




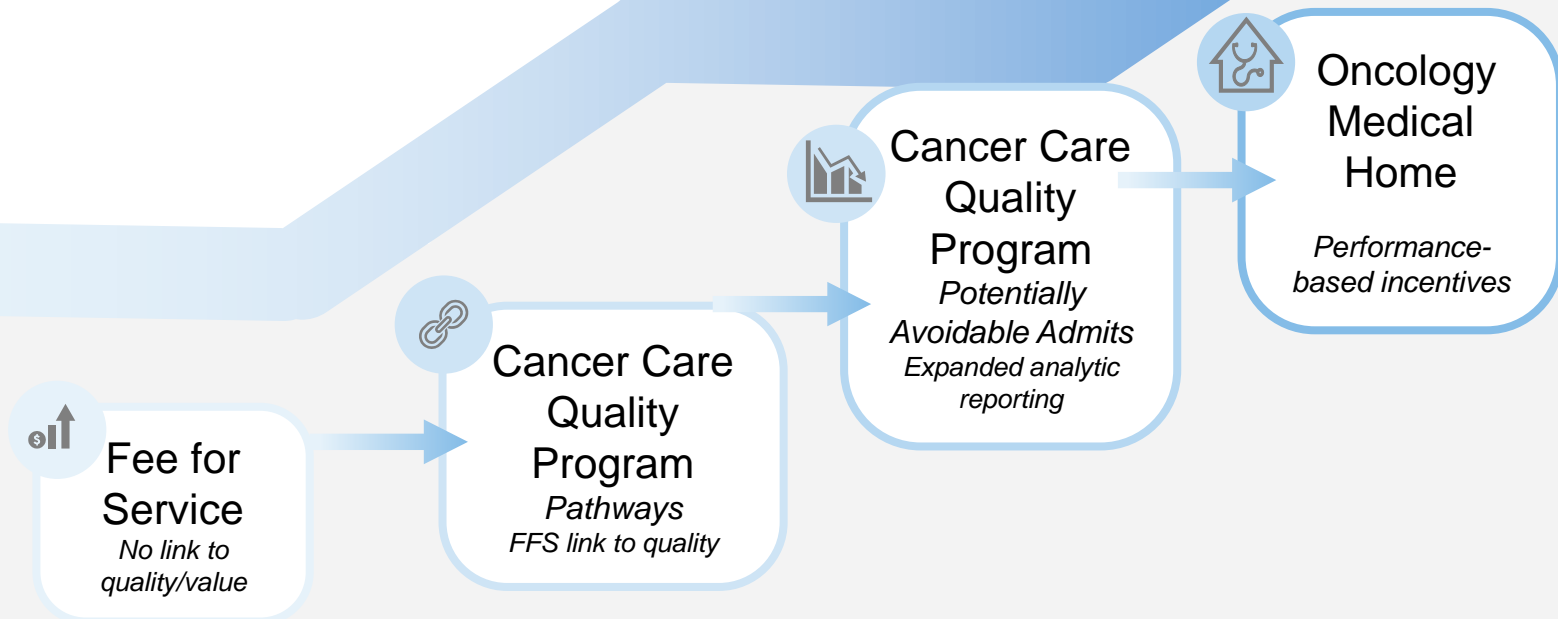
**Anthem**   
**Oncology  
Medical Home  
Program Update**

Jeff Odell, Payment Innovation Director

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# Oncology Medical Home

Shift from Volume-Based to Value-Based Care



# Oncology Medical Home

## Program Objectives

- Foster shared decision-making that aligns treatment with patient goals and preferences
- Improve quality of cancer care through a patient-centered medical home delivery model
- Enhance provider experience through better reporting and patient insights tools
- Reduce cost of care

## Core Competencies – Program Requirements supported by Anthem Incentives



### Comprehensive Care

*Whole-person, coordinated care aligned to patient goals and preferences*



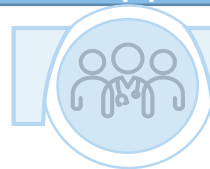
### Care Coordination

*Effective management of care across multiple modalities*



### Enhanced Access

*Expanded options to access timely and appropriate care*



### Transitions of Care

*Support patients through the cancer care continuum, from diagnosis through survivorship or end of life)*



### Drug Therapy

*Comprehensive management of oncology regimens throughout active treatment*



### Performance Improvement

*Continuous performance improvement aimed towards driving advances in quality of care*

# Cancer Member Attribution

- Beginning with commercial LOB
  - Reviewing Medicare Advantage inclusion
- All malignant cancers in adults included.
- Other non-Anthem BCBS members (“BlueCard”) are included
- Outpatient chemotherapy starts accountability
  - IV and oral chemo will trigger attribution
  - Look back period 60 days for chemo
  - Triggers automatic payment of \$165 CCF
  - Long term hormonal members (AI/SERM, androgen deprivation) limited to 12 months
  - Exclusions: CAR-T, bone marrow transplants, organ transplants, ESRD
- Members are attributed to their treating medical oncologist
  - Claims-based attribution

