American Society of Clinical Oncology Update

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Topics

• ASCO Policy and Advocacy Activities
• Clinical Affairs Programs
• Payment Reform
• Quality Programs
ASCO Policy and Advocacy
ACA Next Steps Not Clear

ASCO’s Position: **Ensure Access to Insurance Coverage**

- Coverage for those with pre-existing conditions
- Coverage for cancer patients regardless of income and health
- No lifetime coverage caps
- Guaranteed renewability
- Coverage of cancer screenings
President’s Budget: Skinny

-33% State Department
-31% Environmental Protection Agency
-21% Agriculture Department
-21% Labor Department
-18% Department of Health and Human Services
-16% Commerce Department
-14% Education Department
-13% Department of Housing and Urban Development
-13% Transportation Department
-12% Interior Department
-6% Energy Department
-5% Small Business Administration
-4% Treasury Department
-4% Justice Department
-1% NASA
+6% Department of Veterans Affairs
+7% Department of Homeland Security
+9% Defense Department
But the Problem Remains
Drug Prices

“"I am working on a new system where there will be competition in the Drug Industry. Pricing for the American people will come way down!""
Proposed Part B Demonstration Withdrawn

A Community Effort

Debra Patt, MD
House Energy and Commerce Committee
Hearing
May 17, 2016

“too big”
“a lot of mistakes”

Andy Slavitt
Former CMS Administrator
Politico Interview January, 2017
340B Program

- Established by Congress 1992
- Intent: allow hospitals caring for low-income patients to obtain drugs at substantially reduced prices
- Program has experienced dramatic growth
- Bipartisan concerns about size, scope and impact on consolidation
340B Activity

- Pending Legislation/Hearings on Capitol Hill
- White House willingness to engage
- Administrative Action
ASCO Position

• 340B eligibility for all oncology providers providing care to underserved and low-income populations.

• Increase program oversight

• Transparency by covered entities on use of 340(b) funds

• Do not use inpatient data (e.g. DSH) to determine eligibility of providers to participate in 340B.
Growing Administrative Burden

- Physicians spend 27% of time with patients
- For every hour with patients, two additional hours on EHR and desk work
- 1-2 hours personal time each night on EHR

Easing Administrative Burden

- High quality pathways
- Interoperable EHRs
- Prior Authorization/Payer requirements
- Streamline quality reporting: one activity to satisfy many requirements
Addressing Administrative Burden

- HHS Initiative
- Congressional Inquiry
- RFI in Proposed Physician Fee Schedule Rule
Utilization Management

- Streamline preauthorization
- **Instead of** step therapy, specialty tiers, restrictive formularies, **use** of high quality value based pathways
- Provide oral parity
- Evidence driven policies
Making Sure MACRA Works for You

- **Monitor implementation**
  - Comments
  - Meetings

- **GOALS**
  - Ensure the intent of the law is followed
  - Test multiple innovative alternative payment models
  - Ensure fair treatment in all MIPS scoring categories (e.g., high cost drugs in resource use category)
ASCO Top 10 Things to Prepare
Help with “Pick Your Pace”
The QOPI platform can be used to report the minimum data in 2017 to avoid a 2019 penalty

www.asco.org/MACRA
ASCO’s 2017 State Advocacy Priorities

High Priority

Opioid Therapy
Safe Handling of Hazardous Drugs
Oral Chemotherapy Parity
Clinical Pathways

Also Tracking

Tobacco ("Tobacco 21, Smoke free workplace")
Medicaid (Clinical trials coverage)
HPV Vaccination
Prescription Drug Costs
Biosimilars
Brown Bagging/White Bagging
Prior Authorization
Specialty Tiers
Step Therapy/Fail First
Opioid Crisis: States are Reacting

>400 Bills in 46 States

- Limitations on dose or number of days
- Central database
- Provider education
ASCO Weighs In

- Policy statement & brief
- Comments to CMS and FDA
- Outreach to Congress during federal legislation development
- Assistance to dozens of ASCO state societies/affiliates with new legislation/regulation pending
- Work with AMA on new resolutions regarding data collection and PDMP use
Federal Opioid Commission’s Preliminary Report

