

ISSUES

Leadership Panel Addresses Top Issues in Oncology Care

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In April, at the virtual 2020 Community Oncology Alliance Annual Conference, leaders across the cancer care community gathered online for a panel discussion of current events and policy priorities in oncology care. COVID-19 and its fallout on community cancer centers dominated the discussion, which was moderated by Ted Okon, MBA, executive director of the Community Oncology Alliance.

Okon opened the discussion by asking panel members to identify the biggest issues facing community cancer care today. Replies included financial instability, declining clinic volumes, and a rise in unemployed patients in the wake of the COVID-19 pandemic. “We are seeing a surge in the number of patients needing financial counseling,” said Christian Downs, executive director of the Association of Community Cancer Centers. “These are formerly insured patients who have now lost their jobs and who have never needed this type of support. Oncology is seeing now and potentially well into the future an acute need for financial counseling.”

Okon asked participants for their predictions about the future of telehealth as a viable, reimbursable model for delivery of healthcare services. Brad Tallamy, senior director of government affairs at Ameri-sourceBergen, said telehealth can play an important role in oncology care delivery. “We need to keep the virtual health revolution going,” said Tallamy. “This is especially important for immunocompromised individuals like cancer patients. More patients will expect these services after the pandemic is over.”

Ben Jones, vice president of government relations at The US Oncology Network, agreed. “This has been one of the rare bright spots in this crisis,” said Jones. “We have the ability to speak with one voice, break down barriers, and push for rapid deployment of telehealth. There will be enormous patient demand for telehealth going forward.”

Downs noted that concerns about patients feeling uncomfortable with online physician visits has proven unwarranted with the recent patient enthusiasm for virtual care. “We have seen over the last several months of COVID-19 that patients are comfortable with these types of services,” affirmed Downs. “What’s important now is to make sure that payments [to healthcare providers] come through. We’ve already heard from providers that reimbursement is on the decline.”

In response to Okon’s question about potential downsides to telehealth, Deborah Kamin, RN, PhD, vice president of policy and advocacy at the American Society of Clinical Oncology, replied that, in addition to concerns about the potential loss of the human interaction that takes place during face-to-face visits, she worries about logistics and reimbursement. “We’re concerned about the infrastructure needed for successful telehealth,” explained Dr. Kamin. “Not all providers and patients have the same resources. While telehealth can improve access to rural and underserved patients, the technology, staffing, and reimbursement structure need to be in place.”

Upon the panel’s conclusion, Okon asked the participants to identify issues of concern that they see on the horizon after the worst of the pandemic passes.

“White bagging is going to be the biggest issue facing oncology,” affirmed Tallamy. He added that an interesting corollary to this is the unintended consequence that COVID-19 has had on the drug industry. “There has been a complete reversal on the issue of drug pricing reform,” said Tallamy. “The biopharmaceutical industry has never been in a stronger position because it is their innovation that is going to win the COVID-19 pandemic.”

Dr. Kamin said that patient access to cancer care during a time of massive unemployment is a growing concern. “These people will still need cancer treatment, so how do we ensure access?” she asked. Another troubling issue, said Dr. Kamin, is home infusions. “We do not think that home infusion is a safe alternative,” she affirmed. “Yes, it is a challenge to identify what patients can be delayed and which treatments can be adjusted, but home infusion is not the solution. Unfortunately, we are already seeing a push from payers and PBMs to expand home infusions.”

Downs concluded the panel by expressing concern about long-term reimbursement trends once the current injection of money into the economy comes to an end. “[The government] has dumped a tremendous amount of money into the country,” remarked Downs. “My concern is which happens when the ‘bill comes due?’ Will oncology have to play defense to make sure that we don’t get hit with huge reimbursement cuts?”

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