Establishing National Metrics for Oncology

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Objectives

• Become familiar with new and evolving payment programs for cancer.

• Understand how cancer quality and performance metrics are established, particularly for the Merit-based Incentive Payment System (MIPS).
BACKGROUND
Why We Measure

Measures Drive Improvement
• Patient-centered measures = patient-centered results

Measures Inform Consumers
• Influence patient decision making and care planning

Measures Promote Value
• Improved outcomes = reduced costs

Measures Influence Payment
• Alternative payment models

SOURCE
National Measurement Priorities

“Meaningful quality measures increasingly need to transition from setting-specific, narrow snapshots... to assessments that are broad based, meaningful, and patient centered in the continuum of time in which care is delivered.”

Patrick Conway, Chief Medical Officer, CMS
Farzad Mostashari, Former Natl Coord. Health IT
Carolyn Clancy, Former Dir, AHRQ

MEDICARE ACCESS AND CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP) REAUTHORIZATION ACT OF 2015 (MACRA)
• **Physician Payment:** Repealed the Sustainable Growth Rate (SGR) Formula

• **Quality Reporting/Payments:** Consolidated three physician-level reporting and payment programs

• **Incentive Payments:** Incentivized participation in Advanced Alternative Payment Models (APM)

• **Measure Development:** Funded development of provider-level measures
Quality Payment Program (QPP)

• Two-tracks
  – Advanced Alternative Payment Models (APM)
  – Merit-based Incentive Payment System (MIPS)

• Affects professional reimbursement

Advanced APMs

Participate in the Advanced APM path:
If you receive 25% of Medicare payments or see 20% of your Medicare patients through an Advanced APM in 2017, then you earn a 5% incentive payment in 2019.

- Current eligible models
  - Comprehensive ESRD Care (CEC) - Two-Sided Risk
  - Comprehensive Primary Care Plus (CPC+)
  - Next Generation ACO Model
  - Shared Savings Program - Track 2
  - Shared Savings Program - Track 3
  - Oncology Care Model (OCM) - Two-Sided Risk

## MIPS Components

<table>
<thead>
<tr>
<th>Quality</th>
<th>Improvement Activities</th>
<th>Advancing Care Information</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
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[source](https://qpp.cms.gov/learn/qpp).
MIPS Professional Payments at Risk


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MIPS Performance Period and Payment

2017
Data Collection

March 31, 2018
Data Submission

2018
CMS Provides Performance Feedback

January 1, 2019
± 4% Payment Adjustment

2017 Performance Period (2019 Payment)

Pick Your Pace in MIPS
If you choose the MIPS path of the Quality Payment Program, you have three options.

Not participating in the Quality Payment Program:
If you don't send in any 2017 data, then you receive a negative 4% payment adjustment.

Test:
If you submit a minimum amount of 2017 data to Medicare (for example, one quality measure or one improvement activity for any point in 2017), you can avoid a downward payment adjustment.

Partial:
If you submit 90 days of 2017 data to Medicare, you may earn a neutral or small positive payment adjustment.

Full:
If you submit a full year of 2017 data to Medicare, you may earn a moderate positive payment adjustment.

MACRA Quality Measure Development

- Identified high-priority measures for development
- Allocated $75 mm for measure development (2015-2019)
- Authorized CMS Measure Development Plan
Measure Development Priorities

- Partner with patients, clinicians, professional societies
- Reduce reporting burden/align measures
- Shorten measure development/streamline data acquisition
- Meaningful outcomes, including patient-reported outcomes
- Promote appropriate use and shared accountability

Current State of MIPS Measures

• Final Rule released Oct 14 (CMS-5517-FC)
  – PQRS measures, with new measures
  – Specialty Measure Sets, including pathology and oncology

• Initial measure development focused on episode-based cost and resource measures
ONCOLOGY CARE MODEL (OCM)
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Oncology Care Model (OCM)

- Physician-level value-based purchasing for chemotherapy

- 5-year, multi-payer program: Jul 2016-Jun 2021

- 6-month episodes of care

- Risk models
  - One-sided: 4% discount
  - Two-sided: 2.75% discount (years 3-5 only)

OCM Participation Requirements

- Furnish chemotherapy services
- Enhanced service requirements
  - Patient navigation
  - 13-point care plan
  - 24/7 access
  - Data-driven continuous quality improvement
  - Certified EHR technology

OCM Quality Measures

• 12 measures
• 3 measures under development
  – Use of patient-reported outcomes
  – Evidence-based chemo for metastatic lung and colon cancer

OCM Measures

- Evidence-based treatment
- Symptom management
- Readmissions/ED visits
- Hospice
- Patient experience
- Medication documentation

SOURCE
CONNECTING MIPS AND OCM TO VALUE
PROs: Emerging Measures of Importance

**PRO**  →  **PROM**  →  **PRO-PM**

**patient-reported outcomes**  
information on the patient, told by the patient, without interpretation

**instrument, tool, single-item measure**  
way to collect information told by the patient without interpretation

**PRO-based performance measure**  
way to aggregate the information that has been shared and collected into a reliable, valid measure of performance

**EXAMPLE: Patients with Clinical Depression**

**Symptom: depression**

**Patient Health Questionnaire (PHQ-9®), a standardized tool to assess depression**

**Percentage of patients with diagnosis of major depression or dysthymia and initial PHQ-9 score >9 with a follow-up PHQ-9 score <5 at 6 months (NQF #0711)**

PROs: Emerging Measures of Importance

- Measures quality of care from patient’s perspective
- Functional status/quality of life become longitudinal “vital signs”

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PROs in Porter’s Outcome Model

Porter’s Outcome Measures Hierarchy

Tier 1
Health status achieved or retained

Degree of health achieved or maintained

Tier 2
Process of Recovery

Time to recovery and return to normal activities

Disutility of the care or treatment process
(e.g., diagnostic errors and ineffective care, treatment-related discomfort, complications, or treatment errors)

Tier 3
Sustainability of health

Sustainability of health/recovery and nature of recurrences

Long-term consequences of therapy
(e.g., care-induced illnesses)

SOURCE
PROs in Medicare Programs

• 2016 Merit-based Incentive Payment System (MIPS) Final Rule
  – 11 PROs for orthopedics, heart failure, and psoriasis
  – PRO registry as a Clinical Practice Improvement Activity

• Comprehensive Care for Joint Replacement Model (CJR) includes PROs
  – Voluntary in Years 1-3
  – Mandatory in Years 4 and 5
PROs Coming to Medicare Programs

• Oncology Care Model
  – PROs a high priority
  – PRO under development for outpatient chemotherapy

• PPS-Exempt Cancer Hospitals Quality Reporting Program (PCHQR)
  – 1 structural measure, 5 PROs submitted for localized prostate cancer (e.g., incontinence, erectile function) in 2016
Preparing for MIPS/OCM

- Learn about the programs:
  - Quality Payment Program
  - Oncology Care Model

- Connect with your professional organizations

- Protect your 2019 payment—report something to MIPS

- Prepare for outcomes measurement, particularly patient-reported outcomes
Acknowledgements

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• Institute for Strategy and Competitiveness

• International Consortium for Health Outcomes Measurement
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