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Accountable Care NEWS

The Oncology Care Model at Two Years: What we Know and Don't Know

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When the Centers for Medicare & Medicaid Services (CMS) introduced MACRA in 2015, to incentivize healthcare providers to deliver high-quality care at a lower cost, two Quality Payment Programs (QPPs) were also created—the Medicare Incentive Payments System (MIPS) and the Advanced Alternative Payment Models (Advanced APMs). The legislation required that providers caring for Medicare patients must participate in one of these two programs to avoid negative adjustments to their Medicare payments.

Launched in July 2015, the Oncology Care Model (OCM), one of the Advanced APMs, was designed to improve the effectiveness and efficiency of oncology care by having physician practices enter into payment arrangements based upon episodes of care surrounding chemotherapy administration. CMS selected 200 practices, 17 commercial payers and Medicare to participate.[1] OCM-participating practices include appropriately 3,200 oncologists, providing care for approximately 155,000 Medicare beneficiaries.[2]

CMS expects OCM to include 200,000 episodes and spend $6 billion per year in medical spending and on Medicare beneficiaries receiving chemotherapy.[3] These numbers represent a significant portion of Medicare spending on cancer. CMS has not provided estimates of the number of commercially insured individuals who will be impacted by their payers' participation in OCM.

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In This Issue

Quality, Efficiency Measurement: It's All About the Data

by Adele Allison

What gets measured gets done often holds true. Humans are competitive by nature and whether they are benchmarking for personal achievement or peer comparison, measurable goal setting, performance and outcomes offer accountability in determining achievement or failure.

Measurement has become the cornerstone of that megalithic structure called "health value." Historically, the focus has been centered on management of resources and cost containment. Today, purchasers of healthcare—whether payer, employer, government or patient—are seeking the triple aim of lower costs, improvement in the patient care experience and better health.

Data are being used to establish health value. Taking a leadership role, Congress solidified pursuit of health value when it enacted the Medicare Access & CHIP Reauthorization Act (MACRA) in 2015. This 95-page, bipartisan law references the term "measurement" 171 times using data (mentioned 103 times) for purchasing services for Medicare beneficiaries. As other payers join this movement of purchasing value in healthcare, managing patient populations to demonstrate health value will become crucial to economic success.

Quality Measurement

Quality in care delivery has been a pursuit of the Western world since Hippocrates began sterilizing surgical instruments in boiling water and irrigating wounds.[1] Advancing toward more modern times, Florence Nightingale introduced the concept of data and analysis to the quality process in the mid-1800s, improving the mortality rate among the British from 52% to 20%.[2] By the early 1900s, U.S. Surgeon General Rupert Blue, M.D., was leveraging quality data to manage quarantines, insure mandatory exams for immigrants, provide weekly outbreak communications and facilitate research results.[3]

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