

# RADIATION ONCOLOGISTS ARE READY TO PARTICIPATE IN AN ADVANCED ALTERNATIVE PAYMENT MODEL

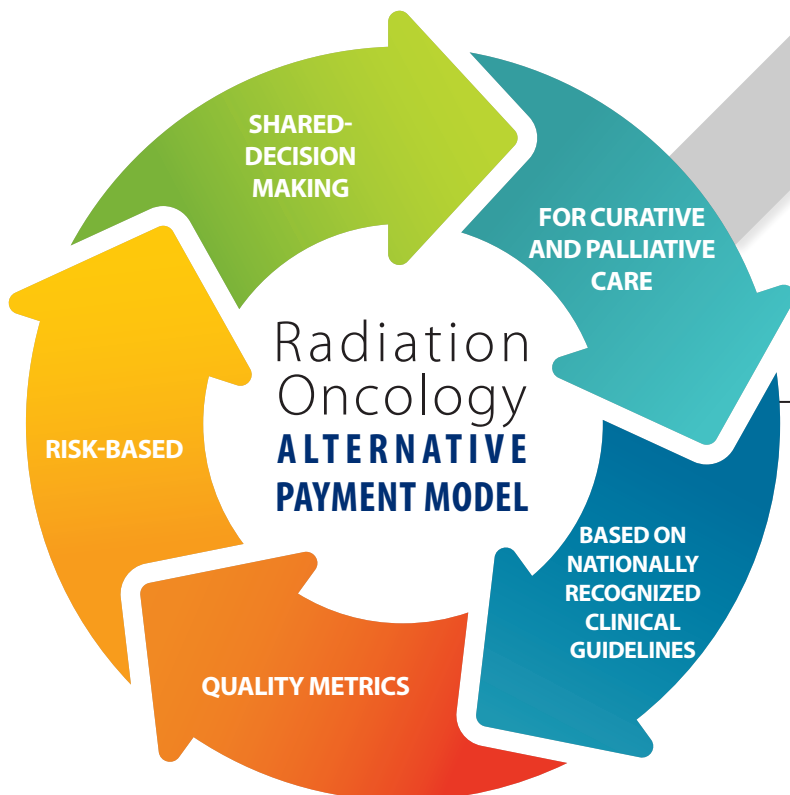
ASTRO has been working with stakeholders, including CMMI, to develop a Radiation Oncology Alternative Payment Model (RO-APM) that drives **GREATER VALUE IN CANCER CARE** and achieves the goals of MACRA.

TO REALIZE **THE GOALS OF MACRA**, IT IS **CRITICAL** THAT AN **RO-APM** BE **IMPLEMENTED** THIS YEAR.

## RO-APM

In the US, **over one million cancer patients** are **treated with radiation therapies** each year. An **RO-APM** would **HELP ENSURE ACCESS TO CARE** for cancer patients.

**ENSURE TRANSPARENCY** in the design, scope and goals of **advanced alternative payment models**. **INCORPORATE** stakeholder **INPUT THROUGH** the rule making process.



ASTRO APPRECIATES CONGRESSIONAL SUPPORT FOR A RO-APM. **WE URGE CONGRESS TO WORK WITH THE ADMINISTRATION TO MOVE FORWARD EXPEDITIOUSLY** WITH THE LAUNCH OF **A VALUE-BASED RO-APM** THAT ALIGNS CLOSELY WITH PROPOSALS PUT FORWARD **BY ASTRO AND THE RADIATION ONCOLOGY COMMUNITY.**

# ALTERNATIVE PAYMENT MODELS

## Background

In 2015, the Medicare Access and CHIP Reauthorization Act (MACRA) reformed the health care system by moving away from the traditional fee-for-service model. MACRA established the Quality Payment Program (QPP), which is designed to create incentives to participate in new care delivery models that increase quality care, reduce cost, and shift the focus from volume to value in patient care. The program represents a significant change in the way all physicians, including radiation oncologists, are paid by Medicare. ASTRO worked with Congress to successfully freeze the 2016 payment rates for radiation therapy treatment delivery and image guidance after many years of instability. That freeze was set to expire at the end of 2018, but Congress extended the freeze through 2019 to allow for the successful transition to a radiation oncology APM.

## Quality Payment Program

Radiation oncologists can participate in QPP through one of two pathways: the Merit-based Incentive Payment System (MIPS) or through an Alternative Payment Model (APM). ASTRO has been working to educate members of the radiation therapy team about the participation requirements associated with MIPS. ASTRO has also developed and submitted to CMS a voluntary RO-APM.

## Radiation Oncology Alternative Payment Model

ASTRO has been working for several years on an RO-APM that would serve as a voluntary alternative to MIPS. An RO-APM would incentivize radiation oncologists for participation and performance in quality initiatives that improve health care outcomes. It would also ensure fair and stable payments for radiation oncologists in both hospital and community-based cancer clinics to help protect cancer patients' access to care, as well as ensure adherence to clinical guidelines that guide the appropriate use of cancer treatments. In 2017, CMS issued a Congressionally-mandated report on an RO-APM that aligned well with ASTRO's proposed model, and in 2018, HHS Secretary Azar announced that an RO-APM was forthcoming, but indicated that the model may be mandatory for some practices. ASTRO continues working with CMMI to develop and launch the RO-APM. The current legislative freeze on key radiation therapy Medicare payments expires on December 31, 2019. To ensure payment stability for radiation therapy services, an RO APM is needed before the freeze expires.

## ASTRO appreciates Congressional support for an RO-APM, and urges Congress to use its legislative and oversight authority to:

- Encourage the Administration to move forward expeditiously with the launch of a value-based RO-APM that aligns closely with proposals put forward by ASTRO and the radiation oncology community.
- Work closely with ASTRO and the radiation oncology community to assess and respond to potential mandatory participation in the RO-APM to ensure that patients and practices are not unfairly disadvantaged.
- Ensure that CMS adheres to complete transparency in releasing the details of the RO-APM and incorporates stakeholder feedback to avoid unintended consequences.
- Ensure continuation of incentives for physicians to participate in Advanced APMs.