Transitioning to Value Based Oncology: Strategies to Survive and Thrive

Transitioning to
Value Based Oncology:
Strategies to Survive and Thrive

Building the Oncology Medical Home

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Oncology Management Services, LLC

Oncology Patient-Centered Medical Home® Update

- Background
- Principles / Components
- Practice Results – 2011
- New Programs

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Era of Health Care Reform

Value and Demonstration of Results

- **Value = quality/cost**
  - Enhance Quality = Increasing reliability of delivery
    - Focus on execution (processes) of care delivery
    - Incorporation of High Reliability Principles
  - Control Cost = Reducing unnecessary utilization
    - Unnecessary utilization = waste
    - Failures of delivery, coordination, overtreatment
- **Demonstration of results**
  - Data transparency, accountability, rapid learning

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Era of Health Care Reform

Cancer Care Provider Responsibility

Only those giving the care can improve it

- Failure to **control cost through reduction of waste**
  - Diminishes Value (payer, patient and employer)
  - Uncontrolled costs will result in further funding cuts
  - Unintended clinical consequences for the most vulnerable
    - Reduced access, increased co-pays, reduced compliance
- **Standardization of delivery = waste reduction**
  - Chemotherapy guidelines & pathways
  - Care delivery ***beyond*** chemotherapy selection
    - Requires practice transformation

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CMOH: 2003 – 2011

Standardization & Streamlining

- Re-engineer processes of care - IT infrastructure/support
- Maintain a patient-centric approach
- Fix accountability at the patient-physician locus
- Minimize clinically irrelevant physician activity
- Communication, coordination, access, engagement

Demonstration of Value

- Measured quality and cost
  - Improving quality of care and reducing utilization (cost)

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Evidence Based Guidelines
Quality & Service Parameters

- ASCO - QOPI standards
- NCCN Guidelines
- American College of Surgeons, NQF
- CMS - PQRS, e-Rx
- NCQA – PPC-PCMH™
- OPCMH™ – services
- Institute of Medicine
  - 1999 *Ensuring Quality Cancer Care*
  - 2001 *Improving Palliative Care for Cancer*
  - 2006 *From Cancer Patient to Cancer Survivor: Lost in Transition*
  - 2009 *Assessing & Improving Value in Cancer Care*

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Oncology Patient-Centered Medical Home® Value Proposition

- OPCMH – clinical & business methodologies
  - Achieves practice/patient care efficiencies
  - Community based practices
- OPCMH - organizational construct
  - Oncology “plug-in” to PCMH as a PCMH-N
  - Establishes care management accountability
  - Communication that bridges specialists and PCMH
- OPCMH – as PCMH bridge
  - Aligns oncologists for ACO, Clinical Integration, etc
  - Establishes a platform for pricing oncology bundled or episode of care payment

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Oncology Patient-Centered Medical Home®
Based on NCQA PPC-PCMH™

NCQA Standards drive Quality, Service & Utilization

- Enhanced Access & Continuity
- Identify and Manage Populations
- Plan and Manage Care
- Self-care Support & Community Resources
- Track and Coordinate Care
- Measure and Improve Performance

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Oncology Patient-Centered Medical Home® Model

Re-engineered Process of Care & Coordination

- Ownership of all aspects of cancer care delivery
- Focus on patient needs and evidence-based care
- Reduction in unnecessary variation & resource utilization
  - Failures of delivery, coordination & overtreatment
- Enhanced communication with PC PCMH & Specialists
- Real-time physician/practice performance measurement
  - Continuous process improvement
- Encourages Clinical Integration between practices

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Process Measurement

Rapid Learning Cycle

- Function of mutually reinforcing care-team
- Merging Work-Flow and Clinical Decisions
- Guidelines, staging, screening, prevention
- Medication Reconciliation
- Triage & Symptom Management algorithms all
- Communication/Documentation turn around
- Coordinating/tracking all tests and referrals
- Track Performance Status & Palliative Care
- End of life care/promoting shared decisions
- Patient & referring physician portal utilization
- Management of at risk populations

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Outcome Measures

Patient Experience

- AHRQ CAHPS: Consumer Assessment of Healthcare Providers and Systems

Utilization

- Chemotherapy guideline adherence
- Emergency room evaluations
- Hospital admissions/length of stay
- Outpatient visit reduction
- End of Life Care parameters
- Diagnostics: imaging/laboratory

