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FROM THE EDITOR

The OCM is Ending, What's Next?

BY SIBEL BLAU, MD



The Affordable Care Act was signed into law in March 2010, mandating that the Centers for Medicare & Medicaid Services (CMS) create its Center for Medicare and Medicaid Innovation (the Innovation Center). The Innovation Center's mission: develop new payment and delivery system models. As a result, the agency developed the Oncology Care Model (OCM), a six-year, episode-based payment model, running from July 1, 2016 to June 30, 2022 (extended by one year due to the COVID-19 pandemic).

Participating practices received a \$160 per beneficiary/per month Monthly Enhanced Oncology Services (MEOS) payment, with the potential to earn a performance-based payment to drive improvements in cancer care and lower costs. After four reporting episodes, the program saw a small but statistically significant decrease in Medicare spending; however, when all payments (MEOS and performance-based payment) were calculated, Medicare showed a net loss. CMS is currently reviewing comment letters submitted in response to an informal request of information regarding potential successor programs to the OCM, including the Oncology Care First Model.

The Quality Cancer Care Alliance Network (QCCA) is a clinically integrated network of independent oncology practices throughout the United States. Because value-based care is a central focus for the organization, several QCCA practices are also OCM participants. QCCA helps with the infrastructure needed for value-based care, including data analytics, care pathways, and best practices. QCCA practices have been committed to the OCM and most have been high performers.

As independent oncology practices, QCCA affiliates do not share in the substantial financial benefits provided to large hospital systems and academic centers through philanthropy or programs like the 340B Drug Discount Program. Nevertheless, QCCA sites leveraged their OCM MEOS payments to create systems and practices that provide

higher quality care at a lower cost.

The OCM required true practice transformation, meaning physicians and ancillary clinic personnel—already stretched to the limits of their capabilities—needed to fundamentally retool workflows and develop new processes. For QCCA sites, the practice of value-based care became integral to the practice of medicine. Cost of care considerations became an essential component of cancer care, alongside discussions on how to improve quality and provide better patient care. As a result, QCCA's nimble practices executed this innovative model by helping one another succeed.

QCCA's bi-annual summit took place in early October 2021. The panel session on what to expect if the OCM is not replaced by another alternative payment model drove much of the conversation at our first in-person meeting since the onset of the COVID-19 pandemic. Panel participants shared data that showed that their practices contributed to millions of dollars in savings to Medicare by transforming care and meeting OCM requirements.

The OCM successfully promoted value-based care. OCM participants learned to be mindful about using less costly drugs (when appropriate) and focusing on holistic and patient-centered quality of care. However, in the absence of a successor to the OCM, the future looks bleak. Most oncology practices will not be able to sustain new programs built to meet OCM requirements. Many OCM participants worry about having to go back to relying on more costly drugs to sustain these new programs and services, or having to cut new program or services entirely. OCM practices are concerned that—in the absence of a successor model—going “all in” with the OCM may actually jeopardize their long-term viability.

QCCA summit participants all hope that CMS develops another program to incentivize oncology to continue to provide patient-centered, value-based care. We believe this country needs a better model to provide cancer care, yet a true value-based care model is one where patients benefit from scientific, medical, and technological advances in responsible ways. We believe in this vision and are prepared to do the work. But to continue to provide quality cancer care, we must be able to afford to keep our doors open.