % of chemoRxs adherent to NCCN guidelines
  - Antiemetic appropriateness
  - % of pts receiving GCSF with > 20 % of FN

- **Resource Allocation**
  - # of ER visits/pt/yr
  - # of hospital admits/pt/yr
OMH Measures

- **Survivorship**
  - % of pts receiving survivorship plan < 8 days post chemotherapy
  - % of pts receiving psycho/social screen and intervntn
  - Survival rate of colon, lung, breast ca pts, all stages

OMH Measures

- **End of life**
  - % of Stg IV pts with end of life discuss documented
  - Ave # of days on hospice
  - # of deaths in the acute care setting
  - Days from last chemo to death
OMH Survey

Survey based on cahps® Survey and Tools to Advance Patient-Centered Care
- Consumer Assessment of Healthcare Providers and Systems
- Initiative of the Agency for Healthcare Research and Quality (AHRQ) under the Dept of HHS

Certification of OMH

- NCQA
- ACS/COC
Oncology Medical Home Summary

Evolution of Oncology Payment Programs

- **Pay for Reporting – Payer Requested Measures Patient Satisfaction**
  - Demo projects /PQRI

- **Guidelines – Adherence and Reporting**
  - Supplemental fees for use of generics
  - Extra reimbursement for use of guidelines

- **EOC Type Program**
  - Drug margins are converted to a pt management fee.

- **Pay for Performance Based on patient satisfaction, clinical outcomes, total episode cost**
  - Gain share model as compared to State, Region and/or Nation

- **Capitation ?**
ONMARK SELECT PROGRAM
FALL LEADERSHIP SUMMIT

Implementation Team Progress

Carol Murtaugh
Dallas, Texas
September 21, 2012

Implementation Team Progress

- Identify practice needs
- Standardize patient satisfaction survey
- Establish an implementation road map
- Create information sharing among practices
Implementation Team Progress

- **Collaborative Effort**
  - By Stakeholders for Stakeholders

- **Resource Partners**
  - Non-Exclusive
  - Value Added
  - Customizable and A-La-Carte
  - Not one size fits all

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Implementation Team Progress

- **Educational articles**
- **Templates**
  - Policy Templates
  - Letters Templates

- **Patient Management Tools**
- **Patient Assistance Tools**
- **Practice Management Tools**
Implementation Team Progress

- **Patient Management**
  - Pathway Compliance
    - Oncology CDS/Proventys
    - New Century
    - Eviti
    - Via Oncology
    - Novologix
    - Cardinal Health

  **GPO Tools**
  - Onmark – Inventory of IT solutions
  - ION – Inventory of IT solutions

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Implementation Team Progress

- **Patient Management**
  - Survivorship Program Development
    - Cancer Survivorship Training, Inc.
    - ASCO Survivorship Templates
  - Psycho/Social Distress Assessment
    - Cancer Support Community
  - Patient Portal
    - Navigating Cancer
  - ASCO QOPI
  - Medicity, Inexx – Information Exchange Tool
Implementation Team Progress

- **Patient Assistance**
  - ACCC Patient Advocacy Assistance Guide
  - NCCN Patient Guides
  - NCI Patient Guides/Tools
  - ASCO Managing the Cost of Care
  - 5 Wishes

- **Practice Management**
  - Readiness Assessment
  - GPO Tools
    - McKesson/Onmark
    - ION
  - National Business Group on Health (NBGH) – Cancer Toolkits
    - Pathways to Managing Cancer in the Workplace
    - An Employer’s Guide to Cancer Treatment and Prevention
  - E&M Audit Tools
Implementation Team Progress

- **Practice Management**
  - Clinical Trials Budgeting Tool
  - ONS Telephone Triage Guidelines
- Draft Letters to:
  - Employers
- Patient Satisfaction Survey
- Consulting Services/Tools

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Implementation Team Progress

- **Patient Satisfaction Survey**
  - Based on [CAHPS](https://www.caheits.org/)
  - Organized and standardized for cancer care
  - Timeliness of care and responses
  - General satisfaction
  - Automated if/when possible
  - Benchmarked
  - Being tested by 5 sites
Next Steps

- OMH Website www.medicalhomeoncology.org
- Payment Reform Taskforce
- Map for Tiered Achievement
- Recognition
- Implementation Road Map

Contact Information

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