From:	Robert Baird
To:	PTAC (OS/ASPE)
Subject:	Public Comment – Making Accountable Sustainable Oncology Networks - MASON
Date:	Tuesday, March 20, 2018 3:16:48 PM
Attachments:	image040.png image046.png image047.png image048.png image051.png

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As an Administrator in a private practice with 50 providers who treat Cancer patients, I am in full support of the Physician Focused Payment Model – Making Accountable Sustainable Oncology Networks (MASON) submitted by Dr. Barbra McAneny.

Patients receive the highest value cancer treatment in the community oncology setting. Our practice has participated in the Center for Medicare and Medicaid's COME HOME Oncology Medical Home pilot that was successful in lowering costs while increasing the quality of care that cancer patients received. The MASON proposal builds on this foundation.

I am in support of PTAC awarding a grant for the implementation of the MASON model.

Robert E. Baird, Jr., RN, MSA, CASC
Chief Executive Officer

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From:	Nadine Hill
To:	PTAC (OS/ASPE)
Subject:	Public Comment - Making Accountable Sustainable Oncology Networks - MASON
Date:	Wednesday, March 21, 2018 4:25:11 PM

I am in support of acceptance of the MASON proposal to CMS.
It is well thought out and the path of least resistance for CMS to adopt.
Please accept the MASON proposal.

Nadine Hill, SHRM-CP
Human Resources Director
Oncology Consultants
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From: Susan Barragy
To: PTAC (OS/ASPE)
Subject: Public Comment – Making Accountable Sustainable Oncology Networks – MASON
Date: Friday, March 23, 2018 11:15:37 AM

I have had the opportunity to review the MASON value based reimbursement model for oncology. I believe this model improves upon previous models I have seen. MASON allows for science based personalized care plans, while still incorporating quality measures, shared savings and clinical pathways. This combines the need for cost savings with the need for the best treatment of each patient. I encourage HHS to support MASON.

Susan Barragy
Oncology Consultants
Director of Finance
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March 22, 2018

Physician Focused Payment Model Technical Advisory Committee
c/o Ann Page
Designated Federal Official
Office of Health Policy for the Assistant Secretary for Planning and Evaluation
US Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Submitted electronically: PTAC@hhs.gov

Dear PTAC Members,

The American Society for Radiation Oncology (ASTRO) is pleased to submit comments on the Making Accountable Sustainable Oncology Networks (MASON) alternative payment model as submitted by Innovative Oncology Business Solutions (IOBS). We appreciate this opportunity to comment and look forward to further engagement should this model be considered for implementation.

ASTRO members are medical professionals, practicing at community hospitals, academic medical centers, and freestanding cancer treatment centers in the United States and around the globe, and who make up the radiation therapy treatment teams that are critical in the fight against cancer. These teams often include radiation oncologists, medical physicists, medical dosimetrists, radiation therapists, oncology nurses, nutritionists and social workers, and treat more than one million cancer patients each year. We believe this multi-disciplinary membership makes us uniquely qualified to provide input on the inherently complex issues related to Medicare payment policy.

ASTRO appreciates the premise of the MASON model in that it seeks to address some of the shortcomings identified in the Oncology Care Model (OCM) that may prevent some practices from transitioning to Track 2 of OCM, which would designate them as Advanced APMs. However, it is unclear whether the model adequately considers the role of radiation oncology, which is a key component of cancer treatment for many patients.

Patient cancer treatment teams typically involve a radiation oncologist and surgical oncologist, in addition to the medical oncologist. In many cases chemotherapy may be given prior to radiation therapy or surgery, but often chemotherapy and radiation therapy are given together. This coordinated team approach to cancer care is critical to optimal patient outcomes and patient survivorship.

The MASON model seeks to establish an Oncology Payment Category (OPC), which includes radiation therapy. While ASTRO agrees with the goal of more accurately determining expected costs of care, we are concerned that the OPC, as constructed, has the potential to discourage

multidisciplinary cancer treatment. The OPC construct could create an unintended incentive to reduce the utilization of potentially beneficial therapies, such as radiation therapy, because of their relative costs. The inclusion of all services and the financial incentive to keep overall costs below the OPC rate create a situation in which decisions could be made based on meeting savings targets, rather than improved patient outcomes.

