Radiation Therapy Public Forum

May 3, 2017
Agenda

1pm Welcome
   Introductions
   Chris Ritter, PhD
   Ellen Lukens

1:15pm CMS Overview of Radiation Therapy Report to Congress
   Ron Kline, MD
   William Robinson

1:30pm Stakeholder Presentations

2:00pm Comments from Onsite Attendees
   Comments from Virtual Attendees

3:45pm Closing Remarks
Housekeeping Items – In Person Attendance

• Restrooms are out the door to the right.
• Please silence your cell phones.
• After the presentations are done, we will ask those here in person to raise their hand or approach the microphone to make comments.
• We ask all participants to please keep their comments to under 5 minutes to allow others a chance to speak.
• We will then take verbal comments from those attending virtually.
Housekeeping Items – Virtual Attendance

• If problems, please put a comment in the chat box, and the moderator will assist you.
• If you wish to make a comment during the session, you will need to be logged into the Webex.
• All phone lines will be muted until it is your turn to speak.
• To get into queue, you will need to virtually raise your hand by clicking on the icon on within the participant list.
• When it is your turn, the operator will open up your line.
• Please provide the audience your name and the organization you are representing before your comment.
• Please keep comments to under 5 minutes
• Can also submit comments via chat box or by email: radiationtherapy@cms.hhs.gov (email until May 22nd)
The CMS Innovation Center was created to develop, test, and implement new payment and delivery models.

“The purpose of the [Center] is to test innovative payment and service delivery models to reduce program expenditures...while preserving or enhancing the quality of care furnished to individuals under such titles.”

Three scenarios for success

1. Quality improves; cost neutral
2. Quality neutral; cost reduced
3. Quality improves; cost reduced (best case)

If a model meets one of these three criteria and other statutory prerequisites, the statute allows the Secretary to expand the duration and scope of a model through rulemaking.
Not later than 18 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a report on the development of an episodic alternative payment model for payment under the Medicare program under title XVIII of the Social Security Act for radiation therapy services furnished in nonfacility settings.
Design Considerations for Alternative Payment Model

**Alternative Payment Model (APM)**

- Innovation Center Models (other than a health care innovation award)
- Demonstration under the Health Care Quality Demonstration Program
- Medicare Shared Savings Program
- Demonstration under federal law

**Advanced Alternative Payment Model (Advanced APM)**

- Is an Alternative Payment Model
- Requires Participants to Use Certified EHR Technology
- Bases payment on quality measures comparable to those in MIPS
- Participants Bear More than Nominal Financial Risk, OR
- APM is a Medical Home Model Expanded under Innovation Center authority

**Physician-Focused Payment Model (PFPM)**

- Is an Alternative Payment Model
- Includes Medicare as a payer
- Physicians or other eligible clinicians play a core role in implementing the payment methodology
- Targets quality and costs of services eligible clinicians provide, order, or significantly influence

**APM Example:**
Maryland All-Payer Hospital Model

**Advanced APM Example:**
Next Generation Accountable Care Organization Model

*Both examples are also PFPMs

Additional information on CMMI’s model design toolkit is available at: [How to design an alternative payment model](#)
Data Analyses

• Data analyses will support efforts to develop report to Congress
• Analyses use 100% sample of Medicare fee-for-service claims Parts A and B
• Claims include July 1, 2013 – June 30, 2016 but not all analyses include full three-year window
• Include radiation therapy services for oncology care in free-standing and hospital outpatient department settings
• Analyses are preliminary
### Codes Included in Radiation Therapy Analytics

<table>
<thead>
<tr>
<th>Consultation</th>
<th>Treatment Planning</th>
<th>Technical Preparation and Special Services</th>
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<tr>
<td>• Initial consultation typically billed using E&amp;M service</td>
<td>• Determine treatment modality, parts of the body that must be radiated, and plan for radiation treatment</td>
<td>• Technical preparation to ensure radiation dosing is accurate, machine is prepared, treatment aids are constructed</td>
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<td>• Sample: 99201-99205 (E&amp;M outpatient new visit)</td>
<td>• Sample: 77261-77263 (radiation therapy planning)</td>
<td>• Sample: 77332-77334 (radiation treatment aids)</td>
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**Treatment Delivery**

- Radiation delivered to patient in one or more sessions
- Sample: 77401-77416 (radiation treatment delivery) 77761-77763 (apply intracavity radiation-brachytherapy)

**Treatment Management**

- Patient monitoring, treatment adjusted according to outcomes
- Sample: 77427 (radiation treatment management x5 treatments)
Medicare beneficiaries that initiated radiation treatment between January 1, 2014 and December 31, 2015 by diagnosis

1. Note: Non-cancer and cancer diagnoses with <1% of beneficiaries are not shown
Average expenditures for radiation services for lung cancer patients before and after first radiation treatment delivery service.

July 2013 - June 2016

- Treatment delivery
- Planning
- Consultation
- Other radiation services
- Management

Weeks from first radiation treatment delivery service date
Average expenditures for radiation services for breast cancer patients before and after receipt of first radiation treatment service
July 2013 - June 2016

- Treatment delivery
- Planning
- Consultation
- Other radiation services
- Management

Weeks from first radiation treatment delivery service date

Before radiation started After radiation started
Average expenditures for radiation services for prostate cancer patients before and after receipt of first radiation treatment delivery service
July 2013 - June 2016

Weeks from first radiation treatment delivery service date

Before radiation started
After radiation started

$1,600
$1,400
$1,200
$1,000
$800
$600
$400
$200
$0
Length of a Radiation Episode

Length of radiation therapy
July 2013 - June 2016

99% of all radiation therapy episodes are completed within 90 days

Note: Episodes were triggered through the use of a treatment planning code and terminated at the last treatment delivery code that did not have a subsequent treatment delivery code billed within 28 days
We look forward to getting your feedback today.

Please submit any comments to:

Radiation Therapy Report to Congress
CMMI Patient Care Models Group

RadiationTherapy@cms.hhs.gov
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<tr>
<td>• LUGPA</td>
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<tr>
<td>Celeste G. Kirschner</td>
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<td>• 21st Century Oncology</td>
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<td>Constantine Mantz, MD</td>
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<td>• US Oncology Network</td>
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<td>Vivek Kavadi, MD</td>
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<td>• ASTRO</td>
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<td>Brian Kavanagh, MD</td>
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<td>• Highlands Cancer Center</td>
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<td>Anshu Jain, MD</td>
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Public Comments

• Persons in the room please approach the microphone

• Persons online, please “raise your hand”.
  • Moderator will open your phone line when it is your turn to speak.