



NCCN Holds Ninth Annual State Oncology Society Forum

Kara Martin, MPH, Policy & Advocacy Fellow, NCCN

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Welcome and Introductions

Samuel M. Silver, MD, PhD, MACP, FRCP, 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 collectively discuss the current state of oncology from their unique perspectives.

NCCN Strategic Priorities and Achievements

Robert W. Carlson, MD, Chief Executive Officer, NCCN, provided an NCCN update with particular focus on highlights from 2019 and strategic priorities for 2020. Dr. Carlson also provided 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 2019 included publishing four new NCCN Guidelines®, publishing two new NCCN Patient Guidelines®, launching the NCCN Guidelines® Mobile App, and increasing the number of annual legislative and regulatory engagements from 27 in 2018 to 49 in 2019. Strategic priorities projected for 2020 were to continue providing timely and relevant guidelines and content; enhance the visibility and impact of NCCN across the oncology ecosystem; and promote risk reduction, prevention, and treatment strategies for patients with cancer amid the COVID-19 pandemic.

Best Practices and Perspectives from the Field

Dawn Holcombe, MBA, FACMPE, Executive Director, Connecticut Oncology Association, presented on building new population management standards with local employers through networks of excellence. The Connecticut Move to Value Alliance is an ad-hoc employer group that aims to redefine how health care delivery is contracted in the state of Connecticut as direct contracts with employers. Ms. Holcombe became involved with this alliance in September 2019, about a year after its first conference in December 2018, and was asked to co-lead its contracting initiatives for breast and prostate cancer.

The ultimate goal of the alliance's Network of Excellence Strategy Team was to lead cancer population management and related strategies in Connecticut. They began by researching and analyzing Connecticut's market data and oncology profile; creating a Cancer Forum for interested parties; and inviting site of care and diverse specialties to the breast and prostate cancer teams to contribute to contract development. They keep employers and patients at the



center of conversations, as they are the ones paying for the care. Key recommendations for replicating this initiative in other states included conducting internal and external review of resources, leadership, performance gaps, and patient experience; redefining proactive patient management by committing, measuring, documenting, and sharing results; setting the bar in the local market and leveraging with employer and business coalitions; and building pilots.

The second and final presentation on best practices focused on methods for building successful state societies in a variety of settings. Speakers included Patricia Troy, M.Ed., CASE, IOM, CAE, Director, Maryland/DC Society of Clinical Oncology; Mary Jo Richards, Senior Consultant and Director of Society Initiatives, Hem/Onc, Society Services, a division of Next Wave Group, LLC; and Carol Christner, MSA, CAE, Executive Director, Society of Utah Medical Oncologists and Illinois Medical Oncology Society. Ms. Troy, Ms. Richards, and Ms. Christner are each associated with the Next Wave Group Hem/Onc Society Services (HOSS) Division, which is responsible for managing seven of the forty-six state oncology societies.

Ms. Troy reviewed the defining factors of state society success, internal and external variables that impact state societies, and six systems for effective organizations. She also reflected on what she considers to have the biggest influence on state society success: population density. Key recommendations for state society success included – but were not limited to – having a strong board, following best practices; growing corporate funding; making member service a priority; having a modern website with responsive design; utilizing multiple forms communication; and hosting enticing programs.

Ms. Richards discussed *Strategies*, the monthly, digital publication shared with HOSS member state societies that provides key reimbursement information for the practice of oncology. *Strategies* content is professionally curated from a variety of reliable and documented sources, including FDA, CMS, Medicare Administrative Contractors, private payers, and national organizations. Each HOSS state society also submits information about events, advocacy, and other relevant issues each month.

Ms. Christner provided a list of opportunities corporate members seek when sponsoring a HOSS state society: the opportunity to ensure that patients have access to prescribed treatments; to interact with healthcare professionals; to raise brand awareness and gain exhibit opportunities; to share resources, product information, and pipeline research; to provide high-level educational programming; and to collaborate on legislation.

Policy Perspective: Emerging Value Based Models in Oncology

Lara Strawbridge, MPH, Director, Division of Ambulatory Payment Models, Center for Medicare & Medicaid Innovation (CMMI), presented on CMMI's emerging value-based oncology models: the Oncology Care Model (OCM), the Oncology Care First (OCF) Model, and the Radiation Oncology (RO) Model. The goal for each of these initiatives is to improve the quality of care for beneficiaries and lower the total Medicare costs for an episode of care.

