



2017 CANCER CENTER BUSINESS SUMMIT

Transforming the Business of Oncology through Science and Technology



The Oncology Care Model: Evolving Best Practices

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The Oncology Care Model

Evolving Best Practices

- Diana Verrilli, McKesson Specialty Health
- Brenton Fagnoli, M.D., Flatiron Health
- Barbara McAneny, M.D. New Mexico Oncology Hematology Consultants
- Ed Bassin, Ph.D., Archway Health

Panelists Will Describe

- Their respective experience with OCM to date
- Lessons learned and challenges moving forward
- Practical solutions for meeting OCM requirements

OCM Status Summary

- OCM Program commenced July 1, 2016
- Purpose: further CMMI's three-part aim within oncology of better care, smarter spending and healthier people
- Currently in Performance Period 1 (Jan 1 - June 30, 2017)
- Parsing through quality measure/clinical data reporting requirements. Delays in launching the OCM reporting registry. First reporting deadline: Feb 28
- “Kick the tires” site visits starting to take place
- Claims data to be available March 2017 for Q1 (July-Aug-Sept 2016). Available quarterly thereafter.

OCM Questions Du Jour

- How can I get more efficient with my OCM quality measure/clinical data reporting? Is there an automated solution (EMR)?
- How am I doing – am I on track to earn PBP?
- Should I consider 2-sided risk as an APM alternative to MIPS?

The Oncology Care Model

Evolving Best Practices

Diana Verrilli

Senior Vice President, Payer & Practice

Management Solutions

McKesson Specialty Health

Denver, Colorado

Diana.Verrilli@McKesson.com

OCM and The US Oncology Network: The First 6 Months



- **13 Network practices**
- **800+ physicians**
- **17,000 patients enrolled in 1st 6 mo.**



Integrated Technology

- iKnowMed
- Decision support
- Clear Value Plus
- Practice Insights

Value Based Care Best Practices:

- Actionable Analytics
- Navigation & Team Care
- Urgent Care Slots
- Patient Facing Tx Plans (Network standard)
- My Choices, My Wishes
- Core Eligibility & Enrollment Principles



- Medical Oncologists
- Radiation Oncologists
- Hematologists
- Oncology Surgeons
- GYN Oncologists
- Urologists
- Colo/Rectal, Neuro, Thoracic, ENT, Pathology, Radiologists



- **Investing in care teams & enhanced services**
- **94% of planned MEOS forecast**

Quality and Clinical Data Reporting

Data Capture *iKnowMed Generation 2*



Ongoing Monitoring & Submission *Practice Insights*

Info	# of Patients	% Met	Prior Reporting Period
OCM-1: Risk-adjusted proportion of patients with all-caus...	0	0.0%	N/A
OCM-2: Risk-adjusted proportion of patients with all...	0	0.0%	N/A
OCM-3: Proportion of patients who died who we...	0	0.0%	N/A
OCM-6: Patient-Reported Experience	0	0.0%	N/A
OCM-4A: Medical and Radiation - Pain In...	4,011	94.3%	N/A
OCM-4B: Medical and Radiation - Plan o...	1,211	34.3%	N/A
OCM-12: Documentation of Current Medi...	3,512	98.3%	N/A
OCM-5: Preventive Care and Screening: Screening...	1,049	0.0%	N/A
OCM-7: Prostate Cancer: Adjuvant Hormonal Therapy...	1	0.0%	N/A
OCM-8: Adjuvant chemotherapy recommended or administe...	0	0.0%	N/A
OCM-9: Combination chemotherapy Stage I-III hormone receptor nega...	1	0.0%	N/A
OCM-10: Stage 1-IV and HER2 positive breast cancer patients receiving adjuvant chemotherapy	341	0.0%	N/A
OCM-11: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast C...	274	82.1%	N/A


Performance Drilldowns:

- ✓ Care team/ physician performance
- ✓ Patient details
- ✓ Target performers & outliers

Optimizing Claims Data to Support Practice Transformation and Best Practices

Actionable Analyses

- Peer benchmarking from CMMI & The US Oncology Network
- Side-by-side performance by site and provider
- Forecasting trend factors total cost targets


**The US Oncology
Network**

**McKesson
Specialty Health**

Practice Name

Patients who Died in the Hospital

Updated January 11, 2017 BBM

Research has demonstrated that they are fully informed partners preferences. Appropriate advanced the ICU. Reference: QOPI 2015

Deceased patients

Patients who died in hospital

% Patients who died in hospital

% Patients who had ICU stay

Average length of stay for patients


Top 10 admitting diagnoses

Admitting Diagnosis

1. Shortness of breath (78605)
2. Unspecified septicemia (0389)
3. Other malaise and fatigue (78060)
4. Pneumonia, organism unspecified
5. Acute respiratory failure (5189)
6. Other respiratory abnormality
7. Acute kidney failure, unspecified
8. Fever, unspecified (78060)
9. Hypoxemia (79902)
10. Cardiac arrest (4275)
- Other
- Total

Data Sources:

- Baseline EPISODE, INPHEA
January 2012 – June 2015;


**The US Oncology
Network**

**McKesson
Specialty Health**

Practice Name

Patients who Died in the Hospital

Updated January 11, 2017 BBM

Note:

- Patient-provider attribution is based on t
- Site names are derived from USON HR (r
- Providers assigned to an "Unknown" s
- from the site and provider summaries b
- Site and provider results are **color-cod**
- Lower percentages reflect better perform

Site Name

Site A
Site B
Site C
Site D
Site E
Site F

Provider Name

Site Name

Brown, Joe	Site A
Smith, Mary	Site B
Doe, Jane	Site C
Chen, Huilen	Site D
Patel, Anand	Site E
Hebert, John	Site F
Gonzalez, Juan	Site A
O'Malley, Patrick	Site B
Bellini, Luis	Site C
Williams, Robert	Site D
Mohammed, Ali	Site E
Miyataki, Sayuri	Site F
...	...

Baseline Analysis Claims

- OCM1: Hospitali
- OCM2: ER visits
- OCM3: Hospice
- Chemo in last 14
- Death in the hos
- with ICU admit
- PET scan utilizati
- Growth factors u

Baseline Analyses on Claims

- OCM1: Hospitalizations
- OCM2: ER visits
- OCM3: Hospice
- Chemo in last 14 days
- Death in the hospital paired with ICU admit
- PET scan utilization
- Growth factors utilization

Team Care Huddles



CHALLENGES

OCM Program Challenges

- **Pace of program changes and amount of information from CMMI**
- **Identifying patients**
 - Oral treatment regimens & access to real time Medicare Rx fill data
- **Practice transformation, e.g., completion of IOM care plan**
- **Complexity of care partner and pooling relationships**
- **OCM Data Registry submission process and registry readiness**

The Oncology Care Model

Evolving Best Practices

Brenton Fagnoli, M.D.

Associate Medical Director Strategic
Initiatives

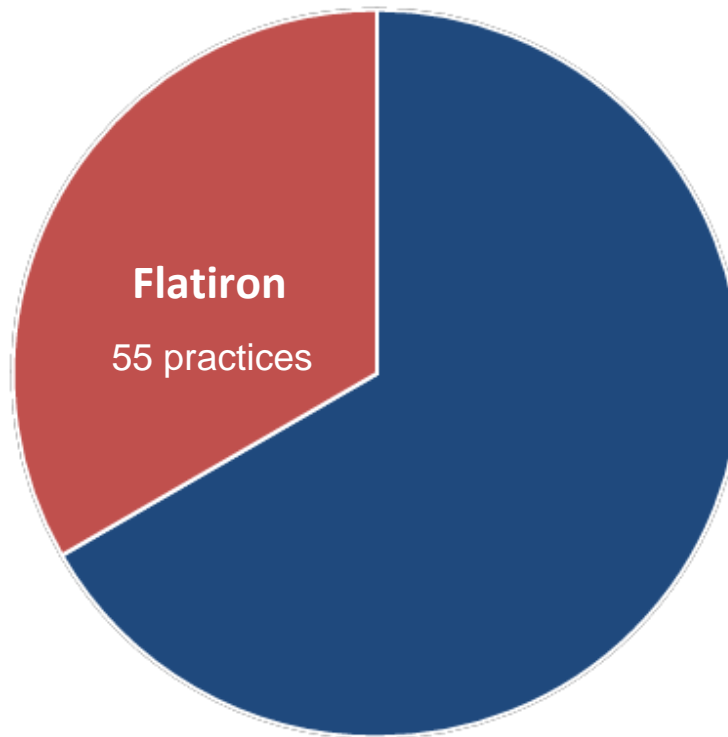
Flatiron Health

New York, New York

bfagnoli@flatiron.com

Flatiron Practices in OCM

The Oncology Care Model



OCM Challenges

FOCUS AREA

CHALLENGES



Care Management

- How do I identify eligible patients?
- How do I keep track of everything?
- How do I ensure patients are informed about their care plan?



