

# Let's Get In Gear: Shifting from Low-Value to High-Value Care

Mark Liu, MHA

Director of Strategic Initiatives, Oncology

*Mount Sinai Health System*



# Disclosure of Conflicts of Interest

Mark Liu, MHA, has no relevant financial relationships to disclose.

# Let's Get In Gear: Shifting from Low-Value to High-Value Care

- Introduction to value-based care (VBC)
- Review of current VBC models in Oncology
- Shift from fee-for-service (FFS) to VBC
- Guidelines vs. Clinical pathways
- Future of VBC in Oncology

# Alternative Payment Methodologies

## Lowering Cost and Enhancing Care

### • **Capitation & Shared Savings**

- Cost containment
  - Full capitation: fixed budget for treating a population
  - ACO: penalty/rewards against historical charges
- Outcome improvements: global metrics (readmission rates, infections)

### • **Bundled Payments**

- Single payment for a defined condition: familiar to cancer centers (BMT)
- Risks are better understood and managed
- Typical characteristics
  - Payment covers an entire defined episode of care
  - Payment is tied to delivering good outcomes
  - Payment is adjusted for risk
  - Payment includes a fair margin
  - Protection against outliers

# Bundled Payments

- **Integrated care:** critical to controlling cost and quality.
- **Integrated practice units:** disease management teams are a good vehicle to delivering multidisciplinary care and distributing financial rewards.
- **Care Pathways:** minimizing variation in diagnostic, chemotherapy, radiation, surgical and survivorship care.
- **Adjustments** for new technology can be introduced in real time
- **Quality metrics** closer to the individual can be implemented and measured
- **Differences with DRGs:** not a facility bill and integrated care is key

# Bundled Payments Examples

- **Heart Bypass Demonstration (1991 to 1996)**
  - \$42.3 M in CMS savings (10% of expected spending)
  - Inpatient mortality rate declined and patient satisfaction improved
- **CMS Acute Care Episode Program (2009 to 2011)**
  - 5 organizations, flat fee for cardiac and orthopedic care
  - 12,501 episodes average savings to Medicare of 3.1% of expected costs
- **Bundled Payments for Care Improvement (BPCI) (2011)**
  - includes > 14,000 bundles in 24 medical and 24 surgical conditions.
  - BPCI achieved improvements and savings greater than ACOs
- **CMS Mandatory bundled joint replacements program (2016)**
  - covers 800 hospitals in 67 U.S. metropolitan areas.
- **Oncology Care Model (2016) (OCM)**
  - 5-year alternative payment model
  - Six-month episodes triggered by outpatient chemotherapy or hormone therapy
  - Opportunity for shared savings with one or two-sided risk.
  - MEOS payments

# Cancer Quality Conundrum

- Quality measures aim to inform consumers, influence payments, drive accreditation and external benchmarking, used for internal quality improvement.
- Quality measures are developed by NQF, PQRS, ASCO/QOPI, ACOS, AHRQ & CMS/OCM
- 110 measures
  - Categorical Measures: Bladder 2, breast 21, cervical 3, colorectal 16, rectal 1, endometrial 3, esophageal 3, gastric 3, heme malignancies 4, lung 11, melanoma 6, ovarian 1, hepatobiliary/pancreatic 3, prostate 5, testicular 1.
  - General Measures: communication and care coordination 4, end of life 4, symptom management in 2, patient safety 1, caregiver centered to experience and outcomes 2.
  - Core and General Oncology Measures: 14

# Oncology Care Model

## Oncology Care Model Design

- 5-year Alternative Payment Model
- Started July 1, 2016; Medicare FFS patients only
- 6-month episodes triggered by outpatient chemotherapy or hormone therapy
- \$160 PBPM payment for enhanced care coordination
- Opportunity for shared savings with one or two-sided risk

## Performance Measure

- Total Cost of Care & Performance measured in 6-month episodes
- Report on and incentivize quality improvement while achieving total cost of care below a beneficiary-specific target price



# CMMI Strategy Refresh



A HEALTH SYSTEM THAT ACHIEVES EQUITABLE OUTCOMES THROUGH HIGH QUALITY, AFFORDABLE, PERSON-CENTERED CARE



# Five Strategic Objectives



Increase the number of people in a care relationship with accountability for quality and total cost of care.



Embed health equity in every aspect of CMS Innovation Center models and increase focus on underserved populations.



Leverage a range of supports that enable integrated, person-centered care such as actionable, practice-specific data, technology, dissemination of best practices, peer-to-peer learning collaboratives, and payment flexibilities.

# Five Strategic Objectives



Pursue strategies to address health care prices, affordability, and reduce unnecessary or duplicative care.



Align priorities and policies across CMS and aggressively engage payers, purchasers, providers, states and beneficiaries to improve quality, to achieve equitable outcomes, and to reduce health care costs.

# Enhancing Oncology Model - Overview

## Timeline:

- CMMI announced a voluntary, 5-year model – July 1, 2023 – June 30, 2028
  - Deadline for non-binding application – **September 30<sup>th</sup>**

## Patients Impacted:

- Medicare FFS for only **7 cancer types**
  - Breast (low risk breast excluded)
  - Chronic Leukemia
  - Lung
  - Lymphoma
  - MM
  - Prostate (Low-intensity prostate excluded)
  - Small intestine/colorectal cancer

## Cost Savings Measurement:

- Total cost of care (TCC) 6-month episodes initiate with cancer therapy & qualifying E&M

# Enhancing Oncology Model – Financials

- **Monthly Enhanced Oncology Service (MEOS) Payments**
  - \$70 per beneficiary per month (counts towards TCC)
  - Additional \$30 for dual-eligible (does not count towards TCC)
- **Performance-Based Payment or Recoupment** based on a shared savings model
  - Baseline period - 7/1/2016 – 6/30/2020
  - Target price at reconciliation based on 2 risk arrangements
    - PBP – if better
    - Recoupment
    - Neutral zone

# Enhancing Oncology Model – Baseline Period

- Baseline period is July 1, 2016 – June 30, 2020
  - Available data for benchmark period for episodes initiating July 1, 2016 through December 31, 2018 (last episode ending June 30, 2019 since each episode is 6 months long)
- Caveats
  - Includes MEOS payments, will be excluded in the baseline calculation
  - Unknown participant's experience adjustment
  - Unknown clinical risk adjustment (metastatic and HER2 status)
  - Unknown cancer type trend factor
  - Unknown novel therapy adjustment

# Enhancing Oncology Model – Practice Design & Quality

- 8 required Practice Redesign Activities
  - 24/7 access to a clinician with real-time access to their medical records
  - Provide patient navigation
  - Document a care plan that consistent of the 13 components of the IOM care management plan
  - Adhere to national recognized clinical guidelines
  - Certified EHR
  - Utilize data for CQI
  - **New for EOM:** Screen for health-related social needs (HRSN)
  - **New for EOM:** Gradual implementation of electronic Patient Reported Outcomes (ePROs)
- Aggregate Quality Score Components (TBA late summer/Fall – all tied to PBP)
  - Patient Experience (patient experience survey)
  - Avoidable acute care utilization (claims-based)
  - Management of symptoms and toxicity, psychosocial health, end-of-life care

# Enhancing Oncology Model – Data

## From Practice:

- Quality measure data
- Clinical and staging data
- Beneficiary-level sociodemographic data
- Health Equity
  - Collect and report beneficiary-level sociodemographic data – race, ethnicity, language, gender identity once per performance period

## From CMS:

- Quarterly feedback reports
- Semiannual reconciliation reports, attribution lists, episode-level files
- Monthly claims data



# Enhancing Oncology Model – Waivers

Waivers aimed to simplify care for patient-centered care by reducing transportation challenges by enabling care at home or place of residence

- Telehealth benefit enhancement waiver
- Post-discharge benefit enhancement waiver
- Care management home visit benefit enhancement waiver

# Discussion and Q&A

# Clinician & Administrator Collaboration to Enhance Care Delivery

Mark Liu, MHA

Director of Strategic Initiatives, Oncology

*Mount Sinai Health System*



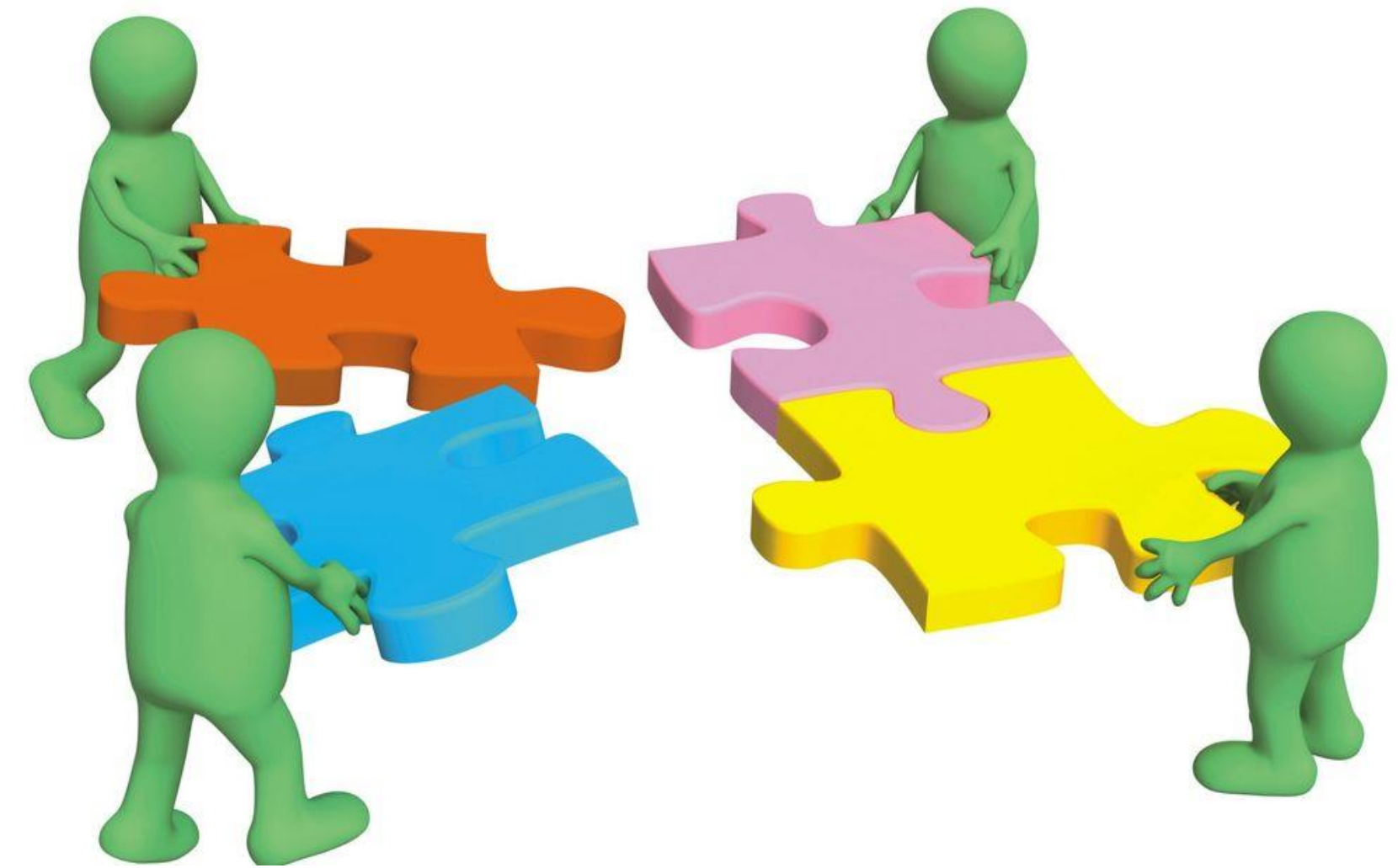
# Disclosure of Conflicts of Interest

Mark Liu, MHA, has no relevant financial relationships to disclose.

