

# Medical Oncology

2015 Perspective

# **QUALITY IN ONCOLOGY**

CONFIRMING THE DIAGNOSIS (everything fits)

STAGING (exam, imaging)

EXPLANATION AND DISCUSSION

GOAL OF TREATMENT

TREATMENT PLANNING

END OF LIFE

WITH THE PATIENT?

ON THE COMPUTER?

## **ACCOUNTABILITY IN ONCOLOGY**

**Almost all medications and treatments require pre-authorization. Many are very costly.**

**Such pre-authorization has become progressively more work intensive for administrative staff as payers are requiring steadily increasing amounts of supporting documentation leading to multiple interactions.**

**Treatments are required to conform with a recognized standard, most commonly “Pathways” – NCCN (National Comprehensive Cancer Network) most commonly used by payers.**

## RESOURCES CURRENTLY UTILIZED IN ONCOLOGY PRACTICE

SHINE program: identifies those without medical insurance and facilitates obtaining Medical Assistance for those who need it; deals with the financial crises that develop in the lives of people (power, food, child care, transportation, medications)

Social Workers

Navigators

Support Groups

Triage Nurses

Mid-level providers (PA or NP)

On Call Physicians

## MARYLAND ONCOLOGY HEMATOLOGY, P.A.

A medical oncology practice consisting of 30 physicians in 9 offices with 100,000 patient visits yearly.

The business side of the practice is managed in collaboration with U.S. Oncology, a national organization, supplying expertise in all aspects of administration, including HR, regulatory affairs, drug acquisition and utilization, and interactions with payers.

USON has pioneered the use of pathways which remains a major project within the group.

USON currently:

19 states

998 physicians

28 practices

## US Oncology relationships with Managed Care

CONTRACTS: 300 (of significance)

FIRST “VALUE BASED CONTRACT”: 2007

CURRENT VALUE BASED CONTRACTS: MORE THAN  
100

## VALUE BASED CONTRACTS – US ONCOLOGY

Rationalized drug rates/tier drug pricing: fee for service, benefits are mutual, risk is minimal (60+ contracts).

Pay for Performance: base agreement (fee for service) with defined measures (COPI, pathways, cost effectiveness), management fees = carrot, some risk for the practice – 25 + contracts.

Comprehensive Care Management: fee for oversight of care and shared savings comparing cost of care to the “local market” – 5 states, 6 contracts.

## VALUE BASE CONTRACTS – US ONCOLOGY

Episode of Care/Bundled Payments: 2 contracts with national payers for “oncology care” not including radiation, 4 contracts including radiation– typically drugs and stem cell transplants are excluded (moderate risk).

Exclusive Capitated Care: relationships with commercial payers, managed medicare and IPA (independent physician associations) for cancer care – 6 contracts, risk.