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RESULTS

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Guideline & Pathway Adherence

- Chemotherapy care plans are NCCN compliant
  - Deviation requires customization (controlled)
  - Physician selects care plan within EMR
    - Selection shared with billing and nursing staff
- NCCN Compliance
  - Adjuvant and first line metastatic
    - Adherence > 95% 2007 – 2010 (practice)
    - Individual physician performance followed
- Pathway Compliance
  - Small number of patients > 80%

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Telephone Triage Management

OMS Algorithms

- Operational **10 hours/day** (8 AM – 6 PM)
- Centralized, staff training & feedback
- Scripted patient & family engagement
  - **Proactive EARLY intervention**
- Assessment prompts
  - Guide nurses to deliver & record specific interventions
- Patient, physician & practice efficiency
- **Data:** number of calls, disposition, and outcomes
- Standardized patient instructions **embedded in algorithms**

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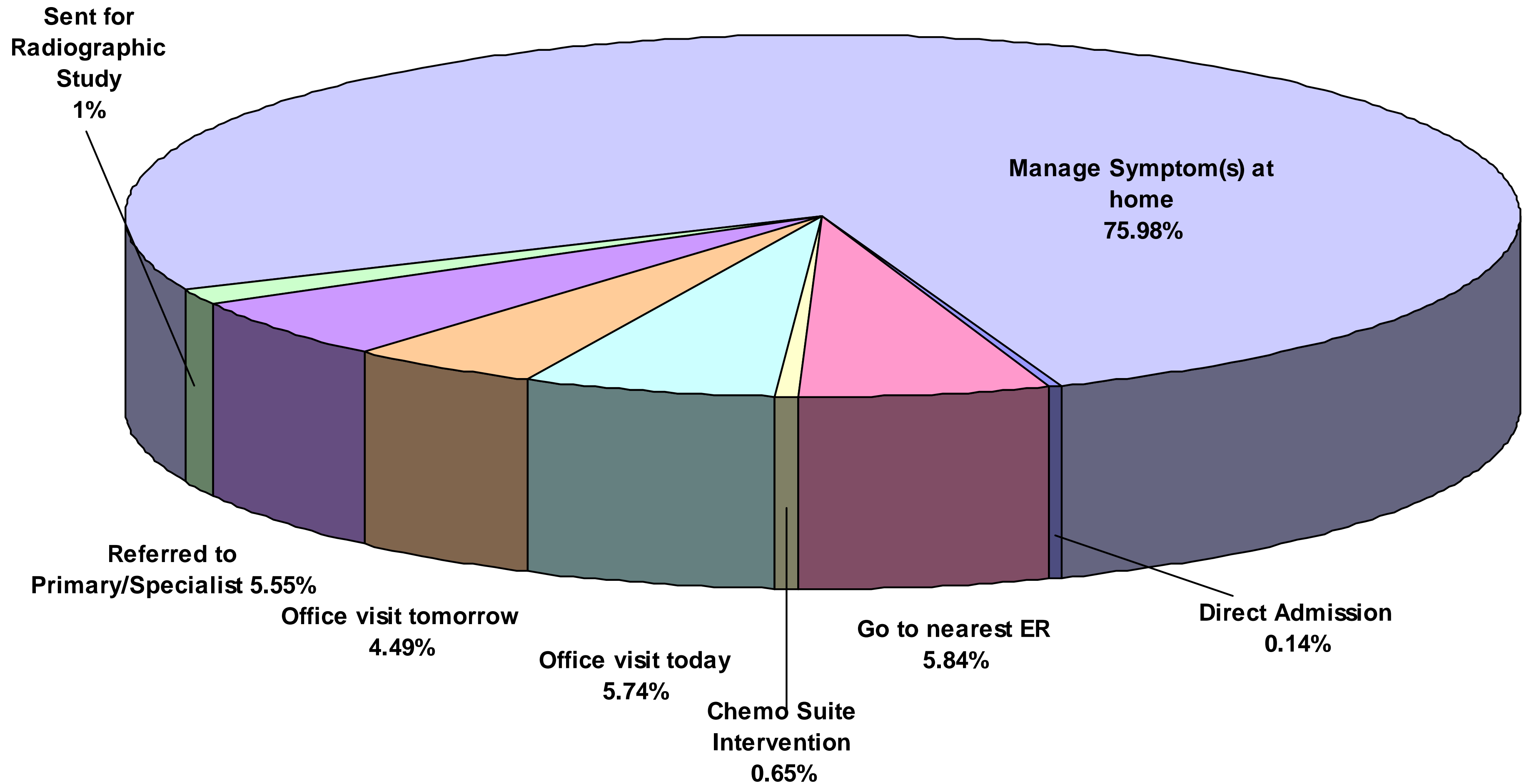
Outcomes of Clinical Phone Calls to the Nurse Triage Line

