Testing a One-Year Payment Bundle in Head and Neck Cancer

Tracy Spinks, BBA

Program Director, Cancer Care Delivery Associate, Institute for Cancer Care Innovation

November 4, 2016



Co-Authors

- Alexis B. Guzman
- Jim Incalcaterra
- Dr. Randal Weber
- Dr. Ehab Hanna
- Dr. Beth Beadle
- Dr. Amy Hessel

- Judy Moore
- Artemio Mier
- Miriam Flores
- Sheila H. Harris
- Dr. Ron Walters
- Dr. Thomas W. Feeley



Objectives

Explore the feasibility of a single, prospective
payment for one year of head and neck cancer care

 Evaluate the administrative burden and potential solutions under the alternative payment model

Assess the impact on outcomes, utilization, and reimbursement



METHODS



Pilot Development Process

Assemble clinical, financial, and operational teams Outline patient identification and enrollment protocols Define outcomes and financial metrics Establish claims, outcomes, financial tracking processes Develop patient communication tools

> MDAnderson Cancer Center

Educate providers, clinic staff, and project teams

Head & Neck Outcomes

We Ask Your Doctors

Freatment

<u>Getting Your Treatment</u>

- Seeing a doctor quickly
- Starting treatment quickly
- Finishing treatment on time

Complications

- Reoperations
- Hospital length of stay
- Emergency visits
- Unexpected hospital stays
- Mortality

Staying ncer-Free

- Overall survival
- Cancer-free survival
- Cancer-specific survival
- Cancer recurrence

We Ask You

During and After Treatmen

Living Your Life

- Return to your everyday routine
- Able to work

Quality of Life

- Speaking
- Swallowing
- Dry mouth
- Facial appearance
- Breathing tube
- Feeding tube



PRO Data Collection

- Patient-reported outcomes (PRO) obtained via the MD Anderson Symptom Inventory (MDASI-HN)
 - 28-item validated PRO instrument (9 head and neck-specific questions)
 - Before treatment through 2 years after treatment
- Administered via patient portal; responses integrated into EHR

PRO Tool: MDASI-HN

Part II. How have your symptoms interfered to under-

Symptoms frequently interfere with low fee and function. How much have your symptoms interfered with the following items in to past 24

		D lot erfere										Interfered Completely
		0	1	2	3	4	5	6	7	8	9	10
23.	General activity?	0	0	0	0	0	0	0	0	0	0	0
24.	Mood?	0	0	0	0	0	0	0	0	0	0	0
25.	Work (including work around the house)?	0	0	0	0	0	0	0	0	0	0	0
26.	Relations with other people?	0	0	0	0	0	0	0	0	0	0	0
27.	Walking?	0	0	0	0	0	0	0	0	0	0	0
28.	Enjoyment of life?	\circ	0	0	0	0	0	0	0	0	0	0

Copyright 2000 The University of Texas M. D. Anderson Cancer Center All rights reserved.



CONCLUSION



Key Success Factors

- High-performing multidisciplinary center
- Dedicated providers/finance staff
- Precision project management
- Early focus on patient experience
- Collaborative payer/provider relationship



Priorities for Future Success

- Provider/payer policies that facilitate alternative payment
- Interoperable IT solutions for providers and payers



Acknowledgements

- MD Anderson Cancer Center: Business Affairs
 Administration; Clinical Operations; EHR Analytics
 & Reporting; Finance; Government Relations; Head
 and Neck Center; Institute for Cancer Care
 Innovation; Office of the EVP/Physician-in-Chief
- Harvard Business School Institute for Strategy and Competitiveness
- UnitedHealthcare