# Learning Objectives

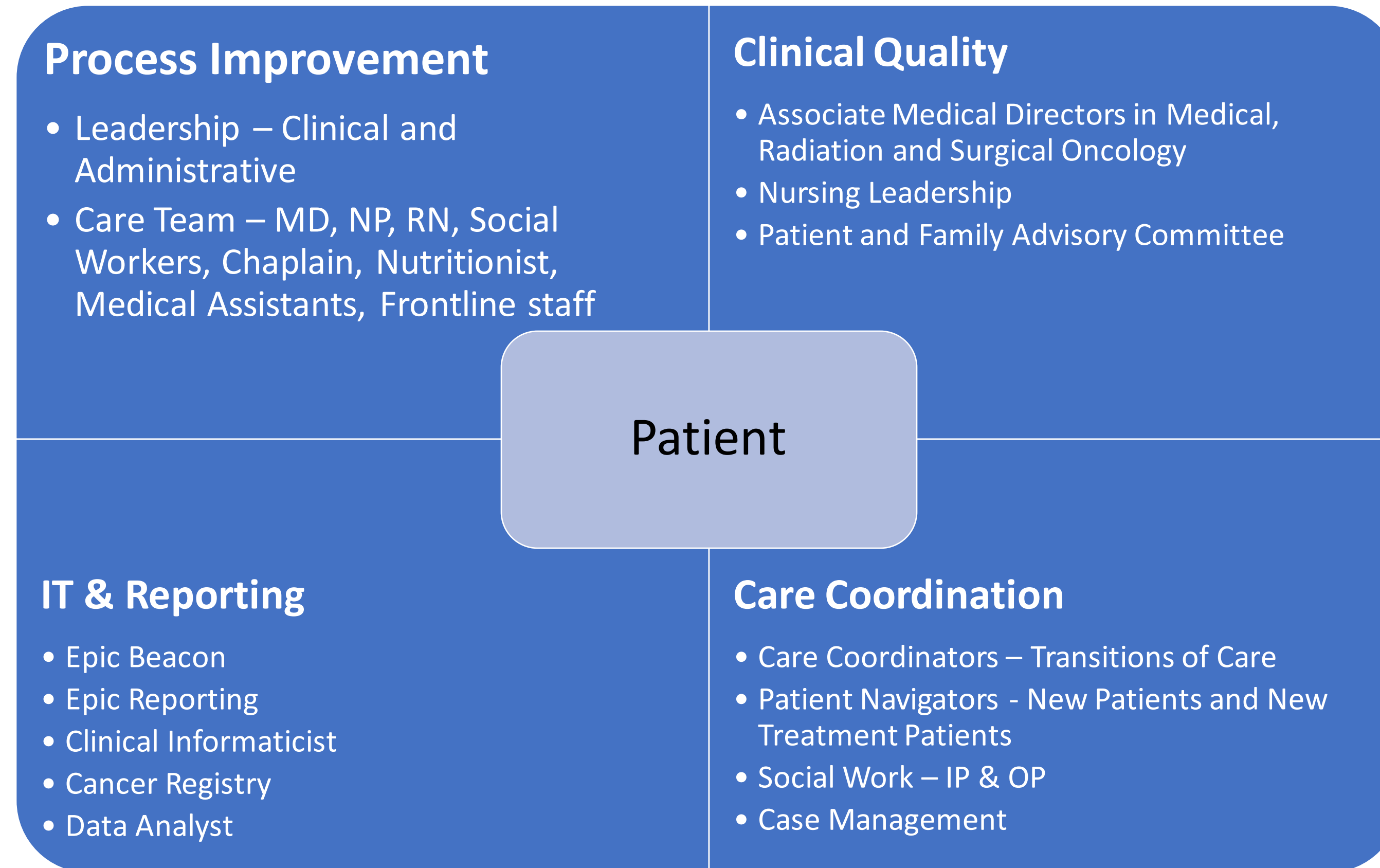
- **Engagement** approach with clinician and staff
  - Focused effort to build awareness on OCM program and measures
- **Implementation & Impact on Operations**
  - Aligning effort with existing processes
- **Data, data and more Data**
  - Create reports for quality measures and clinical data collection

# Engagement



# How is this Accomplished?

Integrating elements of the VBC into existing teams and working together with the patient at the center of everything that we do.

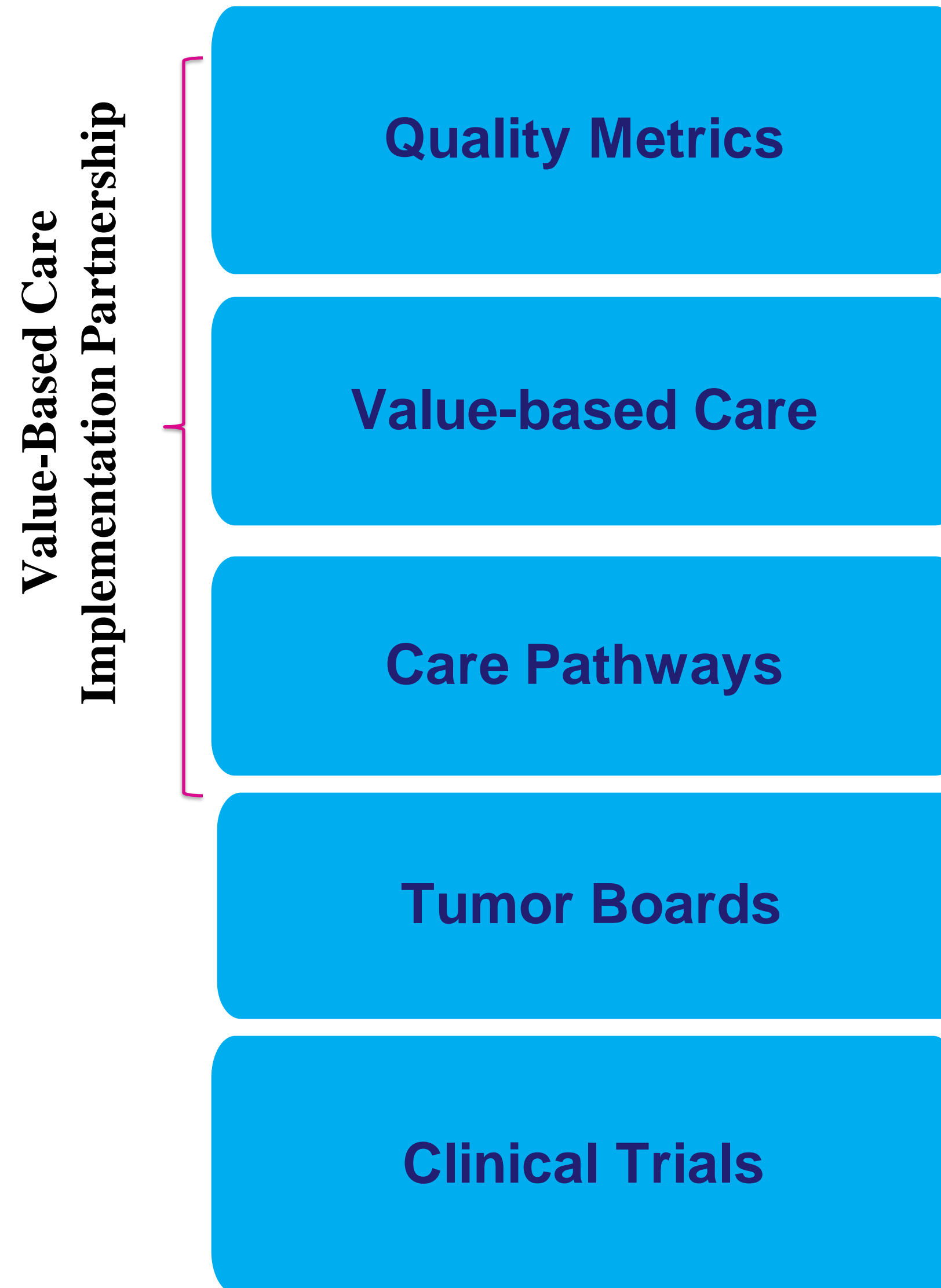


# Integrating VBC into Existing Structure & Processes

- Disease Management Teams
- Chemotherapy Council
- IT Steering Committee
- Hospital and Health System Cancer Quality Meeting
- VBC Centric Meetings – Implementation and Workgroup
- Mount Sinai Health Partners (Population Health entity within the health system)



# Disease Management Charter



# Chemotherapy Council

- **Goals:**

- Minimize care variations in medical oncology by developing evidence-based chemotherapy order sets
- Review proposals/request to change current practice of oncology medication prescribing, administration and preparation.

- **Monthly Meetings**

- **Quorum:** 5 members required including:

- One Epic/Beacon representative
- One Pharmacy representative
- One Nursing representative
- Two Physicians

# Chemotherapy Council

- Chemotherapy Council Regimen Score Sheet
  - Scored based on a number of points from 0 to 2; Score  $\geq 4$  is required for approval
  - Considerations include:
    - Phase of Trial
    - Type of Trial
    - Rarity of Disease
    - Novel Therapy
    - FDA Approval
    - NCCN Regimen
    - Type of Publication
    - Special Consideration (ex. Safety, Clinical Response, etc.)
- Once approved, order set is live in Epic Beacon in 1-2 weeks

# Implementation

- Aligning effort and priorities among cancer program leaders
  - Practice redesign
  - Chemotherapy Consent Forms
    - Electronic chemotherapy consent forms
- Standardized documentation across disease teams
  - Understanding full depth of all data fields in our cancer registry, EHR and research databases

# From Data to Dashboards



# Oncology Care Model (OCM) Quality Measures Dashboard

Dashboard Overview Tab

Data for Demo

Includes: -All sites -5 measures

### Legend

Clinic Code - Click to Highlight

- Site 1
- Site 2
- Site 3
- Site 4
- Site 5

### Filter

Clinic Code - Select Site(s)

- (All)
- Site 1
- Site 2
- Site 3
- Site 4
- Site 5
- Site 6

### Dashboard Tips

Hover over graphs for additional data details and measure definitions.

Click the +/- icon in the bottom left corner of each x-axis to adjust the unit of time shown.

To view underlying data for a data point (i.e. patients with no pain score during Q1 of 2018), click on the data point, then click the "View Data..." icon.

### Tools & Help

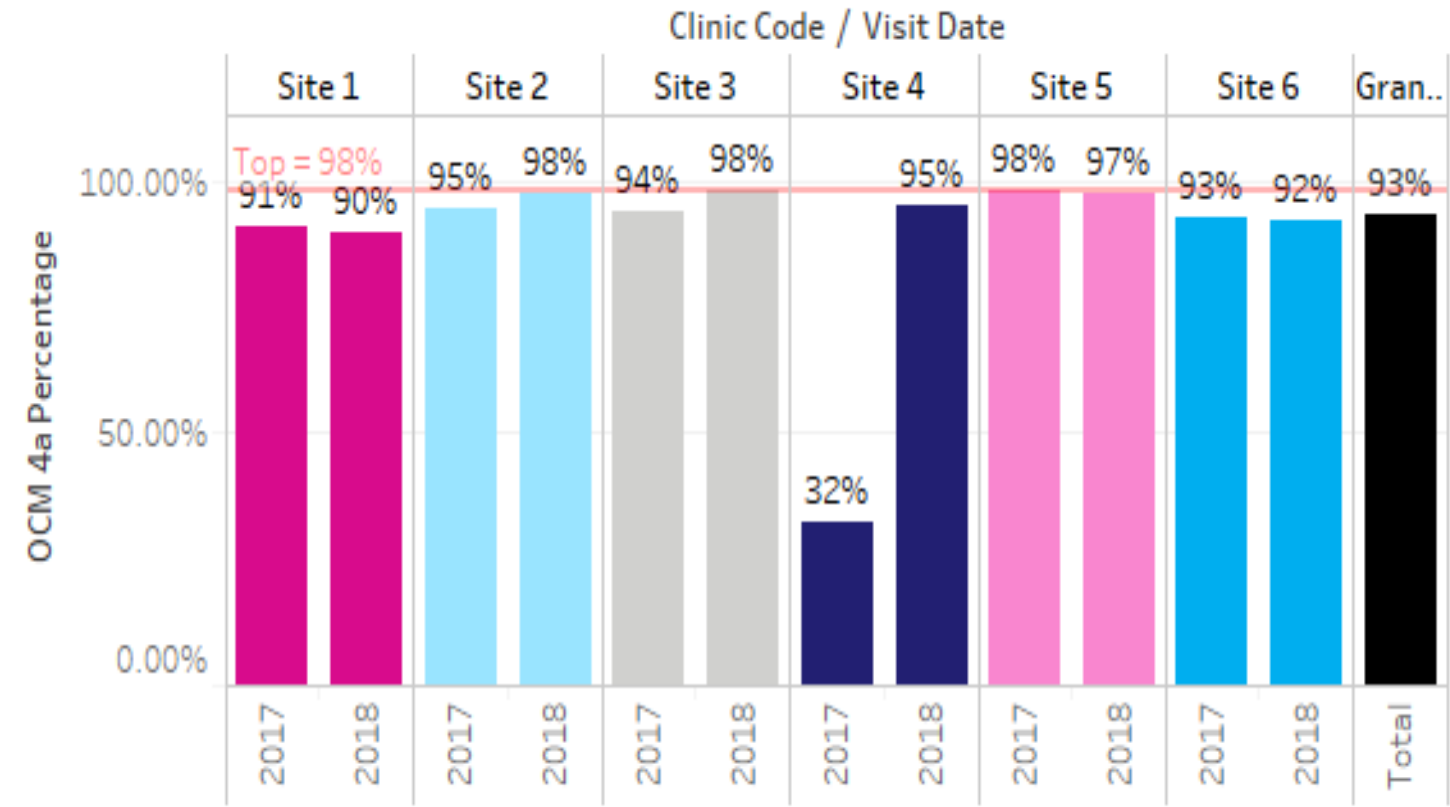
[Quality Measures Dictionary](#)