from 2006 to 2010 (n=13,881)



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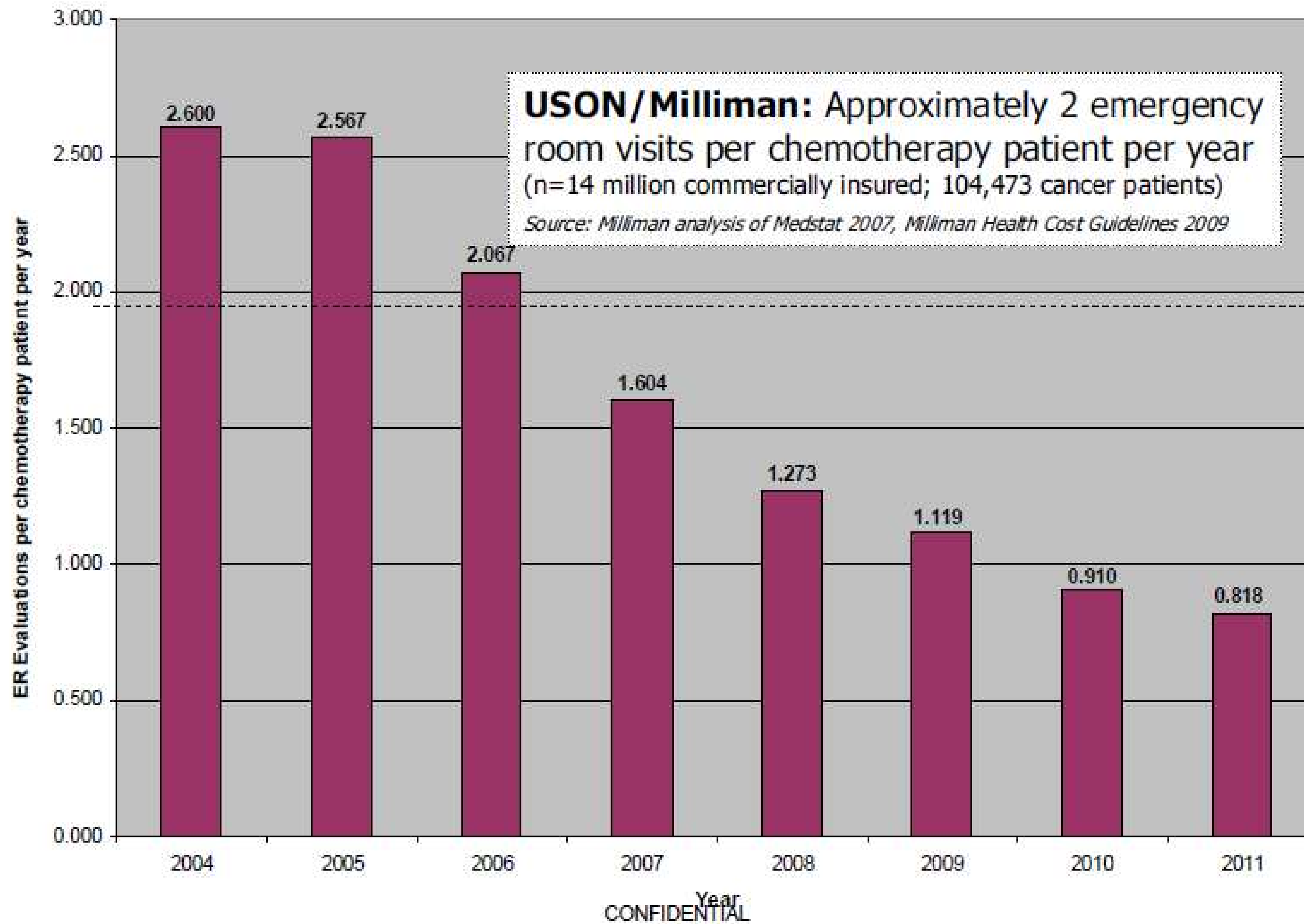

