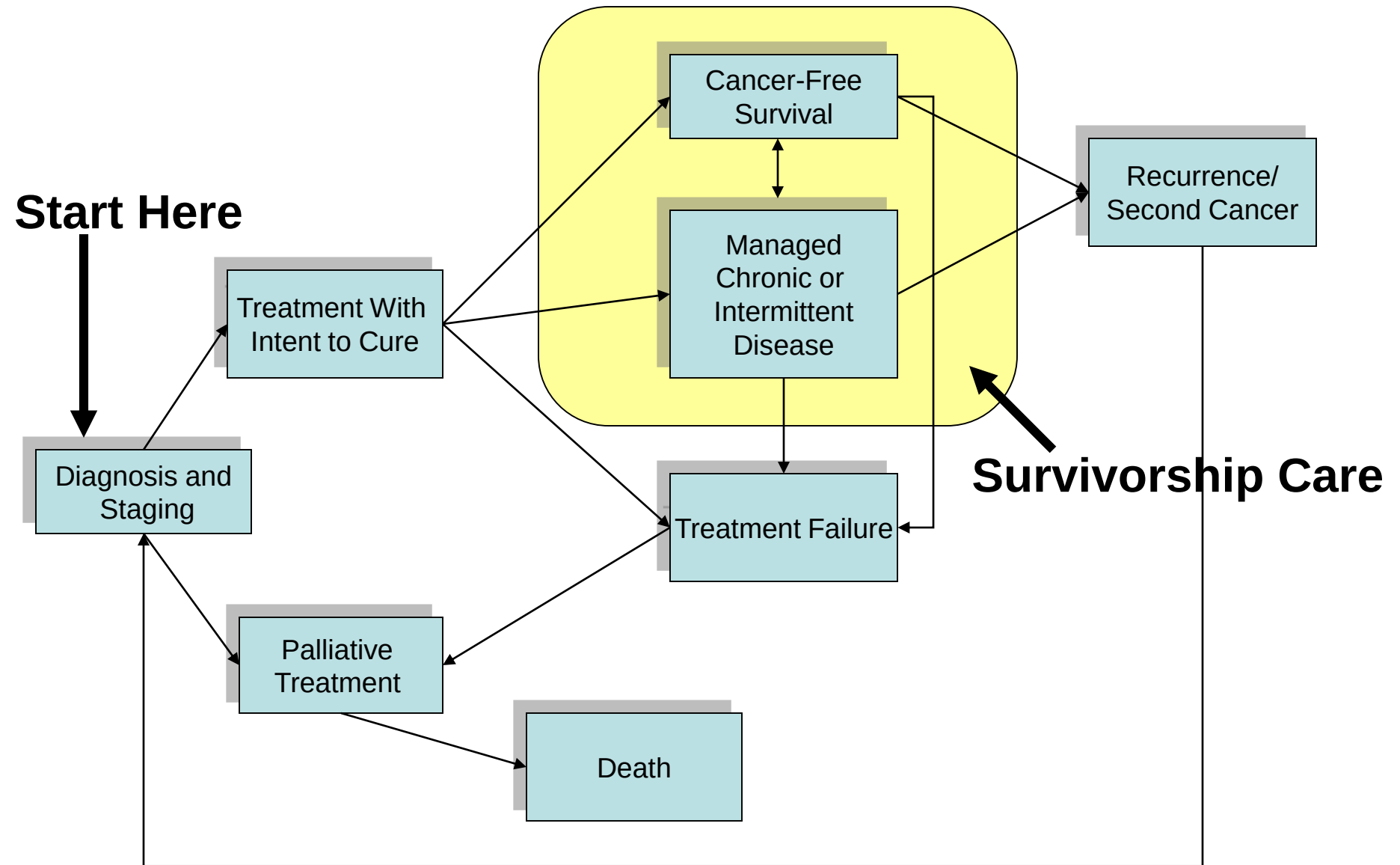




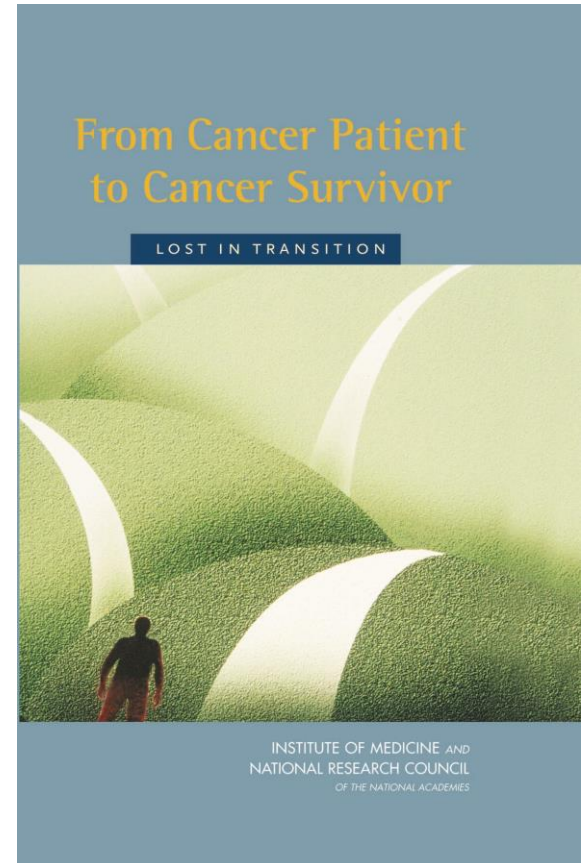
Wrap Up- July 25, 2017
Patricia Ganz, MD

Cancer Care Trajectory



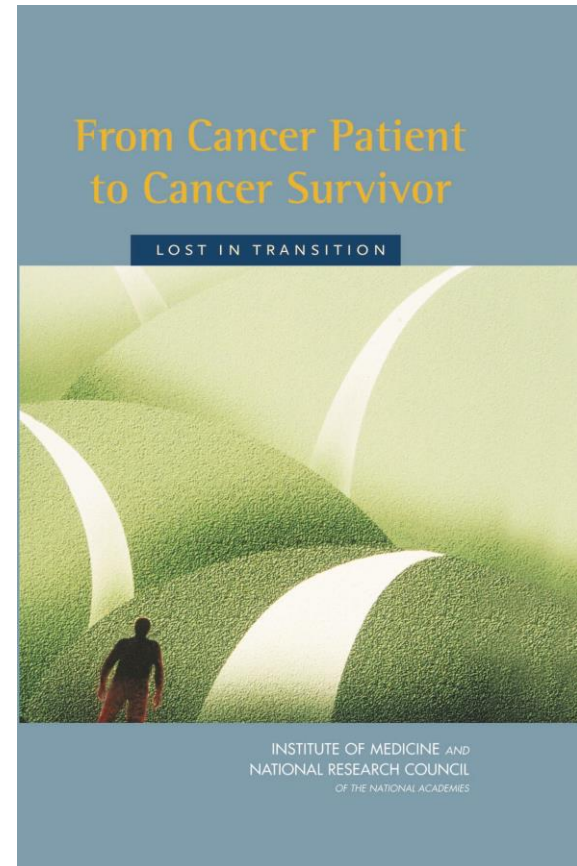
IOM Findings: Survivorship Care

- Survivorship care is a neglected phase of the cancer care trajectory
- Cancer recurrence, second cancers, and treatment late effects concern survivors
- Few guidelines on follow-up care
- Providers lack education and training



