

Cancer Policy & COA Focus

Ted Okon Executive Director

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What's Hot in Cancer Policy?

- Congress tried to double up on the current 2% Medicare sequester cut
 - Add another 2-4% on top of the current 2% sequester cut
- 340B Drug Discount Program in hospitals under fire
 - 2 congressional hearings and major Energy & Commerce report
 - 2 bills, so far
 - 3 new studies in past month alone
- New administration backing off forcing payment reform demonstrations but *oncology payment reform here to stay!*
- PBMs are out of control and they will come under increasing scrutiny of Congress and HHS/CMS



What Else is Hot in Healthcare?

- Republicans backing off "repeal and replace" of ACA/Obamacare
 - Individual mandate is gone with the tax bill
 - Behind the scenes moves that are weakening
 Obamacare
- President keeps promising to "bring down drug prices" but focus to date only has been with the FDA and 340B reforms
- Greater emphasis on reforming/restructuring Medicaid



Fighting for 340B Reform

The 340B Drug Discount Program in Rev How Abuse of the 340 is Hurting Patients

The 3408 Drug Discount program exemplifies how can easily go bad if they fall into the wrong hands program has begun to harm the very poor, uninoure

program has beginned 3408 is a critically important program for Federal clinics, and the true safety end thospitals that rely most values beginned as the safety of the safety of abused by some large hospital corporation. To in the 3408 program, even though research has

A starts in the 3468 program have males of sub-target dots, which are then reinforced to the start of the informer at this does a prediction of the start of the dots of the start of the start of the start of the dots of the start of the dots of the start of the start of the start of the dots of the start of the start of the start of the dots of the start of the start of the start of the dots of the start of the start of the start of the dots of the start of the start of the start of the dots of the start of the start of the start of the dots of the start of the start of the start of the dots of the start of the start of the start of the dots of the start of the scheduler of the based of the start of the start of the scheduler of the based of the start of the start of the start of the scheduler of the based of the start of the The 3408 Drug Discount Program in Review: A Look at the Data and E to Date

Since its inception, the 3408 Drug Discount Program h studies, white papers, and analyses looking at its sub states' health care system. This paper seeks to provides, by studies of the 3408 program to better understand in necessary and important program for America's most substantial perfort-generating program for most hosp program intended to help patients in need.

A series of legislative missteps has been responsi in hospitals. Most of these hospitals make treme low levels of charity care, are much more expenour nation's cancer care system. 3408 has becounintended consequences that adversely affect

3408 is a Good Idea

Anon it a federal program that requires drug main, to provide capterierd drugs at significantly related signifiab halls care or generatations, since an access plant are supposed to treat significant and significant invested patients. Bight patient significant invested patients, Bight and other designs and dructs that drug clinics, and other designs and the significant and animalier planters. Bight without clinics that drug program was that by providing and incontent drugs invested and to provide an involucion and any provide and program and and access of the tradigent, university of patients planter and planter and planters of patients planters and planters of an additional and any set of provide and patient populations they treet.

What Went Wrong?





- The <u>only</u> cancer organization pushing for real reform of 340B
- 2.8 million targeted Americans reached by COA 340B advocacy in 2017
- 1/4 of all comments to CMS on HOPPS cut proposal came via COA website and resources

| STUTY ONCE | The year so far | |
|------------|--|--|
| | The NEW ENGLAND JOURNAL of MEDICINE | The NEW ENGLAND JOURNAL of MEDICINE |
| | SPECIAL ARTICLE | |
| | Consequences of the 340B Drug Pricing Program | |

- Bombshell study in NEJM released last week
- Conducted <u>independently</u> by Harvard & NYU researchers, and funded by HHS agency! (Health Resources and Services Administration)
- Found that 340B program associated with:
 - "hospital-physician consolidation in hematology-oncology"
 - "more hospital-based administration of parenteral drugs in hematology"
 - No "clear evidence of expanded care or lower mortality among low-income patients"



The year so far...



