November 20, 2017

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Ave SW, Mail Stop 314G
Washington, DC 20201

Dear Administrator Verma:

As you consider the strategic direction of the Center for Medicare and Medicaid Innovation (CMMI), I am pleased to submit these comments on behalf of the American Society of Clinical Oncology (ASCO). Innovation is important in promoting patient-centered care, testing market-driven reforms, providing transparency, and increasing choice and competition to drive quality, reduce costs, and improve outcomes. We commend CMMI for inviting stakeholders to provide input to help determine the new direction of the Innovation Center.

ASCO is the national organization representing over 42,000 physicians and other health care professionals specializing in cancer treatment, diagnosis, and prevention. ASCO members are also dedicated to conducting research that leads to improved patient outcomes, and we are committed to ensuring that evidence-based practices for the prevention, diagnosis, and treatment of cancer are available to all Americans, including Medicare beneficiaries and Medicaid enrollees. We appreciate the opportunity to share our ideas for improving the delivery of cancer care in a way that is cost effective and beneficial for patients, oncology professionals, and payers.

Given the significant morbidity, mortality, and financial expenditures arising from cancer in the Medicare and Medicaid populations, CMMI should focus on new and innovative delivery and payment models that meet the needs of all cancer populations and providers. CMMI should embrace oncology-focused Alternative Payment Models (APMs) that differ from the existing Oncology Care Model (OCM), as well as from other existing models that are not specifically focused on cancer.
In general, ASCO supports the six guiding principles set forth in the Request for Information. We welcome the opportunity to share our thoughts on the development and implementation of new APMs that would help to promote market choice and competition, and allow oncologists to participate voluntarily in new models focused on patient-centered care. We also wish to highlight our support for the comments offered by the American Medical Association (AMA) in response to this Request for Information.

ASCO supports the expansion of the use of physician specialty models as a way to increase patient access to high-quality, high-value cancer care. We urge CMMI to ensure that there are multiple oncology-specific APMs that enable oncologists to select the optimal approach for their patients and will allow their practices to successfully transition to a value-based payment environment. In the Medicare program, specifically, it is important to implement models that will facilitate the oncology community’s transition from the Merit-Based Incentive Payment System (MIPS). Establishing additional oncology APMs under Medicare is critical, especially given the complexity and rapid changes occurring in cancer care. Oncology-specific APMs can address the rising costs of cancer care, including specialty drug costs in the rapidly changing environment of personalized cancer care. Restricting oncology to a single APM model would squander the unique opportunity created by Congress.

The structure, approach, and design of APM models must focus on ways to control the costs of cancer care in the United States. At the same time, models must preserve and improve the ability of patients to obtain high-quality oncology services. A new cancer-focused APM is necessary to address shortcomings in both the traditional fee-for-service Medicare program and the Medicare Advantage Program. The OCM, which is currently operating under the Innovation Center, is certainly one such approach that has drawn participation from a number of practices. The response to OCM by oncology professionals is a testament to their commitment to innovation and to a value-based payment system. However, CMS must continue to build upon the initial steps taken by the OCM.

We urge CMMI to expand the opportunity for innovation beyond OCM’s framework and limited participation, offering all oncology practices a chance to innovate in ways that support the delivery of higher quality care at lower cost. ASCO encourages CMMI to implement APMs that allow all practice settings—indepedent physician owned, academic, urban and rural, large and small—to participate and contribute to new approaches to cancer care delivery. The best models will strive to enhance value, quality of care, and the patient experience by:

- Providing resources that better support the full range of services needed for care planning and management;
- Reducing unwarranted variation—and cost—of care by promoting evidence based care; and
- Organizing reimbursement so that practices may deploy resources in a way that works for their individual setting.
Finally, ASCO believes that small-scale testing of multiple oncology-focused APMs can highlight potentially successful strategies for the broader community of cancer patients and oncology professionals. Industries outside of healthcare have approached complex challenges by developing methods for “rapid prototyping” of new products. We believe CMMI needs a similar process for APMs. CMMI has already demonstrated that it can support an array of small-scale projects through the two rounds of Health Care Innovation Awards. As such, it should be feasible to implement multiple limited-scale APM tests each year. As innovation strategies demonstrate potential for success, CMS should provide a mechanism for adoption on a larger scale. CMMI has statutory authority to modify the design and implementation of models after testing has begun. As such, we urge adoption of a multi-step process for developing and implementing APMs—one that begins with limited-scale testing and then refinement or expansion of promising APMs over time.

ASCO has developed a value-based payment proposal that addresses the specific needs of Medicare beneficiaries diagnosed with cancer. ASCO’s “Proposal for a Voluntary Medicare Demonstration to Support Higher Quality, More Affordable Cancer Care by Using Evidence-Based Clinical Pathways for Oncology” is attached and includes ASCO’s recommendations for promoting patient-centered cancer care. ASCO is working collaboratively with a team of oncologists led by Barbara McAneny, MD. Our proposal is designed to integrate well with the separate proposal that Dr. McAneny is submitting to the CMMI.

Thank you for the opportunity to provide comments and submit ASCO’s suggestions on an alternative payment model that would greatly benefit cancer patients and providers. We look forward to discussing this proposed demonstration. Please contact Sybil Green at 571-483-1620 with any questions or follow up.

Sincerely,

Clifford A. Hudis, MD, FACP, FASCO
Chief Executive Officer, American Society of Clinical Oncology