

# 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

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# 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** Adapted from [http://www.qualityforum.org/Masuring\\_Performance/ABCs/The\\_Difference\\_a\\_Good\\_Measure\\_Can\\_Make.aspx](http://www.qualityforum.org/Masuring_Performance/ABCs/The_Difference_a_Good_Measure_Can_Make.aspx) and [http://www.ichom.org/files/presentations/The%20strategy%20to%20transform%20health%20care%20and%20the%20role%20of%20outcomes%20\(Porter\).pdf](http://www.ichom.org/files/presentations/The%20strategy%20to%20transform%20health%20care%20and%20the%20role%20of%20outcomes%20(Porter).pdf).

# 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*

**SOURCE** Conway PH, Mostashari F, Clancy C. The future of quality measurement for improvement and accountability. *Jama*. 2013;309(21):2215-2216.

# MEDICARE ACCESS AND CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) REAUTHORIZATION ACT OF 2015 (MACRA)

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# 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- Physician Payment: Repealed the Sustainable Growth Rate (SGR) Formula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

Physicians	Physician Assistants	Nurse Practitioners	Clinical Nurse Specialists	Certified Registered Nurse Anesthetists
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SOURCE <https://qpp.cms.gov/>.



# 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**

SOURCE <https://qpp.cms.gov/learn/apms>.