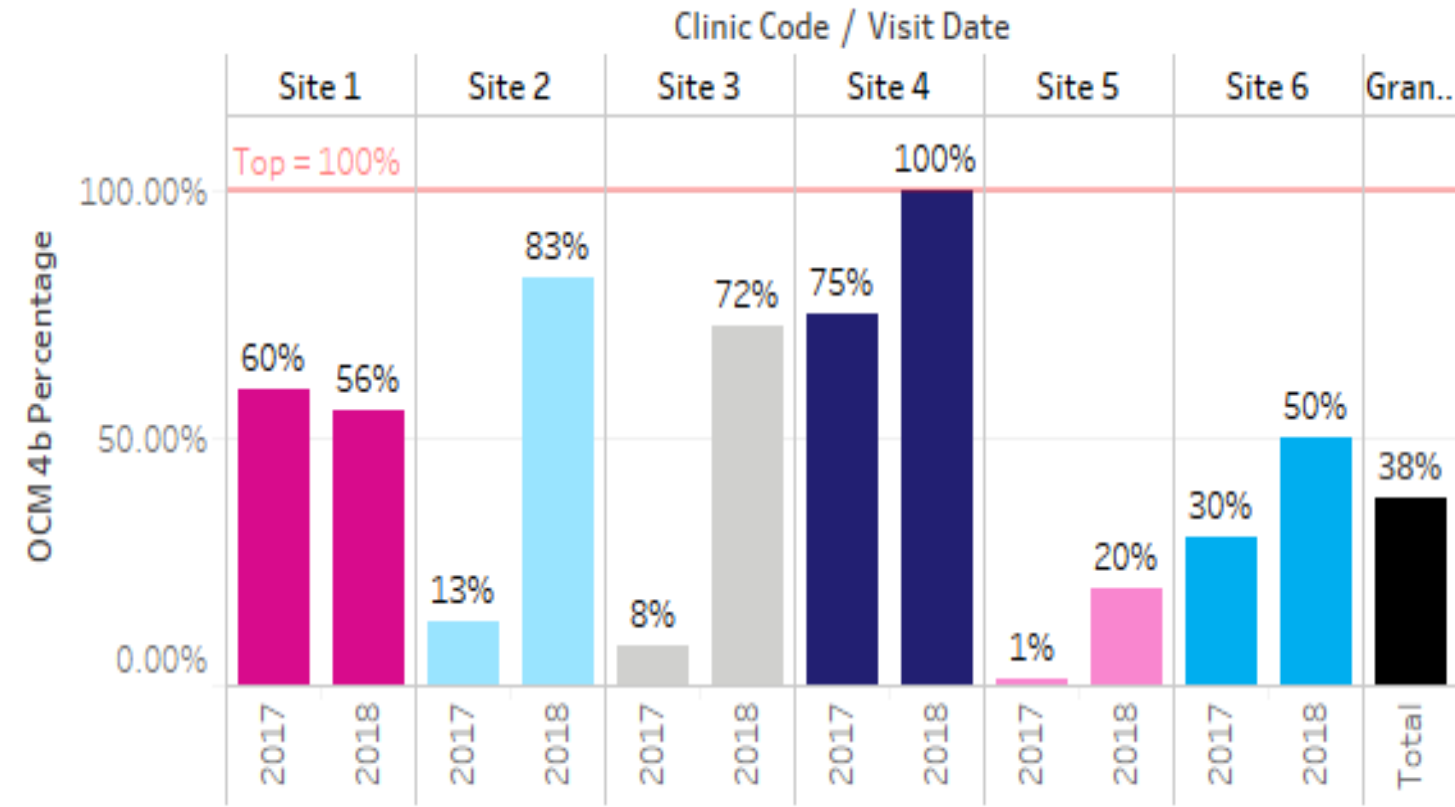
[Epic Documentation Tip Sheet](#)



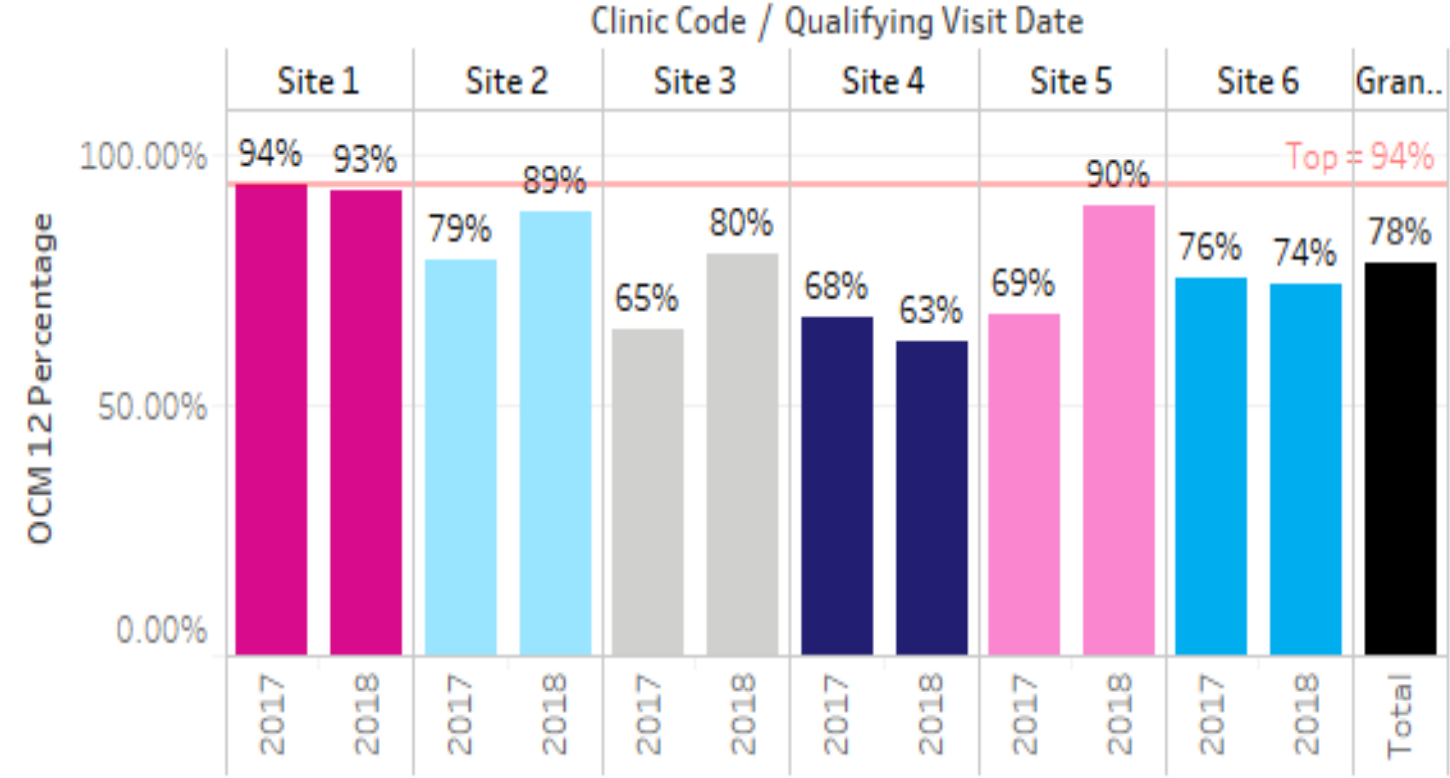
## OCM 4A - Pain Score



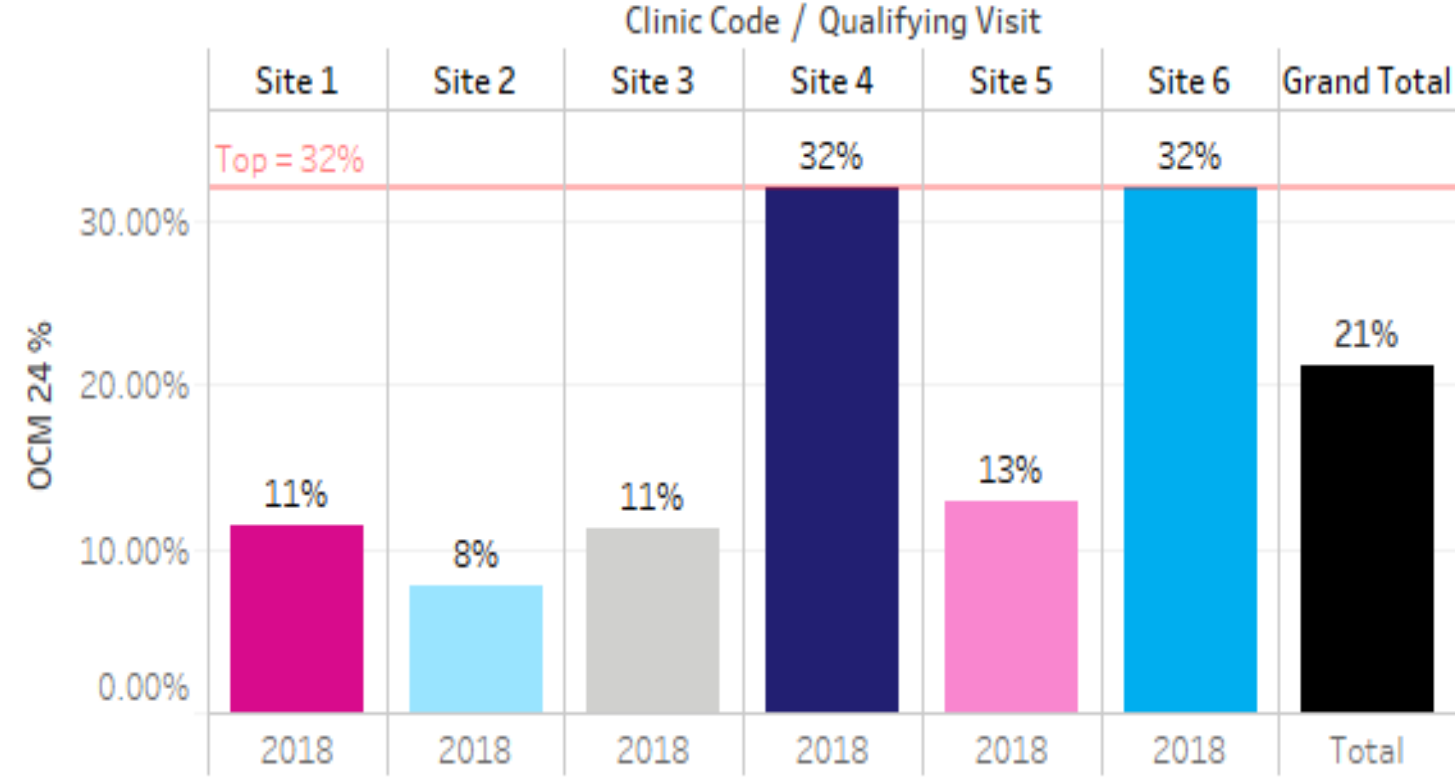
## OCM 4B - Plan of Care for Pain



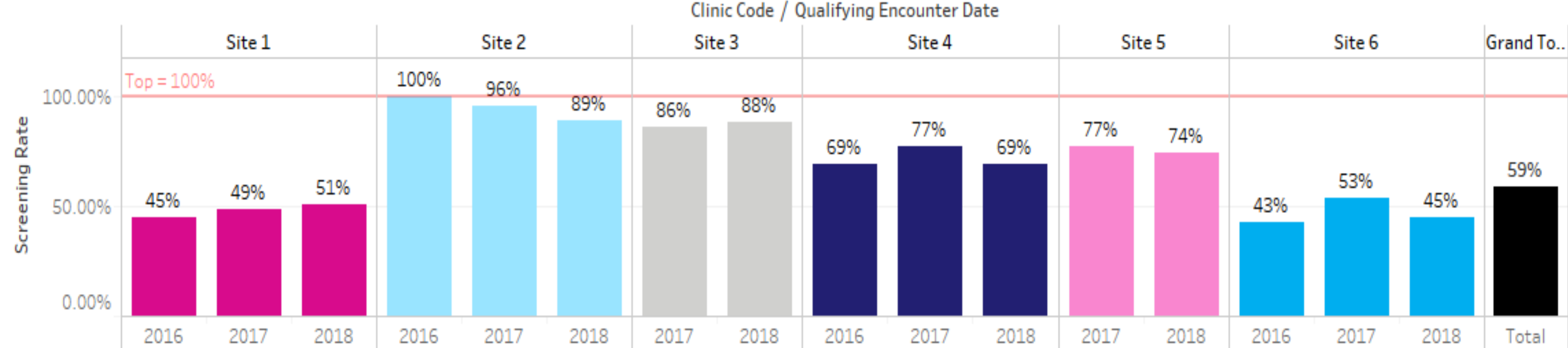
## OCM 12 - Medication Reconciliation



## OCM 24 - Advance Care Planning



## OCM 5 - Depression Screening



Dashboard Overview Tab

Data for Demo

# Oncology Care Model (OCM) Quality Measures Dashboard

## OCM 4A - Pain Score

## OCM 4B - Plan of Care for Pain

### Legend

- Clinic Code - Click to Highlight
- Site 1
  - Site 2
  - Site 3
  - Site 4
  - Site 5

### Filter

- Clinic Code - Select Site(s)
- (All)
  - Site 1
  - Site 2
  - Site 3
  - Site 4
  - Site 5
  - Site 6

### Dashboard Tips

Hover over graphs for additional data details and measure definitions.

