Radiation Oncology Alternative Payment Model (RO-APM)

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 a RO-APM be developed and implemented.

In the US, over 1 million cancer patients are treated with radiation therapies each year. A RO-APM would help ensure access to care for cancer patients.

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.

For curative and palliative care, based on nationally recognized clinical guidelines.

Shared-decision making.

Quality metrics.

Risk-based.

Radiation therapy.

Advanced APM Portfolio.

2018 Astro Advocacy Day.
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, reduces cost, and shifts 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.

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; and continues to communicate with the Centers for Medicare & Medicaid Services (CMS) on recommended program improvements. Additionally, ASTRO has been immersed in the development of a radiation oncology alternative payment model (RO-APM).

Radiation Oncology Alternative Payment Model

ASTRO has been working for several years on a 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, The Center for Medicare and Medicaid Innovation (CMMI) issued a Congressionally-mandated report on policy considerations for a radiation oncology APM that aligned well with ASTRO’s proposed model. ASTRO continues working with CMMI to develop and launch the RO-APM. In 2018, Congress extended a temporary legislative freeze on key radiation therapy Medicare payments to allow CMS more time to launch the RO-APM.

ASTRO appreciates Congressional support for a 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.
- Fund CMMI at appropriate levels to develop and launch APMs.
- Remove burdensome QPP reporting requirements that have a chilling effect on MIPS participation.
- Scale back the Quality Performance Category reporting period under MIPS from one year to 90 days.