I

111TH CONGRESS
1ST SESSION

H. R. 3675

To improve the quality and cost effectiveness of cancer care to Medicare beneficiaries by establishing a national demonstration project.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 30, 2009

Mr. DAVIS of Alabama (for himself, Ms. KILROY, Mr. ISRAEL, Mr. COURTNEY, and Mr. SCHIFF) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

To improve the quality and cost effectiveness of cancer care to Medicare beneficiaries by establishing a national demonstration project.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''National Quality Cancer Care Demonstration Project Act of 2009''.

SEC. 2. FINDINGS.

Congress finds the following:

(1) In order to ensure the delivery of quality, cost-efficient medical care to patients with cancer, Medicare should reinforce and expand the use of evidence-based guidelines and the provision of demonstrated quality delivery of care through adjustments in the payment system.

(2) An Institute of Medicine report entitled ''Ensuring Quality Cancer Care'' recommends that the following items are essential components in quality cancer care delivery:

(A) An agreed-upon treatment plan that outlines the goals of care.

(B) Access to clinical trials.

(C) Policies to ensure full disclosure of information about appropriate treatment options to patients.

(D) A mechanism to coordinate services.

(3) According to the Institute of Medicine, the quality of cancer care must be measured by using a core set of quality measures. Cancer care quality measures should be used to hold providers, including health care systems, health plans, and physicians, accountable for demonstrating that they provide and improve quality of care.

(4) In its report, ''From Cancer Patient to Cancer Survivor: Lost in Transition'', the Institute of Medicine recommended that individuals with cancer completing primary treatment be provided a comprehensive summary of their care along with a follow-up survivorship plan of treatment.

(5) The medical literature suggests that adherence to quality metrics and evidence-based guidelines help lower costs by reducing use of physician services, hospitalizations, and supplemental and expensive drugs.

(6) Although treatment planning and follow-up cancer care planning are recognized critical components of cancer care, none of the 153 quality measures in the Centers for Medicare & Medicaid Services (CMS) 2009 Physician Quality Reporting Initiative (PQRI) addresses overall treatment planning or follow-up care planning for cancer patients.

SEC. 3. MEDICARE QUALITY CANCER CARE DEMONSTRATION PROJECT.

(a) ESTABLISHMENT.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall establish a quality cancer care demonstration project under this section (in this section referred to as the ''QCCD project'') for the purpose of establishing

quality metrics and aligning Medicare payment incentives in the areas of treatment planning and follow-up cancer care planning for Medicare beneficiaries with cancer.

(b) TEST METRICS AND REPORTING SYSTEMS THROUGH A PAY-FOR-REPORTING INCENTIVE PROGRAM.—Under the QCCD project, the Secretary shall do the following:

(1) Identify and address gaps in current quality measures related to the areas of active treatment planning and follow-up cancer care planning by refining the performance measures described in paragraphs (1) and (2) of subsection (d) relating to active treatment planning and follow-up cancer planning for clinician-level reporting.

(2) Use quality assessment programs of oncology professional societies to report quality data to the extent feasible and explore the potential to report quality data through other registries and other electronic means for treatment planning and follow-up cancer care planning, including identifying data elements necessary to measure quality of treatment planning and follow-up cancer care planning and determine how those elements could be collected through claims data or registries or other electronic means.

(3) Test and validate identified treatment planning and follow-up cancer care planning quality measures through a pay-for-reporting program with oncologists, which program—

(A) ensures that oncologists are able to accurately report on measures through simple HCPCS coding mechanisms; and

(B) tests processes of submitting treatment planning and follow-up cancer care planning measures through registries or other electronic means.

(c) INCENTIVE PAYMENT.—

(1) IN GENERAL.—Under the QCCD project, the Secretary shall provide for a separate payment under section 1848 of the Social Security Act (42 U.S.C. 1395w–4), to be divided into a baseline payment amount and an additional payment amount, as specified by the Secretary, for a treatment planning code and follow-up cancer care planning code. The amount of such payments under the project shall be designed to total $300,000,000 each year. Payments under the project shall be designed to be paid on an ongoing basis as claims are submitted.

