State Affiliate Council & ASCO Update
West Virginia Oncology Society
May 1, 2015

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Chair, State Affiliate Council
Off-Label Use Disclosure(s)

I do not intend to discuss an off-label use of a product during this activity.
Financial Disclosure(s)

I **have not had** any relevant financial relations during the past 12 months to disclose.
State Affiliate Council

FLOW OF INFORMATION

Requests from ASCO Board

State Affiliate Council

Issues Raised by Grassroots

Chair delivers Council recommendations to the Board

Council members report back to their State Societies
Council Initiatives

• State Affiliate Council Dashboard
  – Practice Migration
  – Prior Authorization
  – Chemotherapy Safe Handling

• Maintenance of Certification (MOC)

• Clinical Pathways

• Payment Reform
Dashboard Purpose

• Better utilize the Council to identify and track practice, legislative, and other rising trends throughout the country.

• Serve as a data source for State Affiliates.

• Serve as a resource for ASCO’s Board of Directors.

• Help to guide the strategic direction of Council recommendations to the Board.
Practice Migration to Hospitals

- Increased
- Decreased
- Stayed the same
- Unknown*
## Top Factors Influencing Practice Migration

<table>
<thead>
<tr>
<th>Factors</th>
<th>Mean score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased income</td>
<td>7.65</td>
</tr>
<tr>
<td>340B Drug Discount Program</td>
<td>7.42</td>
</tr>
<tr>
<td>Competition from other oncology practices in the area</td>
<td>5.55</td>
</tr>
<tr>
<td>Electronic health record expenses</td>
<td>5.19</td>
</tr>
<tr>
<td>Reduced bargaining power with payers</td>
<td>5.06</td>
</tr>
<tr>
<td>Narrow networks (insurance plans that limit doctors and hospitals available to patients)</td>
<td>3.87</td>
</tr>
<tr>
<td>ICD-10 expenses</td>
<td>3.65</td>
</tr>
<tr>
<td>More patients going directly to hospital-based oncology practices for their care</td>
<td>3.42</td>
</tr>
<tr>
<td>Sequestration</td>
<td>3.19</td>
</tr>
</tbody>
</table>
Prior Authorization

- Time consuming and burdensome
- Affects staff morale
- No evidence that it improves quality of care
- Collaborating with the CPC Working Group
How the role of prior-authorization payer requirements impact practice

<table>
<thead>
<tr>
<th>Practice Impacted By…</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in staff time spent per week</td>
<td>94%</td>
</tr>
<tr>
<td>Delays or interruptions in patient care</td>
<td>89%</td>
</tr>
<tr>
<td>Decrease in patient satisfaction</td>
<td>72%</td>
</tr>
<tr>
<td>Rejection by insurers on first time request and rate of success on first time appeals</td>
<td>69%</td>
</tr>
<tr>
<td>Complication of medical decision making</td>
<td>64%</td>
</tr>
<tr>
<td>Success rate on Peer-to-Peer calls between the oncologist and Insurer’s Medical Director or designee for initial non-approvals</td>
<td>50%</td>
</tr>
<tr>
<td>Decrease in patient satisfaction ratings</td>
<td>42%</td>
</tr>
</tbody>
</table>
Chemotherapy Safe Handling Task Force

• Council representation is on the Task Force

• Purpose:
  – Discuss strategy for responding to the concerns and challenges raised by the Council and ASCO members
  – Formulate a statement for safe handling of chemotherapy
  – Consider developing standards to support statement
ABIM Maintenance of Certification (MOC) Program

• Dr. Yu sent letter to membership regarding changes to MOC policy
• General appreciation of ABIM’s recent change in policy
• ASCO staff met March 23 with the Liaison Committee on Continuous Recertification at ABIM
• The Council will continue to advocate for change
Concerns Conveyed to ASCO Board regarding Clinical Pathways

• Safety and efficacy are key concerns expressed by Council

• Can ASCO define what makes a good pathway?

• Would ASCO consider endorsing certain pathways?
Pathways Taskforce

• Council leadership identified pathways as an issue of concern at November 2014 ASCO Board meeting

• In response, Dr. Yu established a taskforce charged with answering the following questions
Pathways Taskforce Charge

1. What are we trying to accomplish?
2. Who is our "customer?"
3. What is the scope and type of investment we would have to make to accomplish our goals?
4. Can we describe what constitutes success?
5. How will we measure success?
Council Action to Support Taskforce

• New Dashboard focuses on clinical pathways, launched February 5

• Key areas of attention included:
  – % of members using provider and payer pathways
  – Positive and challenging experiences using pathways
  – Disease types of specific pathways
Preliminary Clinical Pathways Dashboard Results

• 50% of respondents report their members currently use provider pathways.

