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111TH CONGRESS
1ST SESSION

# H. R. 2872

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

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IN THE HOUSE OF REPRESENTATIVES

JUNE 15, 2009

Mr. DAVIS of Alabama (for himself, Ms. KILROY, and Mr. ISRAEL) 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 ''Medicare 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, Medicare must transform the payment system to one based on evidence-based guidelines and demonstrated quality delivery of care.

(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) Additionally, the report notes the importance of ensuring quality of care at the end of life, in particular, the management of cancer-related pain and timely referral to palliative and hospice care.

(4) 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.

(5) Although two of the critical components of cancer care are treatment planning and end-of-life 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 end-of-life care for cancer patients.

(6) 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.''

**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 end-of-life care 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 end-of-life care by refining the performance measures described in paragraphs (1) and (2) of subsection (d) relating to active treatment planning and end-of-life care for clinician-level reporting.

(2) Explore the potential to report quality data through registries or other electronic means for treatment planning and end-of-life care data, including identifying data elements necessary to measure quality of treatment planning and end-of-life care 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 end-of-life 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 end-of-life 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 for an end-of-life 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 PAYMENT.—In order for a physician to receive any payment under the QCCD project for treatment planning or end-of-life care, 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 end-of-life care, 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) END-OF-LIFE CARE MEASURES.—The specific measures related to end-of-life care described in this paragraph are as follows:

(A) BASELINE MANDATORY.—

(i) Documented advanced care planning session with the patient.

(ii) Symptoms assessed and addressed.

(iii) Recommended the patient to hospice program, whether for institutional or home-based hospice care.

(B) AUGMENTED.—

(i) Documented no acute care hospital admissions (including admission to an emergency room or intensive care unit but

excluding admission to a hospice or palliative care unit) within 30 days of death.

(ii) Advanced directive discussion with the patient documented in the physician's records and, if agreed to, inclusion of an advanced directive in such records.

(iii) Documented that no chemotherapy administered within 30 days of death.

(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 rec-

ommendations for legislation or administrative action as the Secretary determines is appropriate.

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