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January 2, 2020

Jeffrey Bailet, MD
Committee Chair
Physician-Focused Payment Model Technical Advisory Committee
C/o US DHHS Assistant Secretary for Planning and Evaluation
Office of Health Policy
200 Independence Avenue, SW
Washington, DC 20201

Dear Dr Bailet,

I am writing in support of ASCO's submission to PTAC called Patient Centered Oncology Payment.

As you may recall, I have incorporated PCOP into my MASON proposal as the most rational way to actually pay oncologists for the cognitive work that we do. In addition I have two commercial contracts for New Mexico Oncology Hematology Consultants Ltd that are using the PCOP concepts. So I can vouch that it actually works.

I also would encourage PTAC and CMS to offer a variety of proposals, as different sites of service and different practice settings will need different models. We have a widely diverse nation, and one type of payment model may be perfect for one set of practices but not for all. Practices should have options. In addition, we currently lack significant amounts of necessary information about actual costs of care. Until we know what the cost should be for a given patient under a given model, it is dangerous to impose models on the entire delivery system. We must be able to continue delivering care to the cancer patients of America. We need several pilot projects, like PCOP and MASON, to learn how to better deliver payments across our diverse nation.

For all of these reasons, I hope that PTAC will give the PCOP model the consideration it deserves.

Sincerely,

Barbara McAneny MD MACP FASCO
CEO New Mexico Oncology Hematology Consultants
CEO Innovative Oncology Business Solutions Inc

MDCSCO

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January 13, 2020

Department of Health and Human Services
Physician-Focused Payment Model Technical Advisory Committee (PTAC)

The Maryland DC Society of Clinical Oncology (MDCSCO) enthusiastically supports the Patient-Centered Oncology Payment Model (PCOP) developed by the American Society of Clinical Oncology. This community based medical home model is a well-designed system that can transform oncology care delivery and compensation. The PCOP strives to ensure that patients battling cancer will receive high quality and high value oncology care.

MDCSCO is currently working with Maryland Department of Health to consider the use of the ASCO PCOP in achieving the goals of the Maryland's Total Cost of Care Model. This is being vetted through the Stakeholder Innovation Group (SIG). The SIG members — physicians, hospitals, post-acute and behavioral health providers, payers and consumer groups —will provide recommendations to the Secretary of Health and state agency partners on opportunities to sustain and spread health care delivery transformation by developing the framework that will be used to inventory Maryland's current transformation efforts and identify high-opportunity strategies in support of population health and goals of the Maryland Model.

Sincerely,

Paul Celano, MD

Paul Celano, MD FACP FASCO

President,
Maryland DC Society of Clinical Oncology

Herman and Walter Samuelson Medical Director
Sandra and Malcolm Berman Cancer Institute
Greater Baltimore Medical Center

Assistant Professor of Oncology, Obstetrics and Gynecology
Johns Hopkins University School of Medicine

Providence St. Joseph Health

March 12, 2020

Jeffrey Bailet, MD
Committee Chair
Physician-Focused Payment Model Technical Advisory Committee
C/o US DHHS Assistant Secretary for Planning and Evaluation
Office of Health Policy
200 Independence Avenue, SW
Washington, DC 20201

Re: Patient-Centered Oncology Payment Model

Dear Dr. Bailet and Members of the Committee,

On behalf of Providence St. Joseph Health and the Providence Cancer Institute Leadership Council, thank you for the opportunity to provide feedback to the Physician-Focused Payment Model Technical Advisory Committee regarding the Patient-Centered Oncology Payment Model.

At Providence St. Joseph Health we are committed to providing for the needs of the communities we serve, with a special focus on those who are poor and vulnerable. We are dedicated to high-quality, compassionate health care for everyone - regardless of coverage or ability to pay. Together, we share a singular commitment to improve the health of our communities through digital innovation, population health and clinical quality strategies, mental health, specialty institutes, research and education. Our diverse family of organizations employ 119,000 people who serve in 51 hospitals, 1,085 clinics, a health plan, senior services and housing, and many other health and educational services across seven western states. Each year we work to provide care and services where they are needed most, including investments in community benefit that in 2018 totaled $1.6 billion. Each year, we care for more than 42,600 analytic cases of cancer and manage more than 903,000 active cancer diagnoses in 31 infusion centers and 33 radiation therapy cancers.

We are writing in support of the American Society of Clinical Oncology's (ASCO) proposal: Patient-Centered Oncology Payment Model (PCOP). It is the desire of our practices to explore an advanced payment model of oncology care that 1) is truly designed to be multi-payer, 2) aligns quality and value rather than pitting them against each other, 3) that allows community flexibility in order to provide patient centered care, and 4) allows us to be evaluated on aspects of care under our control, while not being subjected to unsustainable financial risk.

Five years ago we evaluated the Oncology Care Model (OCM) and found it sufficiently lacking in these qualities. We had the recent opportunity to review and comment on the proposed Oncology Care First

(OCF) and expressed our disappointment that some of the flaws in OCM remain in the new OCF model. PCOP addresses our concerns by applying lessons learned from pilots in oncology medical homes, value based pathways, and ASCO's robust Quality Oncology Project Initiative to construct a collaborative community model that can achieve the goal of bending the cost curve while improving quality, and without stinting on care. We encourage the Department of Health and Human Services to consider this proposal and allow for the participation of Medicare and Medicaid in PCOP.

Thank you for the opportunity to provide feedback on this important issue. For more information, please contact Sarabeth Zemel, manager, federal regulatory affairs and engagement, at (425) 525-3228 or via email at Sarabeth.Zemel@providence.org.

Sincerely,

Lynda Baxter

Lynda Baxter
Group Vice President, Digestive Health Institute and Cancer Institute
Providence St. Joseph Health, Clinical Program Services

Kolson MD

Kevin Olson, MD
Chief Executive, Clinical Program Services, Oregon
Co-Chair Providence Cancer Institute