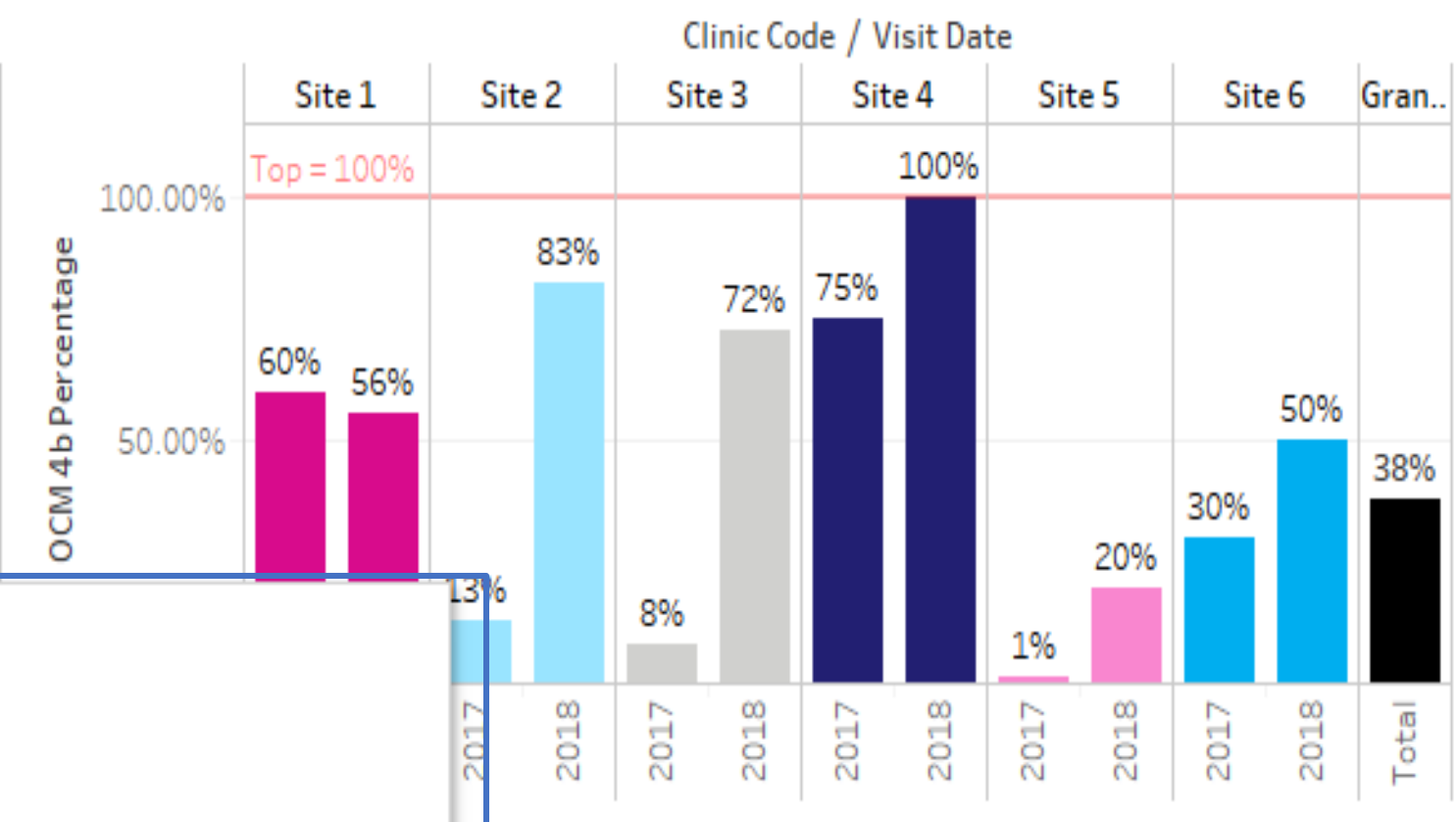
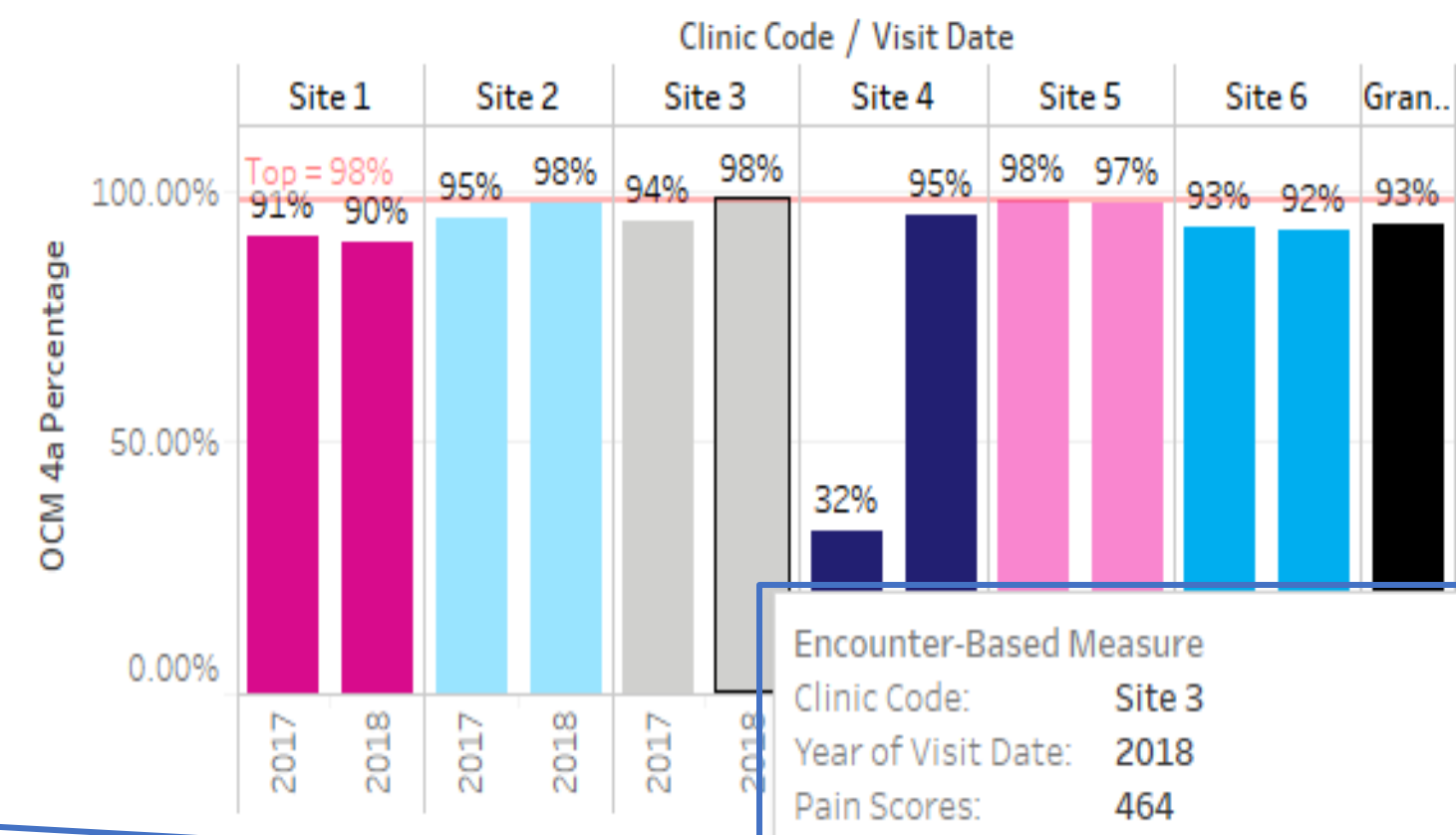
Click the +/- icon in the bottom left corner of each x-axis to adjust the unit of time shown.

To view underlying data for a data point (i.e. patients with no pain score during Q1 of 2018), click on the data point, then click the "View Data..." icon.

### Tools & Help

- Quality Measures Dictionary
- Epic Documentation Tip Sheet

Tooltips provide additional data details and measure definitions



Encounter-Based Measure

Clinic Code: Site 3

Year of Visit Date: 2018

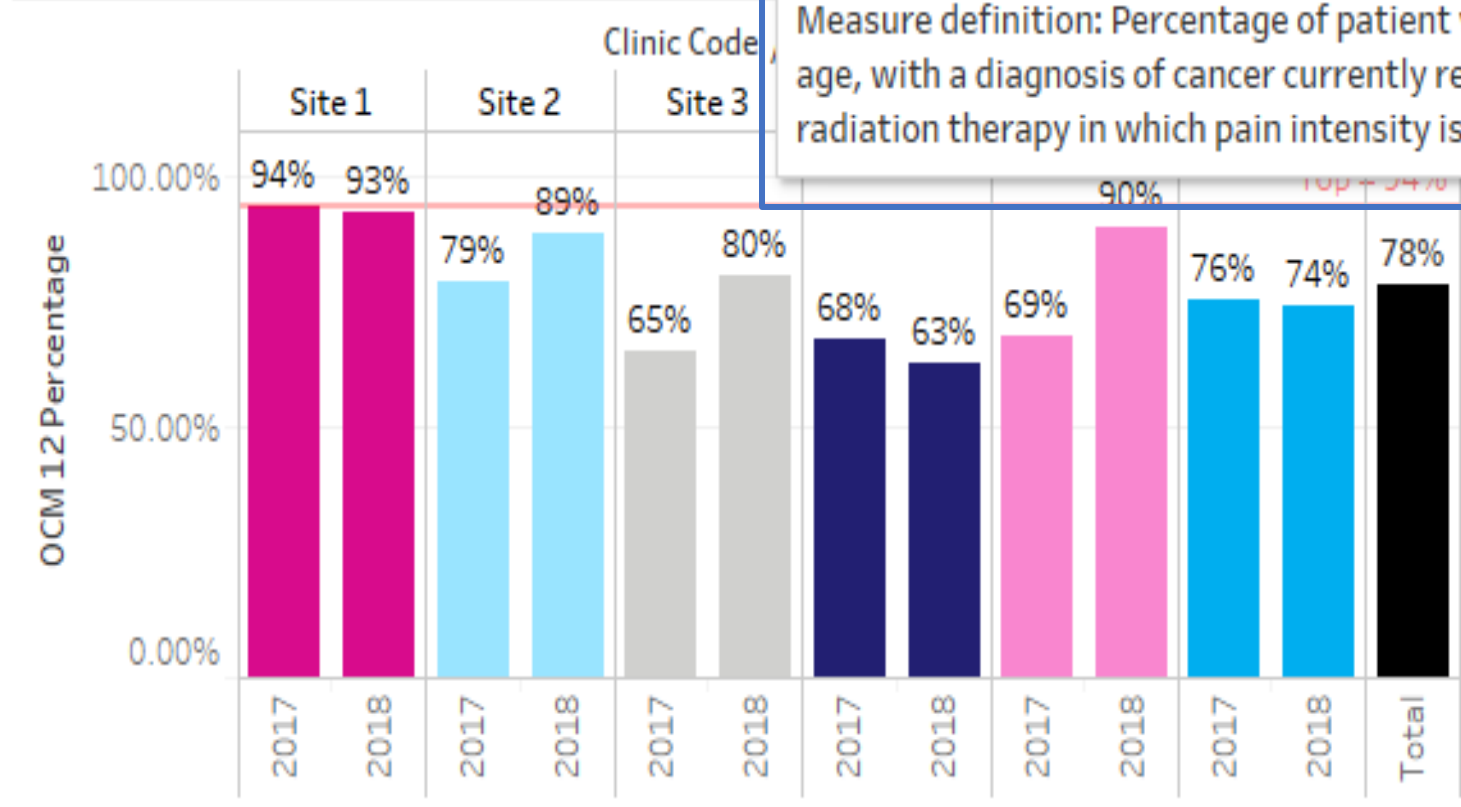
Pain Scores: 464

Visits: 475

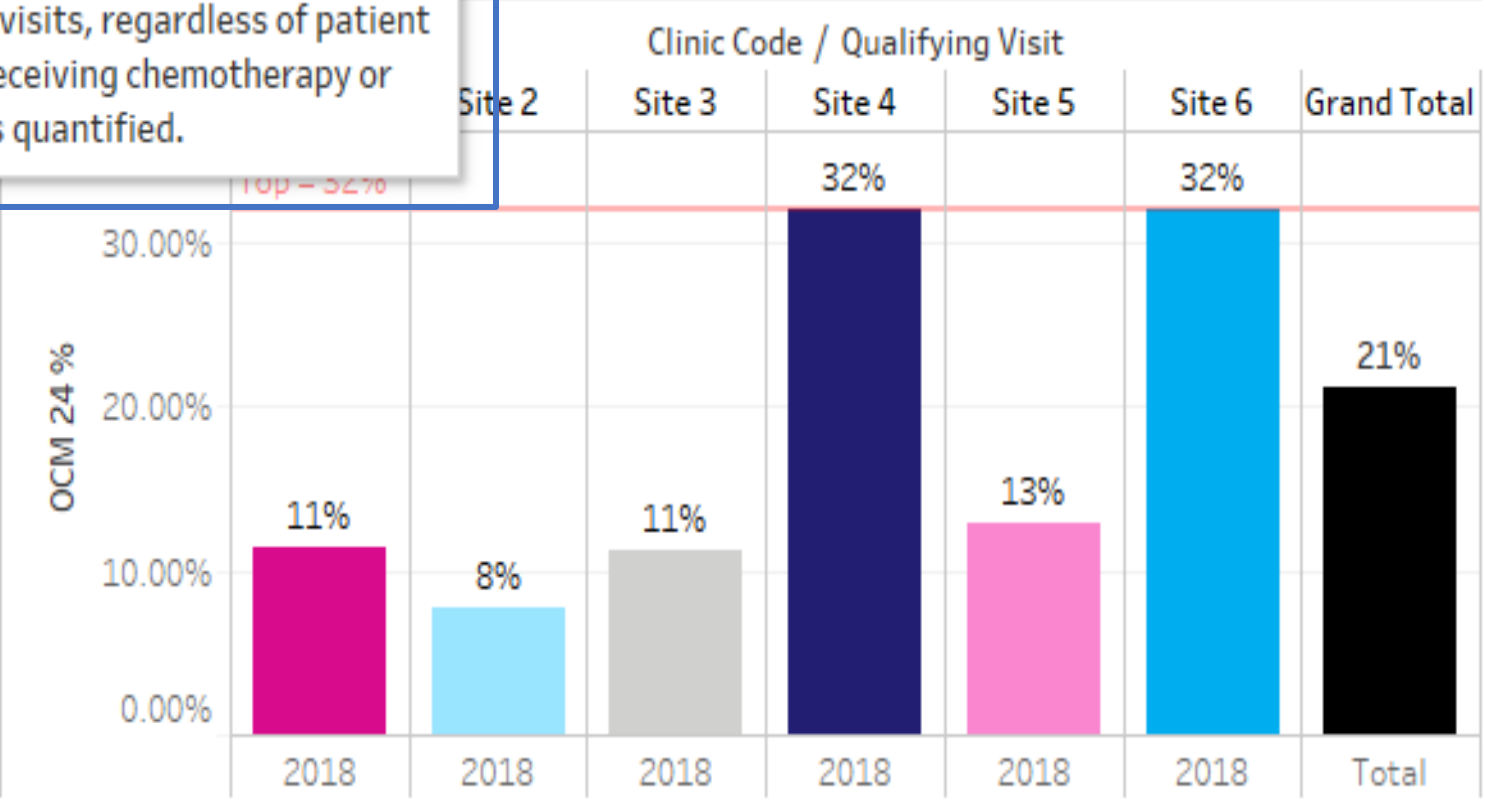
OCM 4a Percentage: 97.68%

Measure definition: Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.

