ONCOLOGY CARE MODEL

OCM CLAIMS-BASED QUALITY MEASURE BENCHMARKS

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OCM Benchmarks for the Three Claims-Based Quality Measures

Summary of Methodology

There are three claims-based quality measures that will be used to determine performance-based payments for OCM participating practices. The OCM Performance-Based Payment (PBP) Methodology calls for practices to receive points for each measure based on their performance against a national distribution of practice-level performance benchmarks (e.g., 10 points for placing in the upper quintile of quality, 7.5 points for placing in the second quintile, etc. See Table 1 below.). The performance benchmarks are based on baseline data for chemotherapy episodes occurring prior to model implementation. The three measures are listed below:

OCM-1: Risk-adjusted proportion of patients with all-cause hospital admissions within the 6-month episode
OCM-2: Risk-adjusted proportion of patients with all-cause emergency department (ED) visits or observation stays that did not result in a hospital admission within the 6-month episode
OCM-3: Proportion of patients who died who were admitted to hospice for 3 days or more. This measure applies only to episodes ending in death and will not be risk-adjusted.

For each measure, four baseline performance benchmarks are calculated based on quintiles of performance among practices that have a minimum number of episodes attributed to them. Measure performance for the first two measures is risk-adjusted, as described in the OCM Measure Specifications documents, which are available on the OCM Portal. During the OCM performance periods, the performance of each participating practice will be compared to the benchmarks to determine how many quality points will be assigned to the practice.

Baseline performance benchmarks were calculated using the same national historical data used for the OCM financial benchmarking, i.e., claims data for chemotherapy episodes ending during the period July 1, 2012 – June 30, 2015, that were attributed to specific practices. The six performance periods covering this 3-year time frame were aggregated into three 12-month periods. See the OCM Performance-Based Payment (PBP) Methodology for more information on episode definition and attribution. Each practice-year contributed to the benchmark calculations if at least a minimum number of episodes was attributed to it – a minimum of 100 episodes for the hospitalization and ED visit/observation stay measures and a minimum of 20 episodes ending in death for the hospice measure.

For each of the three measures, the performance rates of all practice-years were sorted and divided into quintiles. The 20th, 40th, 60th, and 80th percentiles of performance were designated as the benchmarks that will be the basis for assigning quality points as part of the PBP methodology. The relationship between performance percentiles and quality points depends on the measure. Because lower rates of

hospitalization and ED visits are associated with better quality, the 20th percentile sets the standard for the highest quality quintile for those measures. On the other hand, higher rates of hospice use before death are associated with better quality, so the 80th percentile sets the standard for the highest quality quintile for that measure.

Quality Benchmarks

Table 1 shows the approach for assigning points for each measure. In Table 1, the letter "P" represents the performance rate for the measure. Table 2 shows the benchmarks for the three claims-based quality measures. For example, if a practice had a performance rate of 25% on OCM-1, it would earn 7.5 points for that measure.

Table 1: Measure Scoring Approach

OCM-1 & OCM-2: Quality Performance Rate (P)	OCM-1 & OCM-2: Points Assigned	OCM-3: Quality Performance Rate (P)	OCM-3: Points Assigned
P ≤ 20th Percentile	10	P ≥ 80th Percentile	10
20th Percentile < P ≤ 40th Percentile	7.5	60th Percentile ≤ P < 80th Percentile	7.5
40th Percentile < P ≤ 60th Percentile	5	40th Percentile ≤ P < 60th Percentile	5
60th Percentile < P ≤ 80th Percentile	2.5	20th Percentile ≤ P < 40th Percentile	2.5
P > 80th Percentile	0	P < 20th Percentile	0

Table 2: Benchmarks for Claims-Based Quality Measures

OCM Measure	20th Percentile	40th Percentile	60th Percentile	80th Percentile
OCM-1: Risk-adjusted proportion of episodes with all-cause hospital admissions	24.1%	26.0%	27.3%	28.9%
OCM-2: Risk-adjusted proportion of episodes with all-cause emergency department visits or observation stays that did not result in hospitalization	21.7%	23.0%	24.1%	25.4%
OCM-3: Proportion of patients who died who were admitted to hospice for 3 days or more	41.4%	48.6%	53.9%	60.0%