Advancing Health Equity in Oncology Value-Based Care Models

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Disclosures

- I have no disclosures to report.

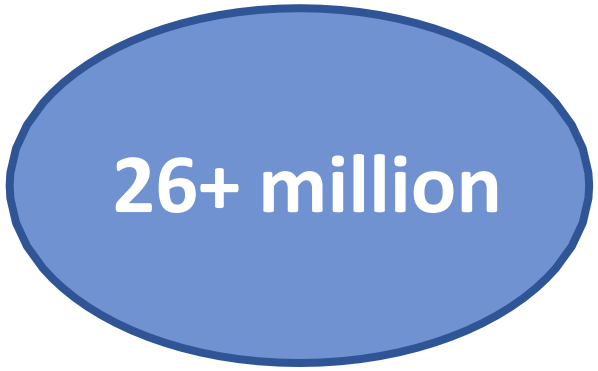
The CMS Innovation Center Statute

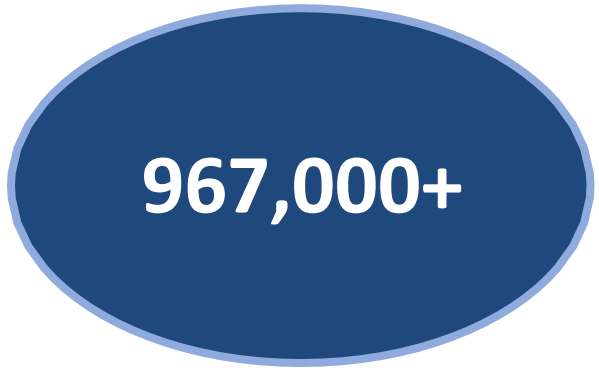
"The purpose of the [Center] is to **test innovative payment and service delivery models** to reduce program expenditures…while preserving or enhancing the quality of care furnished to individuals under such titles."

Alternative Payment Models can apply to a specific:

- **Health condition**, like cancer
- **Care episode**, like joint replacement
- **Provider type**, like primary care providers
- **Community**, like rural areas
- **Innovation** within Medicare Advantage or Medicare Part D

CMS Innovation Center's Range of Impact





Beneficiaries touched*

CMS Innovation Center models impact over 26M beneficiaries **in all 50 states**[1, 2]

Providers participating*

Over 967,000 health care providers and provider groups [2] **across the nation** are participating in CMS Innovation Center programs

[1] Includes CMS beneficiaries (i.e., individuals with coverage through Medicare FFS, Medicaid, both Medicare and Medicaid (as Medicare-Medicaid enrollees), CHIP, and Medicare Advantage) and individuals with private insurance, including in multi-payer models

[2] Figures as of December 2019

* Data represents only 2 years of CMMI impact not all affected beneficiaries and providers over the entire CMMI experience, to date

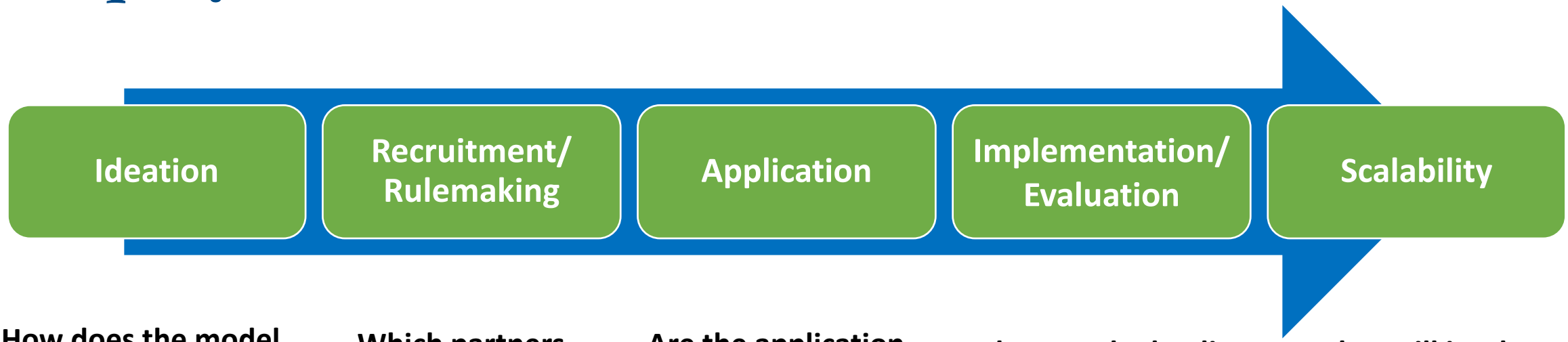
Source: Innovation Center-Report to Congress, December 2018

