

Introduction

- Annual US healthcare costs exceed \$4 trillion, with prostate cancer contributing \$22 billion, (~\$45,000 for prostatectomy)
- Value-based care emphasizes outcomes and efficiency; CMS aims to enroll most beneficiaries by 2030
- Bundles like Medicare's Comprehensive Care for Joint Replacement (CJR) align financial incentives with quality; challenges include patient variability and post-acute care issues
- CMS's new Transforming Episode Accountability Model (TEAM) excludes urologic surgeries; prostatectomy-specific bundles could fill this gap

How Has Value-Based Care (VBC) Evolved?

- Fee-for-service (FFS) incentivizes volume over efficiency, while VBC focuses on care coordination, preventing complications, and whole-person health
- MACRA introduced alternative payment models like ACOs, bundles, and MIPS
 - Its impact on prostate cancer care was limited, with stable overtreatment rates and minimal cost reductions
 - Urologists favored MIPS, which closely resembles FFS, but misaligned metrics and lack of prostate cancer-specific bundles hinder meaningful progress in VBC.

What are Bundled Payment Models and TEAM?

- Surgical bundles, such as Vanderbilt's kidney stone care model, include procedures, follow-up, and complication management
- TEAM expands this by coordinating preoperative care, hospital stay optimization, transitions to post-acute care, and regular follow-up
 - Questions remain about PCP readiness for postoperative management
- Innovative TEAM components include climate change incentives and risk adjustments for safety-net hospitals to address inequity
- Future VBC models may integrate social services to improve access for underserved populations

Why Prostatectomy-Specific Bundles?

- LUGPA's prostate cancer active surveillance bundle covers 1y of care, including labs and biopsies, hoping to encourage monitoring and reduce overtreatment
 - Initially rejected by CMS, but with TEAM, there is growing interest in surgery-specific bundles
- Prostatectomy bundle could optimize surgical decision-making, reduce complications, and enhance postoperative care
- VBC models are challenging to scale and could create financial disparities for practices handling complex cases, highlighting the need for disease-specific payment adjustments and quality metrics

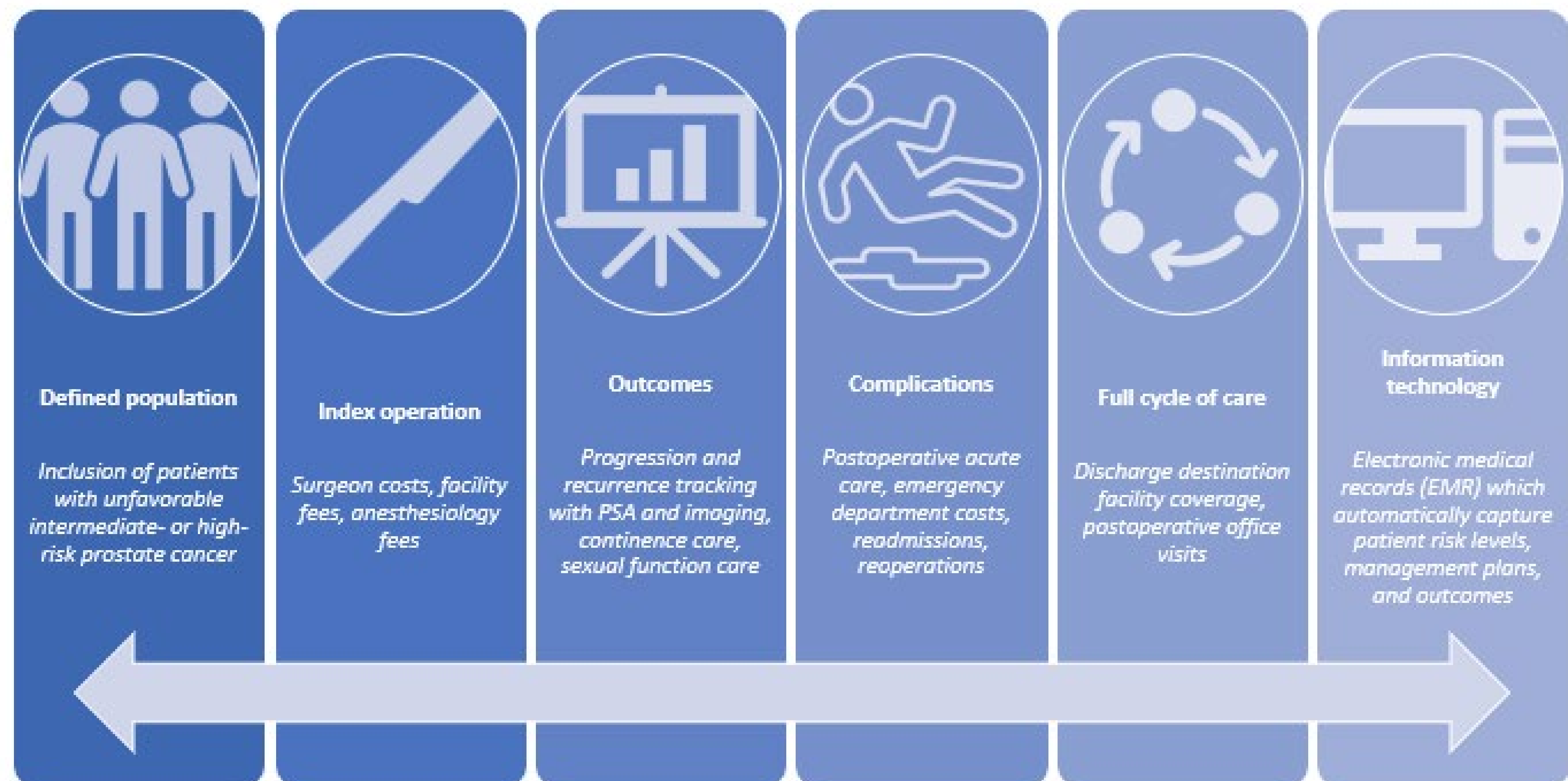


Figure 1. Proposed bundle for prostatectomy addressing the pillars of bundled payment models