

**Experts at Cancer Innovation Forum Call for Supportive Payment Models So
Patients Can Reap the Benefits of New Breakthroughs**
Stress the Need for Policies That Expand Access to Generic testing, Innovative Treatments

Washington, DC [March 30, 2016] – As the Obama Administration’s National Cancer Moonshot Initiative gets underway, a coalition of cancer stakeholders meeting in Washington called for supportive payment models so patients can reap the benefits of new breakthroughs in early detection and precision treatments.

The meeting, convened by the Cancer Innovation Coalition (CIC), allowed advocates to hear directly from lead staffers working with Vice President Joe Biden to map out the plans for this new \$1 billion federal effort to “change cancer as we know it” by breaking down silos in the research community and mapping out a whole-of-government approach to maximize federal research investments and programs. During this discussion, cancer advocates stressed the need for new government policies that will expand enrollment in clinical trials, accelerate genetic testing, and resolve significant challenges with Medicaid and other government payment models that now preclude many patients from receiving timely care with medically advanced tests and treatments.

"There has never been a more promising time to accelerate the development of improved treatments and possible cures for different cancers. Consequently, increasing the nation's research efforts must be coupled with policies that will expand access to these new therapies," said Alan Balch, PhD, chief executive officer of the National Patient Advocate Foundation (NPAF), which manages the CIC. "Our goal is to create an environment where cancers are detected early and patients receive the most effective care for their disease through treatment paradigms that are personalized to match the unique aspects of their disease."

According to Dr. Danielle Carnival (Evers), Assistant Director for Education and Learning Science at the White House of Science and Technology Policy (OSTP) and Gregory Schultz, Senior Advisor to the Vice President and Special Assistant to the President, the Moonshot team is gathering information on opportunities to accelerate progress in the development of new vaccines, genomic and proteomic technologies for early detection, minimally invasive screening assays, and immunotherapy and new combination therapies. Priority areas are: 1) identifying new investments in cutting-edge research opportunities that have the greatest potential to speed the development of new cancer detection tools and innovative treatments; 2) promoting better ways to support data sharing among public and private entities; and 3) addressing solutions to expand patients’ access to clinical trials and breakthrough treatments.

Based on insights from this meeting, the CIC will submit recommendations to the White House Cancer Moonshot Task Force, established within the Office of the Vice President, on ways federal agencies can expand participation in clinical trials and reduce the access barriers keeping many patients from receiving medically appropriate and clinically validated genetic testing and innovative treatments for their types and stages of cancer.

New Payment Models Are the Next Big Change in Healthcare; Patients Need a Place at the Table

Despite the excitement around the National Cancer Moonshot initiative, experts at the policy forum raised concerns about payment systems either in use or in development that may impede physicians' ability to personalize cancer care for patients. Focused on maximizing "value," these models are attractive to Medicare and some of the nation's biggest health insurers due to a greater emphasis on the costs of care but advocates worry these models could narrow treatment options and restrict access to emerging personalized therapies.

For patient advocates, the immediate concern is the expanded use of sequenced care plans, called clinical pathways, in the day-to-day practice of cancer care. Although many hospitals and physician practices use pathways to improve care continuity, increasingly, insurance companies are using their own versions as a way to control their costs and in some cases, pay bonuses to doctors for prescribing "on pathway" treatments. The American Society of Clinical Oncology (ASCO) estimates that 60 individual health plans are currently implementing oncology pathways, particularly for breast, lung and colorectal cancers.

According to Dana Wollins, ASCO's Senior Director of Health Policy, while patient-focused pathways allow patients and oncologists to weigh different treatment options, an ASCO policy statement published in January 2016 cites a number of problems with restrictive oncology pathways that are eroding both the doctor-patient relationship and the overall quality of cancer care. Among ASCO's concerns are restrictions that limit the clinical judgement of physicians, conflicts of interest when physicians are incentivized to prescribe specific drug regimens, the lack of transparency in how pathways are developed, the exclusion of clinical trials as a treatment option, and major administrative burdens for oncology practices, many of which must now comply with eight or more different pathways when treating patients with the same type and stage of cancer.

The policy forum also highlighted advocates' concerns over lack of patient involvement in the rollout of new physician-guided tools, called "value frameworks," constructed so clinicians can assess the cost-effectiveness of new diagnostics and therapies based on specific criteria. In 2015 alone, five such models were introduced, mostly for oncology drugs: ASCO's "Value Framework," the European Society for Medical Oncology's "Magnitude of Clinical Benefit Scale," the Institute for Clinical and Economic Review's "Pricing Benchmark," Memorial Sloan Kettering's "DrugAbacus," and the National Comprehensive Cancer Network's "Evidence Blocks."

Although these value frameworks are intended to improve shared decision-making among oncologists and patients on treatment options, all lack a patient-centered focus largely because these tools do not reflect data on patient preferences, needs and values. The reason, according to Eric Gascho, Vice President of Government Affairs at the National Health Council, is that in creating these tools, the organizations relied on clinicians to represent how patients experience issues like benefits and costs. Other limitations include using data from randomized clinical trials to assess the relative benefits, side effects and costs of a new treatment, which produces measures based on averages that are not relevant to many patient populations.

In light of these issues, the National Health Council convened a Value Rubric Roundtable in February, resulting in a rubric or score card for assessing the level of patient engagement in a value models that will be widely disseminated to cancer stakeholders.

Looking towards the future, the forum also addressed the impact of transitioning from a fee-for-service system to a value-based system of paying doctors for medical care. Mandated by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), these changes will result in two value-based payment tracks under Medicare: the Merit-Based Incentive Payment System (MIPS) and Alternative Payment Models (APMs). In the case of MIPS – which will apply to most physicians – beginning in 2019, doctors will receive positive or negative payment adjustments each year based on four performance measures (quality, resource use, clinical practice and meaningful use of electronic health records). MACRA also allows qualifying physicians to participate in Alternative Payment Models (APMs) and receive bonuses by meeting specific quality measures.

According to James Sharp, MACRA Team Lead at the Centers for Medicare and Medicaid Services (CMS), the goal of these payment models is to improve the quality of medical care while keeping costs neutral. However, as new CMS policies begin to take shape, stakeholders expressed concerns that the agency has not defined “value” from a patient perspective, which is why advocates are calling on CMS to confer with patient groups prior to finalizing the new payment systems.

About the Cancer Innovation Policy Meeting and Cancer Innovation Coalition

Taking place in Washington on March 2, the meeting is part of a series of forums the Cancer Innovation Coalition (CIC) hosts as part of Project Innovation, a national initiative highlighting the need to accelerate innovation in cancer care. Spearheaded by the National Patient Advocate Foundation, the CIC is comprised of: the American Brain Tumor Association; American Cancer Society Cancer Action Network; American Association for Cancer Research; Association of Community Cancer Centers; Bladder Cancer Advocacy Network; CancerCare; Cancer Support Community; Colon Cancer Alliance; Community Oncology Alliance; Council for Affordable Health Care; CureSearch for Children’s Cancer; FORCE: Facing Our Risk of Cancer Empowered; Friends of Cancer Research; Lung Cancer Alliance; Men’s Health Network; Oncology Nursing Society; Personalized Medicine Coalition; Prevent Cancer Foundation; Sarcoma Foundation of America and US Oncology Network.

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