The American Society of Clinical Oncology (ASCO) released today a major update to its Patient-Centered Oncology Payment (PCOP) model, an alternative payment model designed to support transformation in cancer care delivery and reimbursement while ensuring that patients with cancer have access to high-quality, high-value care. The updated model reflects lessons learned from previous demonstration programs, including a PCOP pilot in New Mexico.

ASCO's oncology-specific model is uniquely positioned to confront care delivery challenges in an increasingly complex medical specialty. It addresses an array of pressures facing cancer care, including the growing financial burden on patients and families and increasing administrative burdens on practices as a result of expanding utilization management requirements. The PCOP update comes after more than five years of work by ASCO volunteer groups, including leading medical oncologists from diverse practice settings, seasoned practice administrators, payer representatives, and experts in physician payment and business analysis.

"As oncologists, we have a responsibility to shape the future of America's cancer care system," said ASCO President Howard A. "Skip" Burris, III, MD, FACP, FASCO. "We're stewards of our patients' wellbeing, and ASCO's model reflects everything we have learned in over fifty
years of work to advance patient care. It is a complete solution for transforming cancer care delivery and reimbursement and puts the needs of patients front and center.

ASCO's model transforms cancer care using three major approaches: improved care delivery and coordination through an oncology medical home framework, which has shown improved outcomes and reduced costs; a performance based reimbursement system that relies on patient-centered standards and transitions to bundled payments; and consistent delivery of high-quality care using clinical pathways that adhere to ASCO criteria.

Inherent in the PCOP design is its emphasis on implementing PCOP in "communities"—multidisciplinary networks of oncology providers and practices; federal, state, and private payers; employers; and regional health networks -- aligned to support patient-centered care. This focus provides the following benefits:

- For patients, it offers access to an enhanced patient experience and state-of-the-art cancer care.
- For providers, it enables a successful transition to value-based systems.
- For employers and health plans, it offers a powerful way to incentivize quality and constrain costs.

Modeling all-payer data from the Maine Health Data Organization, ASCO has projected significant potential for PCOP to yield cost savings--up to 8% across the healthcare system. The model accommodates diverse practices and care settings and is designed to guide participants through the implementation process.

ASCO will include PCOP as part of its response to the Centers for Medicare & Medicaid Services and the Center for Medicare and Medicaid Innovation's recent Request for Information about next steps following the completion of the agency's Oncology Care Model (OCM) in 2021. PCOP offers a way to expand on the OCM experience and would be an appropriate next step in innovation following conclusion of the OCM performance periods.

Read the ASCO Patient-Centered Oncology Payment: A Community-Based Oncology Medical Home Model.

About ASCO:

Founded in 1964, the American Society of Clinical Oncology, Inc. (ASCO®) is committed to
making a world of difference in cancer care. As the world's leading organization of its kind, ASCO represents nearly 45,000 oncology professionals who care for people living with cancer. Through research, education, and promotion of the highest-quality patient care, ASCO works to conquer cancer and create a world where cancer is prevented or cured, and every survivor is healthy. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation. Learn more at www.ASCO.org, explore patient education resources at www.Cancer.Net, and follow us on Facebook, Twitter, LinkedIn, and YouTube.