Community Needs More Time to Assess and Comment on CMMI's Proposed Oncology Care First Model

COA Appreciates and Supports CMMI Model Goals to Continue Success of OCM, but More Time is Needed to Provide Meaningful Comments

WASHINGTON, DISTRICT OF COLUMBIA, UNITED STATES, November 5, 2019 /EINPresswire.com/ -- On Friday afternoon, the Centers for Medicare & Medicaid Services (CMS) Center for Medicare and Medicaid Innovation (CMMI) released an informal request for information for a new model for value-based payments in oncology known as the "Oncology Care First" (OCF) model. The OCF is new and distinct from the ongoing Oncology Care Model (OCM) but is meant to build on stakeholder feedback and lessons learned from the OCM. CMMI says the OCF will be a voluntary, five-year model tested from January 2021 to December 2025.

The Community Oncology Alliance (COA) appreciates the efforts that CMS and CMMI are undertaking to gather stakeholder input on the proposed model. We believe that CMMI is sincerely interested in, and listening to, COA's feedback in developing this and other models. The OCF request for information, the accompanying listening session hosted in D.C., and the ongoing communications between COA and the CMMI OCM team have provided numerous, meaningful opportunities to provide feedback.

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> *Community Oncology Alliance*

That said, it is completely unreasonable for oncology practices and stakeholders to adequately assess and provide detailed feedback on the OCF within the time CMMI has allotted. Three weeks is too short a time for meaningful input. Additionally, oncology practices are currently in the midst of deciding on two-sided risk in the original OCM, preparing for the final mandatory Radiation Oncology model, as well as understanding the final 2020 Medicare Physician Fee Schedule (MPFS) and Outpatient Prospective Payment System (OPPS) rules also released at the same as the proposed OCF. Simply put, practices and COA are overwhelmed by CMS changes, proposals, rules, and regulatory updates, and such a major proposal as the OCF requires thoughtful consideration.

The OCM has made amazing progress in improving the quality and experience of Medicare patients with cancer. COA hopes that the OCM's learnings can be built upon and continued in future models. As a longtime leader in oncology payment reform, COA has been helping practices succeed in the OCM since day one. Today, close to 80 percent of OCM participants are in the COA OCM peer-to-peer network. They have access to experts on Federal and private reform efforts, a private network of other participants, regular calls and webinars to provide guidance on challenges, and numerous free tools and resources to help them thrive in the program.

One area of concern with the OCF is how it might address shortcomings with the OCM that COA has identified and communicated to CMMI staff on numerous occasions. In fact, in late May, COA submitted a detailed letter to former CMMI Director Adam Boehler outlining major challenges that need to be addressed in the OCM in order to make it a viable oncology payment reform model. The letter includes detailed observations about flaws COA has identified in the OCM, and we provided them in the spirit of improving the OCM and advancing the next generation of oncology payment reform. The informal request for information from CMMI suggests fixes for some of the issues that COA had identified but remains silent on others. We feel that it is critical for CMMI to address and communicate fixes to those issues before moving forward with another oncology model.

As a result of CMMI's announcement of the OCF, the COA team has made the difficult decision to withdraw our application for the "OCM 2.0" model to the Payment Model Technical Advisory Committee (PTAC). The PTAC process needs to be addressed, as it appears getting PTAC approval is not leading to CMMI funding. Regardless, we implore CMMI to, at the very least, include elements of the Making Accountable Sustainable Oncology Networks (MASON) model, which has been approved by PTAC. COA will continue refinement of the OCM 2.0 as a viable universal model not just for Medicare fee-for-service, but for all payers, including Medicare Advantage, insurers, and employers.

As the frontline providers of care for the majority of Americans battling cancer, community oncologists, oncology nurses, practice administrators, pharmacists, and other cancer care professionals are acutely aware of the room for significant improvement in our nation's cancer care system. COA applauds CMS, CMMI, and the Administration for taking bold steps to reform cancer care in America and look forward to working closely with them to do so in a meaningful way.

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About the Community Oncology Alliance (COA): The majority of Americans battling cancer receive treatment in the community oncology setting. Keeping patients close to their homes, families, and support networks lessens the impact of this devastating disease. Community oncology practices do this while delivering high-quality, cutting-edge cancer care at a fraction of the cost of the hospital setting. The Community Oncology Alliance (COA) advocates for community oncology and smart public policy that ensures the community cancer care system remains healthy and able to provide all Americans with access to local, quality, affordable cancer care. Learn more at www.CommunityOncology.org.

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