

October 31, 2016

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, DC 20201

Submitted electronically: PTAC@hhs.gov

Letter of Intent – ASTRO Radiation Oncology Total Cost of Care Physician Focused Payment Model

Dear Committee Members:

The American Society for Radiation Oncology (ASTRO) is pleased to submit a letter of intent regarding the future submission of a Radiation Oncology Total Cost of Care Physician Focused Payment Model (PFPM) for the Committee's consideration in December 2016. We appreciate this opportunity and look forward to collaborating with PTAC and CMMI to implement an alternative payment model that incentivizes radiation oncologists to deliver patient-centered, high quality care that leads to better outcomes at lower total cost. ASTRO embraces the spirit and goals of the Medicare Access and CHIP Reauthorization Act and is committed to ensuring that radiation oncology can fully participate in an alternative payment model that will drive greater value in cancer care.

ASTRO members are medical professionals, practicing at community hospitals, academic medical centers, and freestanding cancer treatment centers in the United States and around the globe, and who make up the radiation therapy treatment teams that are critical in the fight against cancer. These teams often include radiation oncologists, medical physicists, medical dosimetrists, radiation therapists, oncology nurses, nutritionists and social workers, and treat more than one million cancer patients each year. We believe this multi-disciplinary membership makes us uniquely qualified to provide input on the inherently complex issues related to Medicare payment policy.

ASTRO's Payment Reform Workgroup is comprised of members representing a broad range of the ASTRO membership, including radiation oncologists practicing at academic institutions, community based hospitals and freestanding cancer clinics across the country in diverse geographic locations. The workgroup committed to developing a PFPM for the field of radiation oncology that preserves access to high value care and ensures that the field fully participates in the Quality Payment Program. ASTRO has closely monitored and participated in the activities of the PTAC, and we have met with Centers for Medicare and Medicaid Innovation (CMMI) on several occasions to solicit advice and guidance from Agency experts.

The Radiation Oncology Total Cost of Care model features a framework that applies to nine primary disease sites. The primary disease sites include: breast, lung, prostate, upper gastrointestinal, lower gastrointestinal, gynecological, head and neck, skin and central nervous

system cancers. These sites encompass the vast majority of cases treated using radiation therapy. According to Medicare SEER data, there are more than 600,000 patients diagnosed with these types of cancer annually. This number represents 40 percent of all cancer diagnoses according to the American Cancer Societyⁱ. ASTRO anticipates that the model will be utilized by radiation oncologists treating patients with any stage of disease, as long as the treatment intent is curative. The model involves an episode of care that begins with treatment planning and concludes 90 days after the last radiation therapy treatment. Medicare claims from a specific reference period will be chosen to determine payments per disease site, which will be used to identify a target price that accounts for typical costs for an individual practice adjusted by national and regional costs. Reconciliation of the aggregate payments for completed care to the target price will be performed every six months. If a provider's payments are below the spending target, then the provider is eligible for a predetermined percentage of shared savings based on quality measures performance. If the provider's payments exceed the target, then CMS can recoup up to a predetermined amount of the payment overage.

ASTRO is confident that, if approved by PTAC and CMMI, this model will be of great interest to radiation oncologists operating in freestanding and hospital based settings. It is also anticipated that it will be of immediate interest to private payers.

ASTRO has reached out to and will continue to collaborate with organizations in the radiation oncology community to ensure the model is informed by strong input among relevant stakeholders. We anticipate that the model will be ready for PTAC submission in December. Once the model is approved by PTAC and CMMI, we are confident it would be ready for implementation in 2018.

Finally, ASTRO believes this model is highly consistent with PTAC recommended characteristics including the requirement that physicians to take accountability for controlling the total cost of Medicare spending related to the condition, in this case the treatment of cancer, as well as the total cost of Medicare spending on all services the patient receives during the episode of care. We look forward to sharing more details in the final radiation oncology PFPM. We appreciate the opportunity to submit a letter of intent. If you should have any questions, please direct them to Anne Hubbard, Director of Health Policy at 703-839-7394 or Anne.Hubbard@astro.org.

Sincerely,



Laura I. Thevenot

CEO

ⁱ It should be noted that the Medicare SEER data is limited to FFS Medicare enrollees.