Program Evaluation & Reporting

- How do I measure our quality?
- How can I improve performance?
- How do I report to the registry?



Revenue Cycle Management

- How do I optimize our income in the model?

How Flatiron is Solving OCM Challenges

FLATIRON'S OCM SOLUTION

IMPACT

Care Management

- Patient Identification @ point of care
- Patient tracking
- Auto-generated IOM Care Plans

30,000+

OCM Patients in Episode

Program Evaluation & Reporting

- Structured data capture in OncoEMR
- OCM Quality Measure Dashboard
- OCM Registry Reporting

500+

Quality Measure Calculations for Reporting

Revenue Cycle Management

- MEOS Billing + Collections Tracking
- PBP Cost of Care Analytics

\$25M+

Potential Additional Practice Revenue

The Oncology Care Model

Evolving Best Practices

Barbara McAneny, M.D.

Chief Executive Officer

New Mexico Oncology Hematology

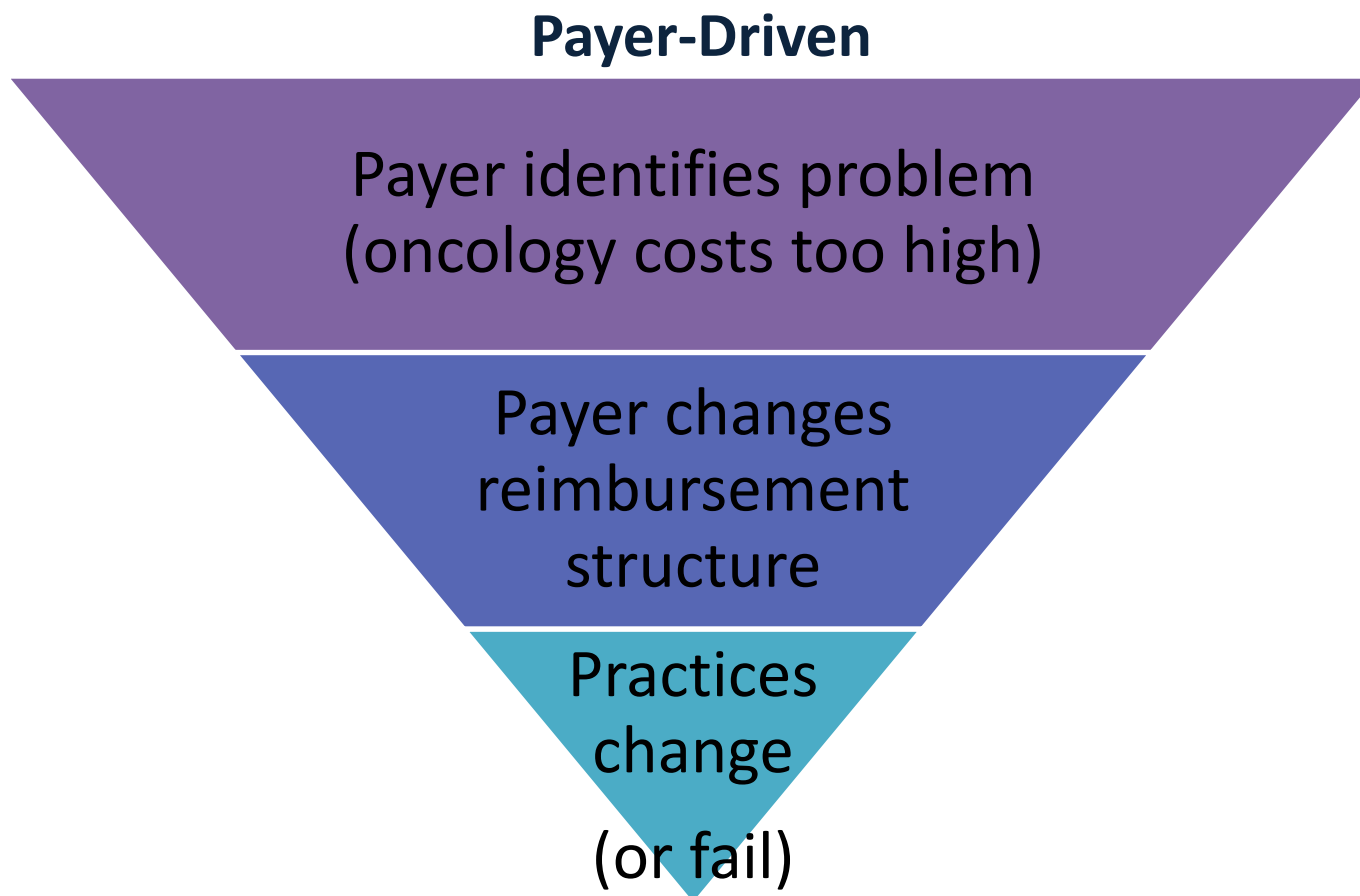
Consultants

Albuquerque, New Mexico

mcaneny@nmohc.com

OCM is a Payer-Driven Model

top-down approach



Oncology Care Model (OCM)

Patient Population:

- The CMMI OCM Payment Model applies to all patients with a new chemotherapy start.

Episode Definition:

- 6 months following new chemotherapy start, repeatable.

Payments

- The OCM model will pay physicians in three ways:
 - Normal FFS Payments
 - \$160 PBPM (per beneficiary per month)
 - Shared Savings/Risk Sharing

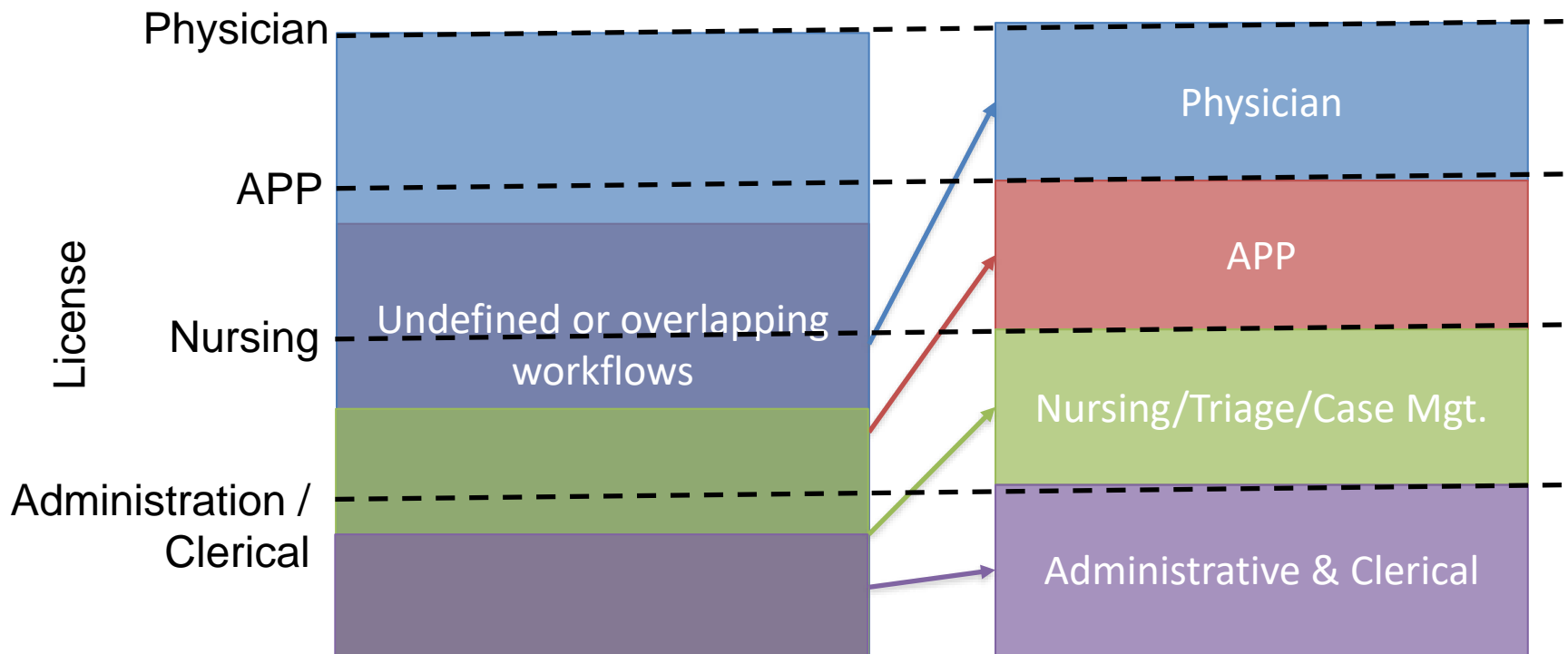
Episode Price/Discount to Medicare

- 4% discount for practices participating in shared savings
- 2.75% discount for practices accepting full risk