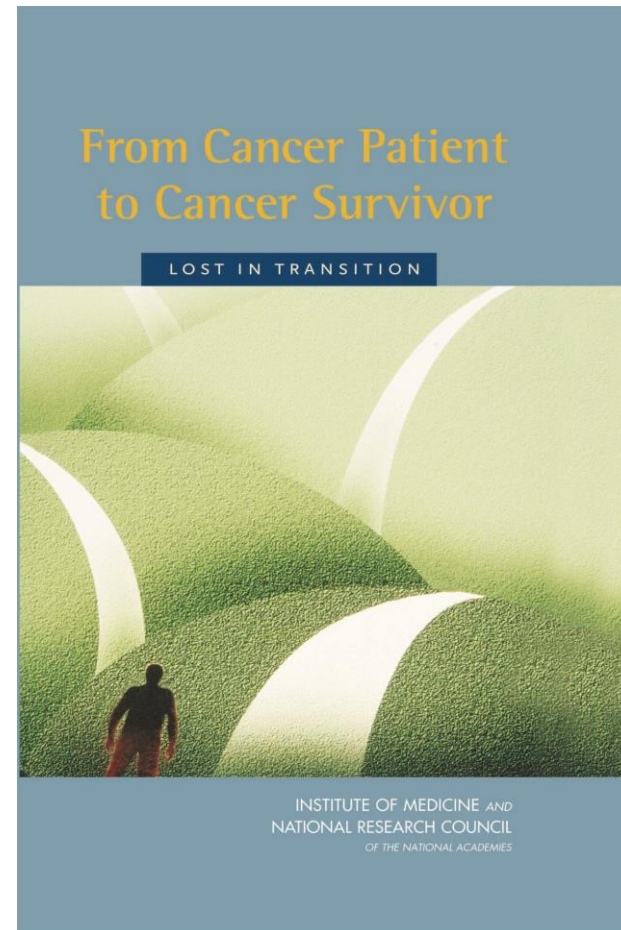
IOM Findings: Survivorship Care

- Survivors may:
 - be unaware of risk
 - have no plan for follow-up
- Opportunities to intervene may be missed
- Cancer care is often not coordinated
- Models of survivorship care not tested



IOM Findings: Survivorship Care

- Chronic care model applies
- Essential care components
 - Prevention
 - Surveillance
 - Intervention
 - Coordination



When does survivorship begin?

- Definitional problems...should it begin at the moment of diagnosis when treatment decisions are being made?
- The eye is in the beholder...for some patients and clinicians, it is only many years later, or after some of the late effects are apparent
- Problem of labeling

What is the role of cancer rehabilitation?

- “Cancer rehabilitation is the process aimed at prevention of the physical and psychosocial dysfunction which may result from the disease or its treatment.”
... Dr. Susan Mellette, 1987
- As part of this process clinicians must anticipate sequelae and initiate preventive strategies.