We appreciate that IOBS recognizes that radiation oncologists working in NCCA practices are working with ASTRO to address cost savings. That said, we would like to suggest that the model be modified to account for the inclusion of a radiation oncology APM that recognizes the distinct work associated with radiation therapy services. ASTRO continues to work with the Centers for Medicare and Medicaid Services Office of Innovation on the development of such a model.

The ideal situation would be one in which a patient being cared for in the OCM or MASON model could concurrently be cared for within a radiation oncology APM that is triggered when radiation oncology treatment planning begins. The two distinct models allow both medical oncologists and radiation oncologists to work collaboratively on patient care, while also focusing on maximizing efficiencies within their own unique purview. The savings associated with the discounted radiation oncology APM target rate could be attributed to the overall OPC cost savings, creating a win-win for both specialties.

Thank you for the opportunity to provide written comments. ASTRO is committed to ensuring that radiation oncology can fully participate in an alternative payment model that will drive greater value in cancer care. If you have any questions, please contact Anne Hubbard, Director of Health Policy, at 703-839-7394 or Anne.Hubbard@ASTRO.org.

Sincerely,

Laura Thevenot

Laura I. Thevenot
Chief Executive Officer

From:	Juliet Roldan
To:	PTAC (OS/ASPE)
Subject:	Public Comment – Making Accountable Sustainable Oncology Networks – MASON
Date:	Monday, March 26, 2018 11:39:06 AM

Attention HHS,

The Mason plan consists of very well thought out plans to compensate for known failures in previous APM's. Not only are costs of care evaluated, so are the costs of quality measures, and technology solutions required for the infrastructure. The OPC is appropriated for disease state and co-morbidities.

Once OPC is approved, a virtual account is created. All charges are subtracted from this account. This very thoughtfully eliminates patient co-pay, as the PCOP goes directly to the practice. The virtual account is transparent to the patient and provider.

This plan effectively addresses items which have been a barrier to Successful APM's:

1. Data blocking and sale
2. Cultural norms and socioeconomic circumstances
3. Decision support
4. Data collection
5. Protection against over and under-utilization of various services
6. Care transitions
7. Prevention of hospitalizations by use of app which allows daily communications if needed

It is our sincerest hope that we can participate in this solution.

Best regards,

Juliet Roldan, BS, CNMT, RT(CT)ARRT
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Radiation Safety Officer
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AMA
AMERICAN MEDICAL ASSOCIATION

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March 26, 2018

Jeffrey Bailet, MD
Committee Chairperson
Physician-Focused Payment Model
Technical Advisory Committee
Office of the Assistant Secretary for
Planning and Evaluation
U.S. Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Dr. Bailet:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to provide our strong support for the Making Accountable Sustainable Oncology Networks (MASON) proposal that was submitted to the Physician-Focused Payment Model Technical Advisory Committee (PTAC). The MASON model builds on the strengths and reflects the experience to date with several other models that have been designed to improve the delivery of care for patients with cancer while lowering spending, including the oncology medical home, the Oncology Care Model, and the Patient-Centered Oncology Payment model. The refinements that have been incorporated into MASON's design should be very beneficial to Medicare patients with cancer and their oncologists, while also advancing the movement toward alternative payment models (APMs) in the Medicare program.

Oncologists have cited numerous barriers to providing high quality patient care in the regular Medicare physician payment system. For example, because fee-for-service payments are tied to face-to-face services, there is no payment for teamwork and collaboration with other physicians, phone calls with patients to manage their care, and education and counseling on patient self-management and nutrition. In addition, the comprehensive diagnostic work-ups and assessment and discussion with patients about treatment options that are required for new cancer patients are not adequately supported by new patient visit code payments.

Participants in APMs offered to date by the Centers for Medicare & Medicaid Services (CMS) have identified both advantages and disadvantages of the models, which were discussed in detail at two APM workshops convened by the AMA. Pros include:

- Extra money for non-face-to-face services and support staff;
- Annual bonus payments for participants in Advanced APMs;
- Ease of participation in Medicare's Quality Payment Program;
- Waivers of some Medicare rules to improve patient access to telehealth and post-acute care; and
- Opportunities to share savings that can lead to better treatment planning.

