

# Oncology Case Rate

## Overview

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Hill Physicians Medical Group

# Why was OCR created?

- Goal: Develop a program that
  - Is mutually sustainable for the provider and the IPA
  - Is a management tool rather than using stringent authorizations
  - Want physicians to be in the decision making role

# Program Components

## Case Rate

- Monthly

## Quality Management Program

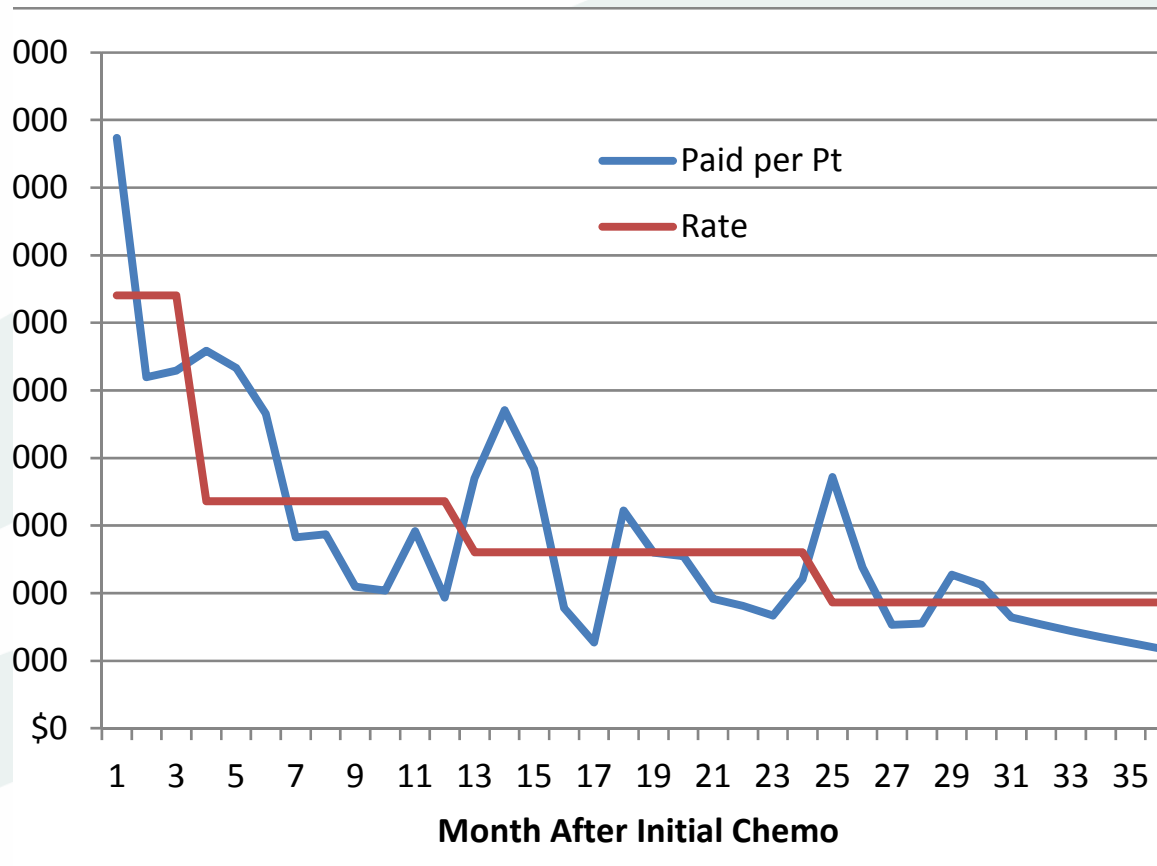
- Annually

# The Basic Case Rate

- Based on actual 3 year experience of Hill's patient cohort who started chemo in 2005
- Nine separate cohorts, divided by cancer types
  - 4 different case rates within each, based on intensity over time
- Model adjusts total dollars to new expenses annually
- \$\$ set aside for stop loss
- \$\$ set aside for performance bonus

# Unique Feature of Our Rates:

Monthly case rate payments approximate the underlying chronological cost pattern of the cohort



# Quality Management Program (QMP)

- Clinical Measures
- Referring Physicians Satisfaction
- Patient Satisfaction
- Utilization
  - Bed Days
  - Infusion Center utilization

