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Jeffrey Bailet, MD
Chair, Physician-Focused Payment Model
Technical Advisory Committee
Office of the Assistant Secretary for
Planning and Evaluation
U.S. Department of Health & Human Services
Hubert Humphrey Building
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 offer our strong support for the Patient-Centered Oncology Payment (PCOP) proposal from the American Society of Clinical Oncology (ASCO). It is critically important for well-designed physician-focused payment models to be developed and implemented for cancer care. Oncologists have cited numerous barriers to providing high-quality patient care under the existing Medicare physician payment system. Although the Oncology Care Model has helped to overcome some of these barriers, the PCOP proposal represents a significant advance from this current Medicare model, and it also offers several advantages over the plans announced to date for the successor to the Oncology Care Model, called Oncology Care First.

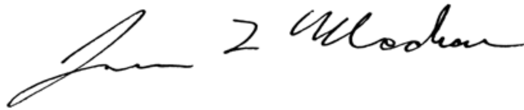
Medicare fee-for-service payments are chiefly tied to face-to-face patient encounters and administration of cancer therapies. This payment structure makes it extremely difficult for oncology practices to support teamwork and collaboration with other physicians, nurse care managers, after-hours access to help prevent emergency department visits and hospital admissions, education and counseling on patient self-management and nutrition, comprehensive diagnostic work-ups, patient-physician shared decision making about treatment plans, and support for cancer survivorship. It is also difficult for practices to help patients access nonmedical services like financial and transportation assistance that patients may need in order to adhere to treatment plans for their cancer.

The ASCO PCOP proposal would address all of these barriers. Unlike the monthly payments available to participants in the Oncology Care Model, PCOP would also support comprehensive diagnostic work-ups and development of treatment plans before patients begin treatment with chemotherapy, as well as active monitoring during months when patients are not receiving cancer treatment. In addition, practices would receive needed support for patients who need effective survivorship care and end-of-life care. PCOP also places major emphasis on quality of care by measuring adherence to evidence-based treatment pathways and patient satisfaction with their cancer care. By integrating patient access to clinical trials into the payment model design, the PCOP proposal helps to ensure that patients will be able to take advantage of the latest research and advances in cancer treatment.

Another major advance in PCOP is its approach to participation by entire communities, instead of limiting participation to select health plans or practices. By forming community-wide oncology steering committees, sharing clinical research information across communities, and having community case conferences, the ASCO PCOP model will ensure that high-quality care is equitably available to all patients with cancer, and not limited to a single hospital, health system or insurance plan. This approach will facilitate true team-based care across all health professionals involved in the patient's care, all sites of care, and all types of care, including support services and community resources.

The AMA strongly urges the PTAC to recommend the PCOP proposal to the Secretary of Health and Human Services for implementation. Thank you for considering our views.

Sincerely,



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