



FREQUENTLY ASKED QUESTIONS

Community Oncology Alliance

What is the Community Oncology Alliance (COA)?

COA is the only non-profit organization dedicated solely to community oncology. In addition to advocating on Capitol Hill and beyond for community oncology, COA is committed to helping community oncology practices navigate these difficult times. This includes advocacy and networking practices, as well as providing authoritative, timely information on a variety of topics critical to community oncology.

How is COA governed?

COA is a non-profit, 501(c)(6) organization governed by the Executive Committee who reports to a Board of Directors comprised of representatives from community oncology. The Executive Director oversees implementation of the COA strategic plan.

How is COA funded?

COA is funded by the membership contributions of community oncology practices. Additionally, COA has corporate members including pharmaceutical and distribution companies. COA maintains a strict policy of independence from commercial influences, such as those related to specific companies, products, or services. A mission of fostering and protecting the quality, affordability, and accessibility of cancer care for all Americans governs every COA policy and endeavor. Funds are used for education, projects, advocacy, staffing, and to maintain an office in Washington, DC.

What are COA's current activities?

Among other initiatives on behalf of community oncology, COA:

- Is undertaking the most comprehensive study ever developed to identify and quantify all of the Components of Care required to deliver quality cancer care.
- Has launched major advocacy, public relations, and patient-centric initiatives in early 2009. This is critical, as the new Administration and Congress tackle comprehensive, landmark healthcare reform in 2009, including how Medicare pays physicians for services.
- Is developing a thorough review of the issues unique to oral oncolytics that influence prescribing decisions and the challenges that ultimately may lead to a discrepancy in access to oral versus intravenous (IV) oncolytics.
- Is proposing a Quality Cancer Care Demonstration Project to address the issue of revising the current system to enable payment for cancer care.

Additionally, COA has launched the Administrators' Network, which was developed by community oncology practice administrators to facilitate communications and information exchange among practices. This and other COA initiatives are aimed at unifying and strengthening community

oncology, which will be essential in advancing the cause of community oncology in 2009 and beyond.

What is the overall agenda of COA for 2009?

- Advancing legislative recommendations that are advantageous to community oncology.
- Collecting data to explain and define the complexity and increasing expenses of delivering modern-day cancer care. This accomplished through several initiatives including the Components of Cancer Care Study. Community oncology has never had access to this type of comprehensive data proving the value of the services it provides.
- Address and provide guidance about oral oncolytics
- Advocating for new public policy and negotiating with private payers.
- Actively working with other organizations that support community oncology.
- Building the political strength of community oncology in Washington, DC. helping practices enhance their outreach to their Members of Congress in the grassroots.

Additionally, COA has the only political action committee (COA PAC) dedicated to independent oncology.

What is the specific public policy agenda for 2009?

Community oncology has worked to provide specific solutions to evolving the payment system. H.R. 1392 and S. 1221 are identical bills that address problems related to drug reimbursement shortfalls. H.R. 3675 is a national demonstration project developed by oncologists and policy makers to transform the healthcare payment system.

H.R. 1392 and S. 1221 are bills that eliminate prompt payment discounts from the calculation of Average Sales Price (ASP). Prompt payment discounts from the manufacturer to the distributor are not passed on to community cancer clinics. However, inclusion of these prompt pay discounts artificially reduces all drug reimbursement rates based on ASP.

Fixing the prompt pay problem is specific to drug reimbursement and only addresses the tip of the iceberg regarding reimbursement for drugs and essential cancer care services. As such, COA is actively involved in several other areas of public policy.

The National Quality Cancer Care Demonstration Project Act of 2009 (H.R. 3675) is a landmark, national initiative intended to enhance the quality of cancer care, focused on seniors covered by Medicare (approximately 45% of cancer patients are Medicare beneficiaries), while also controlling costs. This is a very important initiative as the Congress and Administration embark on serious healthcare reform.

COA is advocating for appropriate payment for services that are essential components of cancer care via these projects and other efforts. COA will rely on the results of its Components of Care Study to support that Medicare does not appropriately reimburse essential components of cancer care.

What has COA done since its launch in 2003 on behalf of community cancer care?

COA was instrumental in fighting for significant reimbursement increases as part of the MMA. Some involved in crafting the MMA were intent on reducing Medicare drug reimbursement to ASP + 2-3% and only increasing services reimbursement by \$150 million. COA provided data and successfully fought to get this increased to ASP + 6% and over \$550 million in services reimbursement.

COA secured additional Medicare funding for services in 2005 in the form of a \$300 million demonstration project and the 2006 demonstration project. COA is currently working on permanent legislative solutions to key problems associated with Medicare drug and services reimbursement.

COA has awakened the consciousness of community oncologists about the importance of reaching out and interacting with Members of Congress. Community practices all across the country are now forming relationships with their Members of Congress and have hosted Members in their practices to see cancer care through the eyes of a cancer patient.

What resources does COA have to fight for community oncology?

Individuals from the cancer care delivery team - oncologists, hematologists, pharmacists, mid-level providers, oncology nurses and survivors - volunteer their time on a regular basis to govern COA and serve on committees that ensure COA is serving the interests of community oncology at large. COA retains full-time and consultative staff to manage COA and provide services to both community and corporate members, as well as to lobby the Congress and the current Administration.

COA empowers community oncology practices nationwide to advocate on behalf of the patients for whom they care. This grassroots approach empowers an ongoing lobbying campaign in Washington, DC. It also provides an avenue to educate community oncologists to advocate on behalf of themselves with private payers and to engage in beneficial communications with fellow community oncologists.