Why is cancer different from other chronic diseases?

- Cancer treatment is....
 - Complex
 - Multi-modal
 - Multi-disciplinary
 - Toxic
 - Expensive
 - And often poorly coordinated
- Cancer treatment usually occurs in isolation from primary health care delivery

Why does cancer care present such a challenge?

- An average of 3 specialists/patient, with treatments across time and space...outpatient, inpatient, specialized treatment facilities.... limited communication among treating physicians, multiple medical records

Other Challenges

- Limited systematic study of the late effects of cancer therapy
- Follow-up care plans have been *ad hoc*, with focus on surveillance for recurrence
- When should health promotion and chronic disease prevention become the focus?

Proposed Strategies to Address these Challenges

- Integrated, electronic medical records
- Patient navigators
- Consultation planning

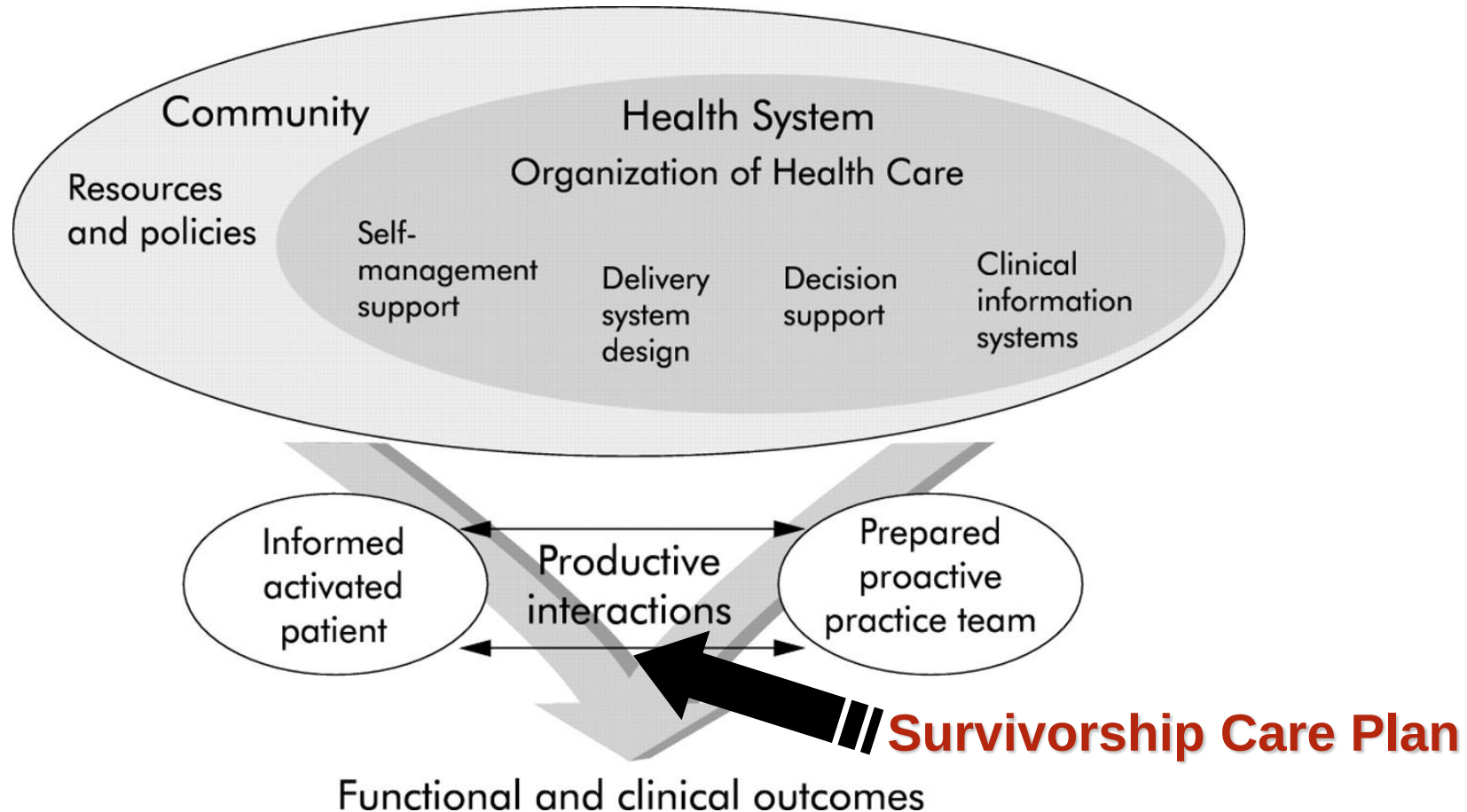
None of these strategies are widely available for patients receiving active treatment!

