

COA Payment Reform Brief Details 35 Oncology Payment Reform Models Underway or Planned Across Country

Inaugural Report Tracks Oncology Payment and Delivery Reform Trends in 37 States and Strong Participation from Community Oncology Practices

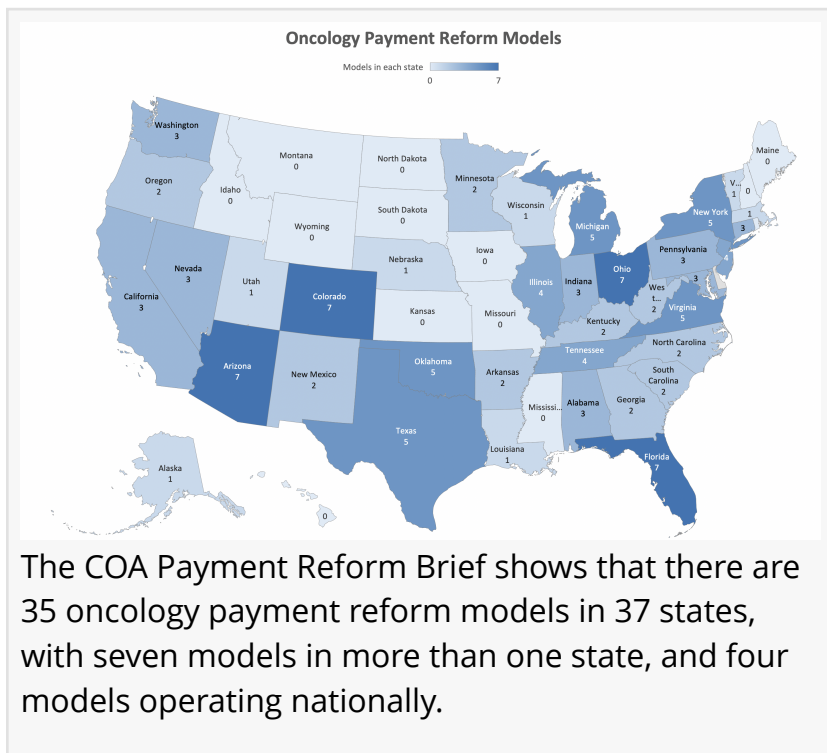
WASHINGTON, DISTRICT OF COLUMBIA, UNITED STATES, October 15, 2020 /EINPresswire.com/ -- The Community Oncology Alliance (COA) announced today the release of its inaugural [2020 Payment Reform Brief](#), providing a unique look at community oncology payment reform trends at both the national and state levels.

The COA Payment Reform Brief shows that there are 35 oncology payment reform models in 37 states, with seven models in more than one state, and four models operating nationally. Arizona, Colorado, Florida, and Ohio each lead the way with seven reform models. In 2019, when COA last inventoried oncology reform models, there were only 19 that could be identified.

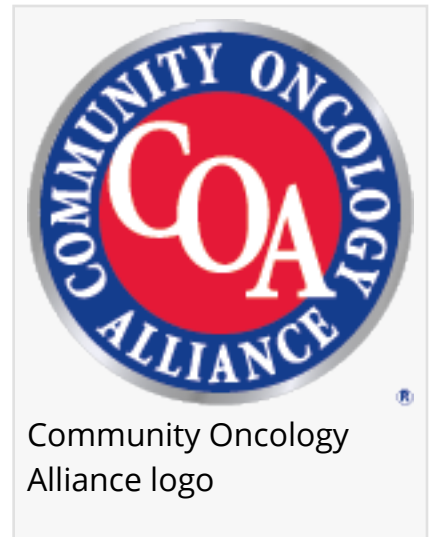
Mirroring trends around reducing health care costs, four of the 35 oncology payment reform models are employer-based. This is notable because, traditionally, payment reform models have been payer-based; however, employer-driven models have doubled since 2019.

Operational details of all the oncology payment reform models identified by COA vary, but consistent features include clinical standards and measures, differing payment methodologies, performance reporting and evaluating, and emergency room and inpatient admissions reporting. COA found that 18 of the models offer shared savings and/or include a management fee.

> [Click here to read the full 2020 Payment Reform Brief.](#)



“The COA Payment Reform Brief data shows that, after more than a decade of work to advance payment and delivery reform in oncology, we are making meaningful progress across the country,” said Michael Diaz, MD, President of the Community Oncology Alliance and Director of Patient Advocacy at Florida Cancer Specialists & Research Institute. “I am particularly proud of the role that independent, community oncology practices have played in advancing oncology payment reform. Since day one community oncology has stepped up to the plate, voluntarily participating in innovative reform efforts, offering solutions, and providing superior quality, high value-based care to patients.”



“The growth of oncology reform models over the years has been inspiring. Even in just the last year, there has been tremendous growth. Reform models are now the norm rather than the exception, particularly in community oncology practices, and that is great to see,” said Robert “Bo” Gamble, COA Director of Strategic Practice Initiatives. “What is particularly interesting is that, though there are similarities amongst the various payment reform initiatives, each model we have tracked is unique and tailored to specific patient and payer needs. That speaks to the need for reform initiatives to be informed by local stakeholders, as well as flexible and adaptable to the local needs. It is clear that communication and close collaboration are the keys to success.”

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*Robert “Bo” Gamble, COA
Director of Strategic Practice
Initiatives.*

This inaugural COA Payment Reform Brief, compiled from public and private data sources, covers all known program models currently in operation in community oncology practices. Recognizing that the existing fee-for-service (FFS)

reimbursement system, which rewards services utilization regardless of the degree of effectiveness or efficiency for patient care, is not sustainable, COA has designated a standing Payment Reform Committee. The committee members began working to develop payment reform models that reward high quality and value as a prerequisite to meaningful, long-term cost controls and positive improvement in cancer care delivery for all.

The COA Payment Reform Brief and associated models will be discussed in detail at the upcoming Payer Exchange Summit on Oncology Payment Reform, taking place virtually October 27-28. Since its inception in 2014, the Summit series has been dedicated to advancing payment reform in cancer care. It brings together community oncology practices, local and national health insurers, employers, employer coalitions, and policymakers to share ideas that will make payment reform a reality. Attendance to the Virtual Payer Exchange Summit is free and by invitation only to ensure meaningful participation. To attend the Summit, please visit

www.payerexchangesummit.com to request registration information.

The complete COA Payment Reform Brief is available online at <https://communityoncology.org/2020-payment-reform-model-brief/>.

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About the Community Oncology Alliance: COA is a non-profit organization dedicated to advocating for community oncology practices and, most importantly, the patients they serve. COA is the only organization dedicated solely to community oncology where the majority of Americans with cancer are treated. The mission of COA is to ensure that cancer patients receive quality, affordable, and accessible cancer care in their own communities. More than 1.5 million people in the United States are diagnosed with cancer each year and deaths from the disease have been steadily declining due to earlier detection, diagnosis, and treatment. Learn more at www.CommunityOncology.org. Follow COA on Twitter at www.twitter.com/oncologyCOA or on Facebook at www.facebook.com/CommunityOncologyAlliance.

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