- Declare national emergency
- Invest in treatment
- Mandate provider education
- Increase access to medication-assisted treatment
- Federal funding to enhance PDMPs
- NIH partner with industry to develop non-opioid pain relievers
Clinical Pathways

- State Affiliate concerns with development and use of pathways
- Focus of advocacy:
  - Improving pathways development
  - Addressing practice burden
Pathways Can Work

- Policy statement defining high quality pathways published January 2016
- ASCO criteria published February 2017
- Model legislation
2017 Clinical Pathways State Bills

- **Connecticut: House Bill 5960**
  - Establishes requirements for pathways used by health carriers
  - Led by CT Oncology Association and CT State Medical Society
  - No hearing date set

- **California: Assembly Bill 1107**
  - To improve development of oncology pathways by plans
  - Supported by Association of Northern California Oncologists (ANCO) and Medical Oncology Association of Southern California (MOASC)
  - Opposed by health plans
  - Passed out of committee
Safe Handling of Hazardous Drugs

- ASCO Task Force working on updated safety standards
- Supporting State Affiliates on state regulatory activity
- Submitted comments on USP <800>
- Supported AMA Resolution
- Reaching out to CDC/NIOSH
Advancing Oral Parity in Idaho

- Laws in 43 states and DC
- ASCO participating in cancer treatment fairness coalition in multiple states in 2017
- ASCO working with coalition in Idaho to introduce 2018 oral parity bill
- Stay tuned for updates
Be Involved. Make Your Voice Heard. Join ASCO’s ACT Network today!

- Contains draft messages on federal bills that you can personalize and send directly to Congress
- Sends advocacy alerts and policy updates on important issues
- Provides ASCO’s position on federal legislation

For more information: Visit www.asco.org/ACTNetwork
New State Advocacy Resources

- **ASCO.org State Advocacy page**
  - State legislative calendar
  - State cancer fact sheets

- **State ACT Network**
  - Congressional Quarterly clickable map tracking state bills
  - State action alerts

- **Toolkits**
  - On opioids, pathways, oral parity, the safe handling of hazardous drugs, step therapy, prior authorization, and specialty tiers
  - May include policy statements and briefs, model legislation and FAQ's
Clinical Affairs Programs
Consulting Services
ASCO COME HOME
Consulting Services

- Readiness assessment
- Practice transformation implementation support
  - Customized consulting services
- Analytical services
- Triage pathways
Readiness Assessment

- On-site practice assessment
- Readiness for oncology medical home, alternative payment models like Oncology Care Model
- MACRA/QPP readiness
- Deliverable: gap analysis & recommendations to practice
Practice Transformation Implementation Support

- Consulting services, customized to practice needs
  - Patient access
  - Patient flow
  - Workflow
  - Telephone management
  - Change management
  - QPP readiness & reporting
  - Policies & procedures; Job descriptions
  - Oncology medical home accreditation readiness
Triage Pathways

• Cloud-based clinical decision support tool for aggressive symptom management
• 38 Symptom Specific Pathways
  • Additional associated follow-up pathways
  • Consistent systematic triage of patient symptoms
  • Nurses work to top of license with control over schedule
• Real time dashboard visible to all triage staff
  • The dashboard is pre-populated with patient demographic data from PMS, updated nightly.
• Standard order sets for defined patient groups
ASCO COME HOME Vision

Triage Pathways: Patient Experience

Triage System: Can speak to someone with access to their health records 24/7
Encouraged to call the practice first

Reduced out of pocket expenses, improved quality of life, greater peace of mind

Seen same day at their oncology practice when they are experiencing symptoms

Fewer ED Visits & fewer days in the hospital
ASCO COME HOME Vision

Triage Pathways: Practice Experience

Triage System: Aggressive, standardized symptom management

Increased same day appointments (revenue to practice, savings to system)

(Shared) Savings

Decreased ER visits and hospitalizations