What happens when treatment ends?

Why do we need a survivorship care plan?

- To summarize and communicate what transpired during cancer treatment
- To describe known and potential late effects of cancer treatments, with expected time course
- To communicate to the survivor and other members of the health care team *what has been done* and *what needs to be done* in the future
- To promote a healthy lifestyle to prevent recurrence and reduce the risk of other comorbid conditions

Where does the Survivorship Care Plan fit in the Chronic Care Model?



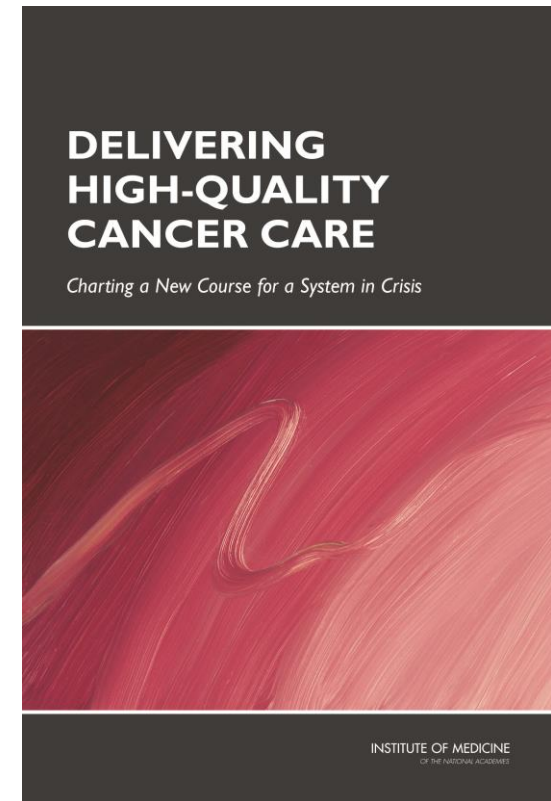
Epping-Jordan, J E et al. Qual Saf Health Care 2004;13:299-305

What happened between 2005 and the present?

- Cancer treatments became even more complex
- The cost of care increased exponentially and the term financial toxicity was coined
- The ACA expanded access to health insurance, removed life time caps on coverage
- Pre-existing conditions could no longer be excluded
- But coordination of care is even more challenging.....