# MIPS Components



## Quality

Replaces  
*Physician Quality  
Reporting System  
(PQRS)*



## Improvement Activities

*\*New Category\**



## Advancing Care Information

Replaces  
*Meaningful Use EHR  
Incentive Program*

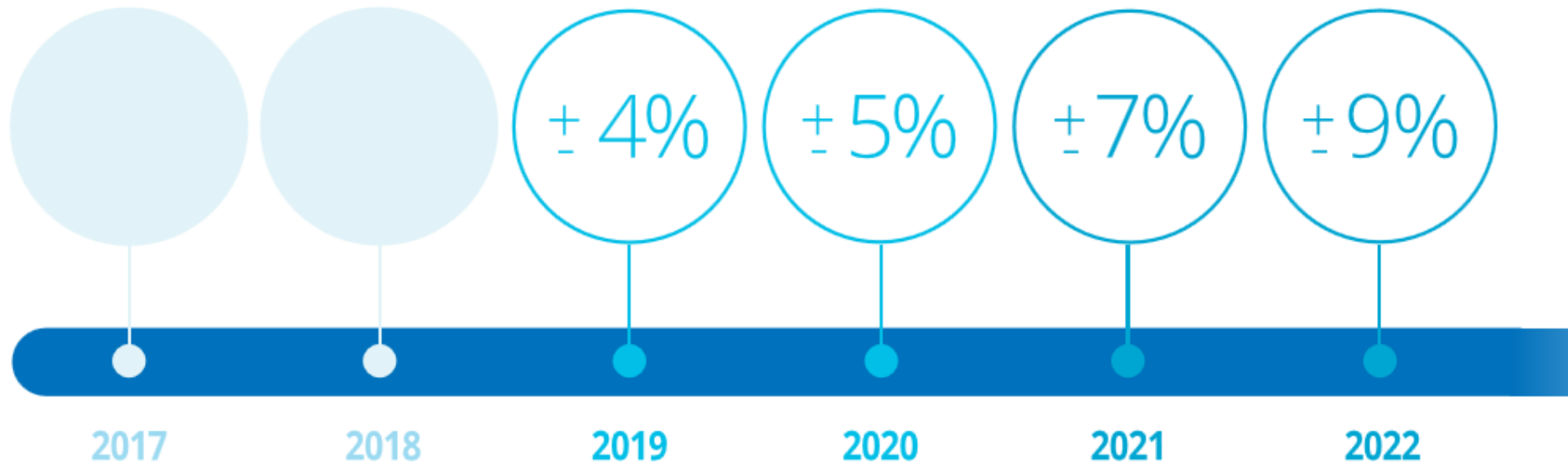


## Cost

Replaces  
*Value-Based Payment  
Modifier (VBPM)*

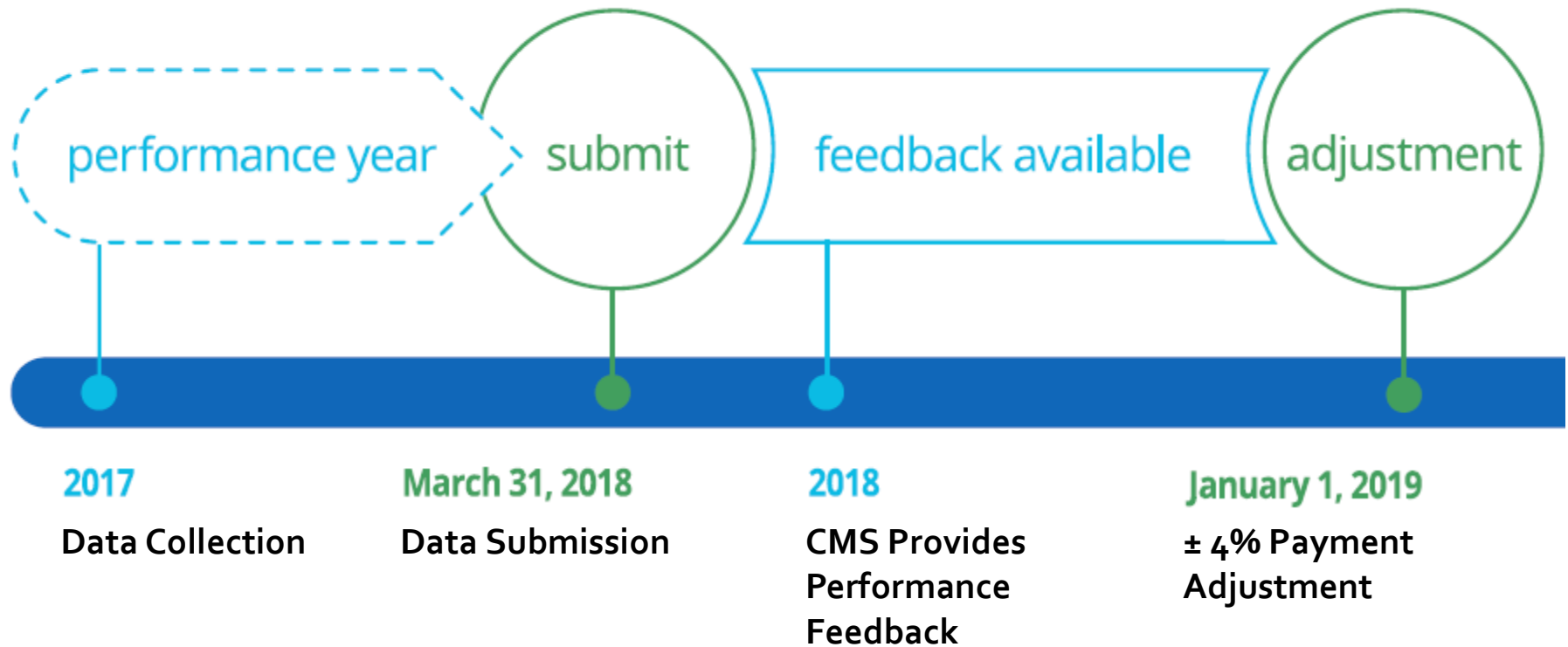
SOURCE <https://qpp.cms.gov/learn/qpp>.

# MIPS Professional Payments at Risk



SOURCE <https://qpp.cms.gov/>.

# MIPS Performance Period and Payment

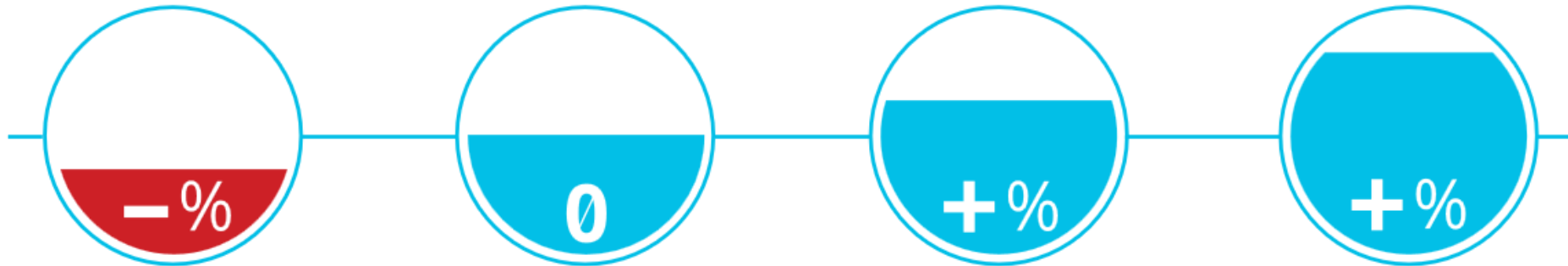


SOURCE <https://qpp.cms.gov/>.