• 73% of respondents selected a positive aspect of implementing provider pathways was “Clearer direction regarding treatment”.

• 73% reported a negative aspect of implementing provider pathways was on “Electronic health records (e.g. increases in data entry)”.
Preliminary Clinical Pathways Dashboard Results

• What role do you think ASCO should play in Clinical Pathways?
  – Define characteristics that are needed for a high quality pathway program: 89%
  – Foster or support development of pathway certification and endorsement process: 89%
  – Develop and implement ASCO-specific clinical pathways: 72%

• 89% of respondents said ASCO should “Define characteristics that are needed for a high quality pathway program”
Chemotherapy Safe Handling Work Group

• Council representation is on the Work Group

• Purpose:
  – Discuss strategy for responding to the concerns and challenges raised by the Council and ASCO members
  – Formulate a statement for safe handling of chemotherapy
  – Consider developing standards to support statement
Payment Reform

• The State Affiliate Council continues to keep this issue on its agenda

• More information regarding ASCO’s payment model can be found on www.ASCO.org/advocacy/physician-payment-reform
State Efforts Matter

- Visit with members of Congress (home or DC)
- Share your stories
- Supportive letters/messages
- Stay in touch!

Contact Caitlin.Demchuk@asco.org for assistance.
SGR Advocacy

- 47 Affiliates signed a joint letter supporting SGR repeal
  - Sent to all members of Congress
- Affiliates and their members across the U.S. sent email messages and called their members of Congress
- The House passed HR 2
- Senate outcome TBD
Make Your Voice Heard!
Join ASCO’s ACT Network today!

• Contains draft messages you can personalize and send directly to Congress

• Receive advocacy alerts and policy updates on important issues

• Provides ASCO’s position on legislation

For more information:
www.asco.org/ACTNetwork
The State of Cancer Care in America: 2015

www.ASCO.org/StateofCancerCare
Key Progress Against Cancer

- FDA approved 10 new cancer drugs and 9 new uses of existing drugs
- 771 therapies in the pipeline
- Immune-boosting therapy approved after 3.5 years development time
Yet Challenges Persist

- Increasing demand for cancer services
  - Growth in elderly and new public health concerns (e.g., obesity)
  - People living longer after treatment

- Deaths are down, but still too high

- Unprecedented new technologies and scientific advances not yet reaching patients

![Graph showing increase in cancer cases and survivors](cancer_cases_survivors.png)
New Department of Clinical Affairs

Helping practices survive and thrive…today AND in the future

- Will be led by a practicing oncologist—priorities, programs to be driven by you

- Hands on help
  - Practice efficiency
  - Staffing models/work flow
  - Quality reporting/QI projects
  - Learning networks
  - Template contracts/agreements

- Information and analysis
  - Practice trends
  - Economic analysis
  - Performance measurement
  - Should I participate in CMMI demo?
• A rapid learning network for oncology practice knowledge – benchmarking and best practices
  – Initial focus on administrative, operational, financial and quality improvement activities
• Peer to peer interactive collaboration for knowledge sharing
• Quarterly benchmarks produced by practice and by physician, compared against national database of similar practices
  – Segmentation across types of practices, cohorts of physicians
• Annual “state of your practice” assessment for key production and cost measurements
• Networking opportunities
  – Peer to peer meetings
    • Optional, not required
    • Agenda driven by practice needs
  – Moderated listserv

• First report and meeting, fall 2015
CancerLinQ: The Vision

A system in which real-time clinical data is captured, analyzed, and used to enhance patient care and drive scientific discovery.
The treatment experience of 95% of people with cancer is isolated in their individual medical records. CancerLinQ will collect data, analyze it, create knowledge then provide real-time access for doctors, researchers and patients.
The primary purpose of CancerLinQ is to improve the QUALITY of care and to enhance outcomes; additional benefits include:

**For Patients:**
- Improved outcomes
- Clinical Trial matching
- Safety Monitoring
- Real time side effect management
- Patient Reported Outcomes

**For Providers:**
- Real time “second opinions”
- Observational and guideline-driven Clinical Decision Support
- Real time access to resources at the point of care
- Quality reporting and benchmarking

**For Research/Public Health:**
- Mining “big data” for correlations
- Comparative Effectiveness Research
- Hypothesis generating exploration of data
- Identifying early signals for adverse events and effectiveness in “off label” use
Questions?