

November 20, 2017

VIA ELECTRONIC SUBMISSION THROUGH www.survey.max.gov

Ms. Amy Bassano
Acting Director
Center for Medicare and Medicaid Innovation
Centers for Medicare and Medicaid Services
2810 Lord Baltimore Drive
Baltimore, Maryland

RE: Request for Information: CMS' Innovation Center New Direction

Dear Ms. Bassano,

On behalf of the Value Based Care Steering Committee and physicians of The US Oncology Network (The Network)¹, I thank you for the opportunity to provide comment on the Request for Information (RFI), "Centers for Medicare & Medicaid Services: Innovation Center New Direction" and commend CMS for the effort to build on what CMMI has accomplished to date.

The US Oncology Network includes practices which serve more than 900,000 patients and 160,000 new cancer patients annually across 400 sites of service and 25 states. McKesson Specialty Health supports more than 1800 physicians that participate in the Quality Payment Program, including almost half that participate in the Oncology Care Model (OCM) the oncology focused Alternate Payment Model (APM) led by the Center for Medicare & Medicaid Innovation (CMMI).

We comment below on several of the key questions and issues raised in the RFI and note that Congress' enactment of MACRA, on a bipartisan basis, makes CMMI's role even more important in the transition from fee-for-service to value-based payment.

Principles in the RFI:

Voluntary Models (Provider Choice and Incentives)

CMS asks for comment on the pursuit of voluntary rather than mandatory models. In fact, most of the models that CMMI has fielded to date have been voluntary. Indeed, the Oncology Care Model in which The Network currently participates, prompted a very robust response from stakeholders in the

¹ The US Oncology Network is one of the nation's largest networks of community-based oncology physicians dedicated to advancing cancer care in America. Like-minded physicians are united through The Network around a common vision of expanding patient access to high-quality, integrated cancer care in communities throughout the nation. Leveraging healthcare information technology, shared best practices, refined evidence-based medicine guidelines, and quality measurements, physicians affiliated with The US Oncology Network are committed to advancing the quality, safety, and science of cancer care to improve patient outcomes. The US Oncology Network is supported by McKesson Specialty Health, a division of McKesson Corporation focused on empowering a vibrant and sustainable community patient care delivery system to advance the science, technology, and quality of care. More information about The US Oncology Network can be found at www.usoncology.com.

oncology community. The US Oncology Network providers have voluntarily ascribed to value based care indicated by the enrollment of more than 40K unique patients in the Oncology Care Model during the first 14 months of the program.

We believe this high level of provider engagement reflects an interest on the part of stakeholders to both improve patient care and increase the value associated with that care. It also reflects the collaborative approach that CMMI took in developing and implementing the model, during which CMMI addressed stakeholder questions and concerns.

Patient-Centered Care

Promoting patient engagement—ownership in their care—is critical. Nowhere is this more important than in oncology where patients are encouraged to have early, frequent discussions with their care teams. The OCM already requires these patient discussions, including those around advance care planning and expectations for end-of-life care. Discussions between physicians, patients and their families can help promote appropriate treatment and quality of life for patients.

Measures of patient satisfaction play an important role, but there needs to be a greater emphasis on actionable, evidence-based measures that target clearly defined outcomes (i.e., those that can “move the dial” on patient satisfaction, quality and cost of care). While CMS has begun to address concerns about the number and overlap in its many quality measurement systems, there is more work to do. We recommend that CMS and CMMI better align quality measures and specifications across APMs and MIPS and develop new high-value measures based on provider and care team input.

Models in the RFI:

Expanded Opportunities for Participation in Advanced APMs

CMMI’s work implementing APMs has become more important with the implementation of MACRA and the growing interest of physicians and other clinicians in APMs and Advanced APMs. To date, CMMI has worked with stakeholders to develop APM models that balance the need to determine whether key metrics are achieved while limiting burden. In the OCM, examples of positive steps include: targeting improvement activities; focusing more on quality outcomes; adopting technology that supports improvement in patient care; and achieving sustainable costs. With more experience in implementing APMs and other initiatives, we hope that CMMI will continue to strike the right balance and reduce administrative burden while maintaining the integrity of patient care.

With the advent of MACRA and the mandatory MIPS program, it has also become more important to promote voluntary Advanced APMs. It is critical that CMMI prioritize the fielding of new AAPMs and improve existing AAPMs so that more specialties can participate, including Radiation Oncology, which was the subject of a recent CMS report to Congress.

Operationally, there are steps CMMI should consider that will strengthen existing and new model demonstrations, including:

- Provide more real-time data back to APM participants to assure providers can more easily participate in models and monitor how they are performing.

- Leverage other data sources to reduce reporting burden and data mining required by participating providers. For example, APM participants should be allowed to feed claims into data registries, partner with EHRs/technology vendors to facilitate more direct data sourcing, and/or incorporate data from other outside registries.
- Reduce the time to receive performance-based payments and complete claims runout after reporting period completion to help alleviate the financial burden to practices.

Specific to oncology APMs, we urge attention to the following issues:

- As noted above, the initial response to the OCM demonstration was very robust. We believe that CMMI should build on that experience and consider an expansion of the OCM to allow additional practices to participate, as well as additional modalities.
- If oncology bundles are tested, whether as part of OCM or independently, drugs need to be excluded or CMMI must ensure drug pricing inflation and novel therapies are appropriately addressed in the model. The challenge with bundles that include drugs is the ability to ensure practices are not negatively impacted when prices change (e.g., when “old” drugs get new indications or new, expensive drugs are introduced). Drug price variation must be protected, especially for small practices.
- If radiation oncology case rates are determined to be the path forward, treatment in the community setting should be encouraged due to the demonstrated lower costs and higher quality of care.
- Oncologists often must make difficult decisions for, and with, their patients that are alternatives to chemotherapy or radiation therapy, such as supportive care and/or hospice. CMMI should include patients who are directly admitted to hospice at diagnosis. There should also be recognition when patients who are receiving chemotherapy are converted to hospice and should be able to continue to bill per member per month for management fees.

Ensure Patient Engagement in Models (Consumer-Directed Care & Market-Based Innovation Models):

- We support efforts to assess the value of patient reported outcomes (PROs), as well as the use of technology to regularly measure patients’ well-being, especially for high-risk patients. We also urge consideration of alternatives for garnering patient feedback other than traditional consumer surveys.
- We encourage CMMI to carefully determine practices’ ability to manage the influx of new information from patients and to identify patients with greatest need for action.
- Across the oncology sector, CMMI can help shed light on the cost differentials based on site-of-care for chemotherapy and radiation therapy, not only in establishing payment baselines, but also in demonstrating achievement of quality metrics across different sites of service. This would help policymakers assess the findings and better inform patients of their choices. By providing more information on cost-of-care differentials and the quality of care, patients will be able to choose settings that lower out-of-pocket costs. This may also open up the potential for patients to (voluntarily) participate in shared savings models.

On behalf of the Value Based Care Steering Committee and physicians of The US Oncology Network we would like to thank CMS for the opportunity to comment on the direction of CMMI. In order for the delivery of healthcare to be sustainable we must be able to take strides to focus more on value over volume. We believe CMMI and the mission of value based care are integral to making this shift to value, and support for balanced value based program should not diminish. If you have any questions or need for clarification on the feedback and recommendations provided by The Network in partnership with McKesson Specialty Health, please contact Ben Jones at Ben.Jones@mckesson.com.

Sincerely,



Marcus Neubauer, MD
Vice President and Medical Director
Payer and Clinical Services