CMMI Perspective

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Interoperability

Quality Payment Program

Current and Future CMMI Oncology Models

Interoperability

"Centers for Medicare & Medicaid Services (CMS) remains committed to making health care data flow more freely and securely among payers, providers, and patients"[1]

- May 1, 2020: CMS Interoperability and Patient Access Final Rule[2]
  - **Requires certified Electronic Health Records to support standardized APIs that allow for secure data exchange** utilizing the Fast Healthcare Interoperability Resources (FHIR) standard
    - Enables data exchange between a provider and a patient's chosen personal health app
    - Mandates support for data exchange across providers and with payers
      - CMS is exercising enforcement discretion with regard to payer-to-payer data exchange

- CMS is also:
  - Aligning with ONC's **USCDI initiative**, which creates standardized vocabulary for core data elements
  - Exploring:
    - Use of technology tools to **streamline processes like prior authorization**[3]
    - Use of a **standards-based API** for price transparency efforts, using the HL7 FHIR standard

API=Application Programming Interface; FHIR=Fast Healthcare Interoperability Resources; HL7=Health Level Seven International; ONC=Office of the National Coordinator for Health Information Technology; USCDI=United States Core Data for Interoperability
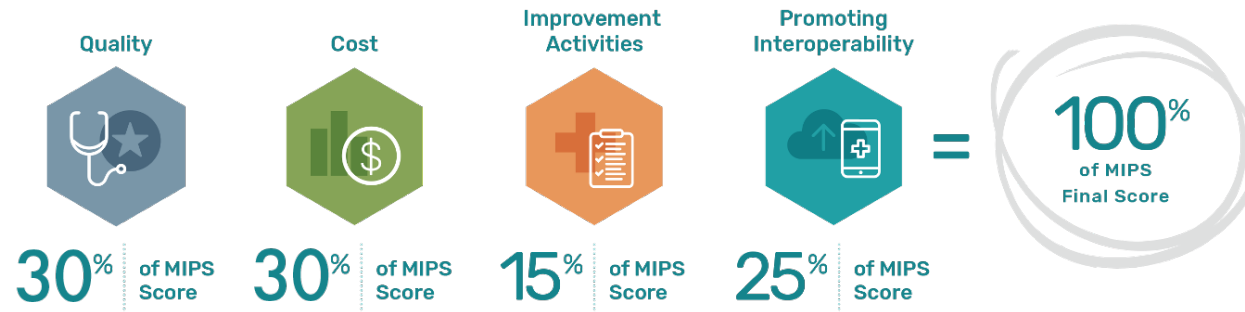
Interoperability

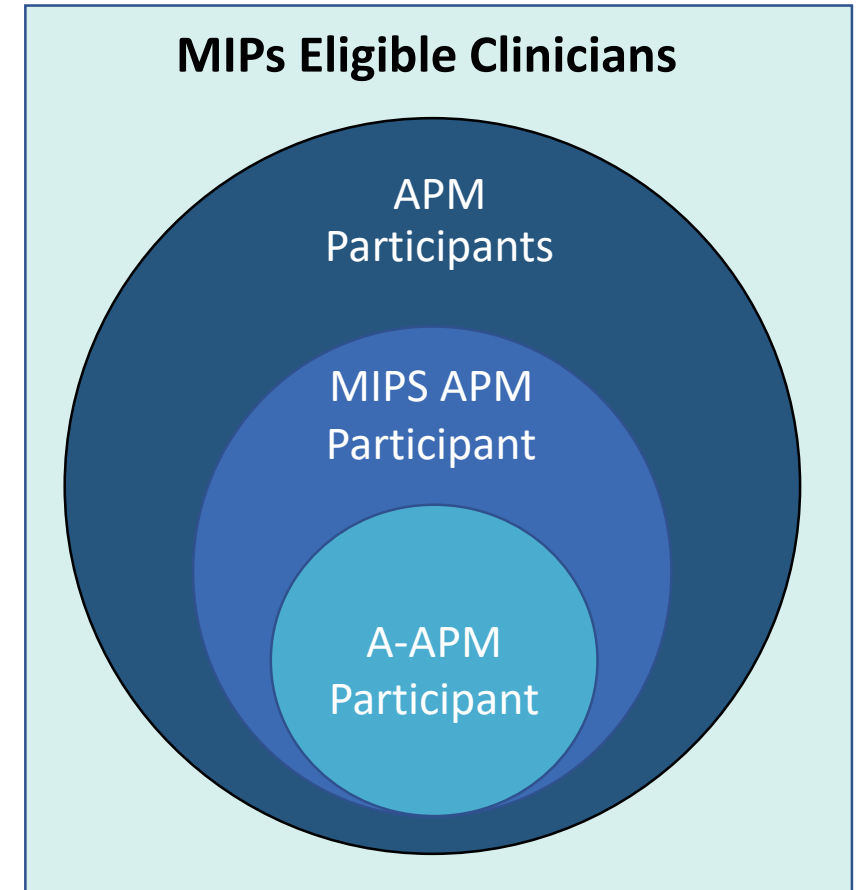**Quality Payment Program**

Current and Future CMMI Oncology Models

Quality Payment Program

- MIPS for 2022: determines if you receive a positive, negative, or neutral payment adjustment

Quality	Cost	Improvement Activities	Promoting Interoperability		100% of MIPS Final Score
30% of MIPS Score	30% of MIPS Score	15% of MIPS Score	25% of MIPS Score	=	

- Promoting interoperability
  - 90-day reporting
  - **Use Certified EHR Technology (CEHRT)[1]**
  - 4 Objectives:
    1. e-Prescribing;
    2. Health Information Exchange;
    3. Provider to Patient Exchange;
    4. Public Health and Clinical Data Exchange

MIPs Eligible Clinicians

APM Participants

MIPS APM Participant

A-APM Participant

Interoperability

Quality Payment Program

Current and Future CMMI Oncology Models

Oncology Care Model (OCM)

1.8 million people annually diagnosed with cancer; a significant proportion are over 65 years

- 6-year voluntary model: July 1, 2016-June 30, 2022

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- **126** participating practices
- **6,000+** practitioners
- **5** participating payers
- Nearly **200,000** Medicare FFS beneficiaries/year

- Objective: Provide beneficiaries with better care coordination to improve quality and decrease cost
  - ➢ Implement six practice redesign activities to achieve whole practice transformation
  - ➢ Create two-part financial incentive with $160 payment for Enhanced Services and potential for performance-based payment/recoupment based on savings and quality
  - ➢ Institute robust quality measurement
  - ➢ Engage multiple payers to transform care across the patient population

Practice Redesign Activities

1. Patient navigation
2. Care plan with 13 components based on IOM Care Management Plan
3. 24/7 access to clinician with real-time access to medical records
4. Use of therapies consistent with national guidelines
5. Data-driven continuous quality improvement
6. **Use of certified EHR technology**

Radiation Oncology (RO) Model

Congress prohibited implementation of the RO Model prior to January 1, 2023.

- The RO Model aims to improve the quality of care for cancer patients receiving radiotherapy and move toward a simplified, predictable, and site-neutral payment system.

- Required participation in areas that represent 30% of eligible RO episodes

Participation requirements include:
- clinical and quality data reporting
- care coordination requirements
- patient-centered care requirements
- **use certified EHR technology** (for Track One participants)
- participation in an AHRQ-listed patient safety organization

Potential Future Models and Looking Ahead

- CMMI published an informal Request for Information in November 2019[1]
  - The potential oncology model design included:
    - **Required use of CEHRT**
    - **Gradual implementation of electronic patient reported outcomes**

- CMMI strategy refresh

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