New Models for Cancer Care: A Look at Physician-Hospital Integration in Oncology

Kimberly MacPherson, MBA, MPH
Program Director, Health Policy & Management
Co-Director, Berkeley Center for Health Technology
University of California, Berkeley
Overview

- Case for Oncology as Part of Dialogue About New Models of Care & Payment
- Balancing Act: Coordination or Consolidation
- Trends in Hospital Affiliation Around Oncology – Outlook for Community Oncologists
- Virtues and Vices of Consolidation Activity
Specialty Care as Part of HC Model Innovation

- The ACO framework drives new activity around:
  - Payment reform to reward efficiency and cost reduction (next speaker)
    - Episode payment, shared savings, capitation
  - Organizational changes to change processes and outcomes
    - Medical home, coordination among primary, specialty, hospital care, post-acute
  - Quality and outcome reporting and improvement

- Majority of discussions center on primary care but most savings must come from tests, lab, drugs, procedures, hospital stays

- So, specialties must be central to discussions of ACOs and other innovations of payment & delivery
Coordination or Consolidation?

- Major concern with ACO movement is that it encourages provider consolidation, typically centered around hospitals as major source of capital and management.
- Some fear hospital consolidation, pricing power with insurers and drug manufacturers.
- Also seen as opportunistic around infusion services.
- Others believe physician-hospital alignment is essential, especially for high-cost specialties, such as oncology.
- Question is whether we can balance coordination and market competition?
Trends in Hospital Affiliation with Oncologists

- Oncology practices are still primarily independent, but integration with hospitals is accelerating.

Of the 1,254 practices identified by Community Oncology Alliance as impacted in the 4½ years, 31% (392) merged with a hospital or were purchased.

Figure 8. Current business structure (n = 106 practices).
Source: Barr et al, National Oncology Practice Benchmark, Journal of Oncology Practice 2011
There was a 20% increase in the number of community oncology physician-owned practices impacted from 12 months ago. Specific impacts over this period are as follows:

- 21% Increase in Clinics Closed
- 20% Increase in Practices Struggling Financially
- 2% Decrease in Practices Sending Patients Elsewhere
- 24% Increase in Practices with a Hospital Agreement or Purchased
- 19% Increase in Practices Merged or Acquired

Source: Community Oncology Practice Impact Report, 2012
Virtues of Physician-Hospital Alignment in Oncology

- Continuum of integration from independent to fully employed with co-management of the hospital oncology service line and professional services agreement gaining traction

Source: Achieving Sustainable Hospital-Physician Alignment in Oncology, Advisory Board, 2012
Potential Benefits of Physician-Hospital Alignment in Oncology

- **Benefits to Hospital**
  - Higher margins through 340B purchasing of drugs
  - Increased market share for inpatient services

- **Benefits to Oncology Practice**
  - Stability in an uncertain time
  - Maintain patient access

- **Shared Benefits**
  - Improve care delivery through integration
  - Manage shared risk and share in the gains

Source: Achieving Sustainable Hospital-Physician Alignment in Oncology, Advisory Board, 2012
Challenges of Physician-Hospital Alignment in Oncology

Scope of Providers
- Specialists have varying needs, expectations, and contractual relationships with cancer program
- Range of specialty differences complicates ability to create unified cancer program

Competitive Dynamics
- Past distrust, competition among private practices
- Additional efforts required to build trust, cooperative partnership

Compensation Complexity
- Costly investment as oncologists on high end of medical specialty compensation ranges
- Significant share of medical oncologists' income derived from infusion revenue

Operational Challenges
- Unique, numerous licensing and regulatory requirements
- Nuances of oncology billing

Source: Achieving Sustainable Hospital-Physician Alignment in Oncology, Advisory Board, 2012