COMMUNITY ONCOLOGY ALLIANCE
Innovating and Advocating for Community Cancer Care

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Physician-Focused Payment Model Technical Advisory Committee (PTAC)
c/o U.S. DHHS Asst. Secretary of Planning and Evaluation Office of Health Policy 200 Independence Avenue S.W., Washington, D.C. 20201

Submitted electronically via the PTAC Submission System

Letter of Intent – Community Oncology Alliance *Comprehensive Cancer Care Delivery* Model

Dear Committee Members:

On behalf of the Community Oncology Alliance (COA), I am submitting this non-binding letter of intent (LOI) expressing our intent to submit a Physician-Focused Payment Model – *Comprehensive Cancer Care Delivery* – to the Physician-Focused Payment Model Technical Advisory Committee (PTAC) by March 31, 2017.

Model Overview

The *Comprehensive Cancer Care Delivery* model is built around the Oncology Care Model that COA has developed with input from patient, provider, and payer stakeholders. It is a patient-centered model of care built around 5 key domains of cancer care that are focused on enhancing the quality of care while achieving greater cost efficiencies. Unlike other models such as the Oncology Care Model, it does not start with a "chemotherapy event" but is a comprehensive model that starts with treatment, regardless of the modality of treatment, and follows through to survivorship and/or end-of-care.

Expected Participants

- Types of patients expected: Adult patients at risk for or diagnosed with cancer in the Medicare population that are treated in the outpatient, community setting.
- Estimated number and types of physicians: 1,400 oncologists. (Approximately 20% of the oncologists that treat cancer patients in the community setting)

Goals of the Payment Model

- Measured improvement in delivering comprehensive, quality, and efficient cancer care from screening to diagnosis and treatment, including end-of-life care.
- Reduction of cost through enhanced coordination of care, appropriately targeted treatments, reduction of unnecessary or redundant testing, minimizing unnecessary resources, and reducing hospital utilization, including emergency room, inpatient admissions, and inpatient readmissions.
- Improved patient outcomes from:

- Improved screening, diagnosis, and evidence-based treatment adherence
- Medication adherence
- Addressing social determinants and other barriers to care
- Appropriate and early access to palliative care, end-of-life care, and hospice
- Reducing hospital visits/care

Model Overview

- The model has two alternatives:
  - One-sided payment model with no financial risk to providers but with financial shared-savings incentives for clinical outcomes and positive quality metrics
  - Two-sided Payment model with shared financial risk and savings
- Payment structure is a risk-adjusted care management fee for each episode and with a shared-savings component around total cost of care.
- Model will also meet MACRA requirements as an advanced alternative payment model

Implementation Strategy

- The design for this model will be developed by COA, a non-profit (501.c.6) organization whose mission and focus is the preservation and fostering of quality, value, and patient-centered cancer care in communities across the country. COA represents approximately 60% of physicians, care teams, and patients that are involved in the community-based cancer care delivery model.
- COA will collaborate with other organizations and stakeholders throughout the design, implementation, management, and review of this model. Those include, but are not limited to:
  - The American College of Surgeon's Commission on Cancer
  - Association of Community Cancer Centers
  - National cancer patient advocacy organizations
  - National and regional insurance companies
  - National and regional employer health groups
- The implementation of this model will focus on effective reform through practical and meaningful criteria and measures while minimizing the complexity and administrative burden that are required by other models that are impediments to their adoption.

Timeline

- COA will commence communications and collaboration with key stakeholders for the initial design phase on May 30, 2017, or sooner if approved. We anticipate that this phase for a comprehensive review and discussions will last approximately 6 months.
- Recruitment and sign up for participation is targeted for late 2017 and the model will begin during the second quarter of 2018, if not sooner.

Sincerely,

Jeff Vacirca, MD
President