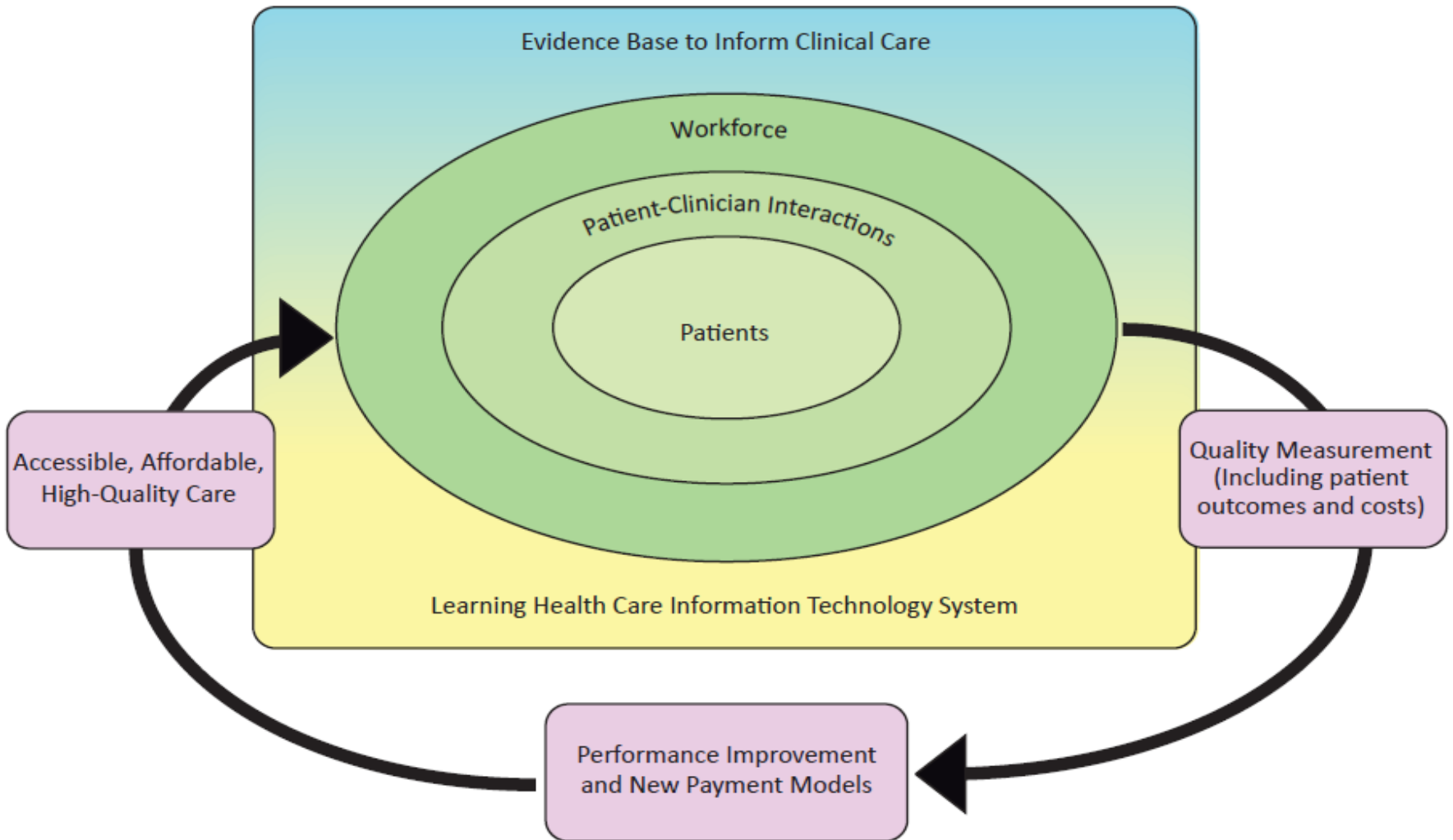
New IOM report released September 10, 2013

- “Cancer care is often not as patient-centered, accessible, coordinated, or evidence based as it could be.”
- Report concludes that the cancer care system is in crisis
- Recommendations for delivering high-quality cancer care



Conceptual Framework

A High-Quality Cancer Care Delivery System



Engaged Patients

GOAL 1

The cancer care team should provide patients and their families with understandable information on:

- Cancer prognosis
- Treatment benefits and harms
- Palliative care
- Psychosocial support
- Estimates of the total and out-of-pocket costs of care

Recommendation 1

- The federal government and others should **improve the development and dissemination** of this critical information, using decision aids when possible.
- Professional educational programs should **train clinicians in communication**.
- The **cancer care team** should:
 - **Communicate and personalize** this information for their patients.
 - Collaborate with their patients to **develop care plans**.
- CMS and others should design, implement, and evaluate **innovative payment models**.