# 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.



### Don't Participate

#### Not participating in the Quality Payment Program:

If you don't send in any 2017 data, then you receive a negative 4% payment adjustment.

### Submit Something

#### 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.

### Submit a Partial Year

#### Partial:

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

### Submit a Full Year

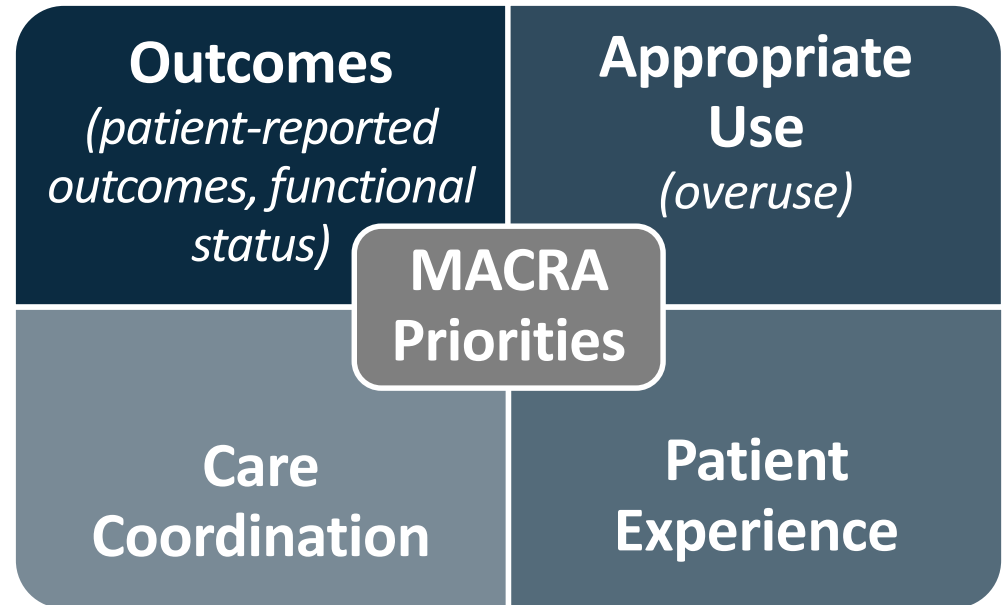
#### Full:

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

**SOURCE** <https://qpp.cms.gov/> and <https://qpp.cms.gov/measures/performance>.

# 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

**SOURCE** Analysis of: Centers for Medicare & Medicaid Services. CMS Quality Measure Development Plan: Supporting the Transition to the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs). Baltimore, MD: Centers for Medicare & Medicaid Services; 2016. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-BasedPrograms/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>.

# 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*)

SOURCE <https://innovation.cms.gov/Files/x/ocm-methodology.pdf>.

# 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

SOURCE <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-06-29.html>.

# 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** Analysis of <https://innovation.cms.gov/Files/x/ocm-methodology.pdf> and <http://www.ncqa.org/homepage/ncqa-public-comments/development-of-quality-measures-for-potential-use-in-oncology-quality-reporting-programs>.

# CONNECTING MIPS AND OCM TO VALUE

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# 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<sup>®</sup>), 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)

**SOURCE** National Quality Forum (NQF). Fast Forward: Creating Valid and Reliable Patient-Reported Outcome Measures. 2013. Available at: <http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=73012>. Accessed October 11, 2016.