Nonetheless, participants in these APMs have also noted a number of opportunities for improvement:

- Financial risk rules force physicians to be accountable for costs outside their control, such as drug prices;
- Lack of risk adjustment hurts practices with more complex patients, worse functional status, or poor support at home;
- APM participants often have more rather than fewer documentation burdens;
- Attribution methods make it hard to know which patients are in the APM;
- APM start-up costs are not recognized and financial benchmarks can hurt efficient practices; and
- It is difficult to get timely data and feedback from CMS.

The AMA enthusiastically supports the MASON proposal because it has been designed to include the positive aspects of the other APMs that have been developed while also incorporating important refinements that will help to avoid some of the other APMs' pitfalls. The model will provide support for comprehensive diagnostic and treatment planning services for new cancer patients, as well as survivorship services for patients following treatment, that are not available in existing CMS APMs. Participating practices will be accountable for spending levels for episodes of care, but will be protected from financial losses due to fluctuations in drug prices and payments will be risk adjusted to appropriately compensate oncologists for patients with greater needs. Patients will benefit greatly from the intensive care coordination and reliance on evidence-based clinical pathways.

The AMA would be pleased to assist the PTAC and CMS in any way we can, with further development of and testing of the MASON model. We strongly urge the PTAC to recommend the MASON proposal to the Secretary of the U.S. Department of Health & Human Services.

Sincerely,

James L. Madara, MD

From: Katherine Grigsby
To: PTAC (OS/ASPE)
Subject: "Public Comment – Making Accountable Sustainable Oncology Networks - MASON"
Date: Monday, March 26, 2018 12:41:23 PM

To Whom it May Concern:

I am writing on behalf of support for the Mason Oncology Network project submitted by Dr. Barbara L. McAneny. In my 28 years of experience in the Oncology landscape, it is of my opinion; the program is another step in the enhancement of managing oncology patients with results that would provide quality cost-effective care.

Cancer patients deserve and fall under a higher utilization of care and have become for many a chronic maintenance disease. Properly care for cancer patients live with their diagnosis and want to be mainstream into society to work, enjoy life to the fullest. The lifestyle of a cancer patient is enhanced with Oncology supportive care management. The ability of pro-actively managing offered by the Mason Oncology Model care of cancer patients shall benefit the patient and CMS. The model's innovative care provides the use of evidence-based pathways, patient navigation, bundled payments and taking historical data to manage the financial aspects of care. I am confident the oncologist community team can transform the oncology services, managing the total cost of care is in the best position to managed risk. Cancer services is a crucial responsibility and spend with Medicare, which the Mason project can lead to prior active quality services, care and financial savings for the patient and CMS.

Sincerely,

Katherine M. Grigsby
Director, Contracting & Business Development
Oncology Consultants, P.A.
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From: Susan Wagner
To: PTAC (OS/ASPE)
Subject: Public Comment – Making Accountable Sustainable Oncology Networks - MASON
Date: Monday, March 26, 2018 1:00:04 PM

Good morning,

In reviewing the MASON proposal, I feel that this model brings much more clear cut quality to the Oncology space.
There are many models that our practice is currently participating with several pieces that work and some that do not work as well. The MASON model appears to take the areas that focus on what works best.

The group that worked to put it together has a very genuine understanding of what true quality in Oncology is and should be, and how to make that a sustainable format over time. I believe that this model should be considered as we progress into the future of APM's.

Susan Sabo-Wagner, RN BSN OCN
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March 26, 2018

By Electronic Delivery

Jeffrey Bailet, MD
Committee Chairperson
Physician-Focused Payment Model Technical Advisory Committee

Assistant Secretary for Planning and Evaluation, Room 415F
US Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

RE: Making Accountable Sustainable Oncology Networks (MASON) Proposed Model

Dear Chairperson Bailet:

The Biotechnology Innovation Organization (BIO) appreciates this opportunity to comment on the Making Accountable Sustainable Oncology Networks Proposed Model (MASON model)[1] submitted to the Physician-Focused Technical Advisory Committee (PTAC). BIO is the world's largest trade association representing biotechnology companies, academic institutions, state biotechnology centers and related organizations across the United States and in more than 30 other nations. BIO's members develop medical products and technologies to treat patients afflicted with serious diseases, to delay the onset of these diseases, or to prevent them in the first place. Our members' novel therapeutics, vaccines, and diagnostics not only have improved health outcomes, including productivity and quality of life, but also have reduced healthcare expenditures due to fewer physician office visits, hospitalizations, and surgical interventions.

