



## **NCCN Holds Eighth Annual State Oncology Society Forum**

*James McCanney, JD, Senior Specialist, Payer & Employer Outreach, NCCN*

*Kara Martin, MPH, Policy & Advocacy Fellow, NCCN*

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### **Welcome and Introductions**

Samuel M. Silver, MD, PhD, MACP, FASCO, Professor of Internal Medicine and Assistant Dean for Research, University of Michigan Medical School, Chairman Emeritus and current member of the NCCN Board of Directors, welcomed the attendees and emphasized the importance of community oncologists coming together to discuss the current state of oncology collectively from their unique perspective.

### **NCCN Update**

C. Lyn Fitzgerald, MJ, Senior Vice President, U.S. & Global Development, NCCN, provided an NCCN overview, with particular focus on highlights from 2018, strategic priorities for 2019, and an overview of the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) and derivative products such as Categories of Preference, NCCN Guidelines® with NCCN Evidence Blocks™, the NCCN Drugs & Biologics Compendium (NCCN Compendium®), and the NCCN Chemotherapy Order Templates (NCCN Templates®). NCCN highlights from 2018 included publishing five new NCCN Guidelines®, gaining a new member institution, the Abramson Cancer Center at the University of Pennsylvania, Philadelphia, PA, and welcoming NCCN's first chief medical officer, Dr. Wui-Jin Koh. Strategic priorities projected for 2019 were the launch of new pediatric guidelines, implementation of NCCN's updated strategic plan, and the addition of "improving and facilitating accessible cancer care" to NCCN's mission statement.

### **Use of NCCN Content for Utilization Management and Value Based Contracting**

Bhuvana Sagar, MD, National Medical Executive, Cigna Health Care, discussed the tools that Cigna utilizes to address delays in prior authorization and promote evidence- and value-based care to improve patient outcomes. Cigna uses the NCCN Guidelines® and Compendium® to guide their coverage decisions and has integrated NCCN content into eviCore to automate part of the utilization management process. The use of NCCN content has helped Cigna drive affordability and maintain quality, specifically by speeding up the turnaround time for authorizations.

Stephen Hamilton, MD, Senior Medical Director, Medical Oncology, eviCore Healthcare, also highlighted the importance of evidence-based medicine in his overview of eviCore's utilization management tool. Two problems that eviCore aimed to address in the development of their algorithm were 1) the need to give prior authorization without requiring medical directors to view



every case for compliance and 2) increase the turnaround time for prior authorization to get patients started with therapy as soon as possible. Dr. Hamilton explained that the algorithm in eviCore's web-based portal allows authorizations to happen in under 10 minutes about 70% of the time as long as the requested regimen is NCCN-compliant. The remaining 30% covers peer to peer discussion for custom regimens or regimens that are not NCCN-compliant. Although some providers feel burdened by peer to peers, Dr. Hamilton pointed out that they can sometimes result in discovering areas of the NCCN Guidelines® that need clarification, which can then be passed on to NCCN as helpful feedback to consider when updating the guidelines.

Dr. Sagar and Dr. Hamilton addressed questions about the perceived increase of peer to peers, the approval rate of peer to peers, and the possibility for insurers to approve more comprehensive treatment plans from the time of diagnosis. They closed out their portion of the forum by discussing the possibility for providers to improve their utilization management processes by collaborating with NCCN to troubleshoot common regimen denials, filing requests with their EHR vendors to address issues with manual error, and including more supporting documentation with requests that stray from evidence-based guidelines.

### **Policy Perspectives**

Louis B. Jacques, MD, Senior Vice President & Chief Clinical Officer, ADVI, gave an overview of the Center for Medicare and Medicaid Services (CMS) proposed national coverage decision on CAR-T therapies. The decision was specifically for autologous CAR-T therapy for patients that have relapsed or have refractory disease in hospital inpatient or hospital associated outpatient settings. It involved mandatory data reporting of basic demographics and clinical milestones into a registry, which would then be compared with initial pivotal trial data. Dr. Jacques also outlined the specific CMS review questions, corresponding evidence, and recommendations, which included that CMS covers use of CAR-T therapy when supported by the NCCN Compendium® with a 1, 2A, or 2B Category of Evidence rating.

