March 1, 2019

The Honorable Lamar Alexander
Chairman of the Committee on Health, Education, Labor & Pensions
United States Senate
Washington, DC 20510-6300

RE: Request for Legislative, Regulatory, or Sub-Regulatory Solutions to Rising Health Care Costs.

Dear Chairman Alexander:

The National Comprehensive Cancer Network® (NCCN®) is pleased to provide feedback on legislative and regulatory solutions to rising health care costs as it relates to NCCN’s mission of improving and facilitating, quality, effective, efficient, and accessible cancer care. NCCN applauds the HELP Committee’s efforts to address rising health care costs in the health system. NCCN also thanks the Chairman for providing an opportunity for leading policy experts, including economists, providers, patients, hospital administrators, state regulators, legislators, and health care innovators, to participate in this discussion.

As an alliance of 28 leading academic cancer centers in the United States that treat hundreds of thousands of patients with cancer annually, NCCN is a developer of authoritative information regarding cancer prevention, screening, diagnosis, treatment, and supportive care that is widely used by clinical professionals and payers alike. The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) are a comprehensive set of guidelines detailing the sequential management decisions and interventions that currently apply to 97 percent of cancers affecting patients in the United States.

Since 2008, CMS has recognized the NCCN Drugs & Biologics Compendium (NCCN Compendium®) as a mandated reference for establishment of coverage policy and coverage decisions regarding the use of drugs and biologies in cancer care. The NCCN Guidelines are transparent, continuously updated, available free of charge online for non-commercial use and through a multitude of HIT vendors, and NCCN Guidelines and Library of Compendia products are utilized by commercial payers that represent more than 85 percent of covered lives in the United States. NCCN is grateful for the opportunity to provide comment to the Committee and will focus our recommendations on policies that will have the most immediate impact on reducing health care costs and preserving patient access to evidence-based, high-quality care.
Health Care Expenditures can be Lowered Through Adherence to Clinical Practice Guidelines and Pathways

NCCN appreciates the concerns raised by the Chairman during his series of hearings on healthcare costs in the Senate Committee on Health, Education, Labor & Pensions. NCCN supports the Committee’s search for legislative and regulatory solutions that reduce unnecessary health care services and duplicative reporting requirements. As mentioned during the Committee’s July 2018 hearing, unnecessary healthcare tests, services, procedures, and prescription drugs cost the American taxpayer an excess of $1.8 trillion a year. As the overall mortality rates for cancer drop, oncology has been at the center of the cost discussion; producing high-level debate on how to pay for the innovative therapies that save the lives of cancer patients.

In response to cost issues, regulatory agencies have proposed prior authorization and step therapy solutions to reduce the chances for unnecessary service utilization. While we appreciate the objective of these proposals, NCCN and its clinical partners believe that prior authorization and step therapy as currently implemented delay patient access to innovation and increase provider burden. NCCN believes the optimal way to lower healthcare expenditure while safeguarding clinically appropriate patient access, and finite provider resources, is through the adoption of evidence-based prior authorization models that require adherence to proven professional guidelines in treatment decisions. Recently NCCN and its clinical partners have shown such adherence can lead to appreciable budget savings in both total and episodic costs of care.

A peer-reviewed, published study by UnitedHealthcare, eviCore and NCCN entitled “Transforming Prior Authorization to Decision Support” demonstrated mandatory adherence to NCCN Guidelines and NCCN Compendium significantly reduced total and episodic costs of care. In Florida, UnitedHealthcare adopted an integrated prior authorization tool using NCCN real-time decision support over a one-year period and explored 4,272 eligible cases; only 42 denials occurred. Specifically, the study found that adding decision support to prior authorization reduced denials from 4 to 1 percent. When compared to UnitedHealthcare’s cancer drug costs nationwide, the study found that mere adherence to NCCN Guidelines and Compendium reduced chemotherapy drug cost trends by 20 percent; a savings of $5.3 million for the State of Florida. Administrative burden was also reduced through the integration of the decision-making tool as the majority of prior authorization requests were approved immediately; the remaining requests were approved within 24 hours. ¹

This model ensures access to high-quality, evidence-based cancer care, significantly reduces overall and episodic drug spend, and minimizes administrative burden on

providers. The same model has been expanded through the NCCN – eviCore partnership to several additional national and regional private payers. Both NCCN and eviCore support the notion that mandating such attestation in the Medicare fee for service and Advantage populations could lead to appreciably more savings than UnitedHealthcare experienced its own commercial and Medicaid populations. The model can be used in other medical specialties and eviCore and CVS Health NovoLogix are working in more than the oncology therapeutic area.

**Adherence to Clinical Guidelines Improves Health Outcomes**

Duplicative and unnecessary services lead to waste within the system as well as inferior health outcomes for patients. Numerous independent studies have proven that adherence to NCCN Guideline Concordant care changes care delivery and improves outcomes for patients. Impacts proven through concordance with our Guidelines include: improved rates of survival for colon cancer, ovarian cancer, gastric cancer, Nasopharyngeal cancer, and pancreatic cancer; decreased locoregional recurrence of melanoma; and improved pain control. These studies underscore the importance of improving dissemination of the guidelines and their implementation and uptake in practice.

To share the effectiveness of the decision support model and the value of concordance to NCCN Guidelines, senior leaders from NCCN, UnitedHealthcare, and eviCore met with CMS on January 9th. The meeting was productive and well attended by CMS leadership including the CMO of CMMI, the CMO of the Center for Medicare, two Senior Advisors to Administrator Seema Verma, and several Deputy Directors within CMS. We strongly encourage the Senate HELP Committee to consider this model for broader implementation, along with appropriate safeguards for patient access, to reduce health care costs while protecting innovation.

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4 Bristow, et al., Journal of the National Cancer Institute 2013 105(11):823-832; doi: 10.1093/jnci/djt065  


7 Schwam et al., Clinical Oncology 2016 28(6):402-409; doi: 10.1016/j.jpainsymman  
NCCN appreciates the opportunity to respond to the Chairman’s request for legislative, regulatory, or sub-regulatory solutions to rising health care costs. We welcome the opportunity to discuss our comments further with the Senate Committee on Health, Education, Labor & Pensions and work more closely with the Committee to ensure beneficiary timely access to high quality cancer care.

Sincerely,

[Signature]

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