BIO supports efforts to develop Alternative Payment Models (APMs) that transition to value in treatment and that ensure sustainability of the delivery of timely, high-quality care to patients. Innovation in the payment and delivery of care has great potential to achieve these aims, but requires robust patient protections and a focus on appropriate quality-of-care measures to guard against incentives to underutilize appropriate care. As a threshold matter, we reiterate what we believe to be the hallmarks of APMs that meet the critical, shared goal of ensuring patient access to high-quality, patient-centric care, in moving from fee-for-service into value systems via APMs. Specifically, BIO's members have identified the following as criteria an APM must meet to achieve these aims:

- Allows patients and providers to choose from the range of available treatment options and supports the tailoring of care to individual patient needs and preferences on the basis of existing scientific and clinical evidence;
- Adapts to the evolving field of medicine in a timely manner;

[1] McAneny, Barbara L; Making Accountable Sustainable Oncology Networks Proposed Model, February 18, 2018.

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bio.org

- Incorporates mechanisms to ensure patients' timely access to new-to-market therapies;
- Ensures that quality measures are appropriate and meaningful to patients in the context of the patient population that an APM serves;
- Recognizes that current and future healthcare system spending on prescription drugs can offset spending on other healthcare items and services over the short- and longer-term;
- Invites and incorporates feedback from a diverse array of external stakeholders throughout the development and implementation of the model; and
- Increases transparency in the model process, by making all methodologies and analyses of the model used throughout the process publicly available, including a description of the evidence and information sources utilized in their development.

Consistent with these key themes, and as the MASON model uses elements of current Medicare payment and delivery – Ambulatory Payment Classifications (APCs), Diagnosis Related Groups (DRGs), and fee for service – and the Oncology Care Model (OCM) on which BIO has previously commented, we provide the following comments and considerations:

Exclusion of drugs from the overall bundle, as detailed, is appropriate and critical to ensuring patient access to the most appropriate course of treatment: Under the proposal, the model includes the creation of Oncology Payment Categories (OPCs) that are intended to create accurate cost targets where practices will only be at risk for factors they are able to control in the context of patient care. The structure of the OPCs includes all expenses related to cancer care except drugs, where the model proposes to pay for drugs at invoice plus 2%.[2] BIO strongly supports this approach to separately pay for drugs and focus model target costs in areas where providers have additional control. Innovative drugs and biologicals play an essential role in delivering high-quality care to cancer patients. By keeping these drugs out of a bundle payment, providers are able to continue to provide the highest standard of treatment for their patients, without the concern of inappropriate financial pressure. It is critical that drugs continue to be excluded from the bundle to ensure providers continue to be able to deliver the most appropriate medications to their patients, and that the value of therapies are appropriately accounted for in APMs, particularly as new and innovative treatment options for cancer are developed.

Guidelines rather than pathways should be used to determine patient course of treatment: The MASON model references the use of pathways created by physicians and based on National Cancer Network (NCCN) guidelines, including quality measures that assess compliance with pathways. BIO believes that cancer treatment under the proposed model should focus more broadly on guidelines rather than the movement toward pathways to allow providers sufficient flexibility in selecting the most appropriate course of treatment for each patient's given disease and accompanying health considerations.

