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Value-Based Models Entering Specialties - the Oncology Care Model

Valerie P. Csik, MPH, CPPS
Project Director, Practice Transformation
Sidney Kimmel Cancer Center
Thomas Jefferson University Hospital
Valerie.Csik@jefferson.edu

Healthcare in the United States is increasingly being shaped by the need to reduce cost and improve efficiency. The result has been the development of value-based models of care, particularly in the growing outpatient setting. The Center for Medicare and Medicaid Innovation (CMMI), created under the 2010 Affordable Care Act legislation, has established three value-based models: Accountable Care Organizations (ACOs), Medical Home Models and Bundled Payment Models. The characteristics of each of the models remain the same – a focus on cost of care evaluated against an expected spend, a quality component and financial risk.[1]

The development of value-based programs has occurred in primary care with the MSSP (Medicare Shared Savings Program) an ACO, and CPC+ (Comprehensive Primary Care), a Medical Home Model. Today, 30% of all beneficiaries in traditional Medicare are being cared for in an ACO or Medical Home.[1]

In 2016, CMMI initiated an expansion into medical specialties with the Oncology Care Model (OCM). It is projected that 21% more cancer patients will be seen in the outpatient setting than in the inpatient setting by 2027,[2] making the target for cost savings in oncology even larger.

The Oncology Care Model is a five year demonstration program for Medicare beneficiaries undergoing active chemotherapy intended to achieve better health, improved care and smarter spending as defined by program requirements and a set of metrics on which each participating practice is required to report to CMMI twice per year.[3] OCM presents an opportunity to build the infrastructure to support bundled payments and be prepared for future of cancer care.

The Sidney Kimmel Cancer Center, an NCI-designated center, at Jefferson is participating in the OCM program. The formula for achieving in the OCM program at Jefferson is dependent on investments in infrastructure and technology, as well as a commitment to change.[4] Achieving balance is tricky since each program imposes slightly different documentation requirements and clinical value is sometimes called into question.[5] Some of the requirements can be viewed as “check the box” activities and we are working against that perception through efforts to demonstrate value to our providers.

Our approach has been consistent, individualized feedback along with focused education on documentation tools and strategies, as well as strategic investment in navigation and other supportive resources. We are at the halfway point in the OCM program and have learned a great deal from our engagement. In the time that remains our focus will shift from the infrastructure build to long-term sustainability, which is dependent on achieving in three key areas: minimizing clinical care variation; reducing avoidable ED and hospital use; and improving care at end of life. We are confident that the results from the OCM program will define the future of cancer care and our participation will define our future success.

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Additional Resource:
Discovery. SKCC reduces cost of care through new oncology-specific payment model. Winter 2019, p. 4.