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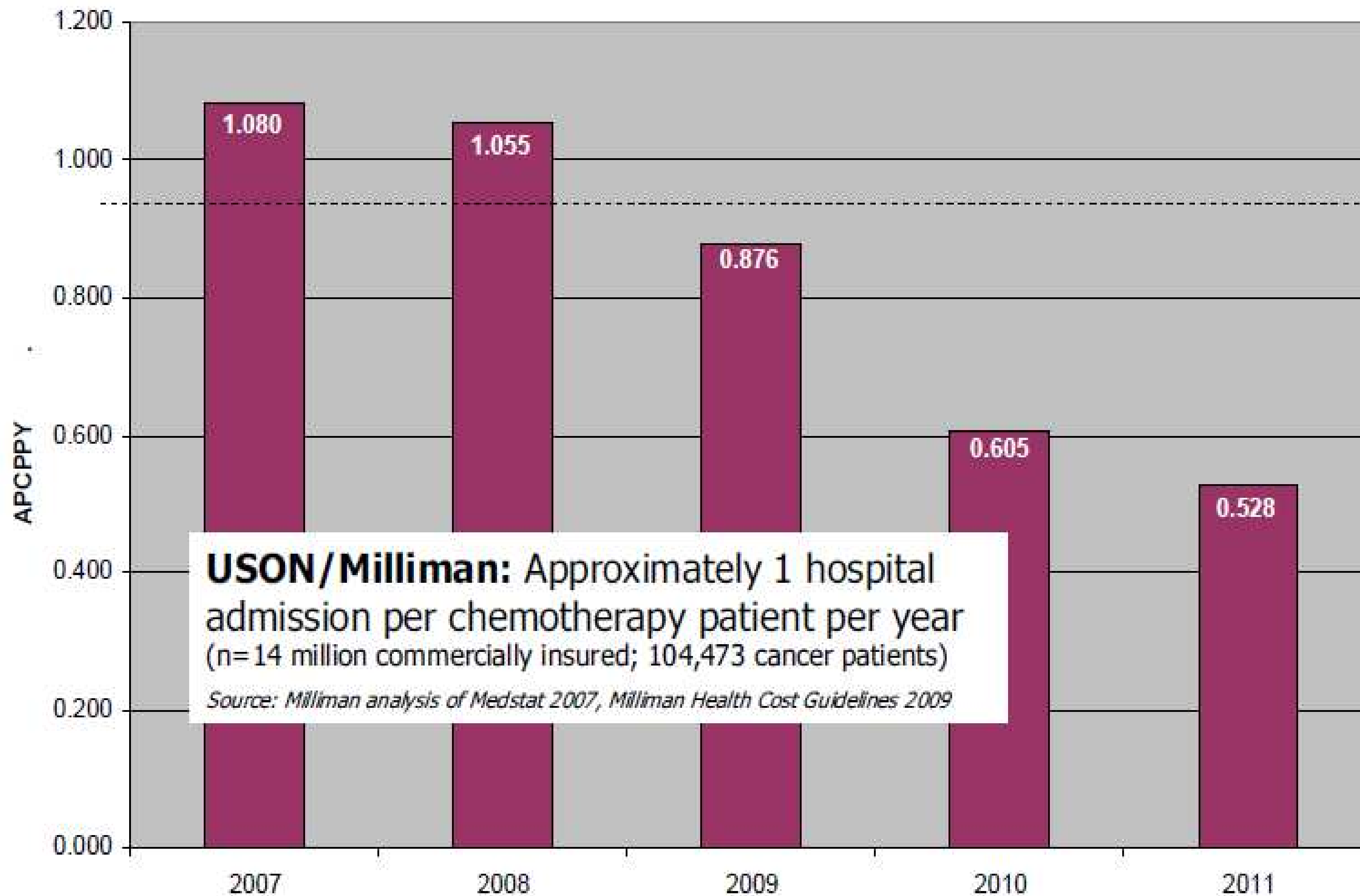

