The CMS 2006 Quality in Oncology Demonstration Project and NCCN Guidelines

On November 3, 2005, the Centers for Medicare and Medicaid Services (CMS) announced the Medicare Quality in Cancer Care Demonstration Project for 2006. Expanding on the chemotherapy demonstration project of 2005, the demo project is guided by the objective of encouraging high-quality care in all facets of management for patients with cancer.

In the project, physicians are asked to 1) identify the primary focus of the evaluation and management (E & M) service from one of several categories defined by specific CMS-provided G codes, 2) report the status of the patient’s cancer (e.g., characterize the extent of cancer spread), and 3) report whether the treatment adheres to guidelines developed by either the National Comprehensive Cancer Network (NCCN) or the American Society of Clinical Oncology. The demonstration project focuses on the application of guidelines recommendations for 13 cancer diagnoses. Practices reporting on all 3 categories listed above will qualify for an additional payment of $23 per visit.

Clearly, the NCCN Clinical Practice Guidelines in Oncology pertain directly to this project. NCCN guidelines are recognized and applied nationally as the standard for clinical policy in oncology in both community and academic practice settings and are available for all 13 disease states included in the CMS demonstration project. The most up-to-date set of guidelines in medicine today, the NCCN guidelines are continually updated. They are also comprehensive, addressing the full continuum of multidisciplinary cancer care.

The NCCN has made these guidelines widely available free of charge, online at www.nccn.org and in other formats, such as CD-ROM. Additionally, the NCCN will offer information products that advise directly on the logistics, implementation, and long-term implications of the CMS demonstration project. By March 2006, the NCCN will mail oncologists a CD-ROM with the most recent versions for the 13 cancer diagnoses involved. Further, in both online and CD-ROM formats, the NCCN will link codes (related to the focus of the E & M service) for management areas/issues directly to the relevant recommendations in those versions of the guidelines. An online table of contents will also be developed to directly link the codes to the pertinent guidelines sections. Further enhancements are planned to improve the guidelines’ interactivity and to facilitate their application both in this project and in longer-term extensions (e.g., pay for performance). Implementation of the CMS demonstration project will be a major focus of the NCCN 11th Annual Conference (March 8-12, 2006) and Regional Symposia (held throughout 2006).

The Medicare Quality in Cancer Care Demonstration Project represents a significant step in evaluating the quality of cancer care. The NCCN appreciates the opportunity to communicate the views of the oncology community on appropriate care to CMS and to all others who make decisions that influence the availability of and access to important drugs, biologics, devices, and procedures. The NCCN will work closely with all organizations to help shape programs that are efficient, effective, and equitable. Please consult the NCCN Web site (www.nccn.org) for information about live events in your area and electronic programs regarding practice and policy developments.

Finally, the NCCN hopes to hear from you regarding your informational and practice needs and about ways in which we can work together. Please send comments to CMSDemo@nccn.org.

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William T. McGivney, PhD, is the Chief Executive Officer of the National Comprehensive Cancer Network and a recognized expert in coverage policy and drug and device regulatory policy. Before joining the NCCN in 1997, Dr. McGivney directed the Division of Health Care Technology at the American Medical Association and worked for Aetna Health Plans as Vice President for Clinical and Coverage Policy. Awarded the FDA Commissioner’s Medal of Appreciation in 1985, Dr. McGivney has served on numerous national boards and committees. He earned his PhD at the University of North Carolina at Chapel Hill and completed a postdoctoral fellowship in the Department of Psychiatry at the Harvard Medical School.