# Quality Measures are Essential to the Program

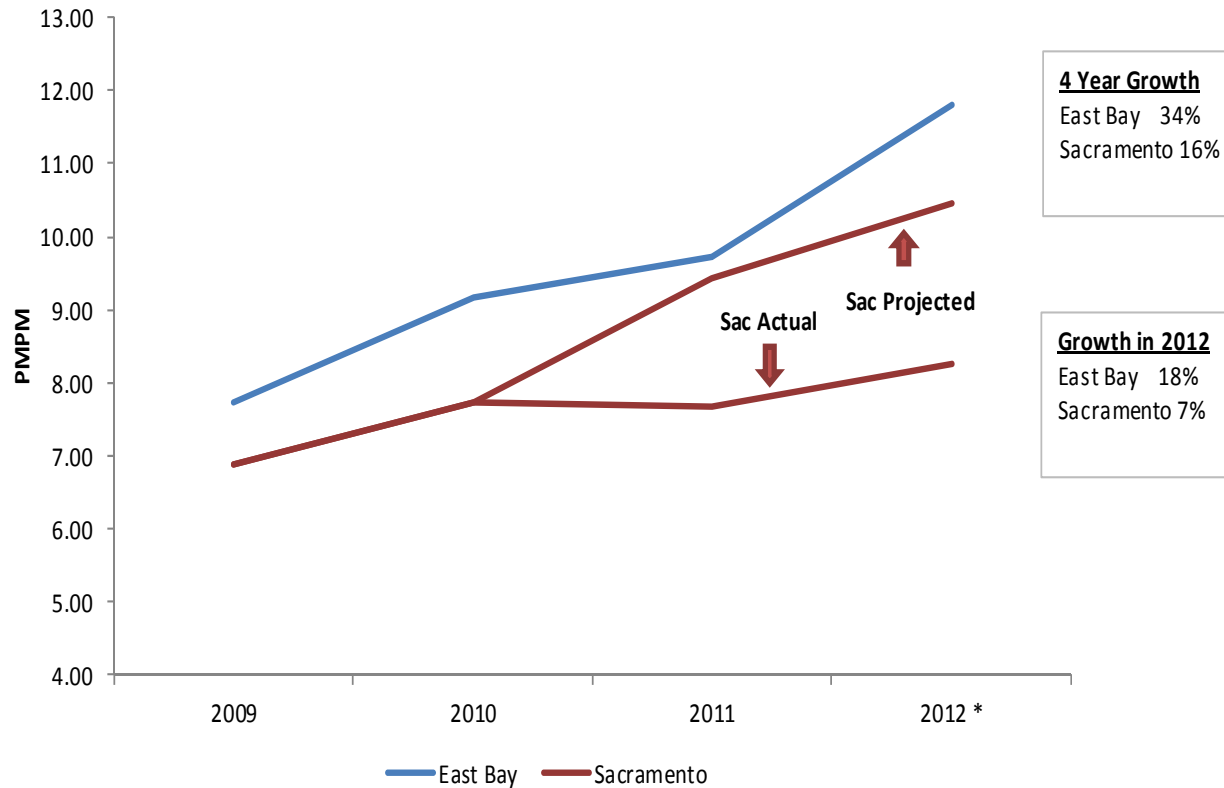
- Clinical Measures:
  - American Society of Clinical Oncology (ASCO)'s Quality Oncology Practice Initiative (QOPI)
    - Used most of their core measures that are included in their ASCO's QOPI Certification Program
    - 22-25 of the 75 available measures are used
- Patient Satisfaction Survey
  - Validated Survey Instrument available from Agency Healthcare Research and Quality (AHRQ)
  - Migrated to RAND instrument in 2012
- Referring Physician Satisfaction
  - Adapted from Sharp-Rees Stealy

# Satisfaction Results

- **Provider data**
  - Referring physicians are satisfied with technical aspects of Oncology services
  - However, we can improve the care coordination between Primary Care Physicians and the Oncologists.
- **Patient data**
  - Patients are satisfied with their care
  - Groups received 85% of the possible points in this domain