However, if pathways are used, they should be based on strong clinical evidence and include guardrails around: (1) data exchange to ensure the most up-to-date treatment data are taken into account; (2) detail around thresholds for incorporation of additional pathways

[2] Note: The proposed model mentions that use of this payment policy will allow CMS to monitor drug prices and usage. We caution against elements of the proposal that may be duplicative of other reporting requirements that are currently in place.

that may be used in the Diagnostic and Therapeutic Pathway (DTP) component of the MASON model infrastructure; and (3) transparency language to allow visibility into physician-driven decisions. Such guardrails currently do not exist and are critical for APM advancement of value-driven care. Importantly, providers should have sufficient flexibility within the model to deviate from pathways when necessary based on patient health needs. Further, we believe that the recently developed NCCN "Categories of Preference" where "affordability" is being included in treatment considerations should not hinder patient access to the most appropriate course of treatment through use of such guidelines or pathways.[3]

Quality metrics should appropriately account for patient quality of care: The MASON model includes electronic generation of quality measures based on cognitive computing, focusing on outcomes that the practice can affect by internal changes. BIO supports the inclusion of quality measures that are most relevant to the appropriate course of treatment for a patient's given condition and believes that endorsement by the National Committee for Quality Assurance (NCQA), as is the case for the MASON model, is critical for model development. However, we ask that further detail around what types of measures of patient health outcomes and patient satisfaction be presented in the model concept beyond the general focus on pathway compliance specific measures. Additionally, given the reliance on cognitive computing, the outcomes and quality measures used must be validated to ensure the healthcare decisions being driven are meaningful to patients and resulting in high-quality care. PTAC should work to ensure that APMs address the latest indications and access to advances in care through the most appropriate quality measures in line with clinical and stakeholder expert considerations.

Efforts to increase transparency should apply across the continuum of healthcare services: The MASON model proposal emphasizes that elements of the model will help increase transparency within the healthcare system, with an emphasis on drugs. BIO believes that measures aimed to increase transparency should apply across the healthcare spectrum and be grounded in the goal of improving timely access to information that supports informed patient-provider clinical decision making and that helps ensure smarter healthcare spending, without distorting market dynamics or harming the innovation ecosystem. When applied to prescription drugs, as one element of the broader system, transparency should facilitate access to medications, while continuing to foster competition and the risk-taking required to deliver on the promise of future treatments and cures. Further, we believe that APMs should recognize the critical role that prescription drugs can play in offsetting additional healthcare interventions and healthcare spending over the short- and long-term.

Further details around the care episode should be provided: BIO asks that further details around initiation and the length of the care episodes, as well as whether the payment categories will be "local" or based on average utilization patterns across the network of practices, be provided. The MASON model draws on the principles of the Oncology Care Model (OCM) in its design, and BIO has previously expressed concern with the OCM's definition of an episode of care. We believe additional details around defining a

[3] BIO has expressed concerns with NCCN's inclusion of "affordability" into Categories of Preference within their treatment guidelines. We would be concerned if such a consideration were to inappropriately limit access based on the MASON model's reliance on NCCN guidelines.

care timeline and what constitutes initiation of care are critical to understanding the parameters of the model.

* * *

BIO reiterates our appreciation for the opportunity to comment on the MASON model, and we look forward to working with PTAC to promote the development and testing of value-based payment models that deliver timely and appropriate high-quality care to patients. Please feel free to contact us at 202-962-9200 should you have any questions. Thank you for your consideration.

Sincerely,

/s/

Crystal Kuntz
Vice President, Healthcare Policy & Research
Biotechnology Innovation Organization

/s/

Mallory O'Connor
Director, Healthcare Policy & Federal Programs
Biotechnology Innovation Organization

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March 26, 2018

Physician-Focused Payment Model Technical Advisory Committee
c/o U.S. Department of Health and Human Services
Assistant Secretary for Planning and Evaluation, Office of Health Policy
200 Independence Avenue, SW
Washington, DC 20201
Submitted electronically via PTAC@hhs.gov

RE: Making Accountable Sustainable Oncology Networks (MASON), submitted by Innovative Oncology Business Solutions Inc. (IOBS)

Dear Members of the Committee:

The Oncology Nursing Society (ONS) appreciates the opportunity to provide our perspective on the Physician-Focused Payment Model Technical Advisory Committee (PTAC) on the Making Accountable Sustainable Oncology Networks (MASON) model, submitted by Innovative Oncology Business Solutions Inc. (IOBS).

