

The OCM—To Participate or Not?

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The Oncology Care Model (OCM)—the first specialty care model implemented by the Center for Medicare & Medicaid Innovation (CMMI)—looks to transform the

future of oncology care around quality and value. Starting in 2016 the OCM will seek to improve care coordination, appropriateness of care, and access to care for beneficiaries undergoing chemotherapy using a model that incorporates a care coordination fee and episode-based payments. Participating practices must meet certain requirements to both participate in the OCM and to continue to receive enhanced payments. Further, practices had to demonstrate their intent to meet the EHR standards prior to participation; all other requirements must be met by the end of the first quarter of the performance period to maintain eligibility to participate in the OCM. Requirements include:

- Provide and attest to 24-hour-a-day, 7-day-a-week patient access to an appropriate clinician who has real-time access to the patient record. Clinicians may be RNs, NPPs, or physicians who can access the patient record through the EHR. The goal: to potentially reduce utilization of the emergency department. Practices must attest to providing this 24-hour clinical support during the performance period.
- Attestation and use of ONC-certified EHRs. By the end of the first performance year, eligible professionals in the practice must attest to Stage 1 of Meaningful Use, with the intention of attesting to Stage 2 of Meaningful Use by the end of the third performance year.
- Utilize data for continuous quality improvement. Practices are required to collect and report data on several metrics. CMMI will leverage both claims data and data reported by the practice to provide actionable feedback in the form of regular monitoring reports. Practices are also

expected to use their own data—along with the monitoring reports—to improve their performance and achieve the goals of the OCM.

- Provide core functions of patient navigation. (Practices had to provide a written description in their application for how they will meet these requirements.)
- Document a care plan that contains the 13 components in the Institute of Medicine Care Management Plan.
- Treat patients with therapies consistent with nationally-recognized clinical guidelines. Practices will report when care is either consistent with ASCO and/or NCCN clinical guidelines. When care is not in accordance with established guidelines, practices must provide explanations for their treatment decisions.

Sounds like a tremendous amount of work, right? So why participate in the OCM? Well, here's why our practice, New England Cancer Specialists, Scarborough, Maine, submitted an OCM application. From a programmatic perspective, our practice has already built the infrastructure needed to fulfill most of the OCM requirements through participation in a CMMI grant entitled COME HOME (the Community Oncology Medical Home). That said, our practice will face challenges and unknowns. What kind of reporting data will we receive back from CMMI, and how will we align it with our own data to improve processes? How will the OCM affect our payer relationships? How will benchmarking and risk adjustments be made, as we are the only private practice in our region?

In the end, maybe it all comes down to hope. Our hope that by participating in this payment reform initiative our practice will be able to affect positive change and help shape the way oncology care is reimbursed. Our hope that our patients will continue to see the benefits of improvements we have made to date, including our triage system, urgent care, and extended practice hours. Our hope that the OCM will help the entire oncology community improve upon what it does already, culminating in a sustainable payment model to take us boldly into the future.

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