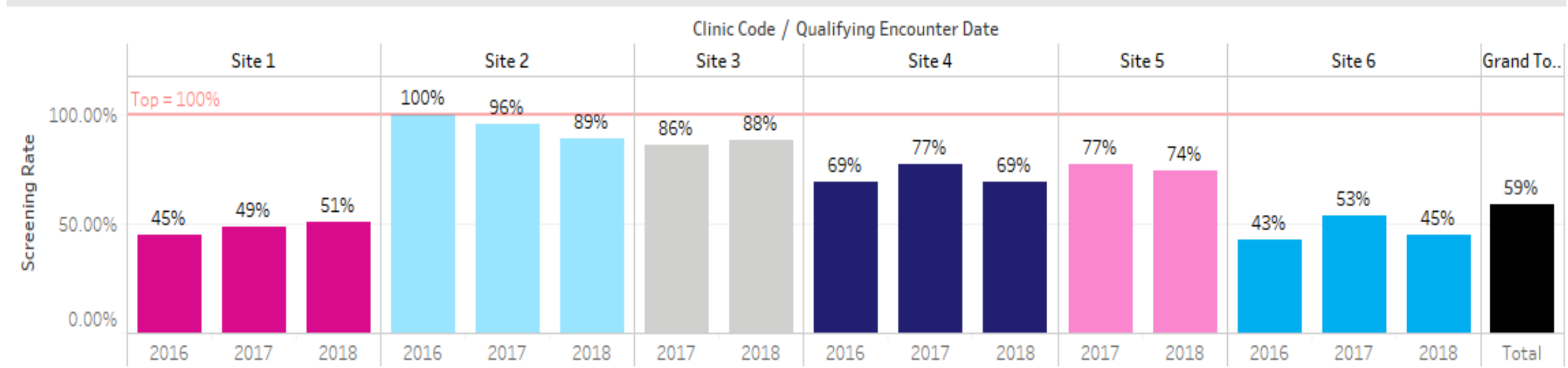
## OCM 12 - Medication Reconciliation



## Care Planning



## OCM 5 - Depression Screening



# Oncology Care Model (OCM) Quality Measures Dashboard

Dashboard Overview Tab - Filtered

## Data for Demo

**Legend**

Clinic Code - Click to Highlight

- Site 1
- Grand Total

**Filter**

Clinic Code - Select Site(s)

- (All)
- Site 1
- Site 2
- Site 3
- Site 4
- Site 5
- Site 6

Filter allows for site-based drill down on data.

**Dashboard Tips**


Hover over graphs for additional data details and measure definitions.

Click the +/- icon in the bottom left corner of each x-axis to adjust the unit of time shown.


To view underlying data for a data point (i.e. patients with no pain score during Q1 of 2018), click on the data point, then click the "View Data..." icon.

**Tools & Help**

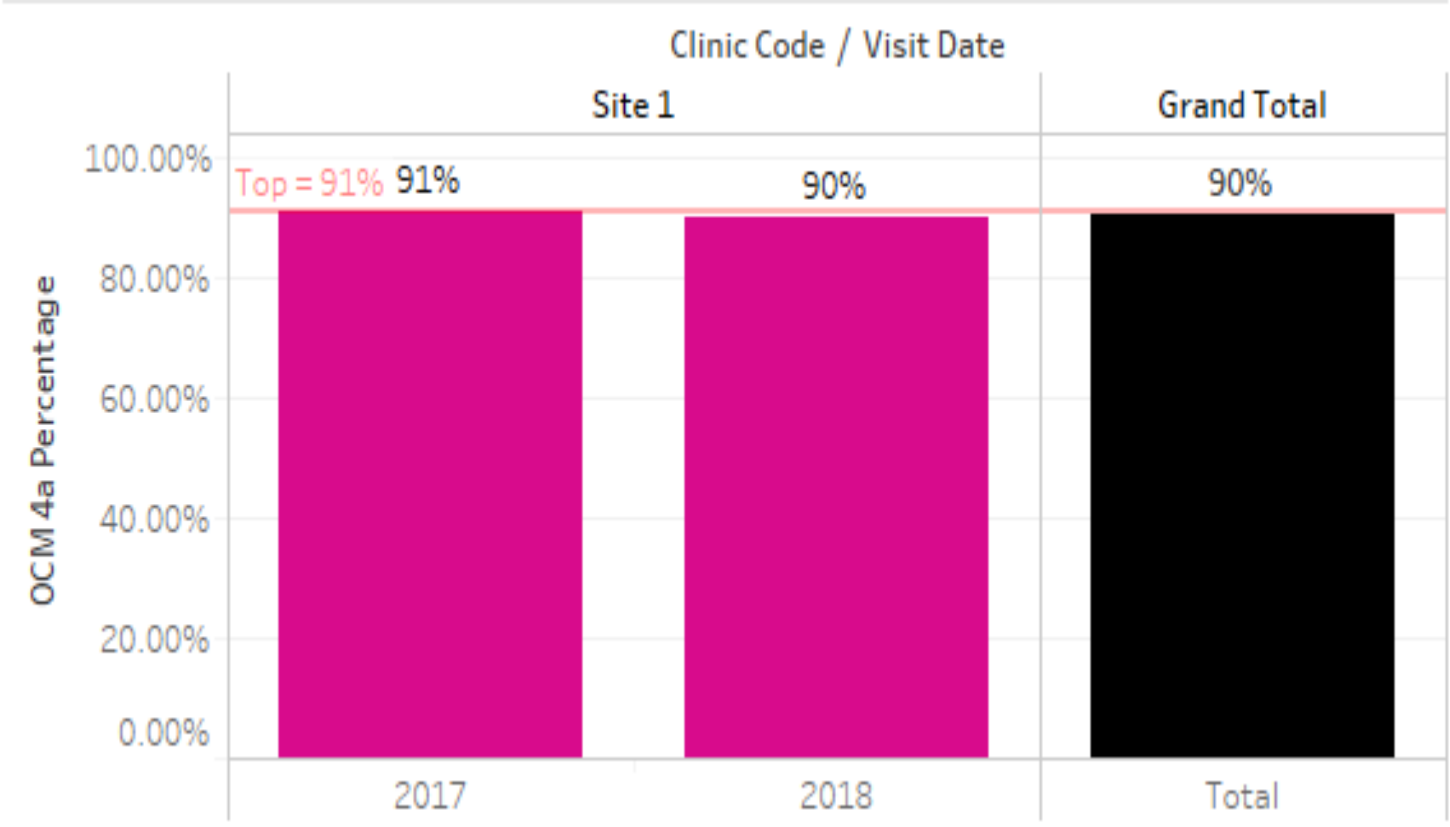
[Quality Measures Dictionary](#)



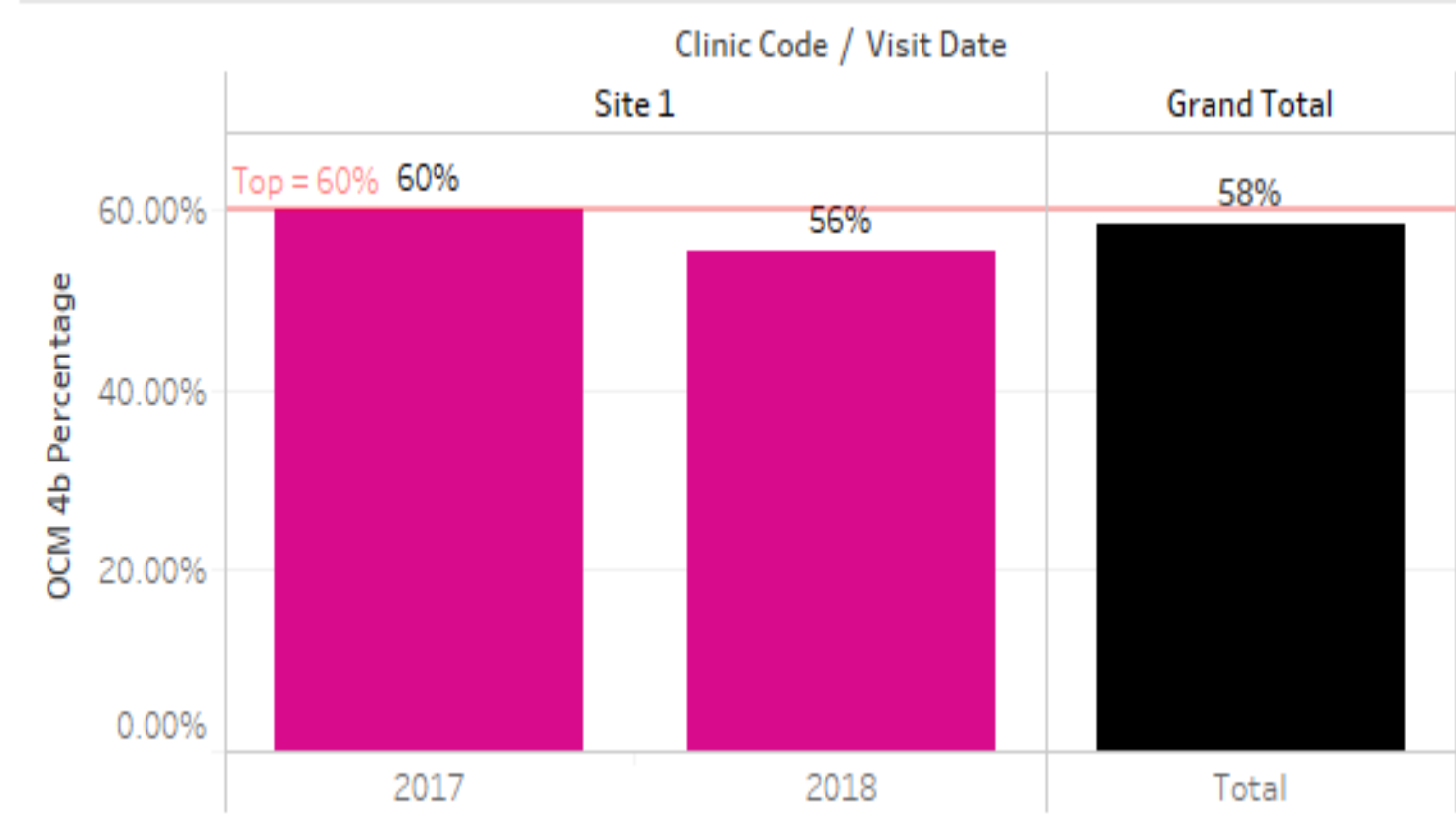
[Epic Documentation Tip Sheet](#)