New Study: Most Hospital's Payments Will Rise in 2018, Despite 340B Cuts

- COA commissioned study by Avalere, released this week
- 85% of hospitals will see net payment <u>increase</u> after recent 340B & Medicare payment changes
- Rural hospitals benefit the most, with much greater than average payment increases for 2018
 - Majority of hospitals will see 1.5% net increase
 - Rural hospitals will see 2.7% net increase

Avalere



Stopping a New Medicare Sequester



- Threat of new 4% sequester cut to Medicare during budget negotiations
- COA coordinated massive emergency effort to warn Congress & Administration of impact to cancer care
- Emergency DC fly in to meet with policymakers and conducted extensive media outreach



- Trying to stop the current 2% Medicare sequester cut
 - Legislation
 - Legal action
 - Sequester cut is both illegal and unconstitutional
 - Lawsuit prepared to file an injunction against the government



Shaping the Future of Oncology Payment Reform



- Hosted another successful Payer Exchange Summit on Oncology Payment Reform as part of COA's commitment to oncology payment reform
- Helping 80% of OCM practices succeed in a support network
- Developing the OCM 2.0 model as future of oncology payment reform



Plans Going Forward

- Trying to make the OCM work, which is an uphill battle!
 - Poor communications
 - Lack of timely data
 - Lots of confusion and questions
- Working on the OCM 2.0 to create the "universal" model for cancer care payment
 - Flexible
 - Simple



Fighting Growing Presence & Negative Impact of PBMs



- PBMs are harming patient care and hurting practices
- Murky PBM "direct and indirect remuneration" fees (commonly known as "DIR Fees")
- In 2017, COA released 4 studies, 3 white papers, 2 videos, 1 legal paper on PBMs



Plans Going Forward

- Taking the fight to the PBMs!
 - Legislative
 - Legal
 - Investigative
 - Advocacy
 - Press



Unprecedented Expansion of Patient Advocacy via CPAN



- COA Patient Advocacy Network (CPAN) chapters in practices
- Our grassroots army
- In 2017, the number of CPAN chapters nearly doubled. New chapters in Texas, New England, New York, & Washington State



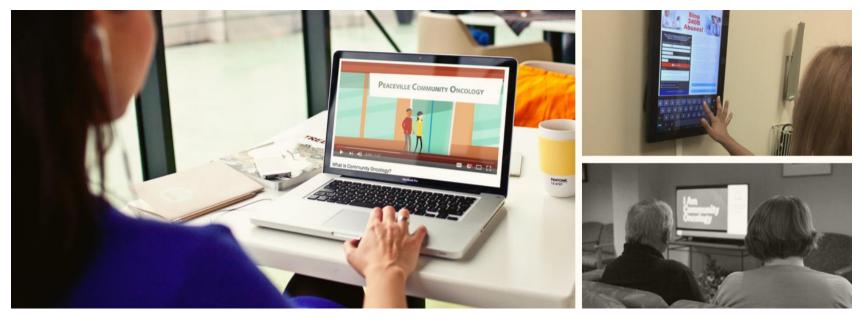
2 Launched COA Fellows Initiative



- Educating future generations of community oncologists
- Hosted interactive educational events & dinners across country
- Includes job board for practices & grants for fellows to attend COA events



Launched I Am Community Oncology Campaign



- Educate, engage, and activate public on value of community oncology
- Developing educational resources (waiting room materials, videos, web content), hosting local events, and more
- Highlight: COA TV waiting room network. Now live in 240+ practice locations with 1,000+ providers in 27+ states!



Concology Conference Ever



- Nearly 1,300 attendees joined us in 2017
- Join us this year, outside of DC on April 12-13, 2018 <u>www.COAConference.com</u>



Puerto Rico Patient Assistance Fund



- Over \$500,000 raised to aid patients with treatment and transportation
- Thanks to BMS, BI, Celgene, Foundation Medicine, Merck, Tesaro, and ASCO!!!





- Ted Okon
 - Executive Director
 - Community Oncology Alliance (COA)
 - Cell: (203) 715-0300
 - Email: tokon@COAcancer.org
 - Web: www.CommunityOncology.org
 - Twitter: @TedOkonCOA