Information in a Cancer Care Plan

- Patient information
- Diagnosis
- Prognosis
- Treatment goals
- Initial plan for treatment and duration
- Expected response to treatment
- Treatment benefits and harms
- Information on quality of life and a patient's likely experience with treatment
- Who is responsible for care
- Advance care plans
- Costs of cancer treatment
- A plan for addressing psychosocial health
- Survivorship plan

CMS Responds to IOM Report

Flatiron Health: About Us Oncology Care Model | Ce... Oncology Care Model | Ce... innovation.cms.gov/initiatives/Oncology-Care/

CareConnect - Applica... Google http--dcpcr.bol.ucla.e... http-online.wsj iLinc IOM Quality Portal Log In My Yahoo! Office of the Human R... Pub Med Research Policy & Co... School Of Public Health... School Of Public Health Suggested Sites Survivorship Cancer.N...

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Oncology Care Model

Share

The Center for Medicare and Medicaid Innovation (CMS Innovation Center) is developing new payment and delivery models designed to improve the effectiveness and efficiency of specialty care. Among those specialty models is the Oncology Care Model, an innovative new payment model for physician practices administering chemotherapy. Under the Oncology Care Model (OCM), practices will enter into payment arrangements that include financial and performance accountability for episodes of care surrounding chemotherapy administration to cancer patients. The Centers for Medicare and Medicaid Services (CMS) is also seeking the participation of other payers in the model. This model aims to provide higher quality, more highly coordinated oncology care at a lower cost to Medicare.

Background

Cancer diagnoses comprise some of the most common and devastating diseases in the United States: more than 1.6 million people are diagnosed with cancer each year in this country. A majority of those diagnosed are over 65 years old and Medicare beneficiaries. Through OCM, the CMS Innovation Center has the opportunity to achieve three goals in the care of this medically complex population: better care, smarter spending, and healthier people.

Initiative Details

The goal of OCM is to utilize appropriately aligned financial incentives to improve care coordination, appropriateness of care, and access to care for beneficiaries undergoing chemotherapy. OCM encourages participating practices to improve care and lower costs through an episode-based payment model that financially incentivizes high-quality, coordinated care. The CMS Innovation Center expects that these improvements will result in better care, smarter spending, and healthier people. Practitioners in OCM are expected to rely on the most current medical evidence and shared decision-making with beneficiaries to inform their recommendation about whether a beneficiary should receive chemotherapy treatment. OCM provides an incentive to participating physician practices to comprehensively and appropriately address the complex care needs of the beneficiary population receiving chemotherapy treatment, and heighten the focus on furnishing services that specifically improve the patient experience or health outcomes.

OCM encourages other payers to participate in alignment with Medicare to create broader incentives for care transformation at the physician practice level. Aligned financial incentives that result from engaging multiple payers will leverage the opportunity to transform care for oncology patients across a broader population. Other payers would also benefit from savings, better outcomes for their beneficiaries, and

Model Summary

Stage: Accepting Letters of Intent, Accepting Applications
Number of Participants: N/A
Category: Bundled Payments for Care Improvement
Authority: Section 3021 of the Affordable Care Act

Milestones & Updates

Apr 16, 2015
Announced: Webinar focusing on Frequently Asked Questions (FAQs) and application overview

Mar 24, 2015
Updated: Payer participation webinar slides posted

Mar 13, 2015
Announced: Webinar focusing on payer participation

Feb 24, 2015
Updated: Slides from introduction webinar posted

Where Health Care

www.cms.gov/Medicare/Medicare.html

6:28 PM 4/21/2015

Episode of Care Payment for High-Quality Cancer Care

- Starts with chemotherapy administration (including oral meds)
- Covers 6 months of prospective care
- \$160/beneficiary additional payments to provide high-quality cancer care
- Now joined by multiple private payers as well
- Bundled payments are the future for many types of chronic specialty care

To be compliant with Oncology Care Model.....

Information in a Cancer Care Plan*

- Patient information
- Diagnosis
- Prognosis
- Treatment goals
- Initial plan for treatment and duration
- Expected response to treatment
- Treatment benefits and harms
- Information on quality of life and a patient's likely experience with treatment
- Who is responsible for care
- Advance care plans
- Costs of cancer treatment
- A plan for addressing psychosocial health
- Survivorship plan

*Listed in total as part of CMS Oncology Care Model demonstration for episode of care payment

This is an important first step...

- **But we need to do more**
 - An adequately trained workforce and a focus on the needs of caregivers
 - Collect better data on diverse populations with cancer who are not represented in our research studies
 - Integrate evidence-based psychosocial services into standard care and eliminate services for which no evidence exists (routine surveillance tests)
 - Develop and implement quality measures for survivorship care

Cancer Care Trajectory

