

EPISODE-BASED RADIATION ONCOLOGY BUNDLE ON THE HORIZON

Health and Human Services Secretary Alex Azar said CMS plans to both bring back the mandatory bundled-pay models the agency canceled last year and **look at new models, including for radiation oncology**. Azar also said CMS' innovation center will propose new primary care models before the end of the year.

"Real experimentation with episodic bundles requires a willingness to try mandatory bundles. We know they are the most effective way to know whether these bundles can successfully save money and improve quality," Azar said at the Patient-Centered Primary Care Collaborative conference.

Last year, CMS canceled the Episode Payment Models and the Cardiac Rehabilitation Incentive pay model. The agency also shrunk the mandatory Comprehensive Care for Joint Replacement (CJR) demonstration. At the time, one CMS official said the agency didn't want to be requiring as many providers to participate due in part to concerns about model overlap and the scope of CJR. Former HHS Secretary Tom Price opposed the mandatory demonstrations that the Obama CMS undertook, but Azar, who has been more open to mandatory models, said the agency has since reexamined the role that those models could play.

"We intend to revisit some of the episodic cardiac models that we pulled back and **are actively exploring new and improved episode-based models in other areas, including radiation oncology**," Azar said.

Azar also said the agency is looking to build on the CJR and the agency "will use all avenues available to us -- including mandatory and voluntary episode-based payment models."

The secretary said anyone who doubts CMS' ambitions on mandatory demos should look at the mandatory International Pricing Index model the agency recently laid out. However, that model was unveiled in a prerule notice, not proposed rulemaking, and GOP lawmakers are trying to gauge the seriousness of that proposal.

"We need results, American patients need change, and when we need mandatory models to deliver it, mandatory models are going to see a comeback," Azar said.

For prevention, Azar said, "we need to think a lot bigger" than bundled payments, like long-term payment models that allow providers to see financial rewards for keeping patients healthy.

Azar also said the innovation center will release new pay models for primary care doctors before the end of the year.

"We envision a spectrum of risk: Different sizes and types of practices can take on different levels of risk. As many of you know, even smaller practices want to be, and can be, compensated based on their patients' outcomes," Azar said. "We want to incentivize that, with a spectrum of flexibility, too: The more risk you are willing to take on, the less we'll micromanage your work."