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OPCMH End of Life Care

Consistent delivery of Rational Care

- **Performance Status Documentation**
  - Standardized assessment & longitudinal tracking of PS
  - Impact of disease & therapy on abilities, QOL
  - Influences ongoing treatment decisions
  - Auditing for PS decline (ECOG 3)
- **Ongoing Discussion of Goals of Therapy**
  - Documentation at initial visit, Stage IV disease
  - Documentation of ongoing discussion with decline in PS and change in therapy
  - Goal: Promote shared decision-making

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OPCMH™ End-of-Life Care

Collaborative	Dartmouth	OPCMH™	QOPI	Measure
Death in hospital %	X	X		PH numerator; denominator ? Practice*
Hospital admissions, last 30 days, %	X	X		PH numerator; denominator ? Practice*
ICU admissions, last 30 days, %	X	X		PH numerator; denominator ? Practice*
ICU Days, last 30 days	X	X		PH numerator; denominator ? Practice*
Chemotherapy last 30 days	X	X	X	PH numerator; denominator ? Practice*
Hospice, last 30 days, %	X	X		PH numerator; denominator ? Practice*
Hospice days, last 30 days	X	X		PH numerator; denominator ? Practice*
Hospice within 7 days of death, %	X	X	X	PH numerator; denominator ? Practice*
Hospice enrollment, %		X	X	PH numerator; denominator ? Practice*
ACP discussion with metastatic disease		X	X	PH numerator and denominator
Advanced care plan documented, %		X		Practice
ECOG performance status documented at each visit		X		Practice

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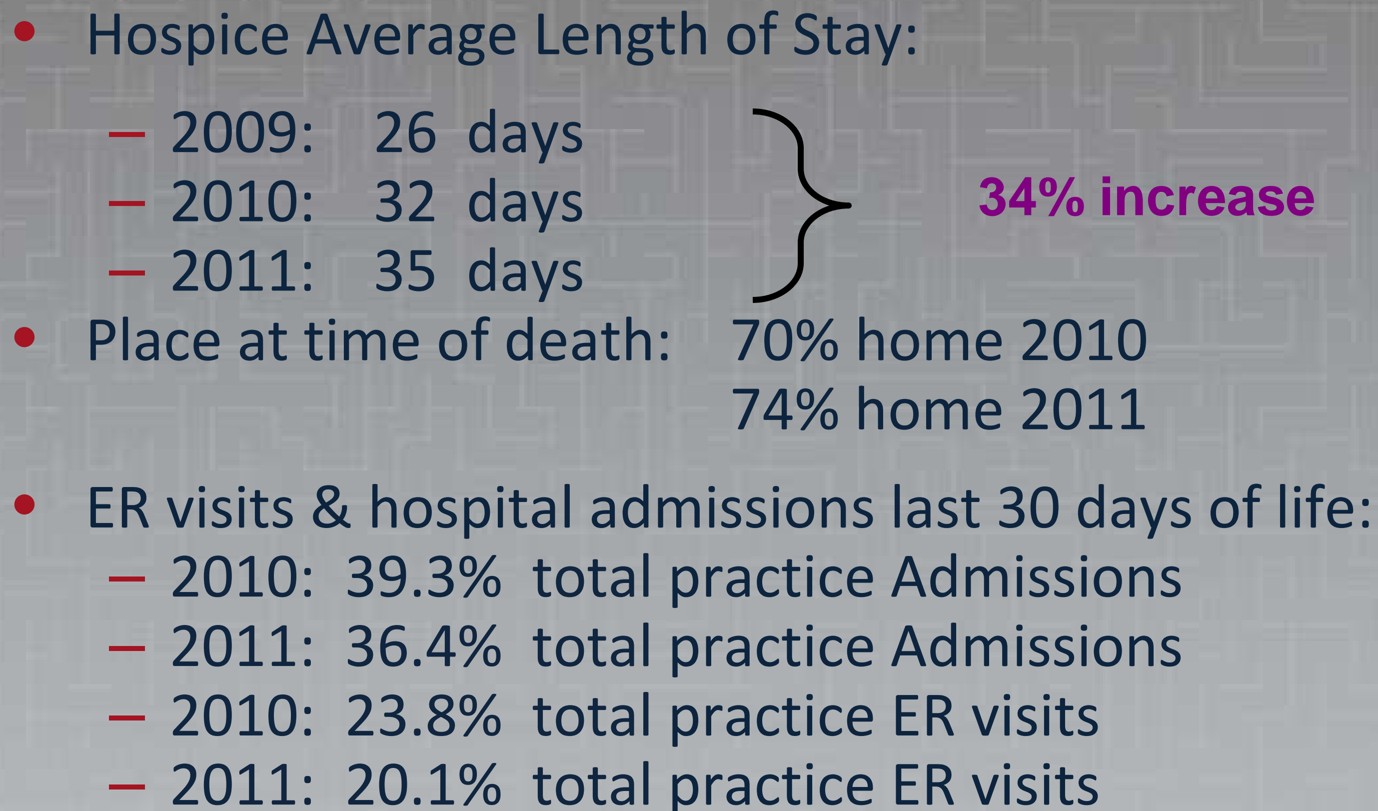
$OPCMH^{TM}$ End of Life Care

