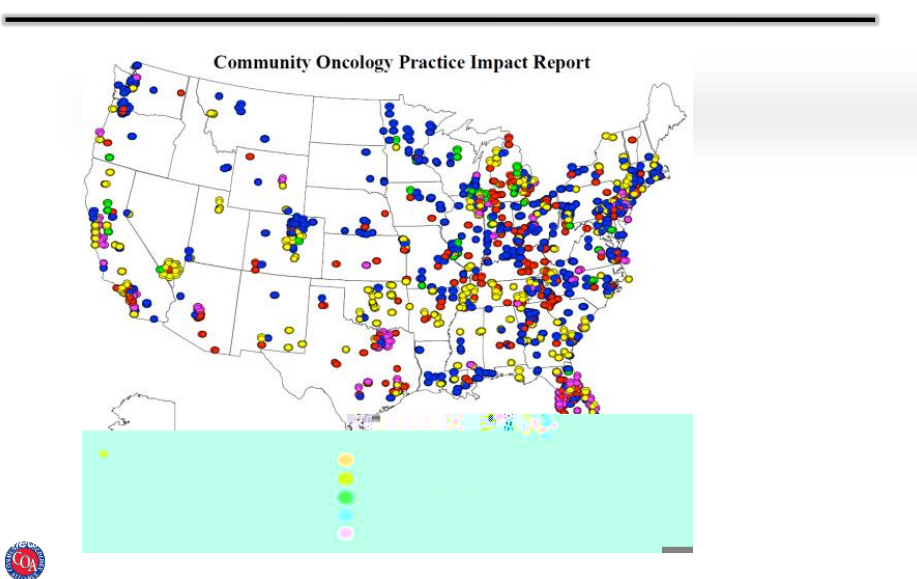


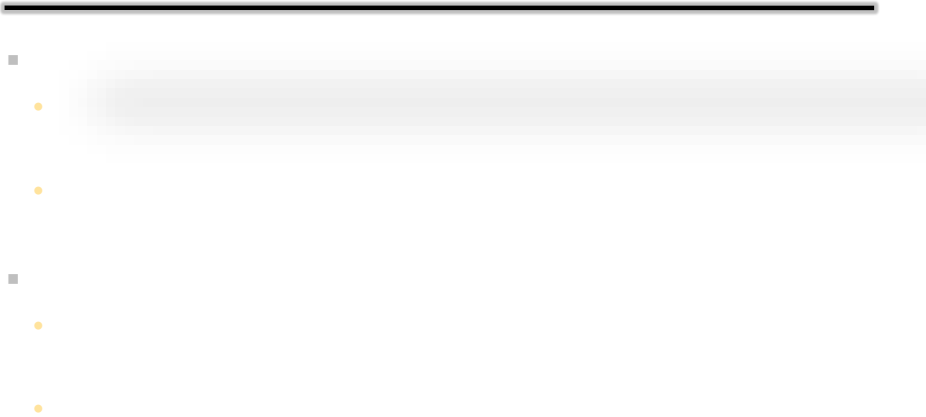


Oncology Medical Home

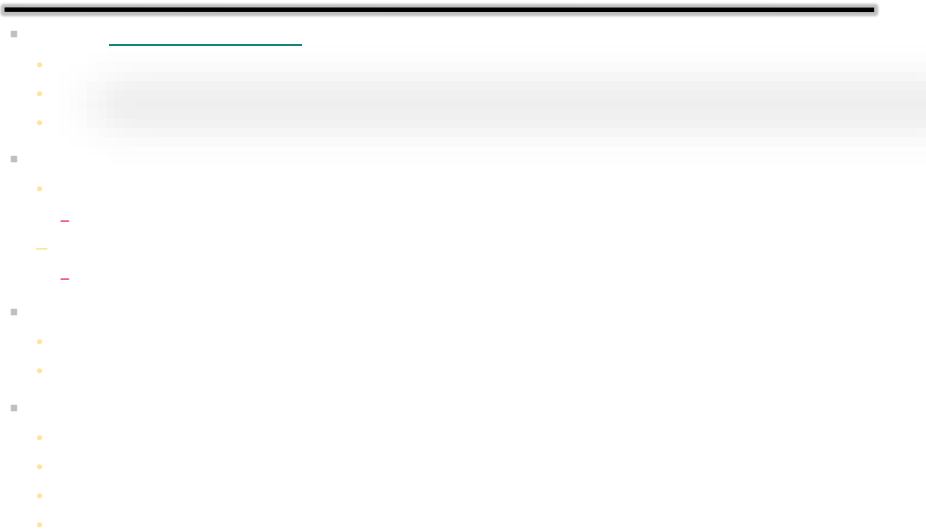
ONCOLOGY MEDICAL HOME UPDATE




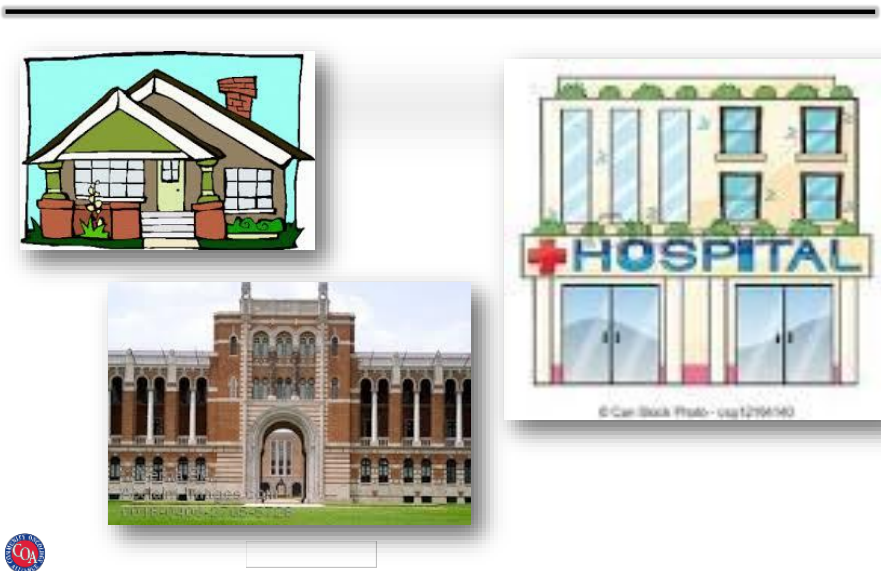




Sources:
Site of Service Cost Differences for Medicare Patients Receiving Chemotherapy, Milliman, October 2011
Total Cost of Cancer Care by Site of Service: Physician Office vs Outpatient Hospital, Avalere, March 2012



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 - Measurement
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 - Process improvement
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Steering Committee

Oncologists	David Eagle, MD (NC) Chair Lake Norman Oncology	Payers	Lee Newcomer, MD United Insurance Group
	Patrick Cobb, MD (MT) Frontier Cancer Center		Ira Klein, MD Aetna Insurance Company
	Marcus Neubauer MD McKesson/US Oncology		Michael Fine, MD Healthnet
	John Sprandio, MD (PA) Consultants in Medical Oncology		Dexter Shurney, MD Cummins Inc.
Administrators	Robert Baird (OH) Dayton Physician Network		John Fox, MD Priority Health
	Laura Stevens New Mexico Cancer Center	Patient	Kathy Smith, NP (CA) Cancer Care Associates
Cancer Care Advocates	Alan Balch National Pt Advocacy Foundation	Nurse	Marsha Devita, NPA (NY) Hem Onc Assoc of CNY
	Lynn Fitzgerald NCCN	Pharmacist	Josh Cox, Pharm.D. Dayton Physicians Network
	Karen Kellogg Pharm D Cardinal Health	Business Partner	Gordon Kuntz Amerisource Bergen
	John Cox, DO ASCO		

Patients	Payers	Providers
Best Possible Outcome	Best Possible Clinical Outcomes	Best Outcome for Patient
Docs with the 3 A's (Able, affable, accessible)	Member Satisfaction / Experience	Satisfied patients and family
