

## MODEL OVERVIEW

The Oncology Care model (OCM) promoted coordinated, high-quality, cost-effective cancer care with the goals of reducing Medicare payments, improving the quality of care for patients, and saving taxpayer money.

OCM focused on Medicare fee-for-service (FFS) beneficiaries with cancer who were undergoing chemotherapy treatment. OCM combined attributes of medical homes: person-centeredness, accessibility, evidence-based guidelines, and continuous monitoring for improvement opportunities, with financial incentives for providing these services efficiently and with high quality.

## PARTICIPANT DATA

### 1,253 Clinician Survey



responses from  
**173 OCM practices**

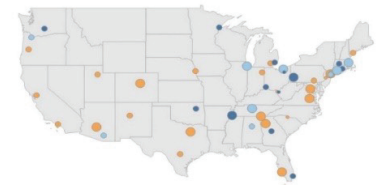
Care delivery transformation, performance improvement, perspectives about OCM

### 918 Interviews



Administrators, physicians, nurses, care coordinator, data specialists and other clinical and administrative staff

### 47 Case Studies



**OCM encouraged improved care quality through Model-specific requirements and the provision of monthly enhanced oncology service payments to support additional services for patients undergoing chemotherapy treatment.**

## The top care delivery changes that were new or enhanced due to OCM

### Increased mental health screening

**70%** routinely screening for depression

**60%** routinely for psychosocial needs

### Improved communication with patients

**51%** discuss survivorship plans

**50%** discuss advance care planning

**41%** “call us first” before going to the emergency room

## 4 out of 5 oncologists rated these new or enhanced activities as improving care for patients

- Proactive outreach to high-risk patients
- Meeting patients’ urgent needs through same day appointments and evening/weekend hours
- Monitoring side effects and refill needs for patients with oral chemotherapy drugs

Based on a survey of 398 OCM oncologists

## CARE TRANSFORMATION

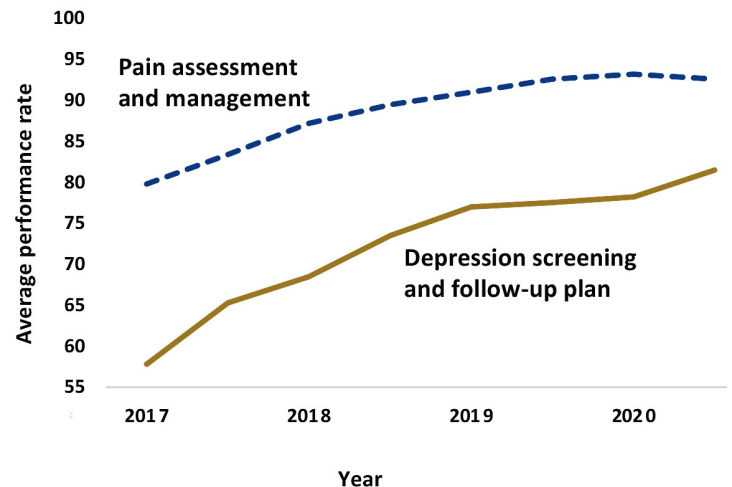
Participating practices focused on things they could directly impact, such as:

- Extended clinic hours, access to same-day appointments, and outreach telephone calls to patients to address symptoms and reduce emergency department visits
- Increased communication about treatments and financial counseling
- Substituted higher-value supportive care drugs and biosimilar drugs

### Patients Consistently Rated Most Measures of Care Experience Highly But Still Room For Improvement



### Practices Improved Screening for Pain and Depression Over Time



## Linking Care Transformation to CMS' Goals

While practices reported substantial efforts to transform care, these changes did not always lead to detectable improvement in clinical and quality outcomes. Substitution of higher-value supportive care and biosimilar drugs yielded significant savings to Medicare, and patient adherence to high-cost oral drugs improved among historically-underserved populations. However, investments in reducing acute-care use, increasing timely hospice use, and improving patient care experience have not yet led to significantly improved quality on these measures.

## Opportunities for improving patient care

### Moving beyond screening

Screening for pain, depression and other psychosocial needs improved, but this did not always translate to needs being met. Consistently incorporating screening results into care plans and connecting patients with resources remains an avenue for improving patient care experience.

### Room for improvement

While many domains of patient care experience scored highly and may have limited room for improvement, there may be opportunity to improve patient ratings of shared decision making, symptom management, and patient self-management, which scored lower.