

# ISSUES

## New Year, New Administration, New Health Policy Director

BY KRISTIN FERGUSON, DNP, RN, OCN



In my new role at ACCC as senior director, cancer care delivery and health policy, I am excited to take over writing this bimonthly column and communicating to our multidisciplinary membership about pertinent workforce, reimbursement, and cancer care delivery issues. Not only will I write about advocacy and policy issues that ACCC is working on, but I will dive deep on issues like the growing number of value-based care models, home infusion trends, strategies for improving clinical trial access, and how to maintain a resilient oncology workforce.

I am an oncology nurse with more than 11 years of experience in a variety of cancer care settings—both inpatient and outpatient—in direct care and leadership roles. Supporting patients and staff did not always allow me to keep up to date with health policy. I learned more about health policy and the importance of provider and patient advocacy by living near the White House, attending health policy events, and going to Capitol Hill to speak with congressional members and their staff about policy concerns, such as the Cancer Drug Parity Act, NIH (National Institutes of Health) and NINR (National Institute of Nursing Research) funding, and how to ensure that any new opioid policies do not create barriers for patients with cancer. Unfortunately, I also know intimately about being a family caregiver and advocating from that perspective because my mother was diagnosed with metastatic pancreatic cancer in September 2017. At that point, I had already worked as an oncology nurse for 8 years but quickly learned that being on the other side of cancer care has its own unique set of challenges and requires advocacy that many people without healthcare experience are not equipped for.


In my short time at ACCC, there have already been several policy changes that will impact oncology care moving forward. ACCC

rang in the new year celebrating the inclusion of the CLINICAL TREATMENT Act in the large omnibus that was passed by Congress and signed into law. Previously, Medicaid beneficiaries were unable to have standard of care costs associated with clinical trial participation covered by their insurance. This prevented many from accessing clinical trials and likely increased health disparities. With this inclusion, ACCC is hopeful that there will be greater clinical trials participation from marginalized and underrepresented groups, which will improve data and allow them to be more reflective of the general population.

Another big update was the delay in the implementation of the Radiation Oncology Model from July 1, 2021, to Jan. 1, 2022. Many concerns were brought to light on the administrative burden this new model may cause programs and practices that are trying to maintain normal operations during and after the COVID-19 pandemic. This delay allows stakeholders to work with the Centers for Medicare & Medicaid Services to address concerns related to the proposed payment cuts and the potential impact these could have on patients and programs, especially in rural communities.

With the change of administration from Trump to Biden, it is hard to say what health policy changes will come in the next four years. As the COVID-19 pandemic continues and large-scale vaccination campaigns take place, more focus will likely be dedicated to public health services and the importance of value-based care models versus fee-for-service models, which were hit hard by decreased patient visits in 2020. Medicaid expansion in states that have not yet expanded under the Affordable Care Act will no doubt continue. Telehealth and not *whether* but *how* it will continue and under what provisions, reimbursement methodolo-

gies, and regulations is yet to be seen. How cancer care and the oncology delivery workforce will be impacted is uncertain, but all agree that rapid advances in biomarker testing and precision medicine require health policy and adequate reimbursement for services to continue to advance. As more oral drugs are developed, will we continue to see a shift in how and where patients are treated? How will technology play a role in where care is delivered and how patients are educated? What role will each member of the healthcare team play in our complex care delivery system?

As an oncology nurse, I advocated at the patient level: educating patients on new therapies, ensuring that patients were connected to community resources when they needed help with transportation or psychosocial care, and completing prior authorizations in a timely manner. As an oncology clinical operations manager, I advocated for multidisciplinary team members to have clinic support to provide quality care to patients, initiatives to prevent burnout, and education resources to improve overall knowledge. In my new role, I am looking forward to connecting with ACCC members, hearing your stories, and learning how ACCC can best advocate for policies that improve the quality of care we all strive to provide. I look forward to continuing the conversation through future meetings and policy initiatives as ACCC continues to grow. Please feel free to email me at [KFerguson@accc-cancer.org](mailto:KFerguson@accc-cancer.org) about any workforce, reimbursement, or cancer care delivery trends you are seeing. I look forward to hearing your thoughts and learning more about how ACCC can help. 

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