Evaluation of the Oncology Care Model: Performance Period One

MODEL OVERVIEW

The Oncology Care Model (OCM) is a five-year model consisting of six-month episodes that began in mid-2016. The goals of OCM include improving care coordination and access to care for Medicare beneficiaries receiving chemotherapy for cancer. OCM leverages a two-pronged approach to incentivize the provision of high-quality care. It includes a $160 Monthly Enhanced Oncology Services (MEOS) per-beneficiary per-month payment and the potential to earn performance-based payments (PBPs). Enhanced oncology services include the following:

- *24/7 patient access to an appropriate clinician who has real-time access to the patient's medical records*
- *Core functions of patient navigation*
- *A documented Care Plan for every OCM patient that contains 13 components recommended by the Institute of Medicine (IOM)[1]*
- *Cancer treatment that is consistent with nationally recognized clinical guidelines*

1. Delivering High Quality Cancer Care: Charting a New Course for a System in Crisis. Institute of Medicine, 2013. http://nap.edu/18359.

PARTICIPANTS*

(Reflects Performance Period 1 (PP1); six-month episodes that began July 1, 2016 through January 1, 2017)
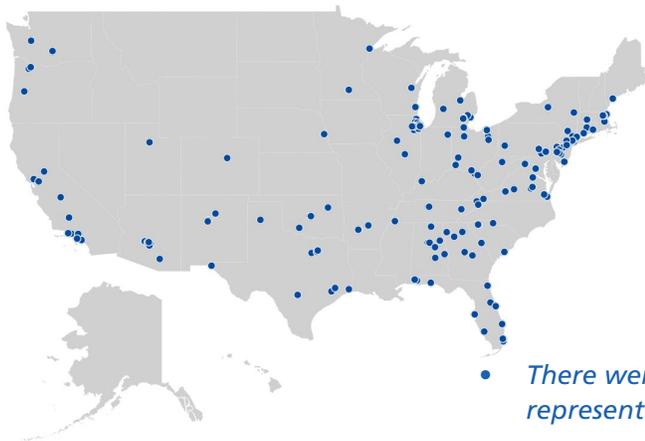
- *As of December 2016, 190 practices participated in OCM, ranging in size from 1 oncologist to over 350.*
- *Most OCM practices – like most oncology practices nationwide – are in metro areas.*

*Practices with multiple locations are only included once on this map.

- *There were about 140,000 episodes in the first performance period representing twenty-one cancer types.*
- *Low-risk breast cancer constituted the largest proportion of episodes, accounting for approximately one-quarter of episodes.*

FINDINGS

UTILIZATION AND COST

- *Both OCM practices and similar non-participating (comparison) practices saw an increase in Part D costs between the baseline and first performance periods – reflecting a national shift from intravenous to oral chemotherapies.*

- *Practices report using strategies such as extended hours and patient navigation in the attempt to reduce hospitalizations and emergency department visits. While results appear promising, overall findings do not yet show meaningful impacts (identified cost impacts represent 0.6% of episode costs), and cost impacts are not large enough to compensate for the financial incentives received by the participating practices.*

- *Early results about total Medicare spending show promise, indicating an 85% probability that OCM is achieving some level of savings; however savings are not enough to cover projected payments to practices (MEOS and PBP), which are not yet incorporated in the analyses.*

QUALITY

- *To date there has been no measurable impact of OCM on quality.*

  - *Surveyed cancer patients were highly satisfied with their cancer teams and care before OCM began, and ongoing surveys of OCM beneficiaries did not identify any significant changes.*

  - *There are some early indications of less aggressive care at the end of life for beneficiaries served by OCM practices, compared to those served by non-participating practices, including fewer inpatient admissions and ICU stays in the last month of life.*

  - *OCM practices are working to improve patient education, follow evidence-based guidelines, and proactively manage chemotherapy symptoms such as nausea and dehydration, all with the goal of avoiding unnecessary ED visits and costly hospitalizations.*

KEY TAKEAWAY

This report examines the impact of the Oncology Care Model (OCM) on episodes in the first six-month performance period. Practices report developing care plans, coordinating care, improving survivorship planning, and improving end of life care, among other efforts to deliver more patient-centered care for OCM patients. While results appear promising, overall cost and savings findings do not yet show meaningful impacts, and cost impacts are not large enough to compensate for the financial incentives received by the participating practices. Given that current results only include one performance period, it is too early to draw conclusions about the impacts OCM will eventually have on costs and quality. We will continue to assess impact as OCM practices' implementation efforts mature over time.