(2) REQUIREMENT TO SATISFY BASELINE MANDATORY MEASURES TO RECEIVE BASELINE PAY-

MENT.—In order for a physician to receive any payment under the QCCD project for treatment planning or follow-up cancer care planning, a physician must report in a manner specified under the project that all of the baseline mandatory measures described in paragraph (1)(A) or (2)(A), respectively, of subsection (d) were satisfied.

(3) REQUIREMENT TO SATISFY ALL MEASURES TO RECEIVE ADDITIONAL PAYMENT.—In order for a physician to receive the additional payment amount described in paragraph (1) under this subsection for treatment planning or follow-up cancer care planning, a physician must report in a manner specified under the project that all of measures described in paragraph (1) or (2), respectively, of subsection (d) were satisfied.

(d) MEASURES.—

(1) TREATMENT PLANNING MEASURES.—The specific measures related to treatment planning and any subsequent modifications described in this paragraph are as follows:

(A) BASELINE MANDATORY MEASURES.—

(i) Documented pathology report.

(ii) Documented clinical staging prior to initiation of first course of treatment.

(iii) Performed treatment education by oncology nursing staff.

(iv) Provided the patient with a written care plan for patients in active treatment, which advises patient of relevant options.

(B) AUGMENTED.—

(i) Implemented practice-endorsed treatment plan consistent with nationally recognized evidence based guidelines.

(ii) Documented clinical trial discussed with the patient, or that no clinical trial available.

(iii) Documented discussion or coordination with other physicians involved in the patient's care.

(2) FOLLOW-UP CANCER PLANNING.—The specific measures related to follow-up cancer planning described in this paragraph are as follows:

(A) BASELINE MANDATORY.—

(i) Documented conclusion of primary cancer care treatment.

(ii) Documented session with the patient to provide recommendations for the

subsequent care of the patient with respect to the cancer involved.

(B) AUGMENTED.—Provision of a written document to the patient that—

(i) describes the elements of the completed primary treatment, including past symptom management, furnished to such patient;

(ii) provides recommendations for the subsequent care of the patient with respect to the cancer involved;

(iii) is furnished to the individual in person within a period specified by the Secretary that is as soon as practicable after the completion of such primary treatment; and

(iv) is furnished, to the greatest extent practicable, in a form that appropriately takes into account cultural and linguistic needs of the individual in order to make the plan accessible to the individual.

(e) DURATION OF PROJECT.—

(1) IN GENERAL.—The Secretary shall conduct the demonstration project over a sufficient period (of

not less than 2 years) to allow for refinement of metrics and reporting methodologies and for analyses. The project shall continue, subject to paragraph (2), to operate until the Secretary has developed and implemented under part B of the Medicare program a payment system that relates payment under such part for professional oncology services to performance on measures developed and refined under the demonstration project.

(2) TRANSITION.—The Secretary shall provide for a transition period over the course of 2 years during which oncologists are permitted to transition from the payment system under the demonstration project to the payment system described in paragraph (1).

(f) PROJECT EVALUATION.—

(1) IN GENERAL.—The Secretary shall conduct an evaluation of the QCCD project—

(A) to determine oncologist participation in the project;

(B) to assess the cost effectiveness of the project, including an analyses of the cost savings (if any) to the Medicare part A and B programs resulting from a general reduction in

physician services, hospitalizations, and supplemental care drug costs;

(C) to compare outcomes of patients participating in the project to outcomes for those not participating in the project;

(D) to determine the satisfaction of patients participating in the project; and

(E) to evaluate other such matters as the Secretary determines is appropriate.

(2) REPORTING.—Not later than 90 days after the completion of the second year following the commencement of the QCCD project, the Secretary shall submit to Congress a report on the evaluation conducted under paragraph (1) together which such recommendations for legislation or administrative action as the Secretary determines is appropriate.

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