Engaging Patients in Alternative Payment Models

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About NCCS

- Our mission is to advocate for quality cancer care for all people touched by cancer
- We represent cancer survivors in public policy efforts to improve cancer treatments and enhance access to quality cancer care
- Our goal is to foster a cancer care system that is evidence-based, quality-driven, patient-focused and affordable and accessible to all
- We convene cancer advocates, industry, payers, professional societies, academia and providers
- We champion cancer care planning, at diagnosis and at major transition points during treatment and survivorship



Delivery & Payment Reforms Are Essential to Quality Improvement

- NCCS considers changing the conversation between doctor and patient as the essential foundation of delivery reform
- Payment reforms must be aligned to improve communication, treatment decision-making, symptom management, and coordination of care





Adoption of Cancer Care Planning: Delivery & Payment Reforms

Patient

- Prepare patients to be engaged partner
- "Take Charge of Your Cancer Care" tools

Payment

- Legislation establish a Medicare benefit
- Regulation (CMS)
- Alternative payment models (CMMI's OCM)
- Private Payers

Our Goal

- Engaged patients, shared decision-making
- Cancer care planning, at diagnosis and at major transition points during treatment and survivorship

Providers

- Standards & Guidelines
- Journey Forward
 Survivorship Planning
 Tools



NCCS Principles for Patient-Centered Payment Reform

- Reward quality of services, not just quantity
- Require shared decision-making and a cancer care planning process, including advance care planning
- Promote evidence-based care by encouraging adherence to guidelines, quality measures, and standards of care
- Include consideration of clinical trial options, where appropriate, in the care planning discussion



NCCS Principles for Patient-Centered Payment Reform

- Communicate patient cost-sharing responsibilities as part of the care planning process
- Include protections against underutilization or overutilization
- Incorporate outcome, process, and patientreported outcome measures, developed with input from patients
- Ensure that therapeutic innovations will be rapidly incorporated into the standard of care
- Reimburse for coordination of care, from screening through survivorship