Least Out Of Pocket Expense	Control Total Costs / Variability	Fairest Reimbursement to Provide Quality Patient Care
Education and Engagement of the Patient in the Care Plan	Productivity / Survivorship	Compensated for Cognitive Services Including Treatment Planning, End of Life Care and Survivorship.
Best Quality of Life	Meaningful Proof of Quality / Value	Less Administrative Burdens



Patient Care Measures
% of cancer patients that received a treatment plan prior to the administration of chemotherapy.
% of cancer patients with documented clinical or pathologic staging prior to initiation of first course of treatment.
% of chemotherapy treatments that have adhered to NCCN guidelines or pathways.
Antiemetic drugs given appropriately with highly emetogenic chemotherapy treatments.
% of cancer patients undergoing treatment with a chemotherapy regimen with a 20% or more risk of developing neutropenia and also received GCSF/white cell growth factor.
NEW 08/07/13 - Appropriate use of advanced imaging for early stage breast cancer patients.
NEW 08/07/13 - Appropriate use of advanced imaging for early stage prostate cancer patients.
NEW 08/07/13 - Presence of patient performance status prior to treatment.
Resource Utilization
of emergency room visits per chemotherapy patient per year.
of hospital admissions per chemotherapy patient per year.
Survivorship
% of cancer patients that received a survivorship plan within X days after the completion of chemotherapy.
% of chemotherapy patients that received psycho/social screening and received measurable interventions as a result of the psycho/social screening.



