

CASE STUDY

The Flatiron Health OCM Solution

Innovative value-based care solution proves a win-win for practice and patients participating in the Oncology Care Model



SCC decided to participate in the Oncolocy Care Model (OCM), CMS's five-year pilot program that launched in July 2016, as a way to start aligning internal operations, staff, and existing technology toward value-based care. While excited to help pioneer a model they felt truly put the patient first, the already time-constrained staff faced the following challenges to success:

Education: Who would train staff on the program and synthesize ongoing updates from CMS?

Technology: How would they use new and existing technology to help them identify, track and bill for patients, as well as optimize workflows?

Ownership: Who would be the primary project owner to oversee implementation and continued success?

Solution

In June of 2016, SCC learned that Flatiron was offering the first EHR-integrated OCM solution, available to practices participating in the OCM and using Flatiron's EHR system, OncoEMR®. With the support of practice leadership and by working closely with Flatiron's team of value-based care experts, SCC was able to smoothly implement the OCM solution in time for the July program launch.



PRACTICE

Southern Cancer Center

- · 8 physicians
- · 800+ patients in episode

FLATIRON'S OCM SOLUTION ENABLED SCC TO:

Seamlessly capture patient data in OncoEMR to create OCM-compliant care plans

Easily track, identify and bill for eligible OCM patients

Monitor quality measure performance and generate registry-ready reports

Navigate complex CMS requirements with a Flatiron value-based care specialist

Impact

By implementing Flatiron's OCM solution, SCC has established a strong foundation to participate and succeed in the model for the next five years.

INITIAL RESULTS INCLUDE:

\$505K in MEOS compensation in first six months:

Immediately after implementation, Flatiron identified 537 eligible OCM patients for whom SCC received MEOS payments. By January 2017, SCC treated nearly 800 OCM patients, representing approximately \$700K in MEOS payments.

Time-savings & efficiency gains:

Zero additional FTEs hired; existing SCC staff were able to manage and track their patient population easier, faster, and more accurately than if they were to take on these tasks manually.

Enhanced patient engagement with 790 electronic care plans in first six months:

Clinicians printed OCM-compliant care plans directly from OncoEMR to share with patients at time of visit, helping facilitate patient-centered care.

Maximized practice performance with actionable data:

SCC utilized Flatiron's OncoAnalytics® software, which integrates data from OncoEMR and SCC's practice management system, to review quality measure performance by physician, as well as patient-level claims analytics to inform practice transformation initiatives.

Selected for CMMI's OCM best practices panel:

SCC was 1 of 3 practices chosen to share their exemplary clinical staff engagement model and best practices to the OCM network during a national CMMI webinar.

Looking Ahead

With the essential practice infrastructure and support in place, SCC is looking forward to embracing the 5-year OCM program. After completing the first few reporting periods focused strictly on quality measure data submission, SCC will continue to work with Flatiron's team to identify populations for total cost of care reduction efforts, which will impact future reporting periods. SCC recognizes that the OCM program serves as a representative model for the future of patient care, preparing them well for commercial alternative payment models and MIPS, the sweeping new Medicare physician reimbursement program that launched in January 2017. "We were so anxious about MIPS, but when we looked at everything we've accomplished for the OCM, we realized how much easier it will be because we already have a head start," said Lauren Pettis, VP Clinical Services at SCC.



"Flatiron's OCM solution and value-based care expertise are critical to helping us make sense of the ongoing CMS requirements and accurately capture all the data we need to earn the highest possible compensation. There is no way we could have done this manually; we would have had to hire additional staff."

-Lauren Pettis, RN

VP CLINICAL SERVICES,
SOUTHERN CANCER CENTER