

New Mexico Blues Plan Offers Oncology Medical Home for Commercial Members

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Blue Cross and Blue Shield of New Mexico earlier this year launched an oncology medical home pilot that the payer says it expects will decrease emergency room and urgent care visits, as well as hospitalizations. Keeping members in their own homes while they are undergoing care is one of the main gains, which can help them both physically and psychologically, improving their overall care.

The focus of the pilot is to “provide more coordinated care for members” by improving their access to physicians, giving them better care and cutting out unnecessary services, explains John Cook, vice president of network services at the plan.

The Blues plan, which is a division of Health Care Service Corp., is partnering with New Mexico Oncology Hematology Consultants, Ltd., also known as the New Mexico Cancer Center, which is led by CEO Barbara McAneny, M.D.

“Dr. McAneny’s practice will stay open later in the evenings and have hours on Saturday and Sunday,” as well as offer members in the pilot telephonic “access to clinicians with access to their records 24/7,” says Cook. This can help avoid patient visits to the emergency room, “which can often lead to long waits and admissions.” So member care will be improved by their not having to sit around in the ER and potentially be exposed to health care-associated infections, which can be particularly damaging to someone who is undergoing chemotherapy and has a compromised immune system. It also helps keep them in an environmentally comfortable setting by allowing them to stay in their own homes.“

A big part of the goal [of the program] is to really increase patients’ satisfaction” and their confidence in the care they are receiving, Cook tells *SPN*. When someone is diagnosed with cancer, the oncologist/hematologist often is the main physician a person sees. Through the medical home model, patients can “develop a relationship with Dr. McAneny’s team,” which also brings in additional services such as behavioral health care in order to provide a truly comprehensive approach to care.

“The oncologist becomes the primary care physician,” notes Cook. “Dr. McAneny takes the approach that they will provide total coordination of the patient’s care.”

The groups launched the pilot in February. As far as its expected length, Cook says, “we don’t have a hard ending in mind,” but “hopefully it’ll run a number of years.” At this point, only one location out of three — in Albuquerque — of the New Mexico Cancer Center is participating.

For now, the program includes only commercial members diagnosed with one of the following seven cancers: breast, colon, lung, lymphoma, melanoma, pancreatic and thyroid. These conditions are “cancers that we and Dr. McAneny’s practice had clinical pathways built for.” Not surprisingly, they are also “most of the cancers she sees,” says Cook, adding that McAneny “sees one in three New Mexicans facing cancer.”

Plans Are to Expand to Medicare, Medicaid

Blue Cross and Blue Shield of New Mexico has half a million covered lives across all lines of business, and Cook says it plans to expand beyond commercial members to its Medicare and Medicaid lines. Based on March data, “there are about 50 patients enrolled in the program,” and the insurer anticipates that the “figure will get to 150 or so with all lines of business” participating in it.

In 2012, McAneny and her company Innovative Oncology Business Solutions, Inc. were awarded a \$19.8 million Center for Medicare and Medicaid Innovation grant to develop a community oncology medical home in order to see how cancer practices could provide better patient care at a lower cost. Seven locations around the country participated in the pilot, known as COME HOME (an acronym for Community Oncology Medical Home).

According to the COME HOME website, “We project overall Medicare cost savings of \$4,178 per member per year (PMPY), which represents a savings rate of approximately 6.276%. Based on a Medicare enrollment of 8,022 patients over 3 years, we project total Medicare savings of \$33.5 million and net savings of \$13.76 million (after budget costs).”

In May 2015, the New Mexico Cancer Center received accreditation as an oncology medical home from the Commission on Cancer. Only a handful of practices in the country have been accredited through the commission, which is a program of the American College of Surgeons.

Cook hails the COME HOME model and McAneny’s involvement with New Mexico Oncology Hematology Consultants, as well as her participation in various

medical and oncology associations, as some reasons behind the collaboration. She's "tried to be innovative" as she "provides the best care." In addition, he says, the practice is independent, "not hospital-based like a lot of groups across the country are," and "they have a great willingness to work with us."

McAneny approached the Blues plan last year as the insurer was considering how to better manage the oncology space, he says. "She came to us at the right time."

Cook declines to share reimbursement details, which are proprietary, but says there is an additional monthly payment to providers that covers the added costs for extended hours and physician access. "We have different enhanced payments based on the members' stage of treatment," he explains, noting that the plan sorts members into three stages:

- (1) **Initial assessment**, which is when the "practice is working with patients and helping them understand" their potential treatments, along with what those entail.
- (2) **Active treatment**, which is when patients are undergoing chemotherapy.
- (3) **Post-treatment**, which is after they have completed chemotherapy.

However, notes Cook, "these may become mixed," as patients "move back and forth from active treatment to post treatment based on their clinical needs." For example, a patient may be undergoing chemotherapy, and then the physician may decide to halt it for 30 days and then resume treatment at the end of that period.

