

## CASE STUDY: Florida Cancer Specialists & Research Institute Delivers High-Quality, Cost-Effective Care Through The Oncology Care Model

### Overview

In 2016, Florida Cancer Specialists & Research Institute (FCS), a community oncology practice serving nearly 100 locations in Florida, entered into the Oncology Care Model (OCM), a five-year demonstration project developed by The Centers for Medicare & Medicaid Innovation (CMMI) aimed at improving the overall quality of cancer care and reducing the trend of cancer care costs specifically for traditional Medicare beneficiaries. Through this program, oncology practices were incentivized to develop enhanced care management processes and functions through care coordination fees (MEOS<sup>1</sup>) and shared performance-based payments (PBP).

### Qualifications for PBP through OCM



IMPROVED QUALITY  
MEASURES



PROVIDE ENHANCED  
SERVICES



REDUCE  
EXPENDITURES

### Approach

As a participating OCM practice, FCS has made, and continues to maintain, significant investments in its infrastructure to ensure a positive journey for patients that includes enhanced access and a team based, comprehensive care approach to develop what constitutes a successful program. Having such resources in place, the goal was to optimize and reduce the cost of care, enhance communication, promote quality and improve overall caregiver and patient experience.

Efforts to reduce the cost of care were derived utilizing a multi-modal approach. Through patient education and availability of additional resources and extended clinic hours, incidents involving pain management and adverse effects from treatment were mitigated through real-time clinician availability to prevent unnecessary or avoidable emergency room visits or hospital admissions.

In the later performance periods, FCS introduced proactive use of genetic sequencing, allowing providers to effectively prescribe targeted treatments based on a tumor's genetic profile, eliminating a considerable amount of uncertainty and cost in the efficacy of a therapy on a particular patient. Additionally, adoption of biosimilar drugs, which are

clinically equivalent but often significantly less expensive, was — and continues to be — encouraged and managed to reduce the cost associated with treatment.

### Results

Upon the completion for its ten payment periods, FCS successfully improved care overall and reduced cost in all but the first payment period, resulting in a reduction of expenditures amounting to \$210 million, more than \$96 million in net CMS savings.

A true tipping point in reducing expenditures occurred when FCS pioneered a transformation in 2019, utilizing biosimilar drugs and adhering to new treatment guidelines. Across the board, drug prices continued to surge, and by

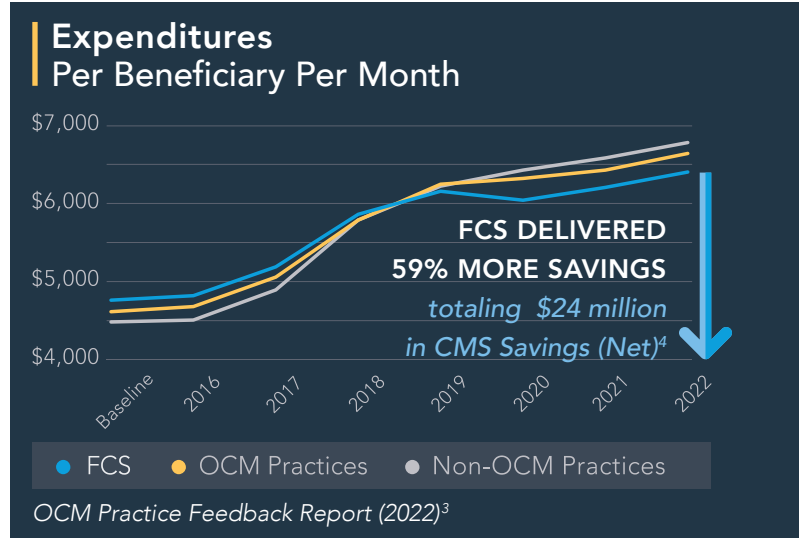
**\$210 million reduction**  
in total health care costs



implementing alternate therapies FCS was able to reduce costs in care when compared to other practices, regardless of their participation in the OCM.

At this same point in time, across all OCM participants, a transformational practice change was recognized where the cost of cancer care for those practices fell. Not only was the cost of care per beneficiary greatly reduced, but reductions in inpatient admissions, readmissions, and emergency department visits, as well. While FCS emerged as a true leader among the 126 participating oncology practices, it was apparent for all participants that creating a system of value-based care requires a considerable amount of time, in this case three years, to begin to truly implement the desired results.

The results in the payment and delivery model's final wave, which ended in June 2022, revealed the practice's most successful payment period yet. In the final payment period



**FCS vs. OTHER OCM PRACTICES**

FCS had:

- 18.3% fewer** inpatient admission expenditures
- 1.6% fewer** observation stay expenditures
- 29.1% fewer** ED visit expenditures

**FCS vs. ALL ONCOLOGY CARE PRACTICES**

FCS was:

- 21.4% lower** in inpatient admission expenditures
- 15.3% lower** in observation stay expenditures
- 43.4% lower** in ED visit expenditures

(PP10) of OCM, FCS reported a net \$24.3 million in cost savings to Medicare beneficiaries. Medicare expenditures were 3.6% lower when compared to other OCM participating practices and 5.6% lower than all practices providing cancer care.

Furthermore, FCS consistently reported on quality-of-care metrics each performance period to help measure OCM effectiveness. Of those quality measures, FCS received exceptional scores in the areas of pain assessment, prevention/screenings, appropriate utilization of hospice, patient-reported experience, patient satisfaction and

the aforementioned emergency room visits and inpatient hospital stays.

During the final and most successful OCM evaluation period, FCS experienced 18.3% fewer expenditures toward inpatient admissions, 1.6% fewer expenditures in observation stays, and 29.1% fewer expenditures in ED visits when compared to other participating OCM practices. Additionally, compared to all practices providing oncology care, FCS was 21.4% lower concerning expenditures in inpatient admissions, 15.3% lower in observation stay expenditures, and 43.4% lower in ED visit expenditures.

## Conclusion

This shift to a value-based care platform fundamentally altered the drivers of patient satisfaction and resulting quality of life for FCS patients, but it also stimulates a cost-effective, value-based platform for care delivery across a growing subset of the population.

### Footnotes:

The statements contained in this document are solely those of the authors and do not necessarily reflect the views or policies of CMMI or CMS.

1. Monthly Enhanced Oncology Services (MEOS) payments assist participating practices in effectively managing and coordinating care for oncology patients during episodes of care. MEOS payments are \$160 per beneficiary per month. Centers for Medicare & Medicaid Services. (2022). Oncology Care Model <https://innovation.cms.gov/innovation-models/oncology-care#:~:text=The%20%24160%20MEOS%20payment%20assists,for%20beneficiaries%20during%20treatment%20episodes>.
2. CMS OCM Practice Feedback Report for the Period April 1–June 30, 2022 (November 2022).
3. Data represents total cost of health care for oncology and non-oncology expenses. CMS OCM Practice Feedback Report for the Period April 1–June 30, 2022 (November 2022).
4. According to the most recent report released by the CMS OCM Practice Feedback Report for the Period April 1–June 30, 2022 (November 2022), FCS expenditures were \$378 less than non-OCM practices per beneficiary per month (PBPM) while OCM practice expenditures were \$238 PBPM less than non-OCM, hence FCS was saving 59% more than other OCM practices when compared to non-OCM practices.