Mike Kolodziej, MD, FACP, Vice President and Chief Innovation Officer, ADVI, provided his perspective of how biosimilars will impact cancer care. He provided data from the Brookings Institute showing that drug spending has been buffered by entry of generics into the market and noted that the entry of biosimilars has not yet had the same effect. Biosimilars are not exact copies of the originator drug, therefore they must undergo studies to ensure clinically non-inferior safety and efficacy, which requires a significant amount of time and money.

Dr. Kolodziej addressed three specific policies that may promote biosimilar adoption by both government and commercial payers. 1) Step Therapy in Medicare Part B; 2) Point-of-Sale Rebates and PBM Service Fees; and 3) International Pricing Index (IPI) Model for Part B Drugs combined with CAP elements. He believes that each of these policies – along with others supported by the Trump administration – will promote the use of biosimilars. Challenges remain for expanded biosimilar adoption including physician acceptance and commercial payers, but it soon will become a clear opportunity for payers as a lower cost alternative.



## Best Practices and Perspectives from the Field

Mary Kay Makarewicz, Executive Director, Michigan Society of Hematology & Oncology, talked about Michigan's leadership training and certification course for administrators and managers, titled "Certified Medical Office Manager specializing in Hematology & Oncology (CMOM-HEMONC)". The goal of this certification program is to develop the manager's knowledge, skills, and experience to successfully manage the constantly changing landscape of the healthcare industry. Expertise gained in this program can protect providers from risks, motivate employees, and improve the oncology practice's financial outlook. Additionally, the program allows managers to take charge of administrative issues so that providers can focus on quality patient care.

The CMOM-HEMONC certification demonstrates to providers, auditors, compliance officers, employers and business associates that managers have achieved advanced knowledge and skills to succeed in an oncology practice management role. The curriculum has six modules, including practice management, personnel management, financial management, compliance requirements, managed care delivery system, and business of oncology. Ms. Makarewicz reviewed other course details such as class size, program length, required qualifications, and notified SOSF members of the next upcoming course date.

Chuck Miller, MD, FACP, Hawaii Society of Clinical Oncology, reviewed the Our Care, Our Choice Act, which allows medical aid in dying (MAID) in Hawaii. More specifically, it allows terminally ill patients to request a prescription to end their lives and ensures no legal or disciplinary action against providers who fulfill all of the statutory requirements of the law. Dr. Miller outlined the key details of the law concerning requirements for both patients and providers.

After reviewing the Our Care, Our Choice Act, Dr. Miller highlighted some challenges around the issue. The increasing number of elderly Americans, structural barriers in access to care, lack of equity in palliative care availability, and the fragmentation of our health care system are all at play in the discussion around MAID. Dr. Miller implored stakeholders to remember the benefits of MAID, especially for patients with cancer, who make up 75-80% of MAID cases. According to Dr. Miller's research, MAID works as intended; provides comfort, compassion, and respect; reduces terminal suffering; and allows people to make decisions about their quality of life during end of life care.

Wrapping up the Best Practices portion of the Forum, Mary Beth Seegars, MD, North Carolina Oncology Association (NCOA), provided an update of the NCOA Hematology and Oncology Fellows' Program, which Dr. Jimmy Ruiz introduced to SOSF attendees in 2018. The program is intended to engage fellows in NCOA; foster clinical and nonclinical habits; develop local, regional, and national leaders; foster collaboration between North Carolina institutions; increase state retention of hematologists/oncologists training in North Carolina; and emphasize the importance of refining research skills in training. Dr. Seegars participated in the program for two years during her fellowship, and found the contract negotiation talks, perspectives from various practice settings, education on health policy, and research collaboration to be extremely



valuable. She concluded her presentation by highlighting future goals of the NCOA Fellows' Program, such as strengthening fellow participation and expanding the program to more specialties.

### **About the State Oncology Society Forum**

In recognition of the essential role of community oncologists and their representative state oncology societies in advancing the quality of cancer care, NCCN provides a forum for open dialogue, an exchange of best practices, and the identification of areas for collaboration. Fundamental to the success of this program are the shared core values of the state oncology societies and NCCN, which is to improve the lives of patients with cancer.

NCCN provides State Oncology Societies with access to NCCN Content and reports on updates therein. The next State Oncology Society Forum will be held in conjunction with the NCCN 2020 Virtual Annual Conference in March 2020. For more information about the NCCN State Oncology Society Forum, visit [NCCN.org](https://www.nccn.org).

For More 24<sup>th</sup> Annual Conference coverage, visit [NCCN.org/news](https://www.nccn.org/news).