



Developing a Repeatable Process for Value-Based Care: A Spotlight on Vantage Cancer Care Network

Oncology continues to embody many of the challenges facing U.S. healthcare today, including the need to combine (1) improved quality of care for patients, (2) better adherence to standards of care and (3) more effective cost controls. Several factors contribute to why value-based care (VBC) for cancer has been not only complex but also elusive:

- Upon diagnosis, primary care providers lose track of cancer patients, because oncologists become patients' de facto primary care doctors during cancer treatment.
- Oncologists have a limited view of patients' episode of care across the full spectrum of care settings and throughout the treatment timeline.
- Payers have the longitudinal claims data across all settings but do not use this data to assist oncologists effectively in managing patient quality and cost across an episode of care.
- Payers tend to focus on drug guidelines to manage cancer spend instead of working with providers to manage patients from a holistic perspective (e.g., managing treatment side effects to reduce ER visits and hospitalizations, coordinating care for chronic disease and psychosocial issues in addition to cancer treatment).

- Variability in cancer care — compounded by a rapidly evolving evidence base and confounded by patient fears and anxiety related to cancer diagnoses — may have contributed to oncologists' reluctance to apply the same level of scrutiny to adherence to standards and protocols (e.g., peer review) that physicians in other specialties do.

The VCCN Model

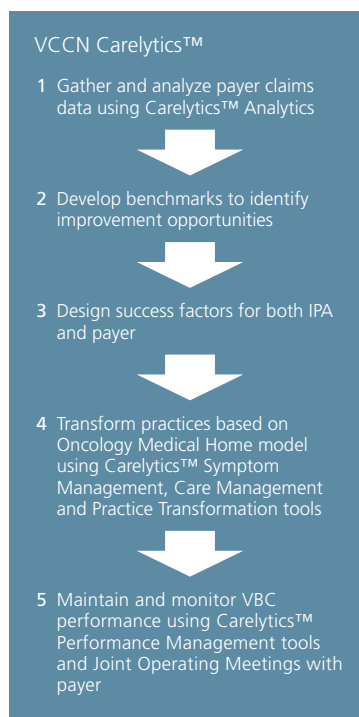
Vantage Cancer Care Network (VCCN) develops and maintains oncology-specific IPAs that facilitate contracting with payers for oncology value-based arrangements. These contracts range from upside-only shared savings to global capitation.

L.E.K. recently worked with VCCN to operationalize tools and repeatable processes to ensure that both oncologists and payers successfully implement and execute oncology-specific value-based contracts.

The VCCN model is composed of the following five phases:

- 1. Gather and analyze payer claims data.** VCCN's proprietary analytics tool, Carelytics™, works with payers to gather and load three years of claims data. Claims are grouped into episodes of care to stratify patients into risk-adjusted tiers.
- 2. Develop benchmarks to identify oncology-specific opportunities.** VCCN calculates oncologists' performance on key metrics as compared to benchmark indices. This comparison

identifies likely areas for improvement, which then informs contract negotiations with payers, and facilitates the creation of the



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baseline metrics that form the starting point for an agreement that is beneficial to both the payer and the IPA.

3. Design success factors for both the IPA and the payer.

VCCN uses identified opportunities to inform contract structure and terms. Beyond the contract, VCCN also identifies actions that the payer's PCP should take to drive referrals into the VBC model. VCCN then determines the timing of ongoing claims data exchange between the parties.

4. Transform practices based on an Oncology Medical

Home model. VCCN conducts practice assessments based on a proven Oncology Medical Home model in order to identify areas for improvement and focus. VCCN gives IPA members tools to assist in monitoring the most essential elements needed to change practice and patient behaviors, including adherence to evidence-based treatment protocols. Ongoing performance reports that track practice transformation and VBC objectives facilitate continued alignment. Periodic audits of progress toward practice transformation goals further ensure that providers receive the support they need. One of the key elements of a transformed practice is the timely sharing of information across patients' caregivers, in particular primary care providers. VCCN provides for best practices to facilitate this coordination of care.

5. Maintain and monitor VBC performance.

As transformation takes hold, VCCN continues to monitor the quality and efficiency of care in oncology practices and to suggest improvements based on data collected and evidence-based standards. Individual practice and oncologist performance are measured against benchmarks. VCCN provides continuous feedback on performance and suggests specific improvement opportunities. IPAs can deploy VCCN-supported initiatives or leverage a set of continually updated

tools and processes to ensure quality and efficiency targets are achieved. VCCN also holds monthly Joint Operating Meetings with the payer to provide feedback on outcomes of the value-based arrangement.

L.E.K. has assisted VCCN in pinpointing the key elements to the successful deployment of value-based contracts for oncology practices. We also supported VCCN in the development and deployment of tools and processes to launch oncology-specific value-based contracts in several markets. VCCN expects that these value-based contracts will not only increase the quality of care oncologists deliver but also improve the efficiency and effectiveness of the care, as demonstrated through:

- Decreases in the number of ER visits
- Appropriate use across all the services needed to support patients in cancer treatment
- Adherence to evidence-based treatment guidelines
- Deployment of consistent symptom management guidelines/tools
- Implementation of cancer-specific care management processes

For more information about how L.E.K. can assist with VBC and value-based contracting initiatives, please contact healthcare@lek.com.

For more information about VCCN, the Oncology Medical Home model and the Carelytics™ tool, please visit www.vantageoncology.com.

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