Nurses play a critical role in improving patient experiences and outcomes by identifying and eliminating waste and inefficiencies and actively improving systems of healthcare delivery. Anecdotal information from practices participating in the Oncology Care Model (OCM) illustrate that most efficiencies and improvements, especially those having the greatest influence on patient outcomes, are the result of significant nursing involvement in workflow changes. Examples of improvements include improving triage workflow for patients seeking counsel after appointments, increasing proactive assessment of treatment-related side effects, identifying patients most likely to seek emergency care and restructuring their follow-up to be more anticipatory, and adjusting provider visit and treatment scheduling for more efficient use of human resources and physical space. Providers attribute these improvements to work planned and implemented by advanced practice nurses and staff nurses. In future payment programs, attribution for these efforts should go to the professionals driving the improvements, with due recognition and reimbursement for efforts directly influencing achievement of the Quadruple Aim.

Given the important role of nursing in meeting the Secretary's goals of paying for higher-value care through Physician-Focused Payment Models (PFPMs), **we urge PTAC to encourage the developer of this model to clarify and highlight the role of nurses in the MASON model**.

In addition, **we urge PTAC to encourage the developer of this model to incorporate the adoption of the Oncology Qualified Clinical Data Registry (QCDR)**. Unlike other oncology-focused registries, the Oncology QCDR is *patient-centered*, and includes ONS-developed custom measures that address care issues for people receiving cancer treatment and those experiencing treatment-related effects. The ONS custom measures are appropriate to address care delivered by all providers caring for people with cancer across the care trajectory, including treatment and survivorship care in all care settings. These

measures, focused on symptom management and quality of life, are approved by CMS for 2018 MIPS reporting. ONS custom measures include:

- Assessment and Intervention for Psychosocial Distress in Adults Receiving Cancer Treatment
- Recommendation for Exercise to Adult Cancer Survivors
- Assessment and Intervention for Sleep-Wake Disturbance During Cancer Treatment
- Education on Neutropenia Precautions
- Goal Setting and Attainment for Cancer Survivors (Outcome)
- Post-Treatment Education (High Priority)
- Fatigue Improvement (Outcome)

The addition of ONS' QCDR, which focuses on symptom management and quality of life, will complement measures of clinical quality found in other oncology-focused QCDRs.

*****

We appreciate the opportunity to comment on this proposed model. If you have any questions about our comments, please contact Dede Sweeney, ONS Director of Government Affairs, at dsweeney@ons.org.

Sincerely,

The Oncology Nursing Society

About ONS

The Oncology Nursing Society (ONS) is a professional organization of over 39,000 registered nurses and other healthcare providers dedicated to excellence in patient care, education, research, and administration in oncology nursing. ONS members are a diverse group of professionals who represent a variety of professional roles, practice settings, and subspecialty practice areas. Oncology nurses are leaders in the healthcare arena, committed to continuous learning and leading the transformation of cancer care by advocating for high-quality care for people with cancer.

From: Judy Dunnahoe
To: PTAC (OS/ASPE)
Subject: Public Comment – Making Accountable Sustainable Oncology Networks – MASON
Date: Tuesday, March 27, 2018 12:34:26 AM

In order to operate in a global medical community and sustain our standard of care, we know we must abandon the fee for service payment model as a means of paying for volume and develop a new payment model based on quality outcomes for our patients. I believe the MASON model that has been developed by Oncologists will give us the best platform for building this new DRG type payment model for out-patient oncology care. We must allow our clinical experts in this field to develop clinical and triage pathways in order to give the best chance at highest quality of care at bundled rates in order to be successful. As drug costs are not something that resides within the control of the oncologist, are a separate cost center for CMS, and an entirely separate issue within the US, it is imperative drugs not be considered in this model .

Thank you,

Judy Dunnahoe
Quality & Compliance Consultant
j.dunnahoe@oncologyconsultants.com
832-969-6908

From:	Jerel Sukarangsan
To:	PTAC (OS/ASPE)
Subject:	Public Comment – Making Accountable Sustainable Oncology Networks – MASON
Date:	Wednesday, March 28, 2018 9:37:38 AM

Good morning,

Regarding the MASON proposed idea, has there been any outline of the actual quality measures that are decided to be used?

Thank you,

Jerel Sukarangsan, MHA, MBA, CPCO
Director of Quality and Compliance
Oncology Consultants, P.A.
Direct: 713-800-0674
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