# PROs: Emerging Measures of Importance

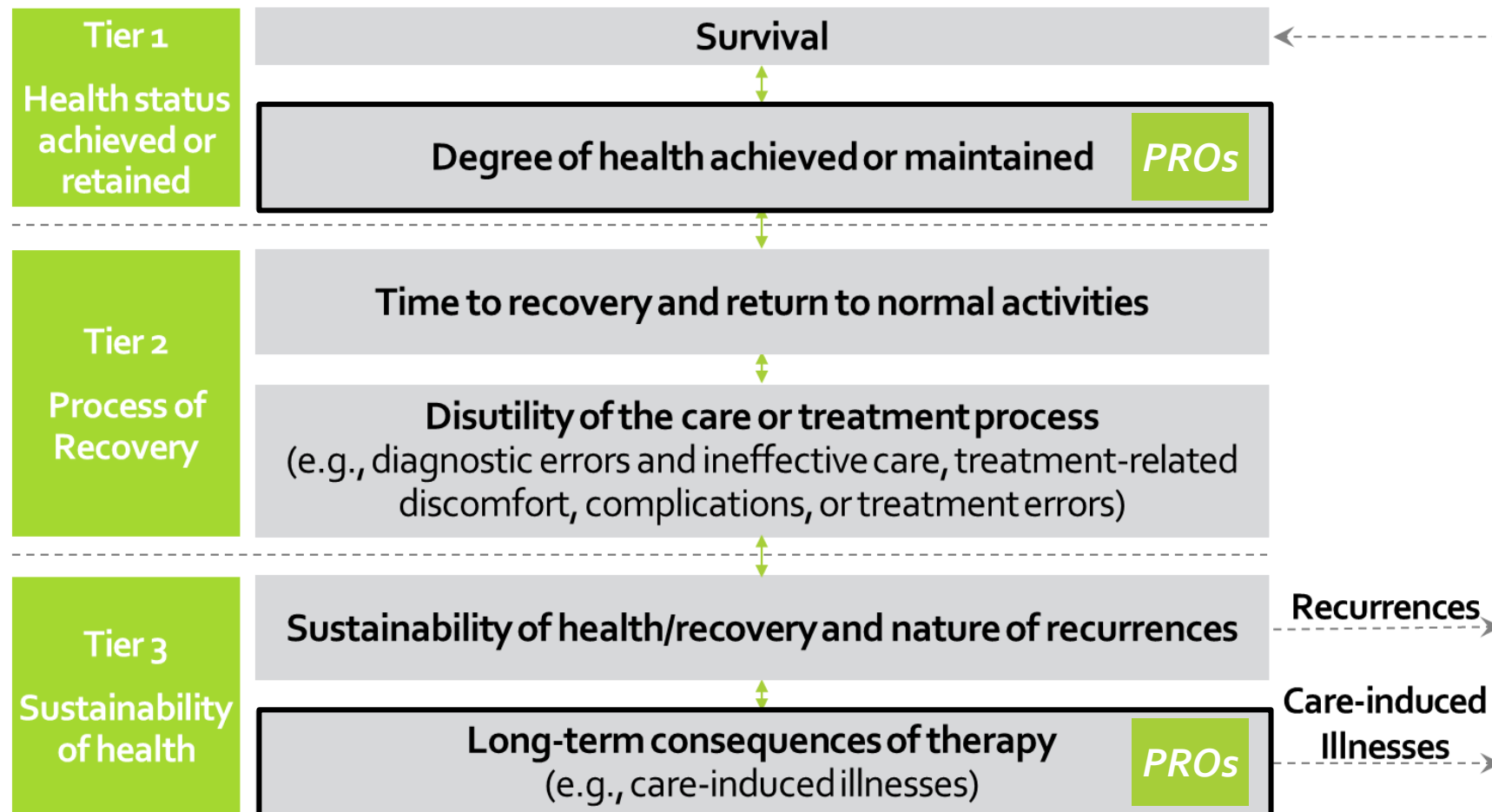
- Measures quality of care from patient's perspective
- Functional status/quality of life become longitudinal “vital signs”

FACT-B + 4 (Version 4)						
Please circle or mark one number per line to indicate your response as it applies to the <u>past 7 days</u> .						
<u>EMOTIONAL WELL-BEING</u>		Not at all	A little bit	Some- what	Quite a bit	Very much
GE1	I feel sad .....	0	1	2	3	4
GE2	I am satisfied with how I am coping with my illness.....	0	1	2	3	4
GE3	I am losing hope in the fight against my illness.....	0	1	2	3	4
GE4	I feel nervous.....	0	1	2	3	4
GE5	I worry about dying.....	0	1	2	3	4
GE6	I worry that my condition will get worse.....	0	1	2	3	4

**SOURCE** This survey from the FACIT Measurement System is owned and copyrighted by, and is the intellectual property of, David Cella, PhD. For complete copyright terms, see <http://www.facit.org/FACITOrg/AboutUs/Copyright>.

# PROs in Porter's Outcome Model

## Porter's Outcome Measures Hierarchy



**SOURCE** Porter ME. What Is Value in Health Care?. *New Engl J Med.* 2010;363(26):2477-2481.



# 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

# CLOSING THOUGHTS

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# 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

- MD Anderson Cancer Center: Clinical Operations, Clinical Revenue&Reimbursement, Institute for Cancer Care Innovation, Physicians Referral Service
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- Institute for Strategy and Competitiveness
- International Consortium for Health Outcomes Measurement

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