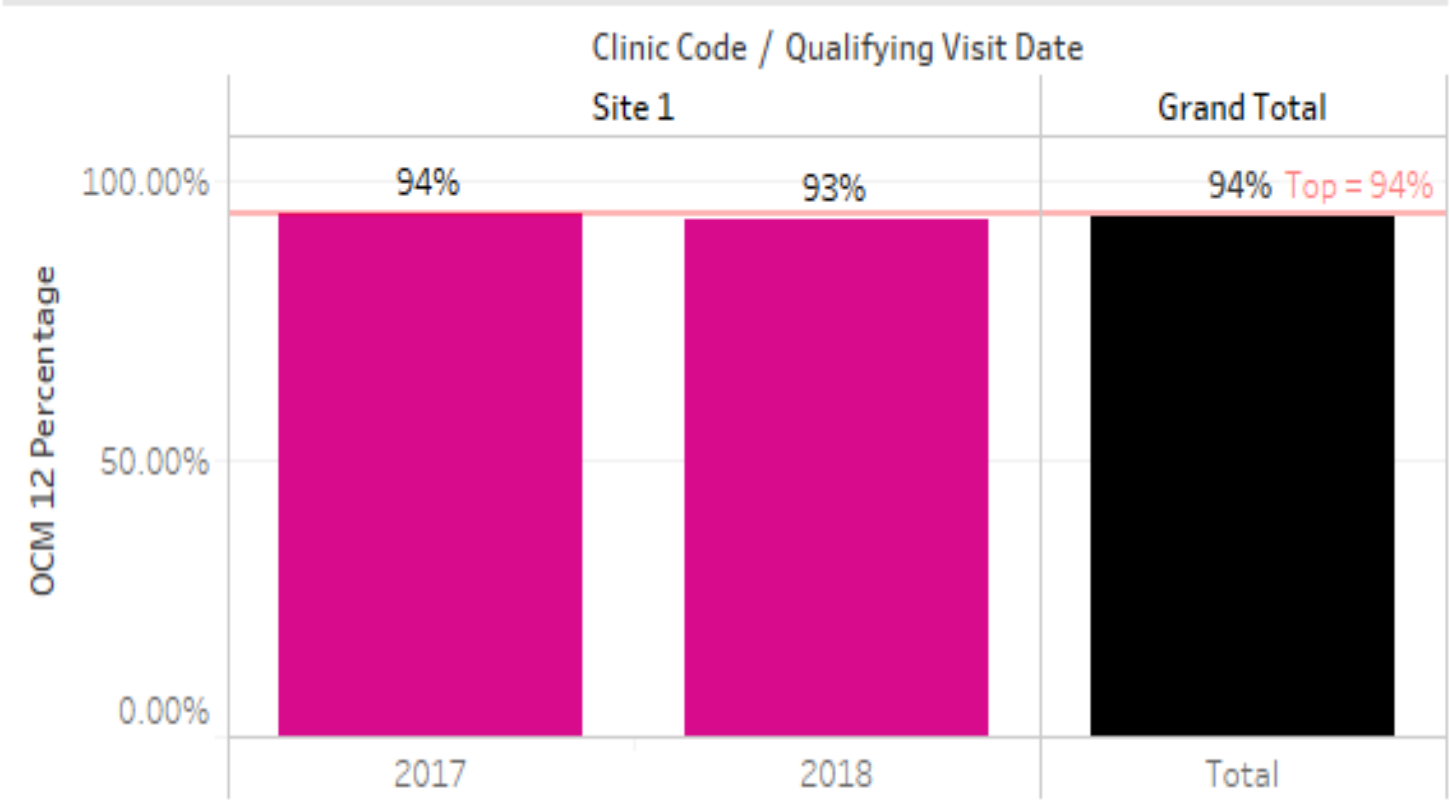
### OCM 4A - Pain Score



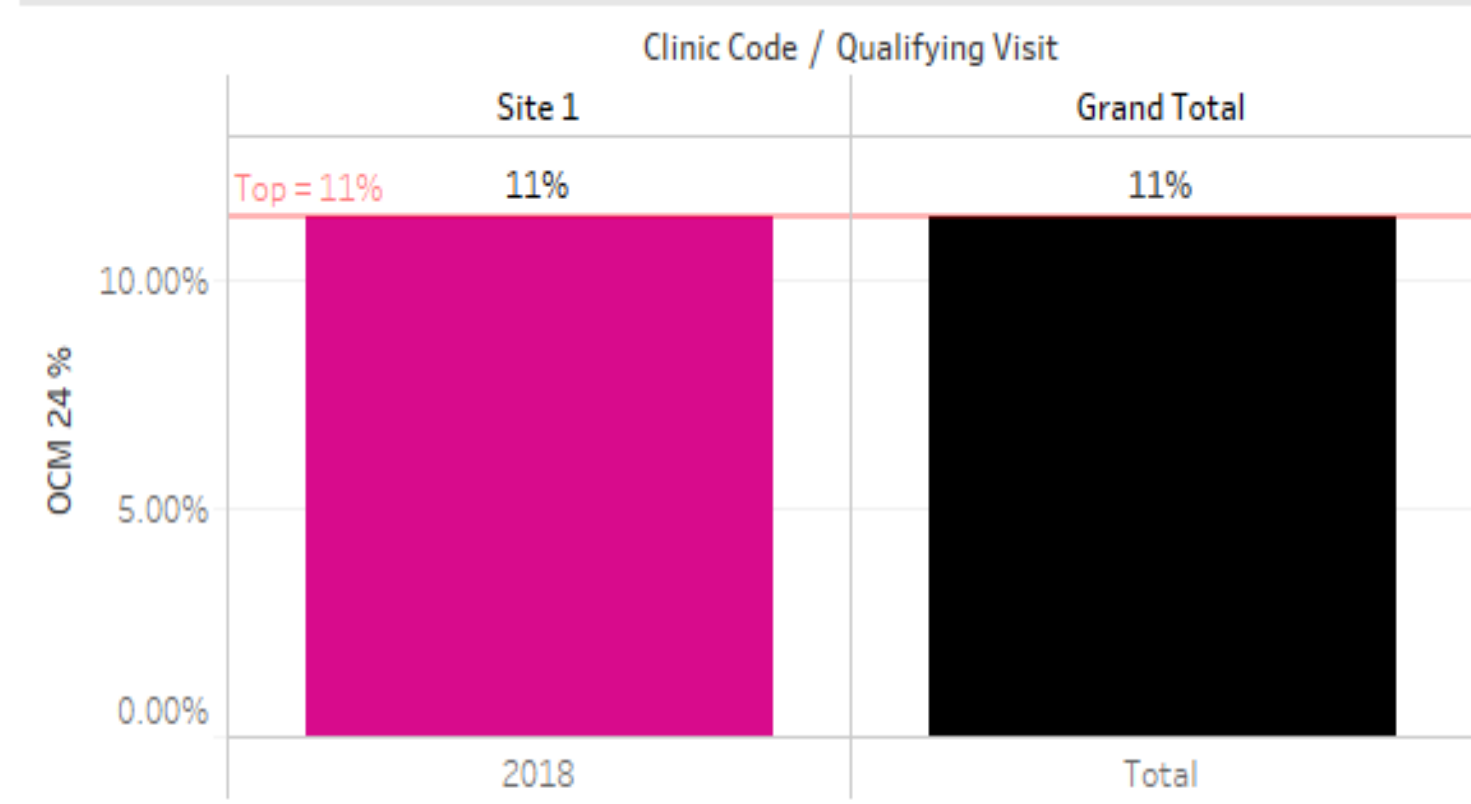
### OCM 4B - Plan of Care for Pain



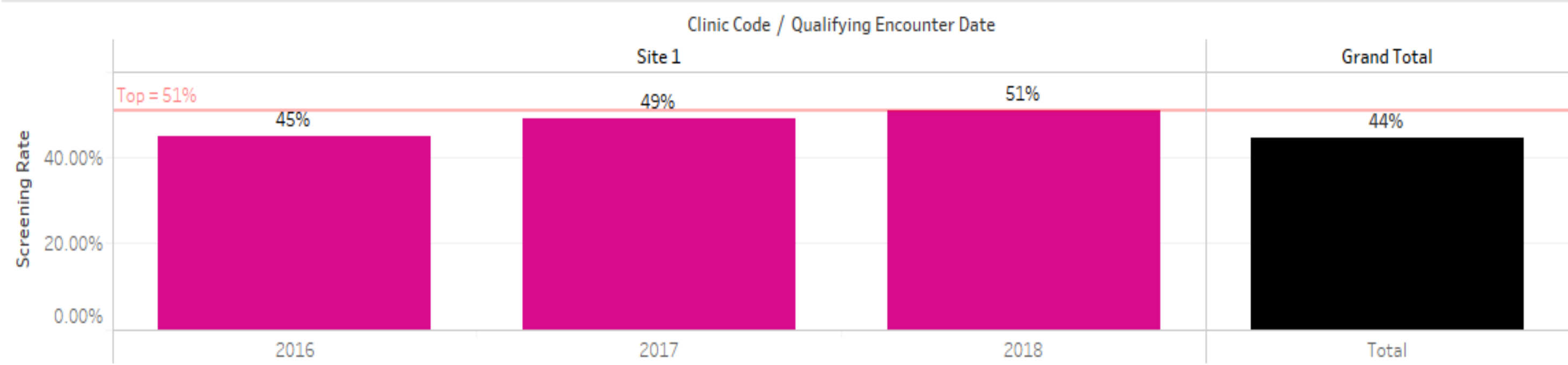
### OCM 12 - Medication Reconciliation



### OCM 24 - Advance Care Planning



### OCM 5 - Depression Screening





# Oncology Care Model (OCM) Quality Measures Dashboard

Dashboard Overview Tab - Filtered

Data for Demo

## OCM 4A - Pain Score

## OCM 4B - Plan of Care for Pain

### Legend

Clinic Code - Click to Highlight

- Site 1
- Grand Total

### Filter

Clinic Code - Select Site(s)

- (All)
- Site 1
- Site 2
- Site 3
- Site 4
- Site 5
- Site 6

### Dashboard Tips

Hover over graphs for additional data details and measure definitions.

Click the +/- icon in the bottom left corner of each x-axis to adjust the unit of time shown.

To view underlying data for a data point (i.e. patients with no pain score during Q1 of 2018), click on the data point, then click the "View Data..." icon.

### Tools & Help

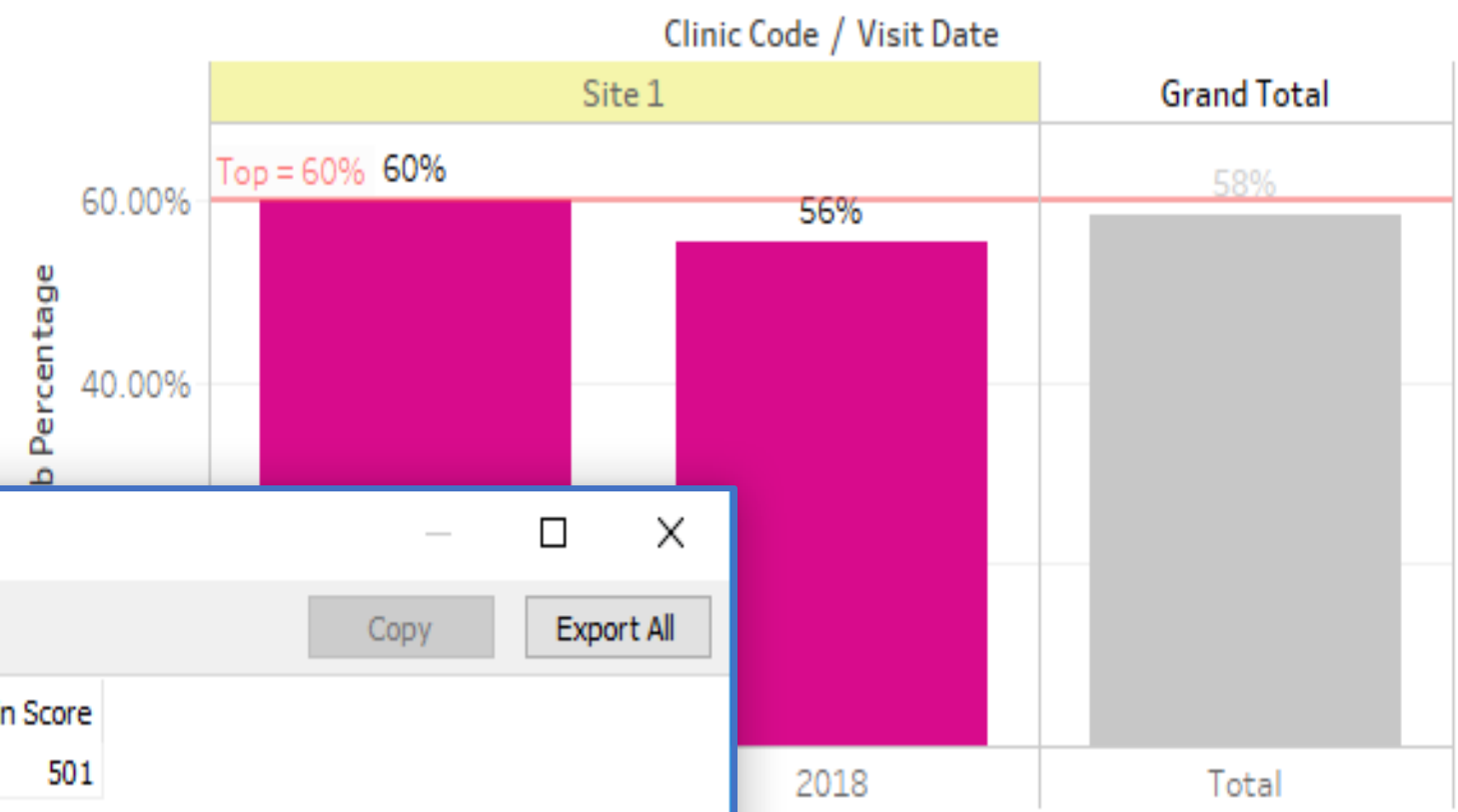
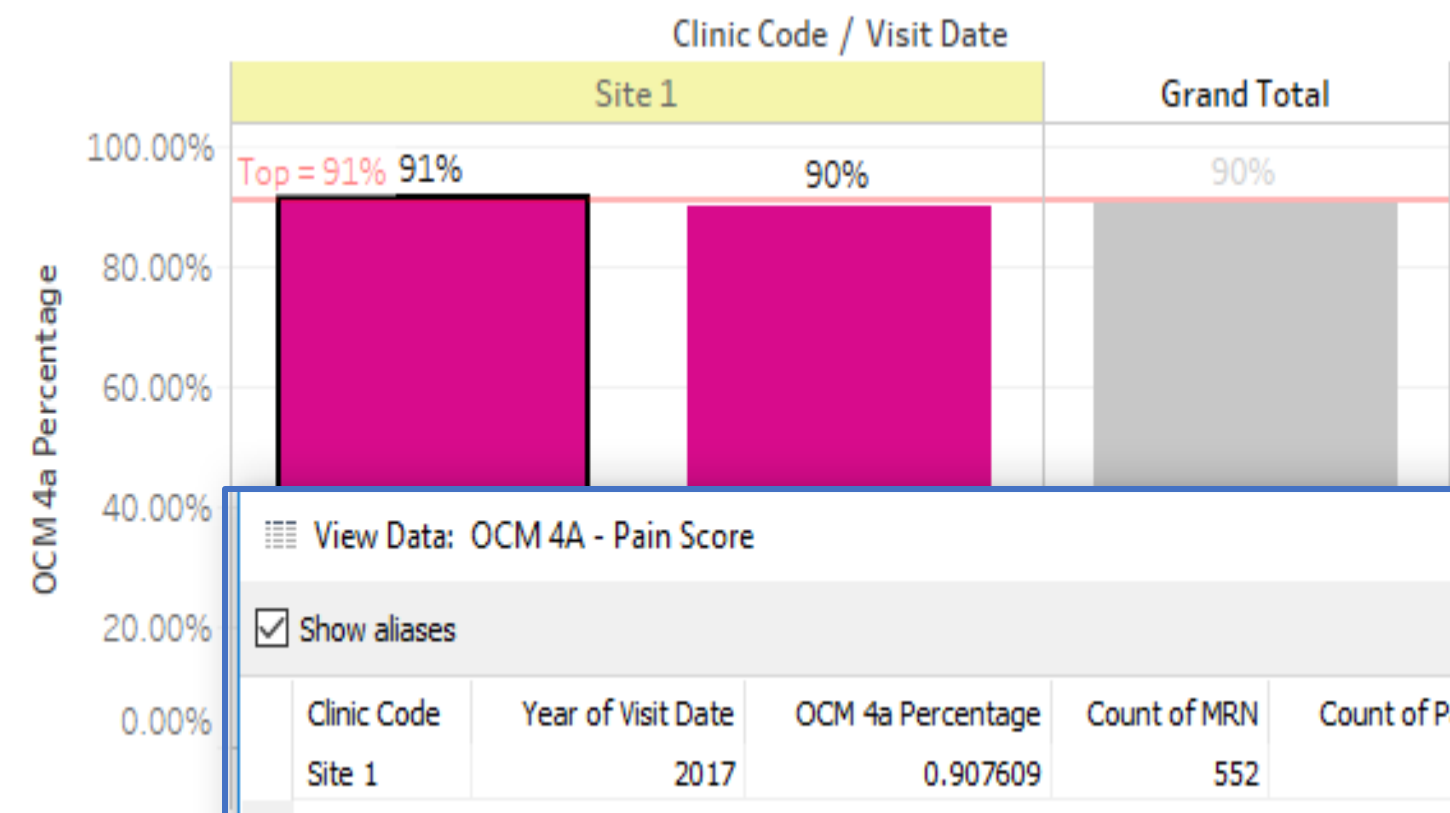
Quality Measures Dictionary



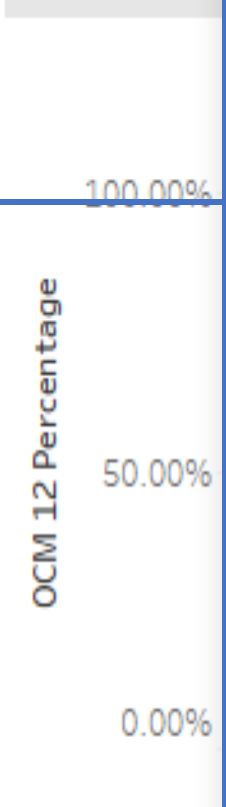
Epic Documentation Tip Sheet



Clicking on a data point allows users to drill down to underlying data.