Survivorship
Survival rates of stage I through IV breast cancer patients.
Survival rates of stage I through IV colorectal cancer patients.
Survival rates of stage I through IV NSC lung cancer patients.
End of Life
% of patients that have Stage IV disease that have end-of-life care discussions documented.
Average # of days under hospice care (home or inpatient) at time of death.
% of patient deaths where the patient died in an acute care setting.
A measurement of chemotherapy given near end of life.
Other
Patient satisfaction reporting and scoring.



Implementation
Committee

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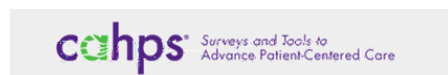
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Report Name	
1	Summary Report by Cancer Center
2	Summary Scoring Report
3	Comparative Summary Scoring Report
4	Cancer Center to all Cancer Centers
5	Comparative Cancer Center to All Cancer Centers
6	Cancer Center to All Cancer Centers



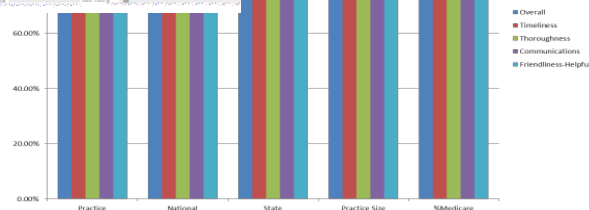
Summary Scoring Report

Start Date : 2012-11-01 End Date : 2014-11-17 UPDATE Export File Type : Excel EXPORT

Quality Cancer Center

Practice : Quality Cancer Center
State : New York
Practice Size : Small (1-3 Providers)
Medicare % : 26-50%

Category	Practice	National	State	Practice Size	%Medicare
Timeliness	91.62%	88.20%	84.01%	87.68%	86.22%
Thoroughness	91.60%	92.87%	91.58%	91.58%	91.39%
Communications	96.85%	99.03%	99.02%	98.97%	98.97%
Friendliness-Helpful	96.03%	96.84%	97.79%	97.42%	97.42%



Commission On
Cancer
Accreditation

Developers of CoC OMH accreditation and survey criteria.

COME HOME
Innovative Oncology Business Solutions, Inc.

National
Comprehensive
Cancer
Network

Commission
on Cancer



Domain 3: Evidenced Based Medicine

Infrastructure	<p>L!%KS#&*<#* "%M: -(#,'#)%)# (%#D1%" NN" B8JN2B N2 3>%4 2 3>BOP8F!</p> <p>Q! N,' -0&,%KS-&,)%%&5#%699#5# (%6' %)~*#%65%-1%#9#55&F!</p>
Process Standards	<p>Standard 3.1: Evidence-based treatment guidelines and/or pathways are used for treatment planning.</p> <ul style="list-style-type: none"> Treatment planning Safe medication administration Appropriate utilization of resources, laboratory and imaging studies <p>Standard 3.2: Clinical trials are offered through the Oncology Medical Home practice.</p> <ul style="list-style-type: none"> Clinical trials involving participating with human subjects must be approved by an internal or external (central) Institutional Review Board (IRB). Patients participating in clinical trials must give their informed written consent, unless a verbal consent has been specified by the IRB.




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Domain 4: Comprehensive Team Based Care