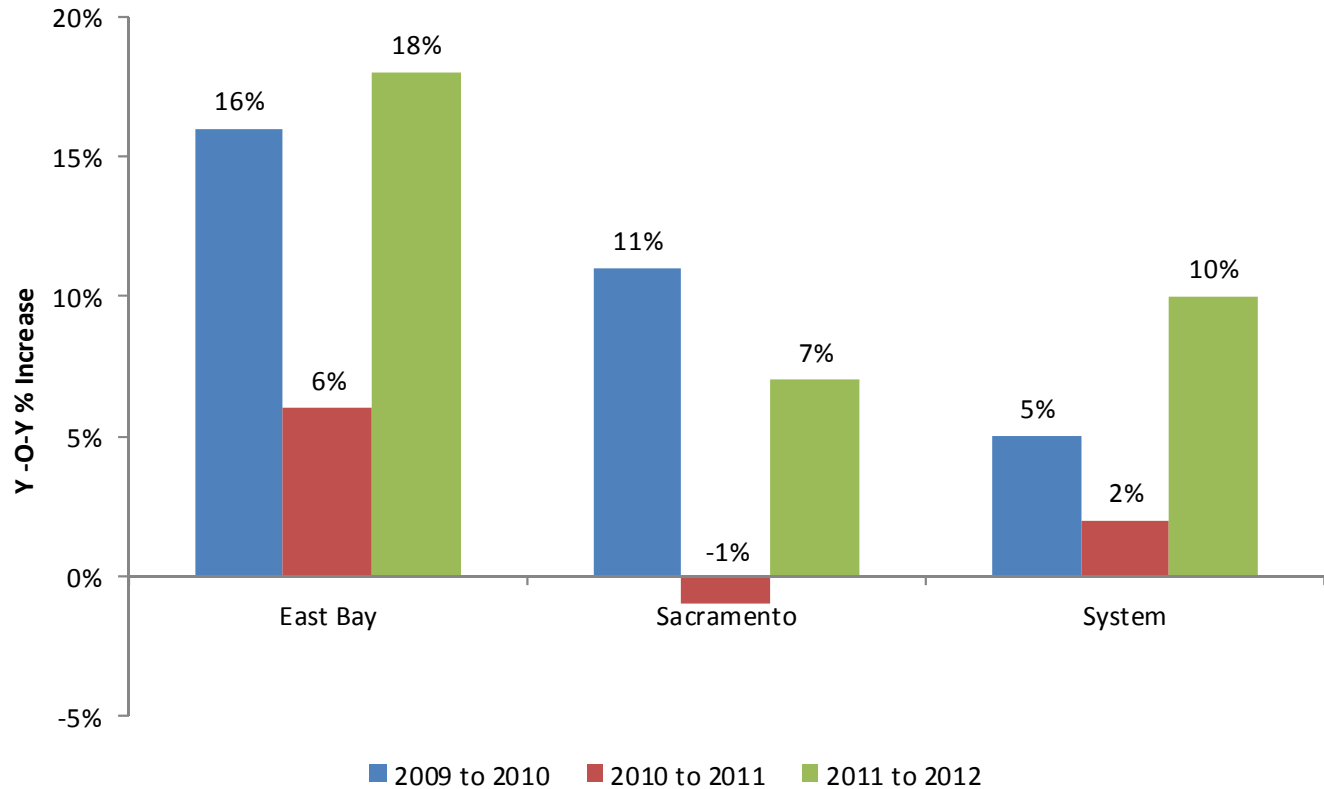
# Oncology – Total Utilization



Commercial and Medicare population only. Both Drug and Non-Drug Expense

\* 2012 is through November

# Oncology Total Utilization – Y-O-Y % Increase



Commercial and Medicare population only. Both Drug and Non-Drug Expense

\* 2012 is through November

# Next Steps

- Continue to improve the operational aspects of the program
- Add Radiation Oncology to the program if possible
- Add oral chemos?
- Continue adding qualified practices



Hill Physicians

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# Impact of Oncology Case Rate on Physician Practices

Larry Strieff, M.D  
Oncologist, EPIC-Care  
Specialty Medical Director  
Hill Physicians Medical Group

# Impact on the EPIC-Care Practice

- About our practice.....
- Impact at the
  - Physician level
  - Oncology nurse level
  - At Front Desk
  - Practice Manager level

# Observations as a Specialty Medical Director at Hill Physicians

Two practices at different ends of the spectrum

I. Prudent performer under old Fee For Service model

- I. They continued to practice as they always have
- II. Financial result
- III. Clinical result

II. Practice with less optimal practice patterns

- I. Modified their patterns
- II. Financial result
- III. Clinical result

# Legacy Fee For Service vs. Oncology Case Rate (with QMP)