## OCM 12 -



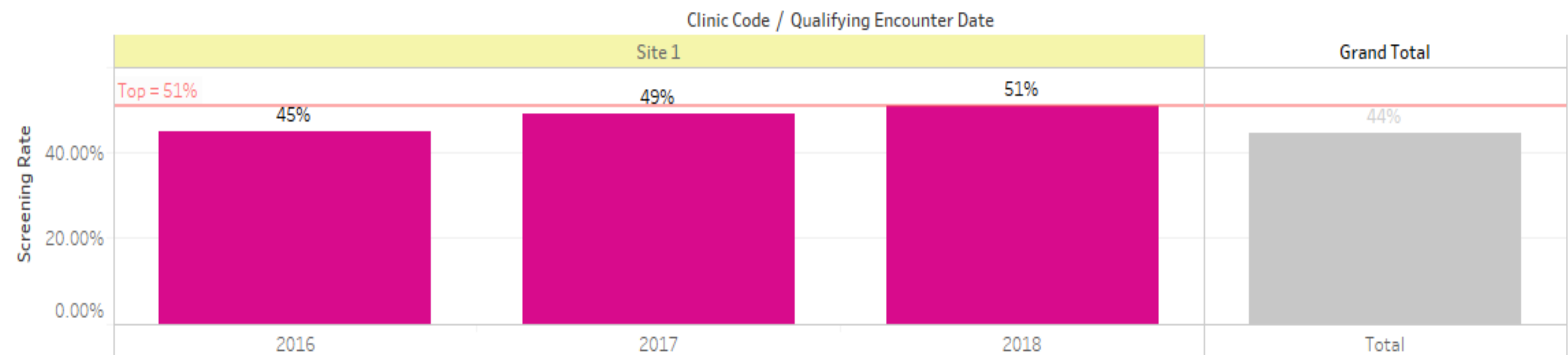
View Data: OCM 4A - Pain Score

Show aliases

Clinic Code	Year of Visit Date	OCM 4a Percentage	Count of MRN	Count of Pain Score
Site 1	2017	0.907609	552	501

Summary Full Data 1 rows

## OCM 5 - Depression Screening



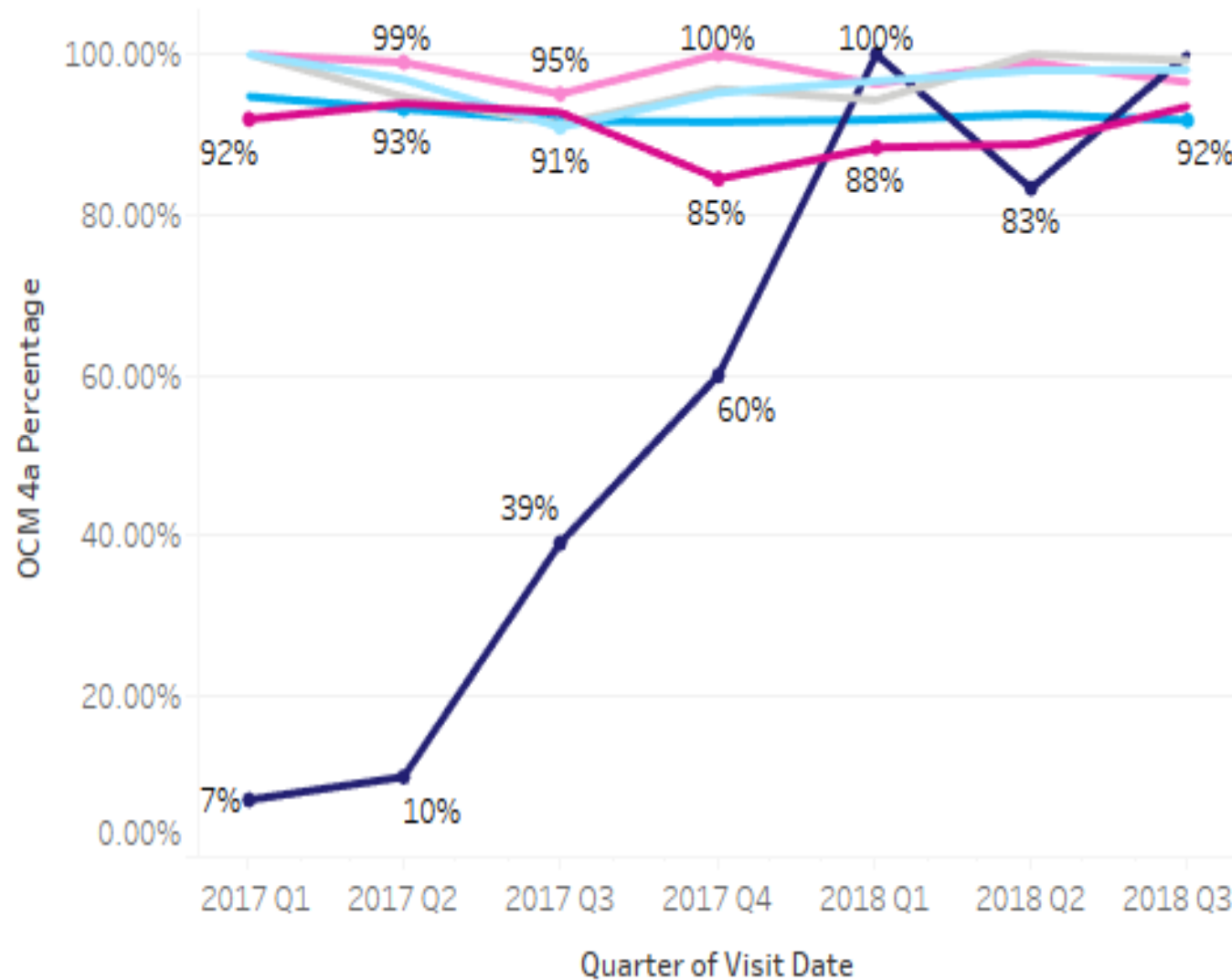
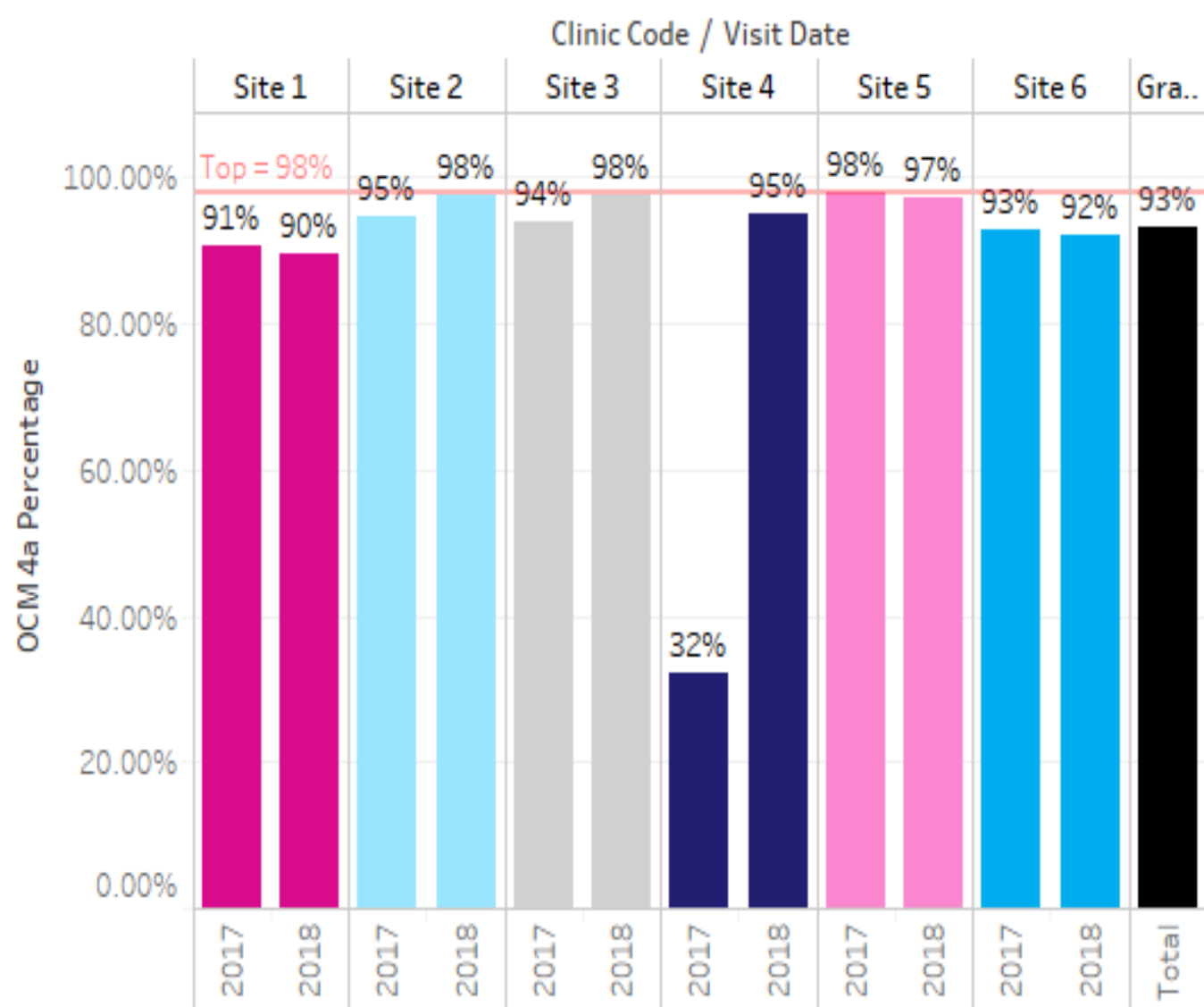
Detailed Quality Measure Tab

Includes:  
-Annual scores  
-Quarterly progress  
-Physician scores

# Oncology Care Model (OCM) Quality Measures Dashboard

Data for Demo

OCM 4A - Pain Score



OCM 4A by Provider

Visit provider	2017				2018			Grand Total
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	
Provider 9			100%	100%	100%	100%	100%	100%
Provider 38		100%	100%	100%	100%	100%		100%
Provider 39		100%	100%	100%				100%
Provider 61		100%	100%	100%	100%	100%		100%
Provider 74	100%	100%		100%				100%
Provider 115	100%	100%		100%		100%		100%
Provider 121	100%	100%	100%	100%	100%	100%	100%	100%
Provider 128	100%	100%	100%		100%	100%	100%	100%
Provider 129	100%	100%	100%	100%	100%	100%		100%
Provider 148		100%	100%	100%	100%	100%	100%	100%
Provider 149		100%	100%		100%			100%
Provider 189		100%	100%	100%	100%	100%	100%	100%
Provider 10	100%	100%	100%	100%	100%	94%	100%	99%
Provider 49	100%	100%	100%	100%	100%	91%	100%	99%
Provider 76	100%	100%	100%	94%	100%	86%	100%	98%
Provider 173	98%	100%	100%	95%	96%	99%	98%	98%
Provider 96	100%	97%	97%	96%	95%	100%	100%	97%
Provider 108	100%	97%	93%	95%	98%	100%	100%	97%
Provider 104	100%	97%	100%	94%	98%	100%	96%	97%
Provider 80		100%	100%	100%	100%	100%	89%	97%
Provider 110	100%	92%	100%	93%	100%	100%	100%	97%
Provider 133	93%	97%	97%	97%	96%	96%	100%	96%
Provider 4	97%	96%	92%	98%	93%	98%	100%	96%
Provider 147			92%	97%	96%	97%	97%	96%
Provider 155	100%	98%	96%	94%	92%	96%	100%	96%
Provider 92	100%	99%	83%	98%	97%	100%	100%	96%
Provider 68	100%	94%	94%	97%	98%	94%	97%	96%
Provider 95		100%	100%	89%	100%	100%	100%	96%
Provider 127	94%	98%	100%	100%	92%	96%	90%	96%
Provider 13	100%	100%	91%	95%	100%	96%	80%	96%
Provider 158	100%	100%	88%	86%	100%	100%	100%	96%
Provider 66	100%	97%	86%	100%	100%	100%	95%	96%
Provider 98	100%	100%	100%	100%	83%	100%	100%	95%
Provider 81	95%	95%	87%	100%	95%	98%	92%	95%
Provider 78	86%	100%	100%	100%		100%	100%	95%
Provider 160		100%	94%	92%	100%	97%	89%	95%

**Legends**

Clinic Code - Click to Highlight

- Site 1
- Site 2
- Site 3
- Site 4
- Site 5
- Site 6
- Grand Total

OCM 4a Percentage

0%  100%

**Filters**

Clinic Code - Select Site(s)

- (All)
- Site 1
- Site 2
- Site 3
- Site 4
- Site 5
- Site 6

Visit Date

1/3/2017  8/29/2018

Episode Start Date

7/5/2016  8/29/2018

**Tools & Help**

Quality Measures Dictionary

Epic Documentation Tip Sheet

Measure definition: Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in..