Meeting OCM requirements and adding Value

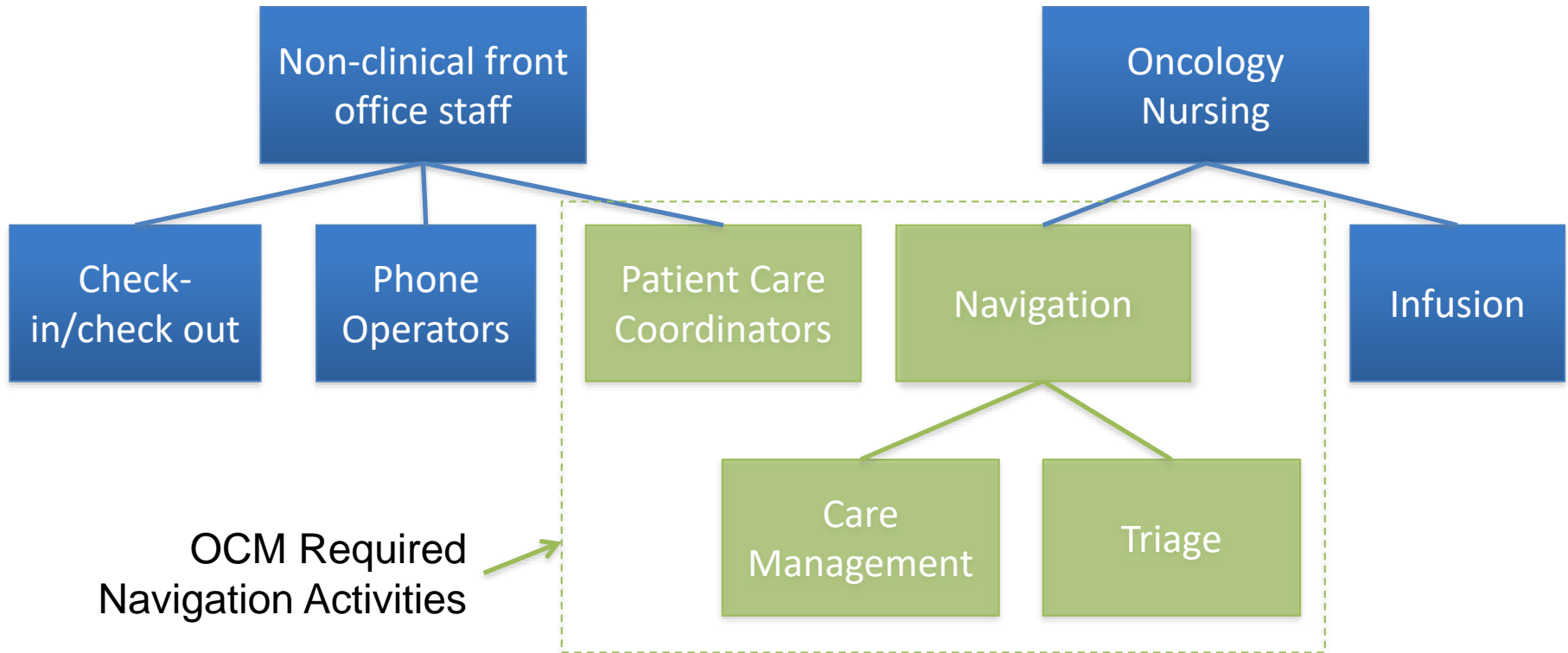
- Efficient use of personnel
- Documentation of OCM requirements using minimal resources
- Can we turn the Care plan and survivorship documents into valuable features to patients?
- Will the entire MEOS payment be used in the processes to achieve it?

Everyone works to the top of their license



- Defined, efficient workflows
- Standardized protocols & good communication

Specialization within oncology nursing and non-clinical staff



Documentation

- Essential functions to be documented by the doctors
 - DIAGNOSIS
 - STAGING
 - INTENT OF THERAPY (includes outcomes expected)
 - PERFORMANCE STATUS & PE
 - CHEMOTHERAPY & TEST ORDERS
 - GENOMICS
- Can we have everything else done by others?

Care Plan Requirements

- Patient information (e.g., name, date of birth, medication list, and allergies)
- Diagnosis, including specific tissue information, relevant biomarkers, and stage
- Prognosis
- Treatment goals (curative, life-prolonging, symptom control, palliative care)
- Initial plan for treatment and proposed duration, including specific chemotherapy drug names, doses, and schedule as well as surgery and radiation therapy (if applicable)
- Expected response to treatment
- Treatment benefits and harms, including common and rare toxicities and how to manage these toxicities, as well as short-term and late effects of treatment
- Information on quality of life and a patient's likely experience with treatment
- Who will take responsibility for specific aspects of a patient's care (e.g., the Cancer care team, the primary care/geriatrics care team, or other care teams)
- Advance care plans, including advanced directives and other legal documents
- Estimated total and out-of-pocket costs of Cancer treatment
- A plan for addressing a patient's psychosocial health needs, including psychological, vocational, disability, legal, or financial concerns and their management
- Survivorship plan, including a summary of treatment and information on recommended follow-up activities and surveillance, as well as risk reduction and health promotion activities

History

History	Initial Plan/Treatment Response	ROS	PE	Followup/Referrals	When To Call
<div>Hide</div> <div> <div>Visit Type</div> <div> <input type="radio"/> Initial Consultation <input type="radio"/> Followup <input type="radio"/> Other </div> </div> <div> <div>Care Management Plan</div> <div> <div>Primary Oncologist</div> <div> <input type="text"/> <div>Hide</div> </div> </div> <div> <div>Supervising Oncologist</div> <div> <input type="text"/> <div>Hide</div> </div> </div> </div> <div> Patient information: Vital Signs Height:59, Weight:212.2, BSA:1.89 </div> <div> Allergies No Known Drug Allergies Medications No outside medications reported per patient Diagnosis 11/17/2015: Agranulocytosis secondary to cancer chemotherapy Physicians Involved in Patient Care Physicians Involved in Patient Care Medical History <div>New Problem/Diagnosis</div> </div> <div> No problems have been entered. Surgical History Edit 1. Hernia Repair <div>Clear</div> <div> 1) Amputation - 2016 - GIMC 2) Lumpectomy - 2003 - Presbyterian </div> <div> <input type="checkbox"/> Past surgical history unchanged <input type="checkbox"/> Negative <input type="checkbox"/> Bone Marrow Bx <input type="checkbox"/> Port-a-Cath <input type="checkbox"/> AICD <input type="checkbox"/> Pacemaker <input type="checkbox"/> Cataract Surgery <input type="checkbox"/> Septoplasty <input type="checkbox"/> Tooth Extraction <input type="checkbox"/> Facial Cosmetic Surgery <input type="checkbox"/> Tonsillectomy +/- Adenoids <input type="checkbox"/> Thyroidectomy <input type="checkbox"/> EGD <input type="checkbox"/> Carotid Endarterectomy <input type="checkbox"/> CABG <input type="checkbox"/> Angioplasty <input type="checkbox"/> Cholecystectomy <input type="checkbox"/> Splenectomy <input type="checkbox"/> Appendectomy <input type="checkbox"/> Gastric Bypass <input type="checkbox"/> Small bowel resection <input type="checkbox"/> Colectomy <input type="checkbox"/> Hemorrhoidectomy <input type="checkbox"/> Prostatectomy/TURP <input type="checkbox"/> Bladder Surgery <input type="checkbox"/> Right Nephrectomy <input type="checkbox"/> Left Nephrectomy <input type="checkbox"/> Bilateral Nephrectomy <input type="checkbox"/> Prostatectomy <input type="checkbox"/> Right knee replacement <input type="checkbox"/> Left knee replacement <input type="checkbox"/> Right hip replacement <input type="checkbox"/> Left hip replacement </div> </div> <div> Comorbidities Edit <div>Clear</div> <div> <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Atrial fibrillation <input type="checkbox"/> Blindness <input type="checkbox"/> CAD <input type="checkbox"/> Cardiac Arrhythmia <input type="checkbox"/> Cataract <input type="checkbox"/> Celiac Disease <input type="checkbox"/> Crohn's Disease <input type="checkbox"/> COPD/Emphysema <input type="checkbox"/> Depression NOS <input type="checkbox"/> Diabetes <input type="checkbox"/> DNR <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> GERD- Gastroesophageal reflux disease <input type="checkbox"/> GI Bleed <input type="checkbox"/> Gilbert Syndrome <input type="checkbox"/> Gout <input type="checkbox"/> Heart Failure/CHF <input type="checkbox"/> Hepatitis chronic unspecified <input type="checkbox"/> Herpes Zoster <input type="checkbox"/> History of DVT <input type="checkbox"/> History of PE <input type="checkbox"/> History of Seizures <input type="checkbox"/> History of Stroke, TIA <input type="checkbox"/> Hypercholesterolemia <input type="checkbox"/> Hyperlipidemia <input type="checkbox"/> Hypertension <input type="checkbox"/> Hypothyroidism <input type="checkbox"/> Hyperthyroid <input type="checkbox"/> Immunodeficiency unspcified <input type="checkbox"/> Lupus <input type="checkbox"/> Lymphedema <input type="checkbox"/> Macular Degeneration <input type="checkbox"/> MI <input type="checkbox"/> Migraine <input type="checkbox"/> Osteopenia <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Parkinsons <input type="checkbox"/> Peptic Ulcer Disease <input type="checkbox"/> Prostate Disease <input type="checkbox"/> Raynaud's Syndrome <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Sjogrens syndrom Sicca <input type="checkbox"/> Sleep Apnea <input type="checkbox"/> Spinal Stenosis <input type="checkbox"/> Ulcerative Colitis </div> </div>					