OCM is a five-year model (2016-2021) to test innovative payment strategies that promote high-quality and high-value cancer care for nearly all cancer types. It entails real-time monthly payments that pay for enhanced services for beneficiaries combined with usual Medicare FFS



payments, with the potential for a retrospective performance-based payment based on quality and savings. About 139 practices providing Medicare FFS chemotherapy-related cancer care and 10 commercial payers are participating. CMML is exploring a future oncology payment and service delivery model that builds on the lessons learned to date in OCM, which is anticipated to be a voluntary, five-year model distinct from the existing OCM.

The proposed RO Model would test whether prospective episode-based payments for radiation therapy services would reduce Medicare program expenditures and preserve or enhance quality of care for Medicare beneficiaries. It entails prospective, site-neutral episode payment for radiation therapy services for 17 cancer types with an annual retrospective payment reconciliation. Bundled payments would be nationally based, trended to performance year dollars; adjusted based on participant experience and case mix; triggered by provision of the treatment planning service; modality-agnostic; and split into professional and technical component payments.

Use of NCCN Content to Support Efficient, Effective Prior Authorization

Karen Amezcua, Senior Director of Provider Contracting, Blue Cross and Blue Shield of Minnesota and Paul Thurmes, MD, Executive Vice President and Medical Director, The US Oncology Network/Minnesota Oncology (MNO), co-presented about the five-year partnership between their respective organizations, which aims to enable and drive access to high value care through comprehensive care collaboration.

Ms. Amezcua discussed that during the five-year partnership, Blue Cross will require 50% of provider payments be tied to risk-based measures through a variety of initiatives. Large care systems who accept risk-based models will benefit by gaining administrative simplification and preferred network placement, and providers unwilling to accept risk-based models will receive a traditional health plan approach and increased administrative oversight. Blue Cross also commits to leverage MNO's existing processes to ensure adherence to evidence-based medicine; invest in a dedicated physician to build out a Blue Cross dedicated palliative care model; expand the value-based care model that supports a Cancer Care Center of Excellence; provide preferred network placement and promotion; and hold regular meetings to discuss strategic, clinical, and operational opportunities.

Dr. Thurmes reviewed the Minnesota Oncology Pathways Program and oversight process, which evolved significantly between 2005-2019. Notably, in 2013, the US Oncology Value Pathways powered by NCCN were embedded into MNO's electronic medical record system. Embedded value pathways help MNO to provide high-quality, cost-effective, and value-based patient care by reducing treatment variability, hospitalizations, and excessive care at the end of life. They also support research by promoting clinical trials and incorporating all biomarkers relevant to treatment decision making. The pathways are shaped by the US Oncology Pathways Task Force, which meets monthly and includes up to three NCCN Panel members per disease. Dr. Thurmes then described the detailed oversight workflow and further emphasized its benefits: addressing variation in treatment plans; enabling high-quality patient care; and employing utilization management strategies without the need for a costly third-party prior authorization vendor.



Kjel Johnson, PharmD, Vice President of Specialty Strategy and Client Solutions, CVS Health, provided an overview of the CVS Health's Transform Oncology Program, which aims to provide (1) the best treatment and therapy, faster; (2) the best quality at a lower cost; and (3) the best experience for the patient. To provide the best treatment and therapy, faster, CVS Health uses real-time prior authorization integrated with NCCN regimen guidelines for tighter utilization management; broad-panel gene sequencing for a more complete, precise patient profile; and clinical trial recommendations for increased access to innovative therapies. To provide the best quality at a lower cost, CVS Health uses value-based provider contracts and optimizes site of care. CVS Health also promotes proactive patient support to manage risks, reduce emergency room visits, and provide the best experience for the patient.

Michael Kolodziej, MD, FACP, Vice President and Chief Innovation Officer, ADVI, facilitated a brief panel discussion with Ms. Amezcua, Dr. Thurmes, and Dr. Johnson to round out the session on the use of NCCN Content to Support Efficient, Effective Prior Authorization. Alyssa Schatz, MSW, Senior Director, Policy and Advocacy, NCCN, thanked speakers and attendees for their participation, informed attendees of upcoming NCCN resources and events, and provided closing comments.

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 an annual 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 2021 Virtual Annual Conference in March 2021. For more information about the NCCN State Oncology Society Forum, visit [NCCN.org](https://www.nccn.org).

For more coverage from the NCCN 2020 Virtual Annual Conference, visit [NCCN.org/news](https://www.nccn.org/news).