

CASE STUDY: Florida Cancer Specialists & Research Institute Delivers High-Quality, Cost-Effective Care Through The Oncology Care Model

Overview

In 2016, Florida Cancer Specialists and Research Institute (FCS), a community oncology practice serving nearly 100 locations in Florida, entered into the Oncology Care Model (OCM), a five-year demonstration project developed by The Centers for Medicare & Medicaid Innovation (CMMI) aimed at improving the overall quality of cancer care and

reducing the trend of cancer care costs specifically for traditional Medicare beneficiaries. Through this program, oncology practices were incentivized to develop enhanced care management processes and functions through care coordination fees (MEOS¹) and shared performance-based payments (PBP).

Qualifications for PBP through OCM



IMPROVED QUALITY MEASURES

Aggregate quality score derived from pre-determined quality initiatives such as reduced ER visits/observation stays resulting in a hospital admission, proportion of patients who died were admitted to hospice for three days or more and patient experience



PROVIDE ENHANCED SERVICES

Practices must provide 24/7 access to a clinician with access to the practice's medical records, provide patient navigation, document a care plan based on Institute of Medicine Care Management Plan, utilize treatment and therapies consistent with nationally recognized clinical guidelines



REDUCE EXPENDITURES

Practice's target amount, established by CMS for each six-month period, exceeds actual episode expenditures

Approach

As a participating OCM practice, FCS has made, and continues to maintain, significant investments in its infrastructure to ensure a positive journey for patients that includes enhanced access and a team-based, comprehensive care approach to develop what constitutes a successful program. With new resources in place, the goal was to optimize care, enhance communication, promote quality and improve overall caregiver and patient experience.

Efforts to reduce the cost of care were derived utilizing a multi-modal approach. Through patient education and availability of additional resources and extended clinic hours, incidents involving pain management and adverse

effects from treatment were mitigated through real-time clinician availability to prevent unnecessary or avoidable emergency room visits or hospital admissions.

In the later performance periods, FCS introduced proactive use of genetic sequencing, allowing providers to effectively prescribe targeted treatments based on a tumor's genetic profile, eliminating a considerable amount of uncertainty and cost in the efficacy of a therapy on a particular patient. Additionally, adoption of biosimilar drugs, which are clinically equivalent but often significantly less expensive, is encouraged and managed to reduce the cost associated with treatment.

According to the CMMI's latest report

FCS hospital admissions were **8% lower** than those of other OCM-enrolled practices

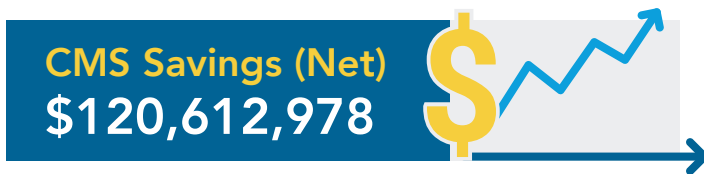


FCS had **21% fewer** cases of emergency room visits, preventing admission

In the same period

Results

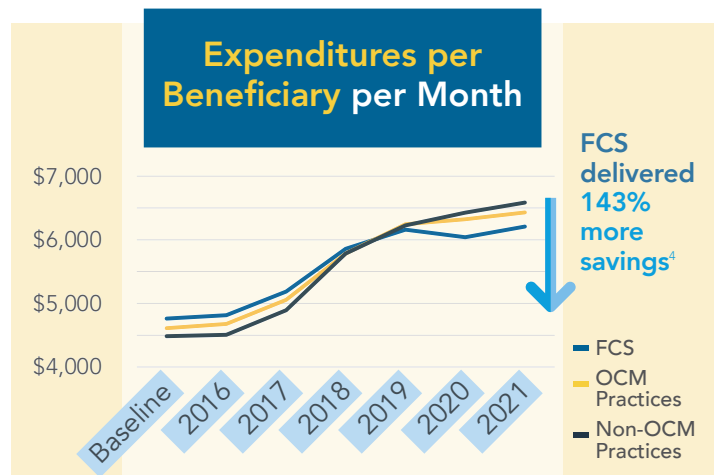
The OCM program has completed reporting for nine of its initial payment periods. Over these designated episodes, FCS has successfully improved care overall and reduced cost in all but the first payment period, resulting in a reduction of expenditures amounting to \$168 million, more than \$120 million in net CMS savings².



A true tipping point in reducing expenditures occurred when FCS pioneered a transformation in 2019, utilizing biosimilar drugs and adhering to new treatment guidelines. Across the board, drug prices continued to surge, and by implementing alternate therapies FCS was able to reduce costs in care when compared to other practices, regardless of their participation in the OCM.

At this same point in time, across all OCM participants, a transformational practice change was recognized where the cost of cancer care for those practices. Not only was the cost of care per beneficiary greatly reduced, but reductions in inpatient admissions, readmissions, and emergency department visits, as well. While FCS emerged as a true leader among the 126 participating oncology practices, it

was apparent for all participants that creating a system of value-based care requires a considerable amount of time, in this case three years, to begin to truly implement the desired results.



OCM Feedback Report (2022)³

Furthermore, FCS consistently reports on quality-of-care metrics each performance period to help measure OCM effectiveness. Of those quality measures, FCS received exceptional scores in the areas of pain assessment, prevention/screenings, appropriate utilization of hospice, patient-reported experience, patient satisfaction and the aforementioned emergency room visits and inpatient hospital stays.

Conclusion

This shift to a value-based care platform fundamentally altered the drivers of patient satisfaction and resulting quality of life for FCS patients, but it also stimulates a cost-effective, value-based platform for care delivery across a growing subset of the population.

Footnotes:

The statements contained in this document are solely those of the authors and do not necessarily reflect the views or policies of CMMI or CMS.

1. Monthly Enhanced Oncology Services (MEOS) payments assist participating practices in effectively managing and coordinating care for oncology patients during episodes of care. MEOS payments are \$160 per beneficiary per month. Centers for Medicare & Medicaid Services. (2022). Oncology Care Model <https://innovation.cms.gov/innovation-models/oncology-care#:~:text=The%20%24160%20MEOS%20payment%20assists,for%20beneficiaries%20during%20treatment%20episodes.>
2. CMS OCM Feedback report Q21 (February 2022).
3. Data represents total cost of health care for oncology and non-oncology expenses. CMS OCM Feedback report Q21 (February 2022).
4. According to the most recent report released by the CMS OCM Feedback Report Q21, (February 2022), FCS expenditures were \$377 less than non-OCM practices per beneficiary per month (PBPM) while OCM practice expenditures were \$155 PBPM less than non-OCM, hence FCS was saving 143% more than other OCM practices when compared to non-OCM practices.