Treatment

History	Initial Plan/Treatment Response	ROS	PE	Followup/Referrals	When To Call																
Regimen Anemia: Feraheme (Ferumoxylol) 510 mg IV Day 1 and 8 Flow Sheet <table border="1"> <thead> <tr> <th>Regimen</th> <th>Start Date</th> <th>Last Tx</th> <th>Cycles Act/Plan</th> <th>ICD</th> <th>Tx Setting</th> <th>Status</th> <th>Reason for DC</th> </tr> </thead> <tbody> <tr> <td>Hydration: NS 1000 mL IV v6.0</td> <td>4/18/2016</td> <td>4/18/2016</td> <td>0/1</td> <td>453.82/182.621</td> <td></td> <td>Completed</td> <td></td> </tr> </tbody> </table>						Regimen	Start Date	Last Tx	Cycles Act/Plan	ICD	Tx Setting	Status	Reason for DC	Hydration: NS 1000 mL IV v6.0	4/18/2016	4/18/2016	0/1	453.82/182.621		Completed	
Regimen	Start Date	Last Tx	Cycles Act/Plan	ICD	Tx Setting	Status	Reason for DC														
Hydration: NS 1000 mL IV v6.0	4/18/2016	4/18/2016	0/1	453.82/182.621		Completed															
Treatment Goals Edit Clear <input type="radio"/> Curative <input type="radio"/> Palliative <input type="radio"/> Symptom Control <input type="radio"/> Life prolonging																					
Initial Plan for Treatment Edit																					
Oncologic/Hematologic History Edit Clear																					
Proposed Duration Edit																					
Expected Response to Treatment Edit																					
Prognosis Edit Clear																					
Possible Side Effects Hide																					
General Edit General: Fatigue, hair loss Clear <input type="checkbox"/> Hair Loss <input type="checkbox"/> Fatigue																					
Skin Edit Skin: Clear <input type="checkbox"/> Hand and Foot Syndrome <input type="checkbox"/> Acne like rash <input type="checkbox"/> Sun Sensitivity <input type="checkbox"/> Other																					
Neurologic Edit Neurologic: Neuropathy Clear <input type="checkbox"/> Memory Loss																					
Autoimmune Edit Autoimmune: Clear <input type="checkbox"/> Low Thyroid Level <input type="checkbox"/> Wound healing complications <input type="checkbox"/> Fistula Formation <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Increased blood pressure																					
GI Edit GI: Clear <input type="checkbox"/> Fistula Formation <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Mouth Sores																					
Pulmonary Edit Pulmonary:																					

Pulmonary Edit Pulmonary: Clear <input type="checkbox"/> Fibrosis	
Cardiac Edit Cardiac: Clear <input type="checkbox"/> Weakening of heart muscle <input type="checkbox"/> Congestive heart failure	
Sexuality Edit Sexuality: Clear <input type="checkbox"/> Infertility <input type="checkbox"/> Vaginal Dryness <input type="checkbox"/> Impotence <input type="checkbox"/> Low Libido	
Psychosocial Hide	
Psychosocial <input type="checkbox"/> Relationship	<input type="checkbox"/> Employment
<input type="checkbox"/> Financial	
As Needed Medications Hide	
As Needed Medications Edit Clear <input type="checkbox"/> Aloxi <input type="checkbox"/> Ativan <input type="checkbox"/> Atropine <input type="checkbox"/> Compazine <input type="checkbox"/> Dexamethasone <input type="checkbox"/> Imodium <input type="checkbox"/> Zofran <input type="checkbox"/> Other	

Side Effects of Treatment

POSSIBLE SIDE EFFECTS OF TREATMENT

1. Possible Side Effects
2. Long Term Side Effects
3. Psychosocial

Cancer Survivorship Care Plan Patient Info	Background Information	Surgery	Chemotherapy/Radiation Therapy	Needs and Concerns	RDS	PE	Tob/Social/Health Maint	Possible Side Effects of Treatment	Assessment and Plan	When To Call
Possible Side Effects Hide										
General General: Fatigue, hair loss										
Skin Edit										
Clear										
<input type="checkbox"/> Acne like rash										
Neurologic: Neurologic: Neuropathy										
Autoimmune Autoimmune:										
<input type="checkbox"/> Low Thyroid Level <input type="checkbox"/> Wound healing complications <input type="checkbox"/> Fistula Formation <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Increased blood pressure										
GI Edit GI:										
Clear										
<input type="checkbox"/> Fistula Formation <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Mouth Sores										
Psychosocial Edit										
Clear										
Long Term Side Effects Hide										
Skin Edit Skin:										
Clear										
<input type="checkbox"/> Hand and Foot Syndrome										
Neurologic Edit										
Clear										
<input type="checkbox"/> Memory Loss <input type="checkbox"/> Weakness <input type="checkbox"/> Numbness <input type="checkbox"/> Loss of Motion										
Sexuality Edit Sexuality: Infertility.										
Clear										
<input checked="" type="checkbox"/> Infertility <input type="checkbox"/> Vaginal Dryness <input type="checkbox"/> Impotence <input type="checkbox"/> Low Libido <input type="checkbox"/> Ovarian Failure <input type="checkbox"/> Breast Pain										
Cardiac Edit										
Clear										
<input type="checkbox"/> Weakening of heart muscle <input type="checkbox"/> Congestive heart failure										
Pulmonary Edit Pulmonary: Fibrosis.										
Clear										
<input checked="" type="checkbox"/> Fibrosis										
Hematology Edit										
Clear										
<input type="checkbox"/> Low WBC <input type="checkbox"/> Blood Clots <input type="checkbox"/> Anemia <input type="checkbox"/> Increased Risk of Infection										
Psychosocial Hide										
Psychosocial										
<input type="checkbox"/> Marriage/Partner <input type="checkbox"/> Employment <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Disability										

Follow up/Referrals

History	Initial Plan/Treatment Response	ROS	PE	Followup/Referrals	When To Call
---------	---------------------------------	-----	----	--------------------	--------------