# Quality Performance Measurement and Financial Incentives

## Two-Part Incentive:

**1. Care Coordination Fee:**  
\$XXX Per-Member-Per-Month payment



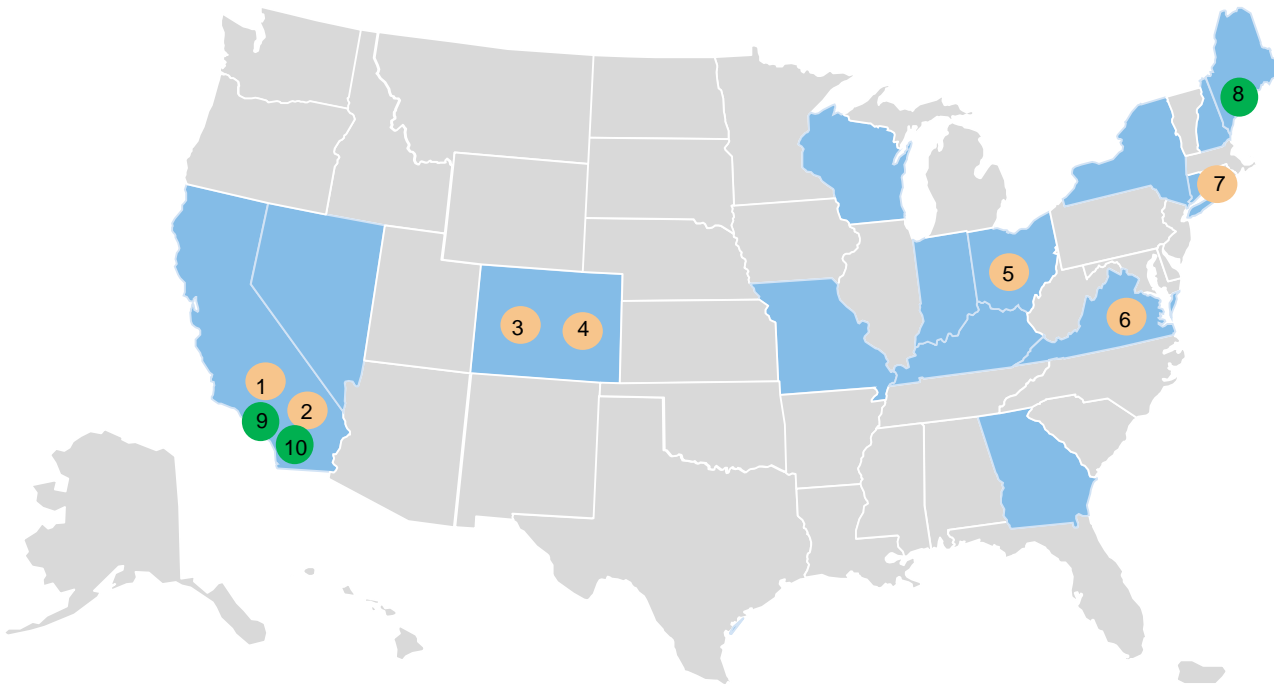
**2. Financial incentive:**  
Improvements in oncology-specific quality and utilization performance

Quality Measures	Measure Steward
CCQP Pathway Adherence	Anthem
Emetogenic risk – Appropriate use of anti-emetic drugs	MASCC
Avoidable Admission for Patients Receiving Outpatient Chemotherapy <sup>1</sup>	NQF 3490
Avoidable Emergency Department (ED) visits for Patients Receiving Outpatient Chemotherapy	NQF 3490
Proportion of patients who died from cancer receiving chemotherapy in the last 14 days of life	ASCO NQF 0210
Proportion of patients who died from cancer with more than one emergency department visit in the last 30 days of life	ASCO NQF 0211
Proportion of patients who died from cancer admitted to the ICU in the last 30 days of life	ASCO NQF 0213
Proportion of patients who died from cancer admitted to hospice for < 14 days	ASCO NQF 0216 <sup>2</sup>
Proportion of patients who died from cancer not admitted to hospice	ASCO NQF 0215
Patient Reported Outcome Measure #1 (e.g. QOL, pain, fatigue)	TBD
Patient Reported Outcome Measure #2 (e.g. QOL, pain, fatigue)	TBD

<sup>1</sup>Chemo-related side effects, e.g., pain, nausea, dehydration, sepsis, etc.

<sup>2</sup>The ASCO/CMS metric utilizes <3 days whereas the Anthem metric will use < 14 days

# OMH Providers



## 2020 Providers

1. City of Hope
2. Cedars Sinai
3. UC Health
4. CU Medicine
5. Dayton Physicians
6. VA Cancer Institute
7. Yale New Haven

## New 2021 Providers\*

8. New England Cancer Specialists
9. UC Irvine
10. UCLA

\* As of Oct 2020, with more being contracted



# Discussion

