

July 1, 2019

Physician Focused Payment Model Technical Advisory Committee
c/o Angela Tejada
Office of 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 Oncology¹ (ASTRO) appreciates the opportunity to provide written comments on the Community Oncology Alliance (COA) Oncology Care Model 2.0 proposal. ASTRO appreciates that the COA model seeks to improve upon the existing Oncology Care Model. OCM 2.0 is designed to address some of the feedback and lessons learned from the existing OCM, particularly the challenges associated with drug costs. The model proposes direct contracting arrangements between pharma/bio companies and physician practices, thus reducing reliance on Pharmacy Benefit Management (PBM) companies. It also proposed to establish waivers for drug companies from existing statutory and regulatory requirements. COA believes these waivers are important to improve transparency and reduce costs.

ASTRO applauds COA's efforts to reduce growing drug costs associated with delivering high quality cancer care. However, we recommend that COA take this approach one step further by making the model specific to medical oncology costs during the six-month episode of care, rather than retain the existing OCM structure that involves all Part A and B costs, which frequently includes radiation therapy.

As PTAC may know, ASTRO has been working with the Centers for Medicare and Medicaid Innovation Center (CMMI) on an alternative payment model for radiation oncology. We anticipate that the model will be issued in the coming weeks and look forward to working with CMMI on the implementation of a model that operates both collaboratively with the OCM, as well as independently for those cancer patients who only require radiation therapy as part of their treatment. By establishing a distinct radiation oncology APM, radiation oncologists are given

¹ *ASTRO members are medical professionals, who practice at hospitals and cancer treatment centers in the United States and around the globe and 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 and coding for radiation oncology services.*

the opportunity to control radiation therapy costs within a distinct 90-day window separate from the broader OCM six-month episode of care. Additionally, establishing an independent model for radiation oncology services will enhance opportunities for medical oncologists to control drug costs within the broader OCM 2.0 effort. This bi-furcated focus on two of the more expensive aspects of cancer care allows for each specialty to control costs for which they can be reasonably held accountable, while continuing to collaborate with one another on ensuring that the care is patient centric and of high quality.

Broader bundled payment models, such as the Comprehensive Joint Replacement (CJR) model, have demonstrated that savings is frequently generated on downstream costs rather than on the costs associated with the primary services being delivered. The CJR model was designed to reduce the costs associated with joint replacement. However, reports on the model's success demonstrate that savings has been generated on changing referral patterns to skilled nursing facilities and rehabilitation facilities, rather than on the actual joint replacement service. In order for OCM 2.0 to achieve desired savings associated with drug costs, it should be limited to just those services involving medical oncology, while allowing for the implementation of a separate radiation oncology alternative payment model.

ASTRO shares COA's concerns regarding the OCM and applauds efforts to work directly with pharmaceutical companies to reduce drug costs that are a significant contributor to cancer treatment costs. We believe that focus on distinct aspects of cancer care in the initial stages of value-based payment reform can inform and ensure the success of future multi-disciplinary models.

Again, thank you for the opportunity to provide comments on the COA "Oncology Care Model 2.0". If you have any questions or require additional information, please contact Anne Hubbard, Director of Health Policy, at 703-839-7340 or Anne.Hubbard@ASTRO.org.

Sincerely,



Laura I. Thevenot
Chief Executive Officer