

A Community Oncology Palliative Program: Early Results for Cost and Quality Measures within OCM Program Claims Data

AJ Akhtar, J Margolis, K Maxwell, AA Muskovitz, RP Zekman, K Sheth, S Ballouz, Y Qamruzzaman, M Ibrahim, T Scott-Barney, L Stortz, M Fabbiano

Michigan Health Professionals, Sterling Heights, MI; Michigan Health Professionals, Farmington Hills, MI; Michigan Health Professionals/Premiere Hospice, Sterling Heights, MI; Michigan Health Professionals, Royal Oak, MI; Integra Connect, West Palm Beach, FL; Michigan Health Professionals, Troy, MI; Premier Hospice, Troy, MI

INTRODUCTION

Oncology Care Model (OCM) is an initiative of the Centers for Medicare and Medicaid (CMS) Innovation which “aims to provide higher quality, more highly coordinated oncology care at the same or lower cost to Medicare.”¹ The Oncology Division of Michigan Health Professionals (MHP) participates in OCM.

To meet the aims of OCM program in cost and quality during palliative and end of life (EoL) care, MHP launched a community oncology Palliative Care (PC) program in September 2017.

The multidisciplinary PC team was led by board-certified palliative care physicians and nurse practitioners. PC team included social workers, spiritual care, massage therapy, and other non-medical specialties.

The objectives of this study are to determine the impact of PC on cost and quality measures in MHP OCM population-data.

METHODS

Patients appropriate for PC were identified and referred by participating medical oncologists. Patients were contacted by the PC team. If the patient agreed to PC, a Nurse Practitioner (NP) would assess and follow the patient at home. Care was coordinated by NPs in communication with the PC team and primary medical oncologist.

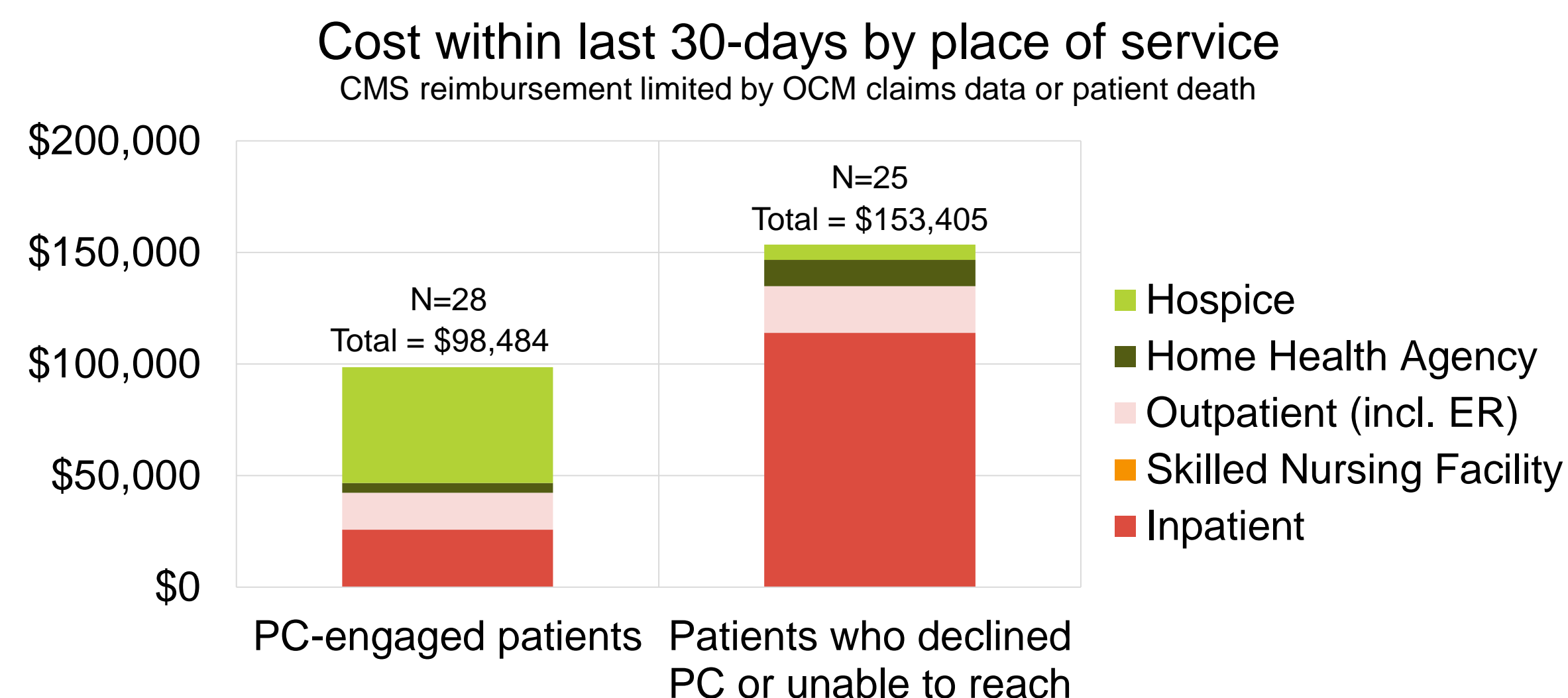
Patients who agreed to PC and had at least 1 consult with PC team were “engaged” patients in PC program. PC-engaged patients’ cost and quality were compared to PC referred patients who declined PC or were unable to reach for at least 1 consult with PC team.

