

ASSOCIATION OF CANCER EXECUTIVES UPDATE

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2017–2018 Membership Dues Renewal!

Please note that it is time to renew your ACE membership dues for 2017–2018. The dues year runs from July 1 to June 30 and renewal rate is \$275.00. To renew your ACE membership please click [here](#). We are very excited about the upcoming year for ACE with a great location for our 2018 Annual Meeting in Portland, Oregon at the Nines Hotel. This will mark ACE's first visit to the Pacific Northwest! We have also just announced our first international meeting—**International Oncology Leadership Conference (IOLC)** will be held in London, England from November 12–14 in partnership with University College London Hospitals NHS Foundation Trust and in collaboration with Hauck & Associates, Inc.

ACE has also recently completed a revamp of the association website. We hope members find the new website to be a great resource and easier to use. We have also released a new newsletter format which will allow for more in-depth feature articles. The first issue is available now on the website.

The Hot Topic Webinar program continues to be successful with a webinar held last week on Telehealth. Webinar recordings and handouts will be accessible in the Member's Only section of the [website](#). The Fellowship Program continues to grow each year and we welcomed our first international candidate to the program this year. We look forward to welcoming you back to the ACE membership and being a part of a great 2017–2018.

Oncology Care Model: Understanding the Model and the Role of Cancer Registry: Identification of Eligible Beneficiaries, Episodes of Care and Quality Reporting

More than 1.6 million people are diagnosed with cancer in the United States each year, and approximately half of those diagnosed are over 65 years old and Medicare beneficiaries.

ENTER THE ONCOLOGY CARE MODEL (OCM).

Due to the complex and costly nature of a cancer diagnosis, The Centers for Medicare & Medicaid Services (CMS) wants to align financial incentives to improve care coordination and ensure appropriateness of care. The OCM, a payment and delivery model designed by the CMS Innovation Center, aims to provide higher quality and more coordinated oncology care to this medically complex and high-cost population. This is a 5- year demonstration project that launched

THREE GOALS OF THE ONCOLOGY CARE MODEL

The Center for Medicare and Medicaid Innovation (CMMI) is currently piloting the bundled payment OCM in 190 hospitals and physician practices to accomplish three overarching goals:

1. Better Care
2. Smarter Spending
3. Healthier People

Medicare is not the only payer involved in the initiative to improve efficiency within the care delivery system and quality of care for cancer patients. Seventeen commercial payers are also participating in the OCM through alignment with the objectives that the Model has outlined, which will create broader incentives for care



Source: Centers for Medicare & Medicaid Services

PATIENT RESOURCE NAVIGATOR
A system solution to guiding each patient's cancer journey

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83% of patients say, "guides build trust and influence recommendation of cancer center"

93% of patients say, "comprehensive & easy to read"

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well as a greater impact for a larger population of cancer patients. The 17 payers participating include Aetna, Cigna, and BCBS in Michigan, New Mexico, Oklahoma, Texas, and South Carolina, along with University of Pittsburgh Medical Center Health Plan and University of Arizona Health Plan.

The OCM incentivizes medical oncology practices to improve quality of care and lower costs with a particular focus on preventing emergency room utilization and unplanned inpatient admissions while receiving chemotherapy. This should come as no surprise from the learnings from the COME HOME demonstration project. In OCM, all Part A & B Medicare patients receiving chemotherapy by intravenous or oral routes are included in the model. The attribution process for determining if patients are to be included in the program is quite onerous for practices. Patients must have a qualifying cancer diagnosis, have a certain chemotherapy code, enrolled in Medicare A and B, not receiving a Medicare End-Stage-Renal-Disease benefit, not be covered under a Medicare Advantage plan, and have at least one evaluation and management visit with a medical oncologist during the episode.

Practice Redesign Activities of OCM:

Seven practice redesign activities have been implemented and certified by the practices, some of which necessitated heavy lifting for cancer programs. They include:

1. The practice provides 24/7 access to a clinician who has real-time access to the patient's medical record.
2. The practice must have a certified electronic health record in place by 2017 and attest to Stage 2 of Meaningful Use by the end of the third year of the project.
3. The practice must report on quality metrics as determined by CMS.
4. The practices must have the core functions of patient navigation in place to enhance communications, provide timely care, arrange translation services, provide access to clinical trials, and have relationships with local agencies.
5. A Care Plan that includes the IOM's 13-components must be documented on the Medicare beneficiaries in the project.
6. Practices must use treatment therapies that are consistent with nationally-recognized clinical guidelines.
7. Practices will use Medicare Claims Data to drive continuous quality improvement activities.

