November 25, 2019
Ms. Seema Verma
Administrator, Centers for Medicare and Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Electronic submission to: OCF@cms.hhs.gov

Re: Oncology Care First Model: 2019 Informal Request for Information (RFI)

Dear Ms. Verma,

On behalf of the Coalition to Transform Advanced Care (C-TAC), we appreciate the opportunity to comment on this RFI on behalf of those living with advanced illness.

C-TAC is a national non-partisan, not-for-profit organization dedicated to ensuring that all those living with advanced illness, especially the sickest and most vulnerable, receive comprehensive, high-quality, person- and family-centered care that is consistent with their goals and values and honors their dignity. C-TAC is made up of over 140 national and regional organizations including patient and consumer advocacy groups, practitioners, health plans, faith-based and community organizations, and others who share a common vision of improving advanced illness care in the U.S.

C-TAC’s definition of advanced illness is when one or more conditions becomes serious enough that general health and functioning begin to decline, treatment may no longer lead to preferred outcomes, and care oriented toward comfort may take precedence over attempts to cure – a process that extends to the end of life and that for some individuals and their families may lead to transition to hospice.

Overall we support the concept of an Oncology Care First (OCF) Model with the following specific comments:

- **Attributed Beneficiaries Included in Performance-based Payment (PBP) Episodes**
  We appreciate that those beneficiaries receiving hospice services would not be excluded from participating in such a model. Some may be receiving oncology treatments to reduce symptoms or improve their quality of life and so allowing them to continue to participate in such a model would be appropriate.

- **Multi-Payer Participation**
  We appreciate the goal of promoting multi-payer participation. Payers have been implementing innovative programs for those with advanced illness and their
implementation of this model would extend its availability beyond the Medicare program.

- **Care Transformation**
  We agree that care in this model should use the latest clinical practice guidelines. For that reason we would encourage that access to palliative care services be required of participating oncology practices. This is in line with guidelines from the Commission on Cancer\textsuperscript{v}, the National Comprehensive Cancer Network\textsuperscript{vi}, and the American Society of Clinical Oncology\textsuperscript{vii}, all of which promote palliative care access from diagnosis on. These guidelines reflect the growing body of evidence that palliative care provided in outpatient cancer centers improves quality of life\textsuperscript{viii}, reduces family caregiver burden\textsuperscript{ix}, and even improves oncologist satisfaction through reduced clinical workload\textsuperscript{x}.

**Quality Strategy**
We support using the OCM measures for the reasons noted in the RFI. Those also include important measures on pain management and hospice referral and length of stay. Hospice is associated with a higher quality of care at the end-of-life for those with cancer\textsuperscript{xi} and so should be one of the measures in an OCF model.

In addition, we would urge the inclusion of Advance Care Plan, NQF measure #0326; CMS Quality ID #047, in any such model. We supported its use earlier this year in the proposed Radiation Oncology Model\textsuperscript{xii} and feel that it should be included in an OCF model as well. In addition to helping identify a person with cancer’s goals and values\textsuperscript{xiii}, advance care planning has been shown to reduce hospitalization in that population\textsuperscript{xiv}, which is one of the outcomes being considered for this model.

- **Targeted Topics- How could the potential model support participants’ care transformation through practice redesign activities?**
  As noted above, we would suggest that palliative care services be included in this model via either integration into participating oncology practices or access to specialty palliative care services. In addition, participating oncology practices should provide evidence of training in having serious illness conversations and managing key cancer symptoms. These are an important aspect of quality cancer care and many excellent resources\textsuperscript{xv} now are available to improve oncologists’ skill in these areas.

Thank you for the opportunity to comment on this RFI. If you have any questions, please contact Marian Grant, Senior Regulatory Advisor, C-TAC, at 443-742-8872 or mgrant@thectac.org.

Sincerely,

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2 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5178024/
6 https://www.nccn.org/professionals/physician_gls/default.aspx#supportive
8 https://www.ncbi.nlm.nih.gov/pubmed/25800762
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