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May 5, 2017

Physician-Focused Payment Model Technical Advisory Committee (PTAC)
C/o U.S. DHHS Asst. Secretary for Planning and Evaluation Office of Health
Policy
200 Independence Avenue S.W.
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Letter of Intent – American Society of Clinical Oncology (ASCO), Patient-
Centered Oncology Payment Model (PCOP)

Dear Committee Members,

On behalf of ASCO, I am writing to express intent to submit a Physician-Focused Payment Model for review by the PTAC in September 2017. We look forward to working with the PTAC and CMS to implement this model, which meets our joint objectives of providing higher quality, lower cost cancer care with greater patient access.

Payment Model Overview

The PCOP Model is the product of an ASCO volunteer work group comprised of leading medical oncologists, seasoned practice administrators, and experts in physician payment and business analysis. It has benefitted from extensive feedback by ASCO members, policymakers and a wide range of stakeholders across the oncology community, including patient advocates.

The basic PCOP model provides supplemental, non-visit-based payments to oncology practices to support diagnosis, treatment planning, and care management. Oncology practices would be able to bill payers for four new service codes:

1. New Patient Treatment Planning
2. Care Management during Treatment
3. Care Management during Active Monitoring
4. Participation in Clinical Trials

Practices would continue to be paid as they are today for services currently billable under the Medicare Physician Fee Schedule, including Evaluation & Management services, delivery of chemotherapy and immunotherapy, and drugs administered or provided to patients by the practice.

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PCOP introduces two-sided risk in a way that engages eligible clinicians while not putting financial viability of physician practices at risk. It requires robust reporting of quality measures and treatment pathway compliance to ensure quality of care.

Goals of the Model

- ***Better support for services critical to high value, high quality care.*** Oncology practices would receive payment for care management, including management of toxicities and other supportive care patients with cancer need—and that avoid costly hospitalizations and emergency department visits. Payments would be made in a way that allows practices the flexibility to provide this care in a way that meets the unique circumstances of their staffing, their care delivery environment and, most important, unique needs of the patient. It also enhances quality without increasing financial burdens on patients.
- ***Accountability for delivering high quality, appropriate Care.*** In return for improved support of care management services, oncology practices would be accountable for following evidence-based appropriate use criteria for drugs; for helping patients avoid complications of treatment that are serious enough to require emergency department visits or hospitalizations; for providing appropriate end-of-life care; and for achieving performance metrics that signal delivery of high-quality patient care.

Expected Participants

All patients who have a cancer diagnosis requiring chemotherapy or immunotherapy are eligible to participate in the PCOP model. ASCO has engaged a wide range of oncologists from across the country in the development of PCOP, indicating its broad support and their willingness to participate. Additionally, one practice and payer have already implemented PCOP, showing its viability. We expect participation from medical oncology practices at diverse practice sites, including small independent practices, wherever PCOP is available.

Implementation Strategy

ASCO is the leading professional society representing more than 40,000 professionals who conduct clinical research and care for people with cancer. Our membership is engaged and eager to participate in testing innovative models that lead to better care. We anticipate continuing engagement with our members and working with CMS and other participants in oncology care to revise both our reporting requirements as well as the details of our one- and two-sided risk financial components to meet the needs of all constituents. The PCOP model positions eligible clinicians to move into monthly payments upon demonstrating their ability to succeed in this care management and payment environment.

Timeline

ASCO will formally submit the PCOP model proposal to the PTAC by July 1, 2017 with the goal of implementation early in 2018.

If there is any additional information you would like prior to formal submission of PCOP please contact me at (571) 483-1750 or Stephen.Grubbs@asco.org.

Thank you,



Clifford A. Hudis, MD
Chief Executive Officer



Stephen S. Grubbs, MD
Vice President – Clinical Affairs