2006 Demo: A Step in the Right Direction

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In 2005, the Centers for Medicare & Medicaid Services (CMS) designed an oncology demonstration to look at quality care issues in oncology. This demo evaluated the extent of fatigue, pain, and nausea in patients undergoing chemotherapy treatment in the physician-office setting. At the end of the one-year project, major flaws with the demo's methodology were apparent.

For 2006 CMS completely overhauled the demonstration project, linking it to evaluation and management visits for established cancer patients. The demo's focus shifted to look at disease state, primary reason of visit, and adherence to evidence-based guidelines. In my opinion, the current demo is more closely aligned with previously stated CMS objectives to improve evidence-based medicine. And a number of ACCC physician members concur with my opinion.

One physician told me that, "*Physicians must* first *know the recommended management for a particular disease site and stage in order to answer questions about the extent of guideline adherence. Thus, physicians who work from memory or past experience will now have the opportunity to check current recommendations* before *committing to a treatment plan*." Another physician member had this to say, "*When the clinical situation justifies deviation from standard of care, the demo serves as an important reminder to document the reasons for the change and to have an informed discussion with the patient*."

I also asked physicians associated with ACCC-member institutions to weigh in on the issue. I learned that even though hospital-based practices are not eligible to participate, many are already conducting peer review similar to the CMS demo. One physician said he'd heard of "*several programs that have found guideline familiarity was not as great as anticipated, and that documentation of guideline deviation needs to be strengthened.*" Another member shared that "*programs that include evaluation and follow-up guidelines in their peer review are realizing another benefit—the potential to reduce unnecessary imaging studies*." CMS's demo may achieve similar benefits.

The 2006 demo has it flaws, to be sure. It is probably underfunded considering the amount of time required to supply accurate information. The amount of information beyond the guideline adherence seems excessive, and the information gathered will only be as good as the degree of physician accuracy in answering the questions. Specifically, some patients do not fit easily into the narrowly defined visit-focus categories, sparking concerns that the agency may use questionable data in future payment decisions.

Although technically outside of the scope of the demo, some ACCC members expressed concerns about what the "appropriate" guidelines compliance rate should be. Patient case mix varies among oncologists, which will affect their compliance rate with guidelines. CMS may not appreciate these kinds of differences and apply judgment to *all* physicians as if their case mix were identical.

While my preference would be for a nonpartisan agency or institution to interpret and evaluate the data rather than the agency that ultimately decides payment rates, the 2006 demo is a first step in the right direction toward evidence-based medicine.