CMMI's Vision: What Is To Come Over the Next 10 Years

Advancing Health Equity

- **Develop new models and modify existing models** to address health equity and social determinants of health;
- **Increase the number of beneficiaries from underserved communities** who receive care through value-based payment models by increasing the participation of Medicare and Medicaid providers who serve them;
- **Evaluate models specifically for their impact on health equity** and share data and "lessons learned" to inform future work; and
- **Strengthen data collection and intersectional analyses** for populations defined by demographic factors such as race, ethnicity, language, geography, disability, and sexual orientation/gender identity to identify gaps in care and develop interventions to address them.

Life Cycle of Models: Opportunities to Embed Equity



Ideation

- How does the model design ensure equitable access?
- How will the evaluation design capture impact on underserved populations?

Recruitment/ Rulemaking

- Which partners are engaged?
- How is their feedback incorporated?

Application

- Are the application criteria free of bias?
- What support is needed for under-resourced model participants?

Implementation/ Evaluation

- What are the leading equity indicators on how the model is performing?
- What is the equity impact of the model?

Scalability

- What will it take to scale and spread to ensure equitable benefit?

Oncology Care Model Launched in 2016

1.8 million people annually diagnosed with cancer with certain groups bearing a disproportionate burden of cancer.

OCM Objective: Provide beneficiaries with **improved care coordination to improve quality and decrease cost**

- Implement **six practice redesign** activities
- Create two-part **financial incentive** with $160 per-beneficiary per-month payment and potential for performance-based payment
- Institute robust **quality** measurement
- Engage **multiple payers**

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

OCM Participation

- **126** participating practices
- **6,000+** practitioners
- **5** participating payers
- **100,000+ Medicare FFS** beneficiaries/year, estimated
- **Approx. $7.8 billion** in care included in 6-month episodes

OCM Findings (as of 2020 evaluation)

Overall, there was no meaningful OCM impact on ED visits, hospitalizations overall, chemotherapy-related side effects, office visits, or post-acute care, or on hospice use or timing. There was a shift towards higher-value supportive care drugs and quality of care maintained under the OCM model.

Exhibit B-33: OCM Led to an Increase in 30-Day Unplanned Readmissions during Black Beneficiaries' Episodes

Number of 30-Day Unplanned Readmissions	OCM		COMP		Impact Estimates Through PP5				Period by Period Impact Estimates				
	Baseline Mean	Int Mean	Baseline Mean	Int Mean	DID	90% LCL	90% UCL	Percent Change	PP1 DID	PP2 DID	PP3 DID	PP4 DID	PP5 DID
Race Subgroup													
Episodes for White Beneficiaries	0.091	0.082	0.083	0.076	-0.002	-0.005	0.001	-2.1%	-0.002	-0.000	-0.004	-0.003	-0.001
Episodes for Black Beneficiaries	0.121	0.115	0.121	0.106	0.009*	0.001	0.017	7.5%	0.008	0.004	0.000	0.021***	0.012
Episodes for Hispanic Beneficiaries	0.110	0.102	0.097	0.090	-0.001	-0.012	0.011	-0.5%	-0.008	-0.009	0.012	-0.003	0.006

Asterisks denote statistically significant impact estimates at *p<0.10, **p<0.05, and ***p<0.01. **Source**: Medicare claims 2014–2019.
Notes: The proportion of episodes by race/ethnicity break down as follows: White beneficiaries: 82.4%; Black beneficiaries: 8.8%; Hispanic beneficiaries: 4.6%; beneficiaries of other races: 4.2%..
OCM: OCM intervention group. COMP: Comparison group. Int.: Intervention period. PP: Performance period. DID: Difference-in-difference. LCL: Lower confidence limit. UCL: Upper confidence limit.
Episodes for beneficiaries of other races are not included in this table because the 30-Day Unplanned Readmissions impact estimate could not be reliably reported due to failure of the baseline parallel trends assumption.

*While the findings were significant, the effect sizes were very small and somewhat limited in terms of informing actionable responses.

Thank You

- Contact Information: Dora.Hughes@cms.hhs.gov
- CMMI Resources:
  - Oncology Care Model
  - CMMI's recent blog in *HealthAffairs*