Genetic Consult
☐ Yes
☐ No

Survivorship Plan Edit
Clear

☐ Cardiac Symptoms ☐ Lipid Monitoring ☐ Diabetic Monitoring

☐ Fatigue ☐ Neuropathy ☐ Sexual Dysfunction

☐ Financial ☐ Vitamins and Neuroceuticals ☐ Genetics

☐ Second Cancer Risk ☐ Hypothyroid Risk ☐ Cardiac monitor for

☐ Pulmonary monitor for ☐ Monitor for Depression/Anxiety

Referral Edit
Clear

☐ Rehab

☐ Social Service/ Financial

☐ Infertility

☐ Nutrition

☐ Psychological Counseling

☐ Sexual Function

☐ Provider

Financial Counselor
Financial Counselor
☐ Documented Cost

Status
☐ Scheduled ☐ Completed ☐ Plan Provided to Patient

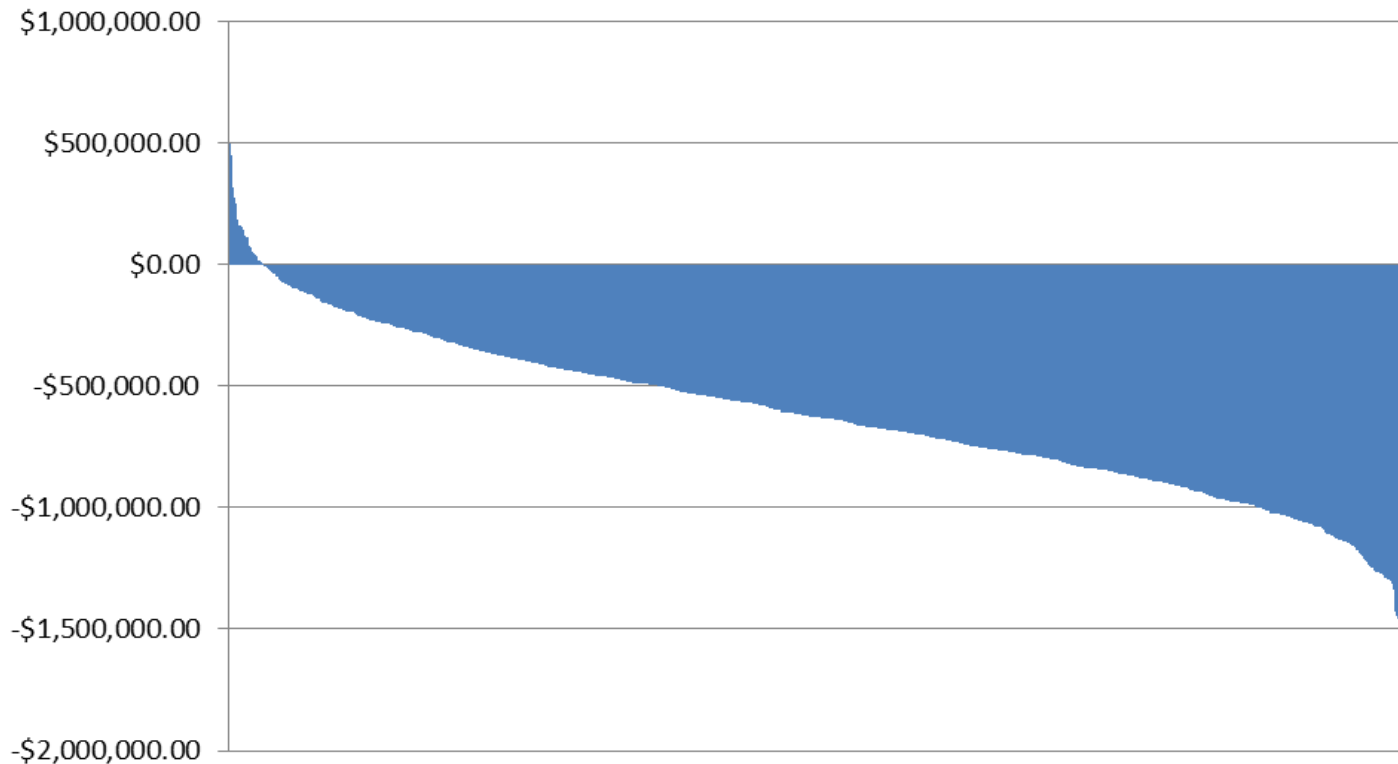
Patient Education
Patient Education
☐ Provided

Time Spent with Patient
☐ Time Spent with Patient



Financial Outcomes

Simulated NMCC Performance-Based Payments – OCM Full Risk



1,000 simulated Performance Periods using baseline prices and actual expenses from NMCC, to include NMCC case mix and practice patterns. According to these simulations, NMCC will see a shared savings payment in 37 out of 1,000 Performance Periods (3.7%)

Aggregate (Performance Period) Cost Modeling – Shared Savings

Average Performance Period Actual Expenses	\$6,845,238
Average Performance Period Baseline Price	\$6,620,624
Average Performance Period Shared Savings Target	\$6,355,790
MEOS Payments per Performance Period	\$228,480
Savings needed to achieve Shared Savings PBP (\$)	\$717,928
Savings needed to achieve Shared Savings PBP (%)	10.5%

Savings to achieve PBP = (Actual Expenses – Target) + MEOS

Savings to achieve PBP = (\$6,845,238 – \$6,355,790) + \$228,480

Savings to achieve PBP = \$489,448 + \$228,480

Savings to achieve PBP = \$717,928 (10.5%)

Aggregate (Performance Period) Cost Modeling – Full Risk

Average Performance Period Actual Expenses	\$6,845,238
Average Performance Period Baseline Price	\$6,620,624
Average Performance Period Full Risk Target	\$6,438,614
MEOS Payments per Performance Period	\$228,480
Savings needed to achieve Shared Savings PBP (\$)	\$635,104
Savings needed to achieve Shared Savings PBP (%)	9.3%

Savings to achieve PBP = (Actual Expenses – Target) + MEOS

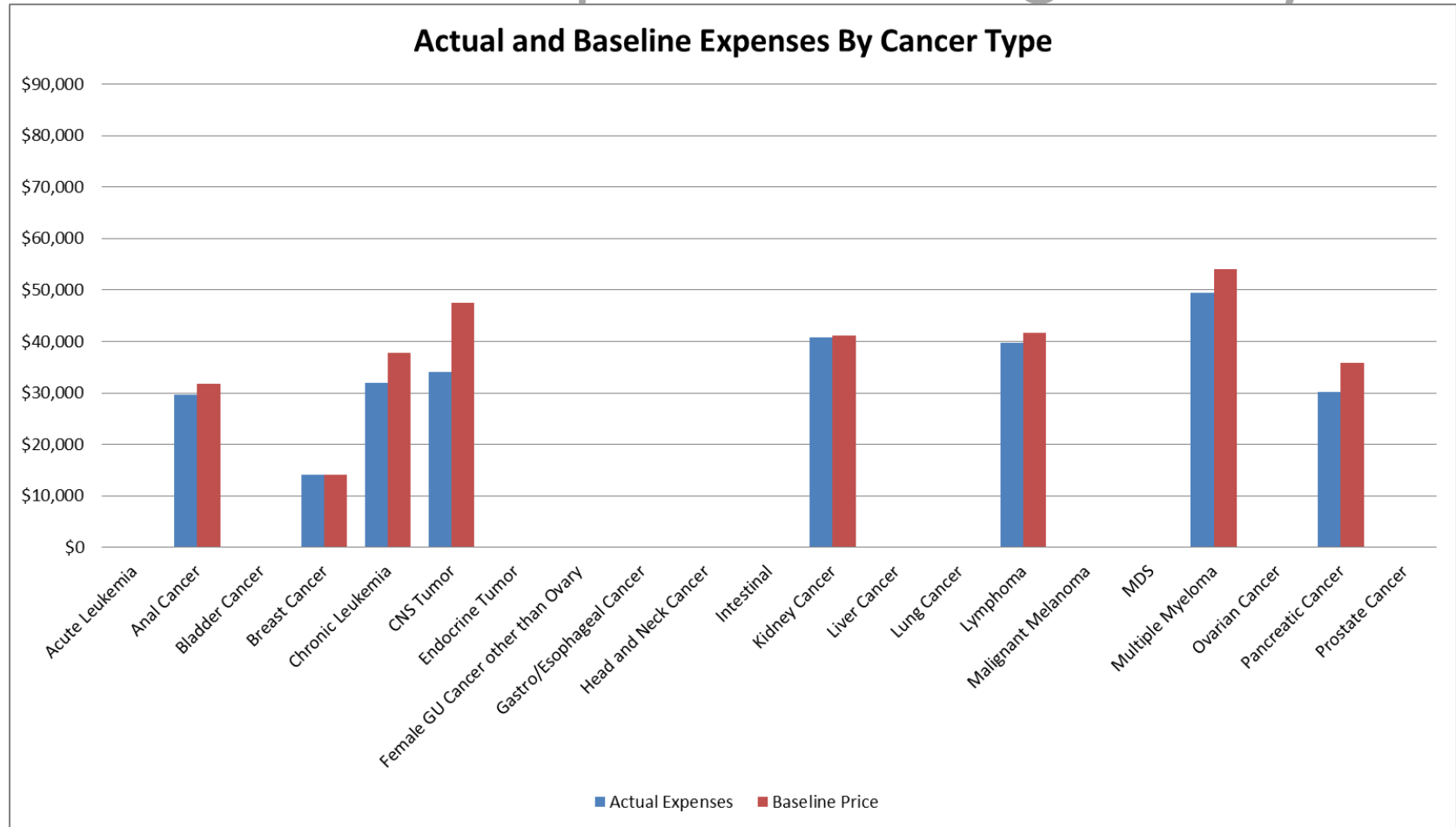
Savings to achieve PBP = (\$6,845,238 – \$6,620,624) + \$228,480

Savings to achieve PBP = \$406,624 + \$228,480

Savings to achieve PBP = \$635,104 (9.3%)