Infrastructure	<p>L! R5&0*-0#% &)%#)*&+,-) . #(%#&*-6') . -/) %\$-'. %6: *)-(#%/567-(#5)%65%<&' &=#<#* "%69% 6' E 0&' 0#5% 1</'6<)!</p> <p>Q! P' /&*-*' "%#&<E+&)# (%0&5#%' %\$. -0. %6' 06,6=-) "%#-'. #5%<&' &=#)% . #0&5#%65%06E<&' &=#)% * . #%/&*-*' "%\$-'. % 6) /-&,-) "%#&' (S65%/5-<&510&5#%/ . 1)-0-&')!</p> <p>T! R. 1)-0-&' E(-5#0*# (%6: */&*-*' "%#&<E+&)# (%0&5#%' %\$-'. -' % . #%6' 06,6=1%/5&0*-0#!</p> <p>U! R5&0*-0#% (%#-7#5)%65%#9#5)%65% . #%(-&=#' 6)-)%5#&*<#* "%69%0&' 0#5% (%<&' &=#<#* "%69% 06<65+-(06' (-6')%#&' (%- (#%#99#0')!</p>
Process Standards	<p>2' 06,6=1%3# (-0&,%46<#%/5&0*-0#)%#&' (%<&' &=#)%65%06E<&' &=#)% . #%/&*-*' "%#&<E+&)# (%0&5#%' %\$</p> <p>R5&0*-0#%&)*&+,-) . #(%#&*-6') . -/) %\$-'. %6: *)-(#%/567-(#5)%65%<&' &=#<#* "%69% :5=#* "%6' E6' 06,6=1%/5&0*-0#!</p> <p>K. #2' 06,6=1%<# (-0&,%46<#%/5&0*-0#)%#&' (%<&' &=#)%65%06E<&' &=#)% . #%/&*-*' "%#&<E+&)# (%0&5#%' %\$</p> <p>R&*-*' *)%5#%#)%#))# (%65%#%)10. 6)60-&,%(-5#)%#)%#&' (%567-(#5)%65%#9#55# (%6% /)10. 6)60-&,%#57-0#)%65%* #57#* *6' !%</p> <p>R&*-*' *)%#0#-7#)%#5#&*<#* "%#&: <<&51%#&' (%#57-765) . -/0&5#%/&' &=%#&' (%69% *5#&*<#* "%#&' !%</p>

Domain 5: Quality Improvement

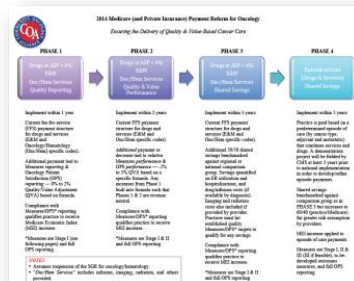
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Process Standards	<p>  </p>



Practice	ST	Date(s)
Oncology Hematology Care, Cincinnati	OH	February 24 th
Center for Cancer and Blood Disorders, Fort Worth	TX	February 24 th
Dayton Physicians Network	OH	February 25 th
Austin Cancer Center	TX	February 25 th
Oncology Hematology Associates of Springfield M.D. P.C.	MO	March 3 rd
Northwest Georgia Oncology Center	GA	March 5 th
Space Coast Cancer Center	FL	March 20 th
Hematology Oncology Associates of Central New York	NY	March 31 st
New Mexico Oncology Hematology Center	NM	April 14 th
Maine Center for Cancer Medicine	ME	April 15 th



Payer Reform
Team



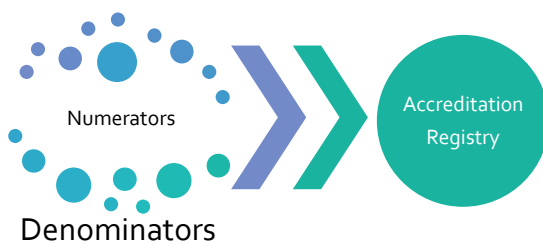
Payer Reform
Team

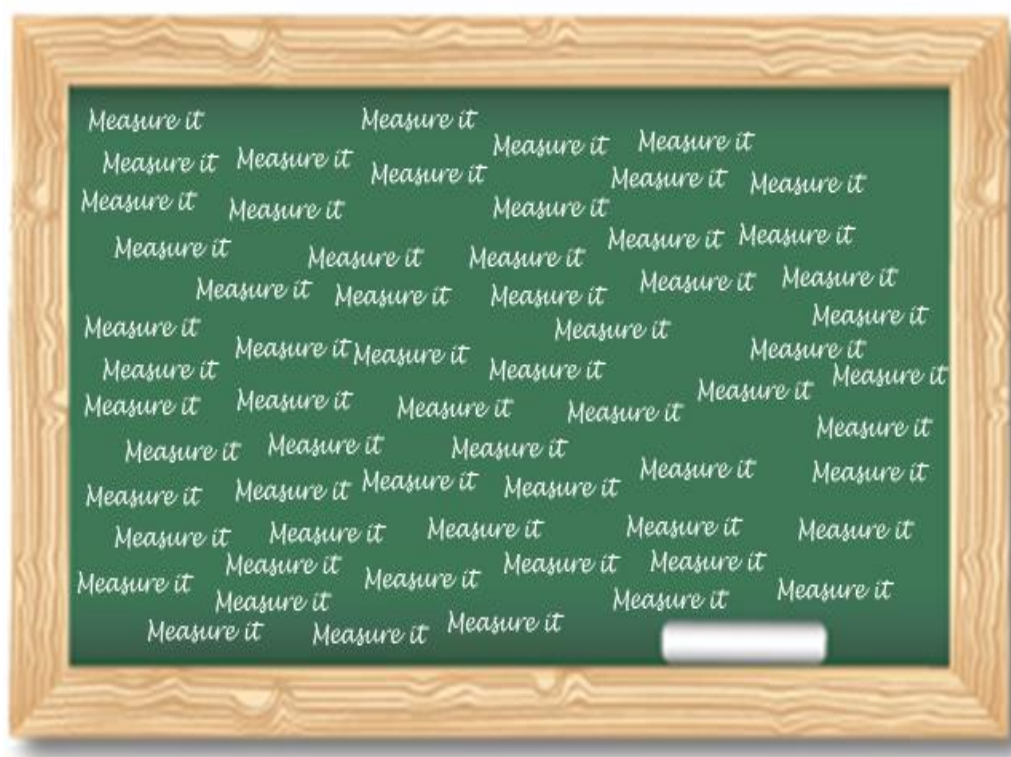
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IT Advisory Team