OCM program claims data was analyzed by Integra Connect. Cost was measured by CMS-reimbursement within the last 30-days (limited by OCM claims data or patient death) by place of service. Quality was evaluated by the OCM-3 measure, proportion patients who died within an OCM episode with 3 or more days hospice prior to death.²

RESULTS

From September 2017 to March 2019, a total of 409 patients were referred to the PC program. Fifty-three patients had OCM claims data available with date of service on/before December 31, 2018.

Twenty-eight patients were PC-engaged and 25 patients who declined PC or unable to reach formed the comparison group for cost. Even when drug and office costs were excluded, PC-engaged patients spent 35.8% less vs. comparison group.



For quality, PC-Engaged patients (N=13 who died during episode) exceeded OCM-3 quality measure goals as defined by CMS. Whereas, 0% of patients who declined or were unable to reach (N=8 who died during episode) experienced any hospice care at EoL.

Quality within OCM-3 measure
% of patients who died during OCM episode with 3 or more days of hospice prior to death

	PC-engaged patients, N=13	Patients who declined PC or unable to reach, N=8
OCM-3 quality measure	77% ✓	0% !
OCM-3 measure goal ³	60% ✓	60% !

CONCLUSIONS

Palliative Care engaged patients experienced more care at their home plus hospice at a lower total cost.

Palliative Care program improved MHP’s practice performance in the OCM-3 quality measure.

Palliative Care program is reaching patients in OCM episodes, but the numbers are still small.

Continuous education and awareness for both the physicians and patient/public is a struggle.

Limitations of the study:

Data and results are limited to Medicare fee-for-service patients who qualified or may have qualified for under the OCM program. Quarterly CMS claim files may be under-reported and may have incomplete cost and utilization due to claim billing lag, claim run-out, and other factors.

REFERENCES

- Centers for Medicare & Medicaid Services. Oncology Care Model. CMS Innovation Center Website. <https://innovation.cms.gov/initiatives/oncology-care>. Updated April 4, 2019. Accessed April 26, 2019.
- Centers for Medicare & Medicaid Services. Oncology Care Model Overview. CMS Innovation Center Website. <https://innovation.cms.gov/Files/slides/ocm-overview-slides.pdf>. Updated February 2019. Accessed May 10, 2019.
- RTI International and Actuarial Research Corporation. OCM Claims-Based Quality Measure Benchmarks. Baltimore, MD: Centers for Medicare & Medicaid Innovation; 2017.