FOWLER CALLS RADIATION ONCOLOGY MODEL SOLID

Center for Medicare and Medicaid Innovation (CMMI) Director Liz Fowler reiterated her support for mandatory models while complementing the controversial, mandatory Radiation Oncology Alternative Payment Model and lamenting how the CMMI process doesn’t let her update fully expanded demonstrations like the Medicare Diabetes Prevention Program with permanent telehealth provisions.

Fowler’s comments during a recent Alliance for Health Policy media briefing echoed previous ones she’s made about refocusing on value-based care and how to maximize CMMI’s impact after 10 years.

“[I]t feels like we’re in the middle of a marathon. It’s certainly not been a sprint,” she said on the transition away from fee-for-service.

“I think we’re maybe not as far along as, you know, those of us who worked on the Affordable Care Act thought we would be at this point. But I think we’ve made a lot of progress, and as I mentioned, you’ve learned something from every model that CMMI has undertaken.”

Fowler also brought up the idea of reducing the number of ongoing models — a view shared by Congress’ Medicare payment advisers (MedPAC) — as too many demonstrations at one time could create imposing incentives for providers.

She’s also leaning toward more mandatory models as voluntary ones run into the issue of risk selection, where providers who don’t do as well within a model leave and those who are doing well continue to participate. At the same time, Fowler pointed out too many mandatory models for every specialty group continues fragmentation in the health care system.

One mandatory model Fowler said she liked the idea behind is the controversial — and mandatory — Radiation Oncology Model, a Trump-era proposal to provide bundled payments for a 90-day episode of care to certain radiation oncology providers and suppliers furnishing radiotherapy for a variety of cancers. Oncologists are concerned the model’s payment cuts could hurt the quality of care; they were deeply disappointed when the Biden administration announced in July it would keep the proposal.

“On the [Radiation Oncology] model, I know there’s still a lot of concerns. I feel like in some ways we’re hearing from those who feel like they have — they stand to lose, and I appreciate and understand those concerns,” she said.

“In some cases, they may see an increase, but that’s not who we’re necessarily hearing from. But I also understand — and I have done many meetings on that issue and I understand where they’re coming from and their concerns — but I also think that the model is a solid one and hopefully will lead to positive results for patients,” Fowler added.