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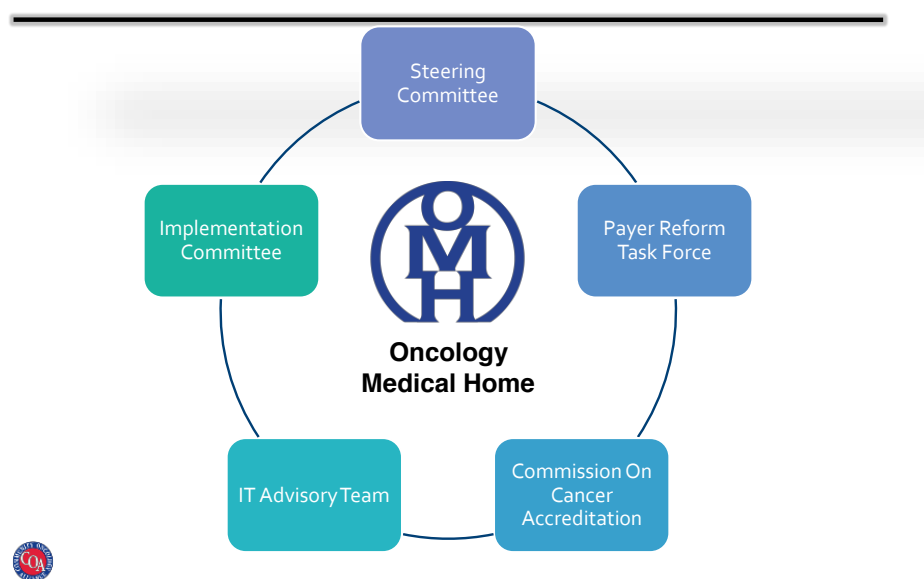


Industry Representation	Practice Representation
Altos	Florida
COA	Georgia
CoC	Ohio
COME HOME	Texas
Elekta	
FlatIron	
iKnowMed	
Net.Orange	
Unlimited Systems	
Varian	



#	Date point	Used in OMH Measure(s) #
1	Date of birth	NA but would be needed for "adjusted" survival rates
2	Patient sex	NA but would be needed for "adjusted" survival rates
3	ICD9 Diagnosis Code	8) Breast cancer survival rate
		9) Colorectal cancer survival rate
		10) Lung cancer survival rate
		17) Advanced imaging used appropriately - early stage breast cancer
		18) Advanced imaging used appropriately - early stage prostate cancer
4	Date of Diagnosis	8) Breast cancer survival rate
		9) Colorectal cancer survival rate
		10) Lung cancer survival rate
5	Date staged	2) Patient staged prior to treatment
		7) End of life discussion
6	Cancer stage	2) Patient staged prior to treatment
		17) Advanced imaging used appropriately - early stage breast cancer
		18) Advanced imaging used appropriately - early stage prostate cancer
		7) End of life discussion
7	Date - Performance Status	19) Performance status indicated before treatment
8	Date - Advanced imaging	17) Advanced imaging used appropriately - early stage breast cancer
		18) Advanced imaging used appropriately - early stage prostate cancer
9	Performance status	19) Performance status indicated before treatment
10	Chemotherapy start date	19) Performance status indicated before treatment
		2) Patient staged prior to treatment
		13) Treatment plan given before treatment







Take away...

Medicare and other payers will be paying for services based on measurable quality, value and outcomes and improvement against these measures.





Oncology Medical Home

ONCOLOGY MEDICAL HOME