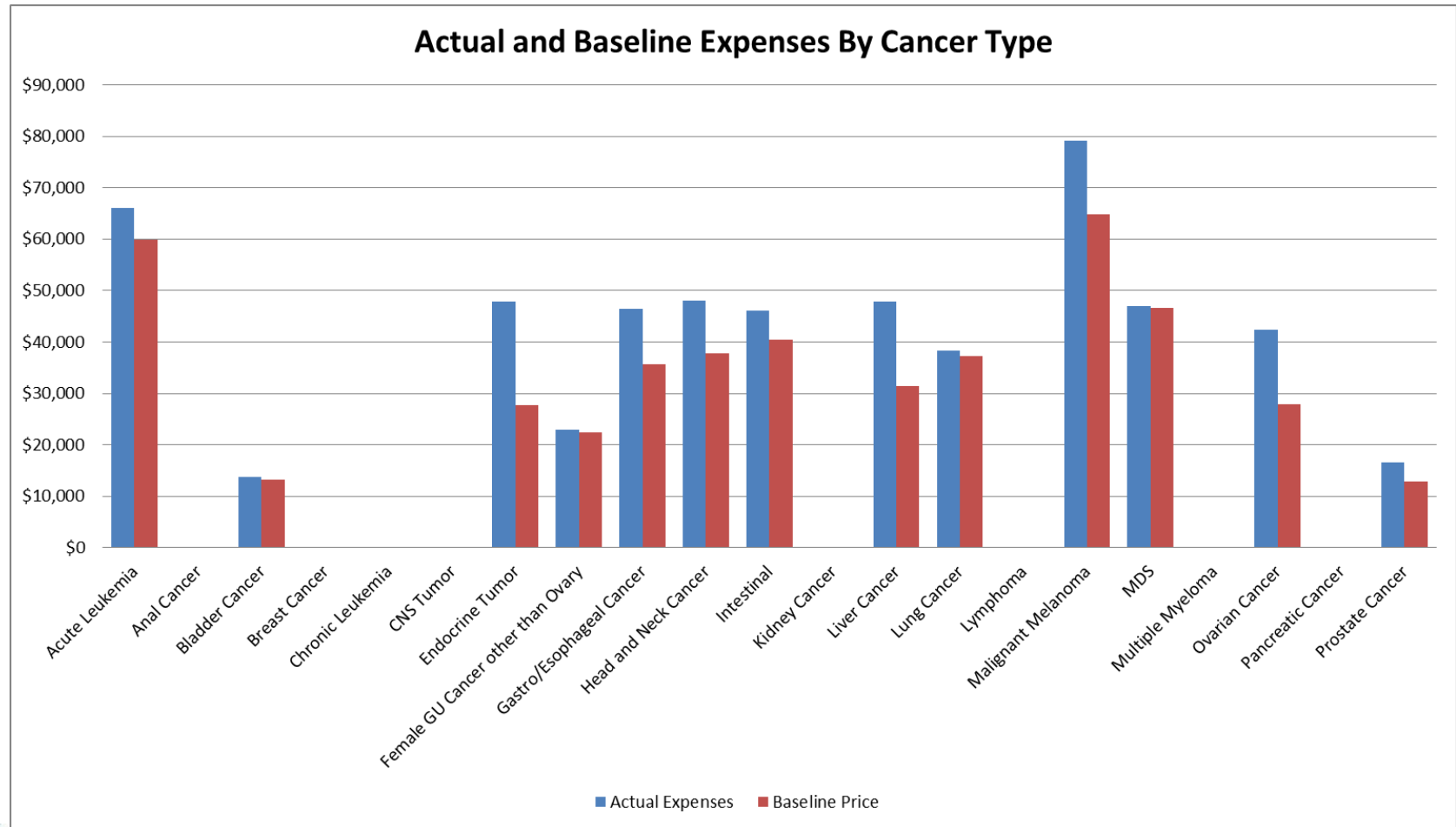
Baseline vs. Actual by Cancer Type

blue > red = practice losing money



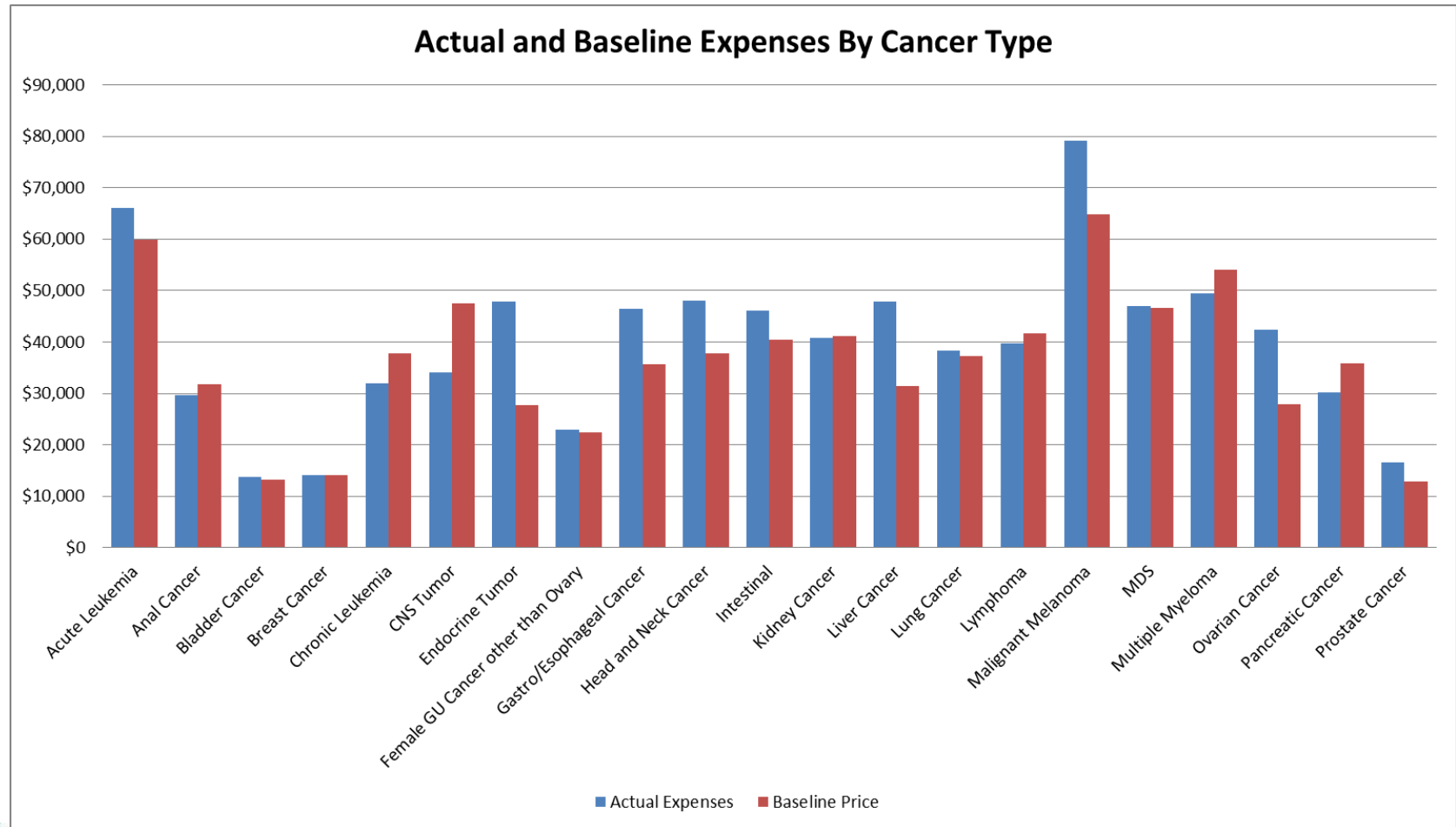
Baseline vs. Actual by Cancer Type

blue > red = practice losing money



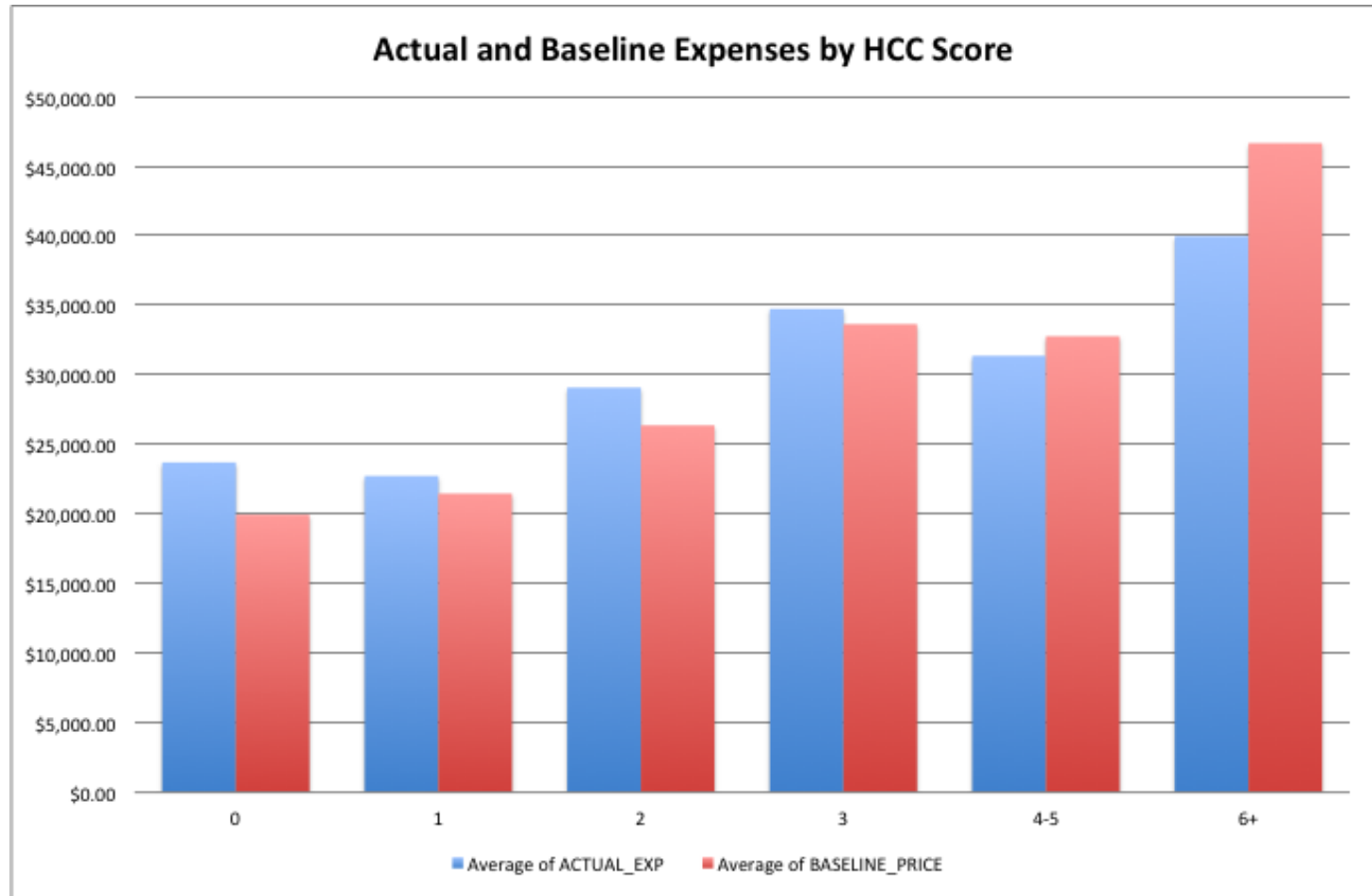
Baseline vs. Actual by Cancer Type

blue > red = practice losing money



Baseline vs. Actual by HCC Score

blue > red = practice losing money



The Oncology Care Model

Evolving Best Practices

Ed Bassin, Ph.D.

Chief Analytics Officer

Archway Health

Watertown, Massachusetts

ebassin@archwayha.com

How Are You Going to Save Money?

Hospital

- ER and inpat. \$
- Triage and navigation keep patients out

Drugs

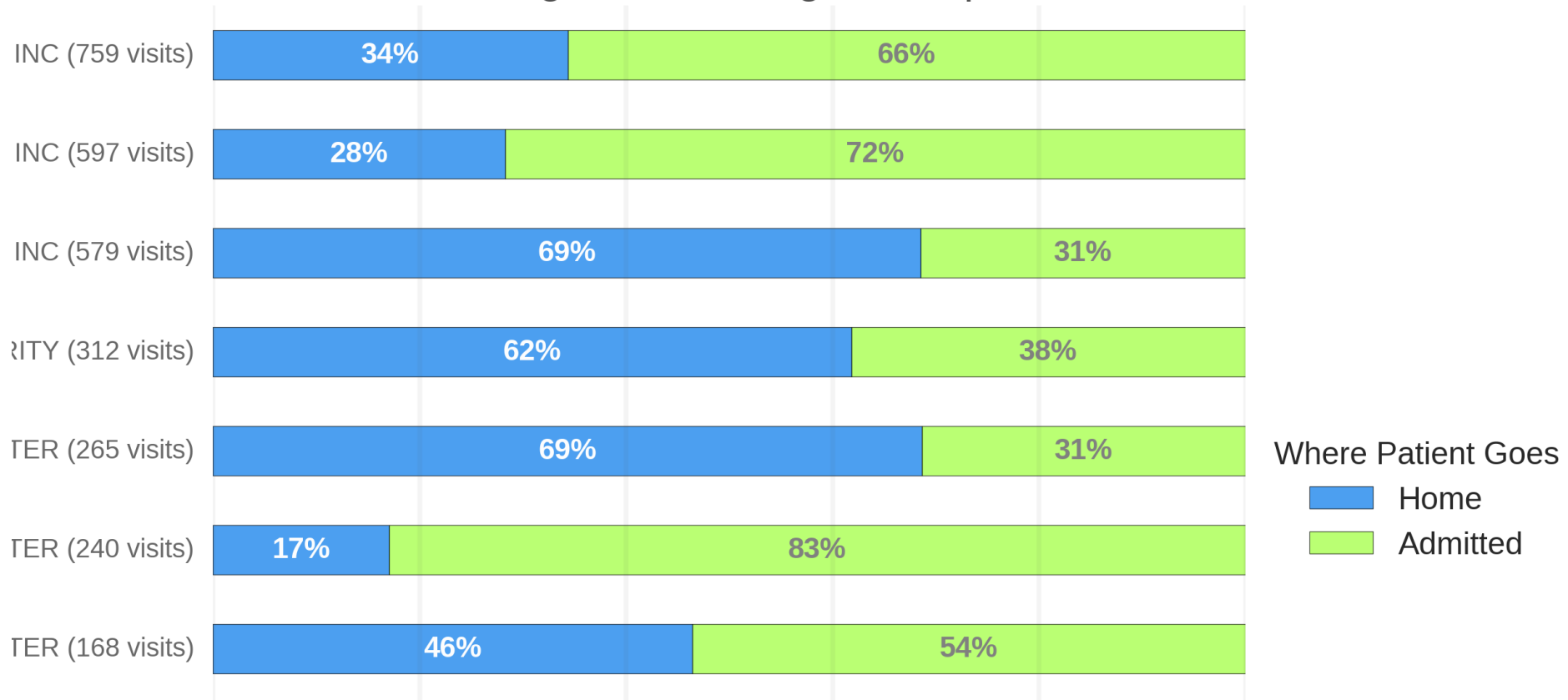
- Choosing protocols wisely
- Increasing generic use
- Avoiding new meds

Cut Waste

- Unneeded testing
- Orals

Hospital Variation is Key

Discharge Mix for Largest Hospitals



Assessing Drug Impact

Drug Regimen Evaluator

This tool is designed to help you evaluate different combination chemotherapy regimens. You select episodes meeting certain criteria, including the cancer type, the date range for the episodes, along with the drugs that are part of the regimen. You do not need to select all drugs in the regimen. Rather, you only need to select enough unique drugs to identify the regimen.

Cancer Type

All

Min. IP Admits:

0

Episode Start

01/02/2012

Date Range

01/01/2015

of Comorbidities

All

Min. Drug Claims:

0

Combination Chemotherapy Definition

1st Drug Contains

Carbo

2nd Drug Contains

Paclit

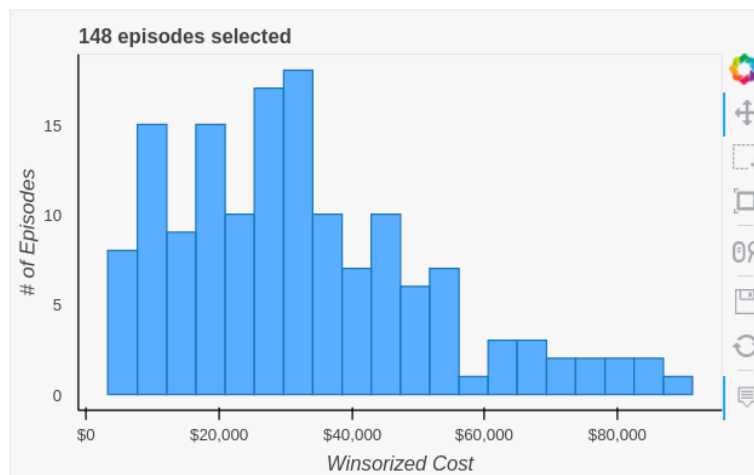
3rd Drug Contains

Variable to plot

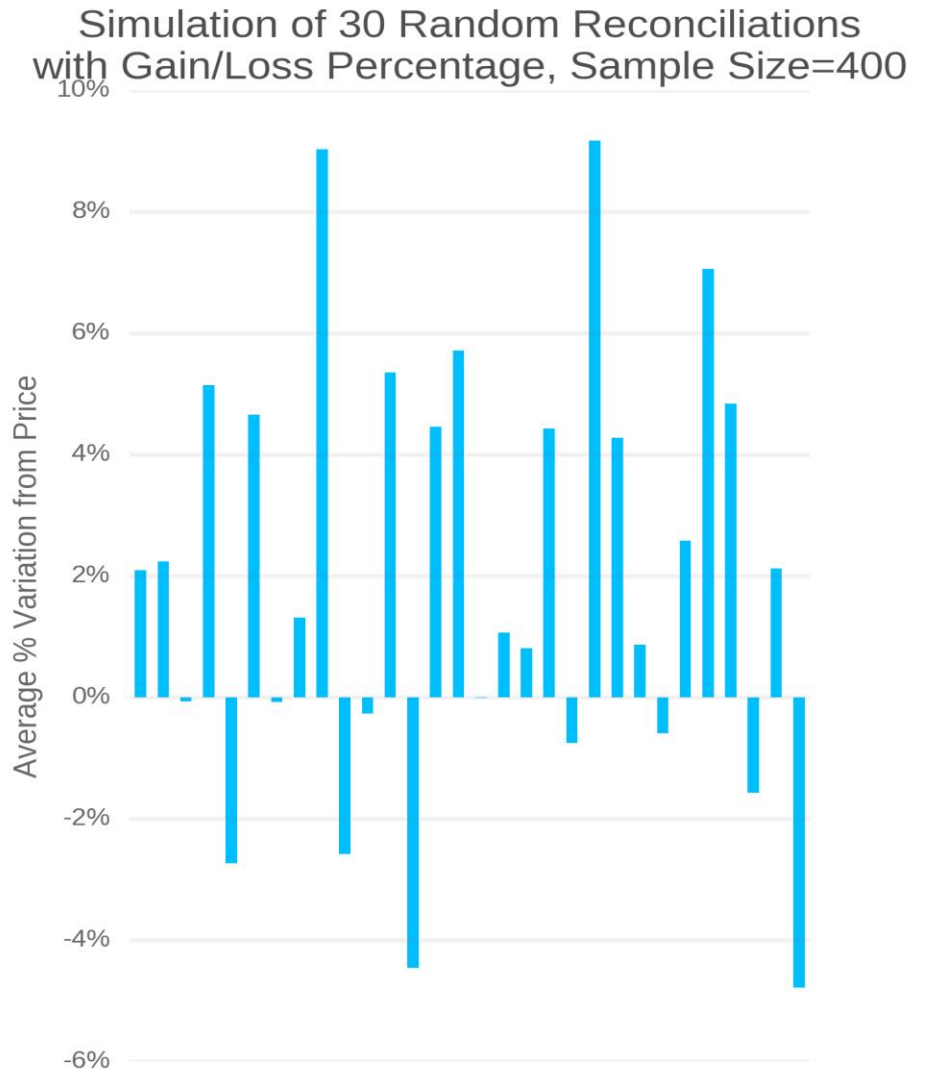
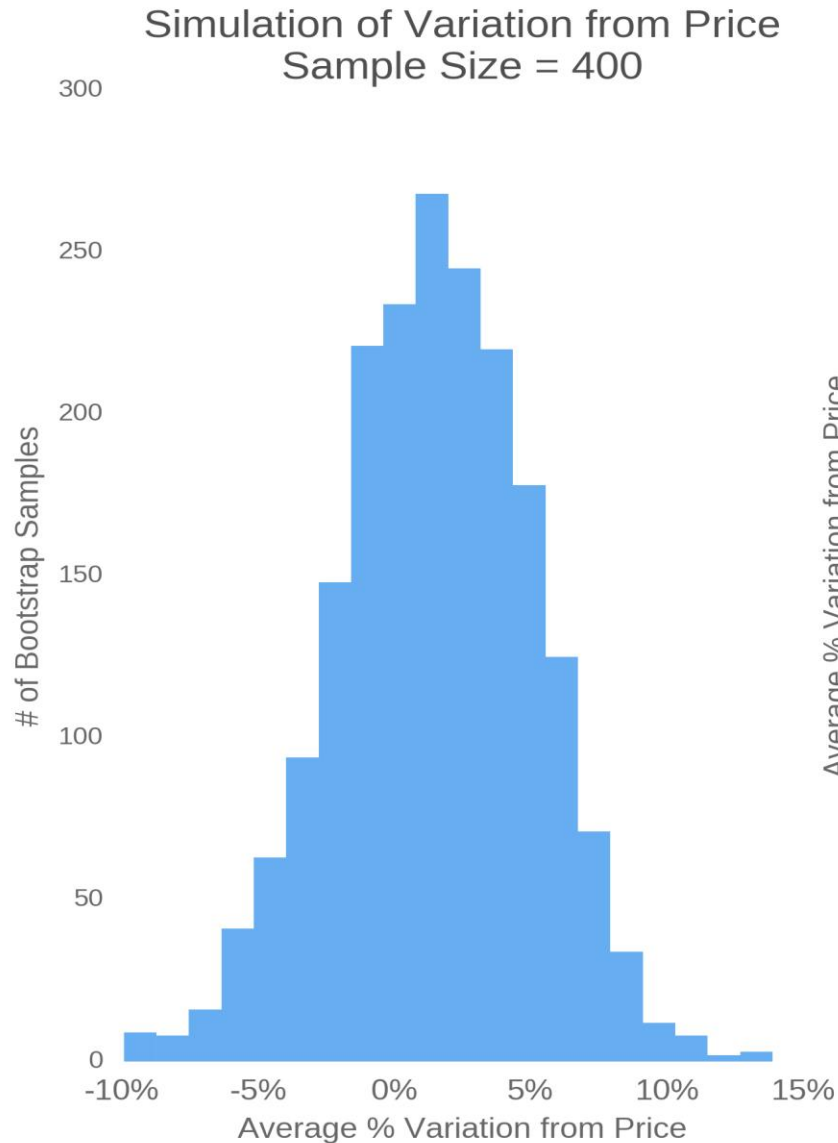
Winsorized Cost

Number of Bars

20



Random Variation is Unavoidable



Aggregating Risk is Key for 2-Sided Risk

Program Size (\$M)

25

MIPS Value (\$K)

500

% Threshold 1

4

% Threshold 2

8

% Prov. Share 1

70

% Prov. Share 2

20

% Prov. Share 3

10

☒ 1 Sided

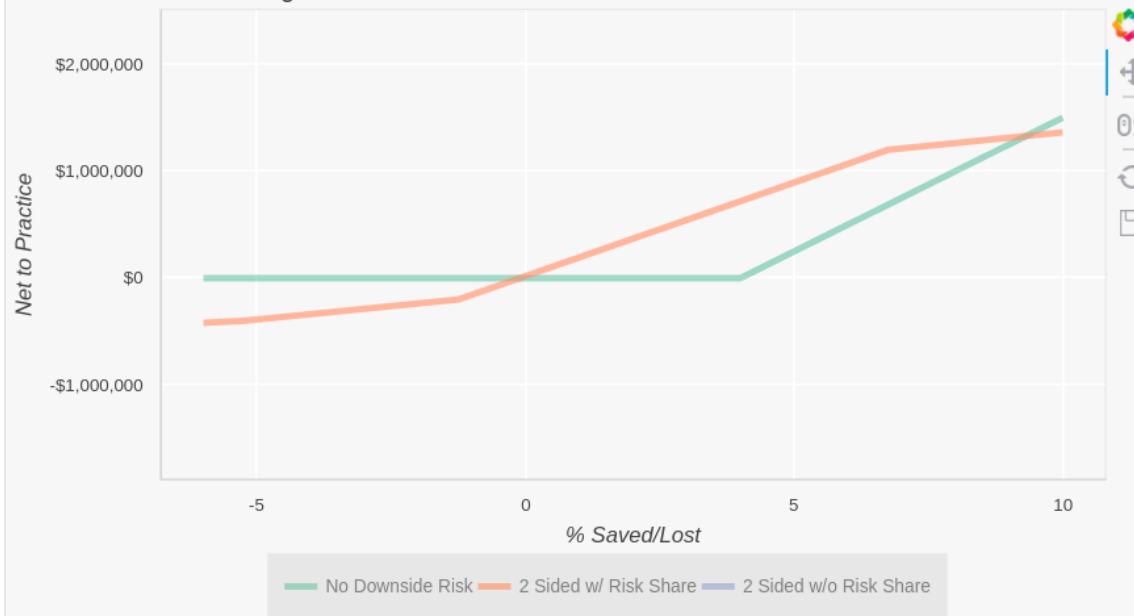
☐ 2 Sided w/o Risk Share

☒ 2 Sided w/ Risk Share

[Visualize Results](#)

[Visualize Impact](#)

Risk Sharing with MIPS



% Saved	No Downside Risk	2-Sided w/o Risk Share	2-Sided w/ Risk Share
-5%	\$0	-\$1,437,500	-\$387,500
-4%	\$0	-\$1,187,500	-\$337,500
-3%	\$0	-\$937,500	-\$287,500
-2%	\$0	-\$687,500	-\$237,500
-1%	\$0	-\$437,500	-\$156,250
0%	\$0	-\$187,500	\$18,750
1%	\$0	\$62,500	\$193,750
2%	\$0	\$312,500	\$368,750
3%	\$0	\$562,500	\$543,750
4%	\$0	\$812,500	\$718,750
5%	\$250,000	\$1,062,500	\$893,750
6%	\$500,000	\$1,312,500	\$1,068,750
7%	\$750,000	\$1,562,500	\$1,212,500
8%	\$1,000,000	\$1,812,500	\$1,262,500
9%	\$1,250,000	\$2,062,500	\$1,312,500
10%	\$1,500,000	\$2,312,500	\$1,362,500

Panel Challenge Question

- From your perspective, what's working and what's not working with OCM?
- If there is one thing that you could do to improve OCM what would that be?
[“Repeal and replace” is not a valid answer]