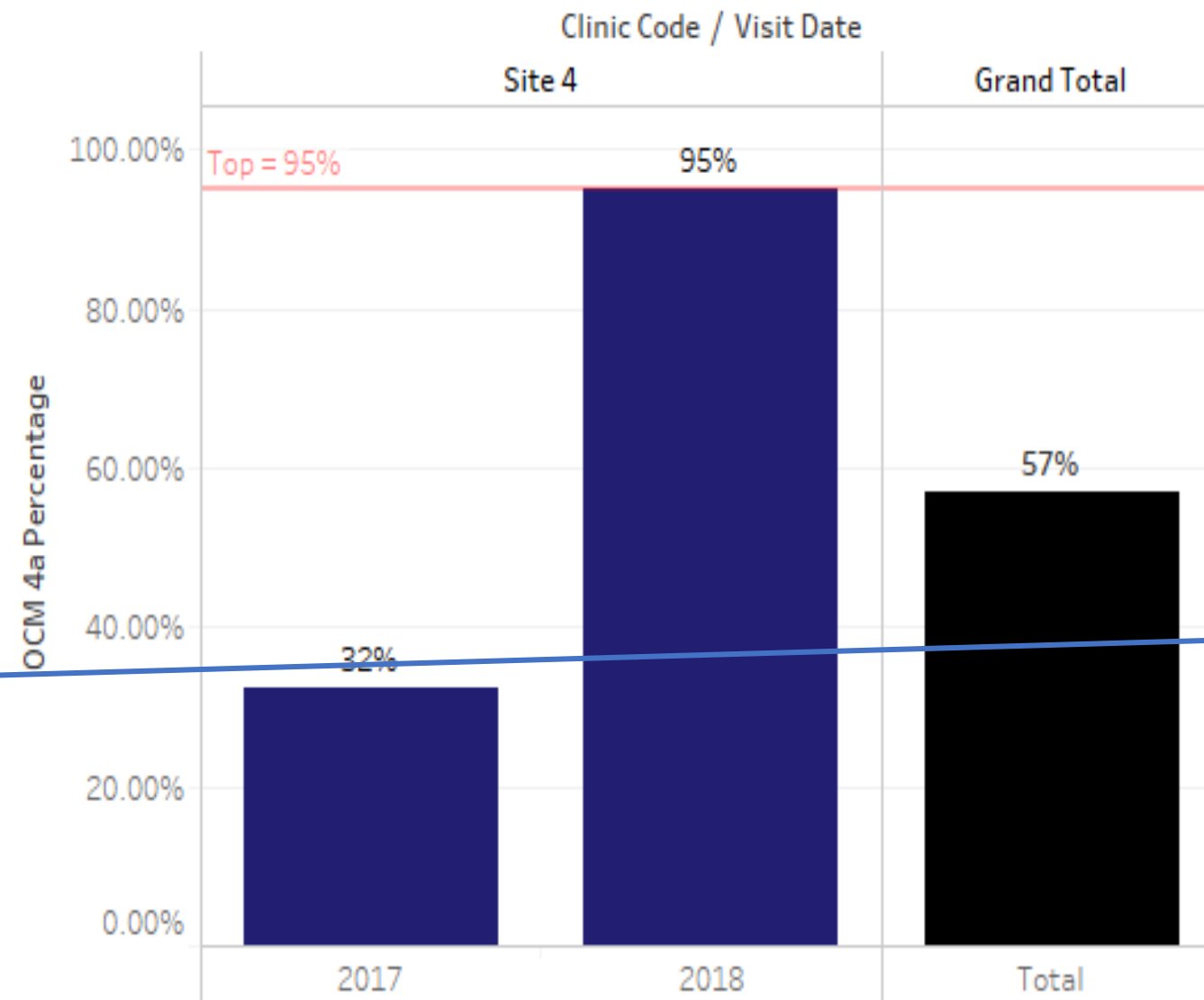
# Oncology Care Model (OCM) Quality Measures Dashboard

Data for Demo

Detailed Measure Tab - Filtered

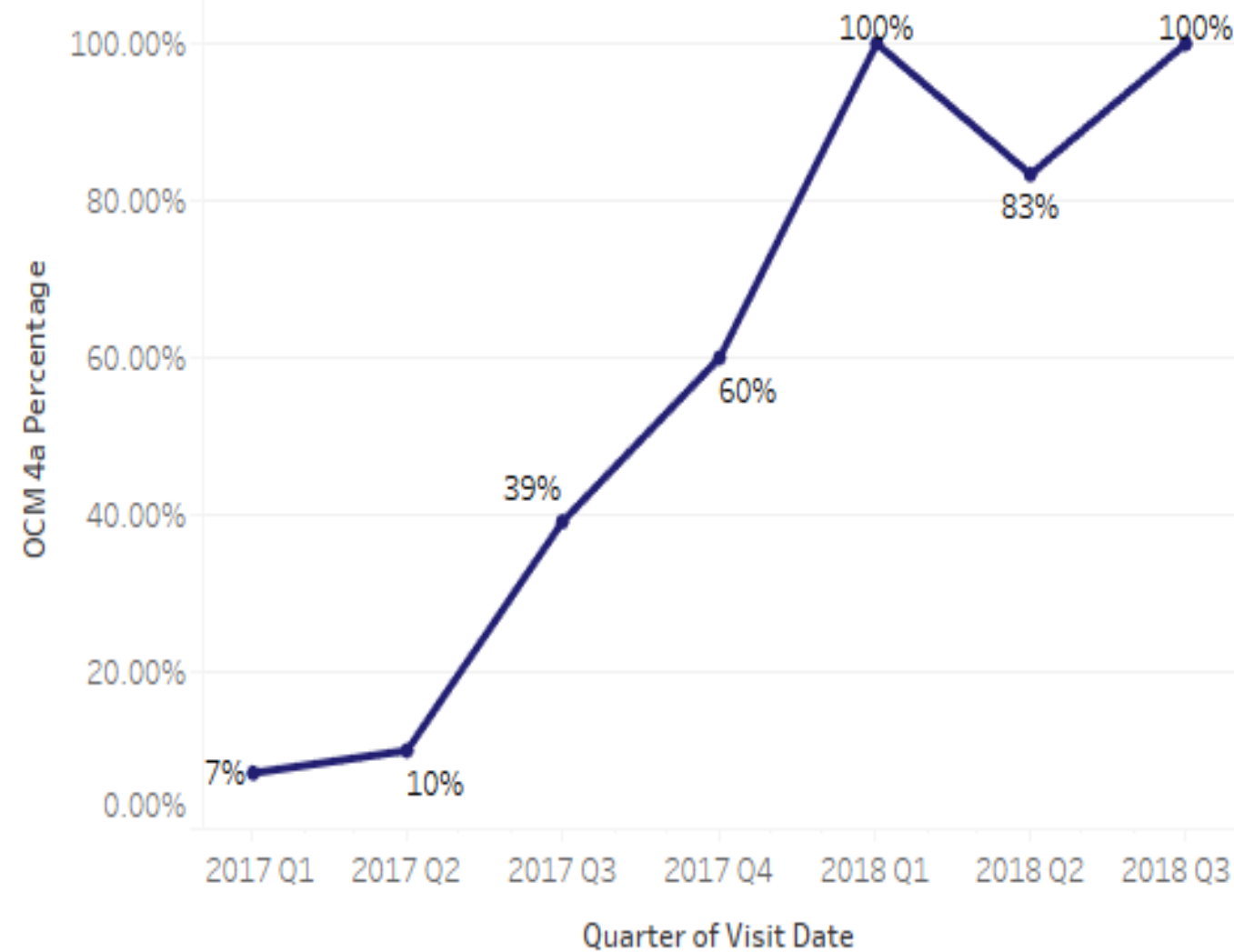
Filter allows for site-based drill down on data for a specific quality measure.

## OCM 4A - Pain Score



## OCM 4A by Provider

Visit provider	2017				2018			Grand Total
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	
Provider 24	100%	50%	67%	33%	100%	100%	100%	75%
Provider 70	0%	0%	9%	88%	100%	78%	100%	48%
Provider 100				0%				0%
Grand Total	7%	10%	39%	60%	100%	83%	100%	57%



### Legends

Clinic Code - Click to Highlight  
■ Site 4  
■ Grand Total  
 OCM 4a Percentage  
 0% 100%

### Filters

Clinic Code - Select Site(s)  
 (All)  
 Site 1  
 Site 2  
 Site 3  
 Site 4  
 Site 5  
 Site 6

Visit Date  
 1/3/2017 8/29/2018

Episode Start Date  
 7/5/2016 8/29/2018

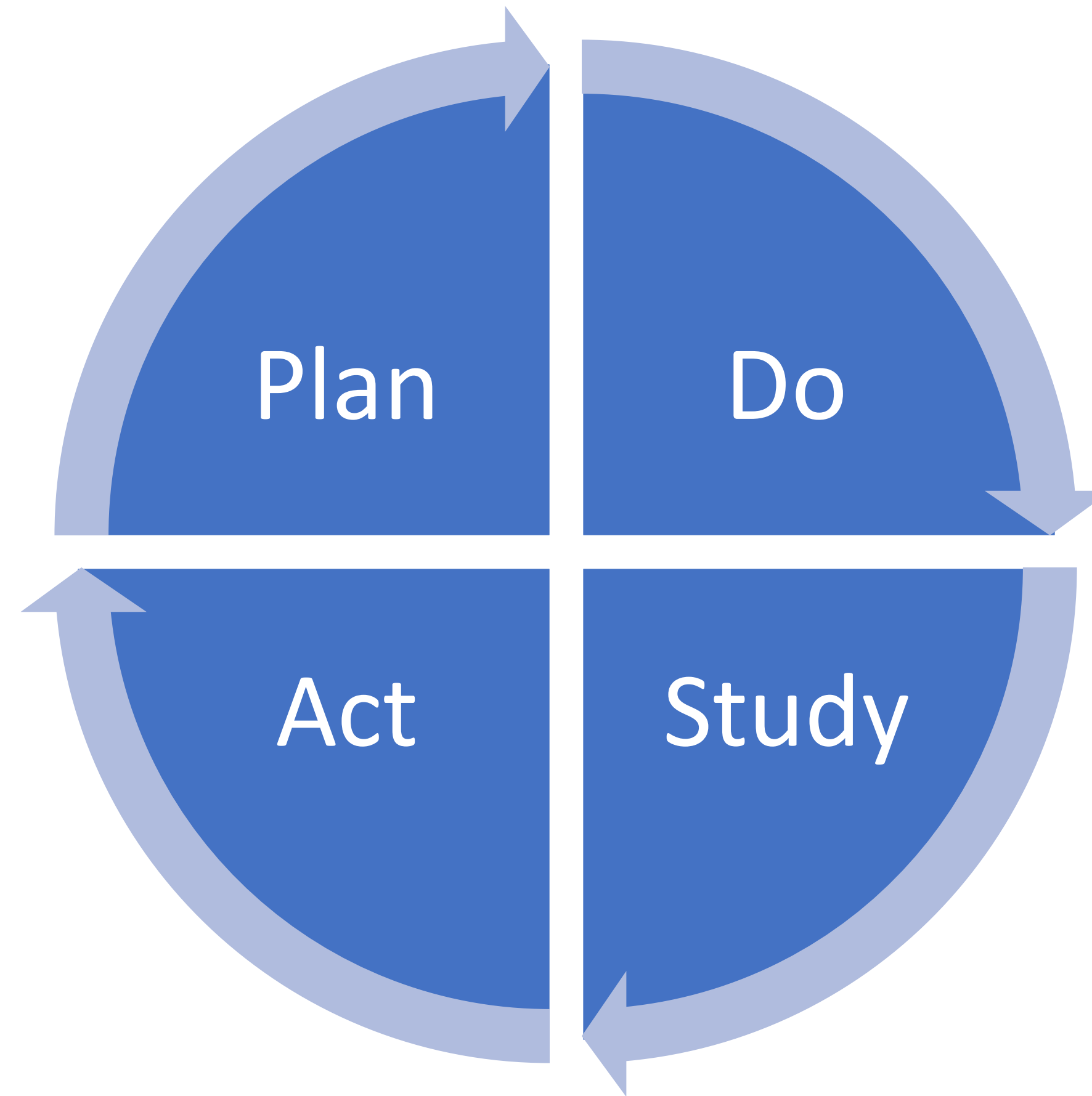
### Tools & Help

- [Quality Measures Dictionary](#)
- 
- [Epic Documentation Tip Sheet](#)
- 

Measure definition: Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.



# Learning Objectives



# Training a Health System for Value-Based Care: Lasting Impact

- **Patient Care**
- **Quality**
- **Regulatory**
- **Financial**

# Discussion and Q&A