Quality Metrics in Performance-Based Payments: There are 12 quality metrics that are being reported in the OCM model initially. These metrics will be pulled from EPIC and the Cancer Registry database in Excel and uploaded to CMS for quarterly reporting of cases. The metrics are as follows:

- All cause inpatient admissions within the 6-month episode (National Claims Data).
- ER visits without an admission within the 6-month episode (National Claims Data).
- Proportion of patients who die who were admitted to hospice for three days or more (National Claims Data).
- Plan of care and pain intensity quantified (practice-reported).
- Screening for clinical depression and follow-up care (practice-reported).
- Patient-reported satisfaction (collected by a CMS contractor).
- Prostate cancer: adjuvant hormonal therapy for high-risk prostate cancer patients (practice-reported).
- Adjuvant chemotherapy considered or administered within 4 months of surgery for Stage III colon cancer (Practice-reported).
- Combination chemotherapy considered or administered for Hormone Receptor negative breast cancers (Practice-reported).
- Trastuzumab administered to patients with Stage I-III HER2 + breast cancers (Practice-reported).
- Hormonal therapy for Stage I-III ER/PR positive breast cancer (practice-reported).
- Documentation of current medication in an EHR (practice-reported).

Additional Quality Metrics Monitored: There are eight additional metrics that will be monitored but will not tie to the Performance Based Payments, including:

- Chemotherapy intent is documented (practice-reported).
- Advance Care Plan (practice-reported).
- Closing the referral loop: Receipt of specialist report (practice-reported).
- Cancer Type.
- Cancer Stage: TNM.
- Molecular and histologic markers, as specified by CMS.
- Relapse status, with date (if applicable).
- Progression status, with date (if applicable).

As CMS launches this innovative initiative, it is apparent this is a demanding program for the practices that were selected and chose to participate. It does give all medical oncologists nationally a glimpse of the future. With the claims data collected and the quality metrics selected, CMS is likely crafting a path over the next five years to move slowly from FFS for chemotherapy to value-based care. With this project, CMS will clearly have the data they need to move into bundled payments for chemotherapy episodes. Interesting times lie ahead!

ADDRESSING THE CHALLENGE OF DATA COLLECTION

The Oncology Care Model is data driven! It relies on established quality measures that reward facilities for

CHAMPS insight₂oncology
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insight₁
Where are late-stage cancer patients coming from by type of cancer?
Community

insight₂
Where are your patients going for treatment when they leave?
Migration

insight₃
What types of treatments occurred before and after surgery?
Dashboards

insight₄
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meeting these rigorous measures. The Model also requires physicians and administrators to engage in practice transformation to improve the quality of care they deliver if the measures are not met.

Despite their recognition that the Oncology Care Model can lead to better care, smarter spending and healthier people, many cancer programs involved in the pilot have struggled with some of the more practical aspects of participating in the pilot. Collecting the cancer data elements for submission on these quality measures has been a challenge for many pilot programs. However, for participants that meet Commission on Cancer standards with regard to data collection, the cancer registry can effectively address that challenge. It not only enables cancer programs to identify all cancer patients but also to filter beneficiaries by OCM measure. Since the cancer registry is a longitudinal record of a patient's cancer identification and treatment, almost every element needed to determine whether a beneficiary is eligible for each OCM measure is in the registry. The cancer registry is specifically helpful for OCM measures 7–11, as all of the data fields needed, with the exception of specific encounter date, are available to identify an eligible episode of care. An episode of chemotherapy received within a given time period, in the given 6 month time period, will trigger a beneficiary to be eligible.

There are challenges with OCM. Programs must identify cancer patients receiving chemotherapy within a certain period, filtered by the criteria in each quality measure, and then compare that data with claims data to specify encounter date. This serves to identify an eligible beneficiary and episode. For cancer programs hoping to maximize the number of cases eligible for the OCM pilot, this methodology is promising. Pilot programs have utilized the cancer registry have found more eligible beneficiaries and episodes than they would have using claims data on its own.

Over the next decade, the aging baby boom generation will mean a growing number of patients will fall into the over-65 and Medicare beneficiary category. That also means CMS will continue to look for ways to improve care delivery and align payment incentives with outcomes. Cancer programs that understand how to make the best use of the data at their fingertips, like what is available in their registries, are well positioned to respond to innovative new programs such as the Oncology Care Model pilot. ●

For more information, contact CHAMPS or Linda Weller-Ferris, PhD, VP, Lahey Health Cancer Institute



Association of Cancer Executives is headed to the Pacific Northwest!