Data



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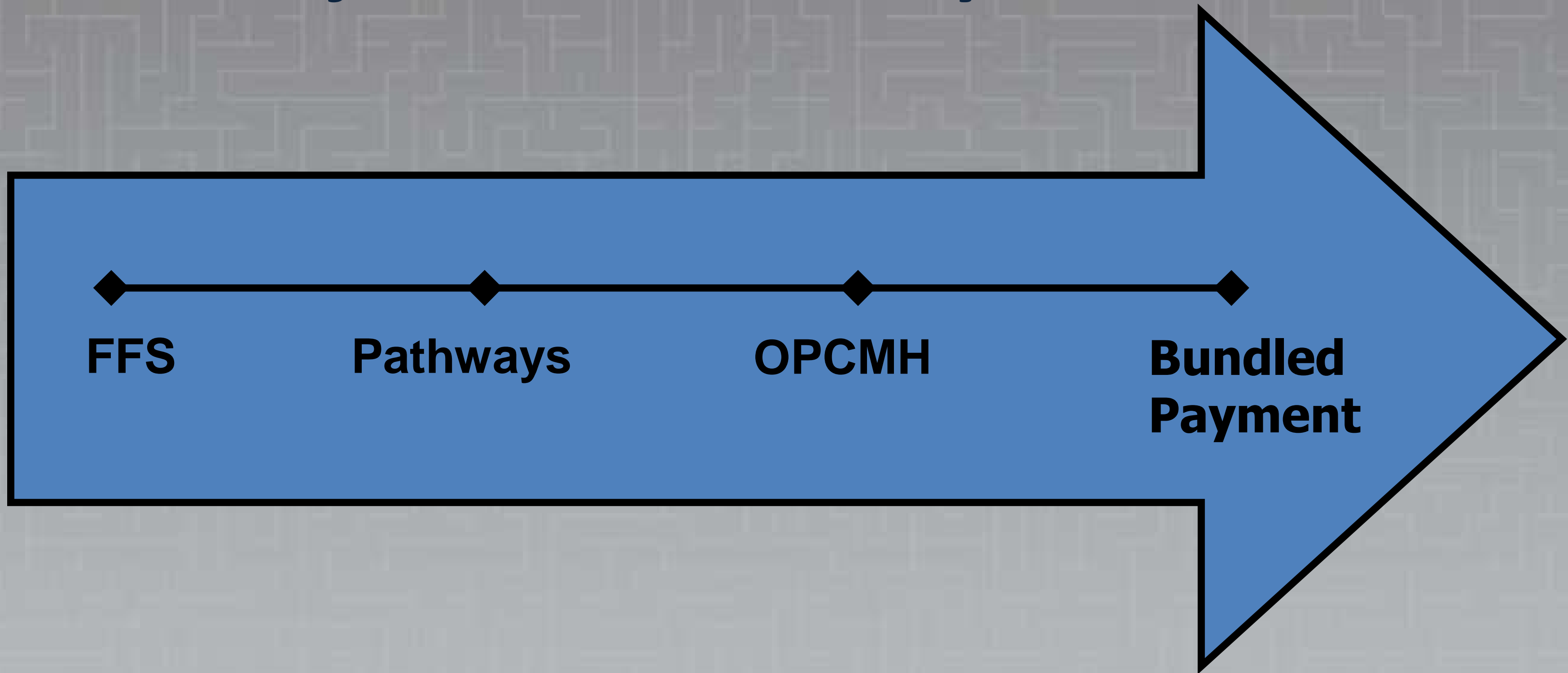
Level of Oncology Accountability for Cost:

Models for Cancer Care Payment



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New Programs

- Expansion of the model
- NCQA
- Southeastern Pennsylvania Regional Network
- ION Solutions/ABSG

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Expansion of the Model

Four Key Steps

- Specialty societies define quality parameters
  - COA steering committee (COA, ASCO, payers, patients)
- NCQA Specialty Practice Recognition Program
  - Application of PCMH principles to cancer care
  - Oncology standards expected Q1 2013
- Payer engagement and support
  - IBC, Aetna support for SEPA network
  - Regional networks – Other national payers
- Phases of construction of OPCMH
  - Payer Incentives & Practice Deliverables defined

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NCQA Patient-Centered Medical Home

- Framework for performance / process improvement
- Drives service, quality and resource utilization
- Integrates Meaningful Use
- Keeps Patient – Family at the center of the decision-making
- Coordinates care along the continuum
- Encourages 'Accountable Care'
- Rapid uptake and recognition possible (PC–PCMH)
- Payer recognition of the value in primary care
- Extension throughout cancer programs (radiation & surgery)

NCQA recognized Primary Care practices operate differently
They are looking for like-minded specialists to refer their patients

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Recognizing the Disconnects

Operate in Silos

- Fragmentation
  - No one coordinating and integrating
- Duplicated Services/ Redundancies
  - Cost / Wasted Resources
- Safety Issues with Transfers and Transitions
  - Missing Information
  - No "Closing the Loop"

Operate on Assumptions

- There is no "system" for coordination
- Integration depends on the diligence of the individual physicians
- No payment for care coordination
- Assume it will "just happen"…

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American College of Physicians PCMH-Neighbor Model

Proposes a *Framework* for Interactions between PCMH practices & Specialty Practices

- An infrastructure/ scaffolding upon which Care Integration and Information Exchange can be built
- Restore Professional Interactions needed for Patient Centered Care
- Improve Care Transfers and Transitions to enhance Safety and Stewardship

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Southeastern PA Network Development

- Expand, verify and refine OPCMH model
- Implement NCQA Oncology Specialty Practice Recognition Program
- Pilot Payer Projects

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Incentives Driving OPCMH™ Phases of Construction

1. Laying the foundation
   - Workflow analysis, IT assessment, policy & procedure, job descriptions, baseline data
     - FFS + prior authorization relief
2. Introduction of new services
   - Access, telephone triage, care coordination, communication, manage transitions, portals
     - Phase I enhancements + case management fee
3. Optimization of performance
     - Phase II enhancements + gain sharing model

Adopted from: Barr, M.S. (2010).. Medical Care Research and Review, 67 (4), 492-499

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ION Solutions and OMS: Partners for Medical Home Success

- Relationship goals
  - Sustainable payer support for community oncology
  - Facilitate practice transformations to O-PCMH
  - Ensure that practices seeking NCQA recognition of medical home status can achieve it simply and directly as part of a well-managed program
  - Develop scalable, affordable methodologies to achieve NCQA recognition

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ION Solutions and OMS: Partners for Medical Home Success

- ION Solutions partners with OMS to bring Medical Home capabilities to community oncology
  - Assessments
  - Transformations
  - Payer reimbursement strategies
  - Toolkits
  - Education
- OMS' roles
  - Consulting Medical Director
  - Content experts on OPCMH model and execution
  - Design and process expertise and experience
  - Tools to drive physician, practice, and patient efficiencies
  - Consult on payer reimbursement strategies

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Thank you

- For more information about the Oncology Patient Centered Medical Home visit www.opcmh.com
- John Sprandio, MD jsprandio@cmoh.org

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Steps Towards OPCMH™ Transformation

1: Fully implement an oncology-specific EMR

2: Define Clinical & Financial Goals

3: Secure "Buy-in" from physicians via efficiencies

4: Engage Payers & Commit to New Value Proposition

5: Standardize processes of care

6: Overlay Clinical Decision Support System (CDSS)

7: Improve Communication & Coordination

8: Integrate horizontally and vertically

9: Commit to continuous process improvement

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