The 2018 Association of Cancer Executives (ACE) Annual Meeting will be held in Portland, Oregon from January 28–30, 2018 at the Nines Hotel located in Pioneer Square.

This marks the first time ACE will hold an annual meeting in the Pacific Northwest. We are looking forward to a great meeting and the conference planning committee has already confirmed the majority of agenda. This year ACE will introduce thirty minutes sessions for several sessions at the annual meeting to allow attendees to attend even more sessions than previous years.

We are pleased to have Richard Wender, American Cancer Society as our keynote speaker discussing “Oncology Program and Population Health: Closing the Gap.” There will be session on telemedicine, staffing models, drug reimbursement, The Impact of MACRA & ACO's on Multidisciplinary Cancer Care: Transition to the Quality Payment Program, Precision Medicine, Bundle Payments, Value Based Cancer Care and several additional sessions.

We are also pleased to be bringing back a welcome gift for all conference attendees that should keep everyone warm for their time in Portland! Registration opens in September and we look forward to welcoming you to Portland in early 2018! ●

FUN FACTS ABOUT PORTLAND, OREGON!

Tax Free Shopping—Pioneer Place Shopping Mall is located across the street from the Nines Hotel!

Craft Beer Capital of the World—Portland is home to 75 breweries and the number is going up!

Foodies—Portland is home to a great culinary scene with interesting restaurants all over the city.

Great Day Trip Opportunities before or after the ACE Annual Meeting—Attendees can experience world class wine in the Willamette Valley or a short drive to the Multnomah Falls or head to Mt. Hood or take a drive along the very scenic Oregon Coast.

PDX International Airport—has been voted best airport four years in a row by Travel + Leisure Magazine.

Portland was named one of Lonely Planet's top cities to visit in 2017.





A New Association of Cancer Executives Educational Program: Introducing the International Oncology Leadership Conference (IOLC)



INTERNATIONAL ONCOLOGY LEADERSHIP CONFERENCE

The inaugural IOLC will be held in London from November 12–14 at the Conrad St. James Hotel. ACE is thrilled to have a partnership with University College London Hospitals NHS Foundation Trust and the collaboration with Hauck & Associates, Inc.

Association of Cancer Executives board of directors with the consultation of the Hauck & Associates, Inc. underwent researching the viability of an international event designed specifically for oncology administrators and thought leaders.

The conclusion was that there currently is no event is held on an international scale to address how cancer leaders internationally are addressing the cancer burden. As a result, the ACE board of directors moved forward with creating the “International Oncology Leadership Conference” (IOLC).

The planning committee set out to fill the agenda with session that address issues in all oncology centers throughout the world. To that end, the majority of IOLC sessions will have a panel of speakers with perspectives from the UK, EU and the United States.

Attendees will learn more about the following topics: Population Health, Oncology Service Line Management, Innovations in Technology, Personalized Medicine & Genomics, Cancer Treatment in the 21st Century from a Chief Executive’s Perspective, Pushing the Value Equation, Private Patient Cancer Service in Public Healthcare

Environments, Clinical Trails, Big Data, the Patient’s Perspective Panel, Bridging Gap between Health Care Sciences, Leadership, Medical Community and Real Life. There will also be a tour of Tour of University College Hospital Macmillan Cancer Centre and plenty of international networking opportunities.

IOLC has received sponsorship support from Elekta, Varian and CME River Cruises.

The host hotel and site of all IOLC sessions is the Conrad St. James. The hotel’s distinguished exterior compliments a beautifully renovated interior within the historic Queen Anne’s Chambers. Built at the turn of the 20th Century, Queen Anne’s Chambers was a collection of chambers available for rent for those who needed to be near the seat of power. It was the war-time location for lobbyists and civil servants whose industries were to be seriously impacted by the onset of war and goods rationing. In later years, the Treasury Solicitor was based at Queen Anne’s Chambers.

The Conrad St. James is situated just steps from St James’s Park, Buckingham Palace and the Houses of Parliament. The Conrad London St James offers a smart choice for the modern traveler. The superior location offers easy access to iconic London landmarks spanning Buckingham Palace to Westminster Abbey. ●

We sincerely hope you will take a few minutes and review the IOLC website and learn more about this unique ACE educational opportunity. For complete information on the IOLC please visit—www.oncologyleadership.org/ or contact ACE Executive Director Brian Mandrier at bmandrier@hauck.com.

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London, United Kingdom
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INTERNATIONAL ONCOLOGY LEADERSHIP CONFERENCE

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