



*Innovating and Advocating for Community Cancer Care*



# ***2016 Community Oncology Conference Loews Royal Pacific Resort Orlando, Florida April 14 & 15, 2016***

**Cancer Care Advocacy 2016: CPAN Goals & Objectives**  
Rose Gerber, Director of Patient Advocacy & Education



We support the cure and



***Advocate for the Care***

[www.COMMUNITYONCOLOGY.ORG](http://www.COMMUNITYONCOLOGY.ORG) | [www.COADVOCACY.org](http://www.COADVOCACY.org)

# CPAN's Two Goals Going Forward

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- Further develop CPAN into a widely recognized patient advocacy organization focused on the CARE of cancer –an important distinction from most organizations focused on the CURE.
- Working on multiple fronts to develop the CARE message for CPAN. Similar to ACS's focus on the CURE
- Increase our advocates across the U.S. – to mobilize around specific issues – for example, the recent Medicare cancer experiment.
- Unify our CPAN chapters



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# What are your objectives for attending the 2016 patient advocacy program track?

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*I would like to be prepared in the best way possible to advocate and network on behalf of CPAN. In order to do this, hearing first-hand the current information, plans, projects and goals shared during the 2016 Conference would be most beneficial.*

*Conference attendees, in turn, summarize and pass this information along to local chapter members during the meeting following the Conference. I feel strongly about the care I received from the and want to see other patients to be able to benefit from this center and others like it.*

*I am on oral chemotherapy and see the benefits of not having significant side effects as well as the time that would be spent in an infusion center.*

*My objective for attending is to become a better advocate for others. Through my cancer team, I have been able to work with a dietician, get introduced to other advocacy groups in my area, and embrace the concept of "Community Care". –*

*I totally believe in the community based practice and what it has to offer individual patients! I want to support their practice as well as similar practices at the state and national level.*

*Although not a survivor myself, I work with survivors on a daily basis. I want to learn what other nurses are doing across the country as well.*



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# What are your objectives for attending the 2016 patient advocacy program track?

*To learn more about CPAN and join the fight to save community private owned oncology practices. The family feel that is expressed to all their patients is very important. The care of each patient and the non-commercial feel of therapy given by the staff. I am the voice....as a current patient, all surviving modes are important and the group that I belong to make the process a little easier and reassuring that I will receive the absolute best care as I work on just healing.*

*In the first meeting, I began to understand that the fight needs to be consistent and the law makers need to know from our stand point just how important the community physicians are. They ensure that healing is first and foremost and really know their patients and all of their needs. That's very comforting not only for the patient but for the family members and friends as well. The community physician sets their rules of making sure that the patients receive the very best care and that is so important in the healing process. They need to stand alone to continue to be that support system for their patients.*

*Learn as much as I can about vital issues facing the  
Community based Cancer Treatment Centers*

*To learn what the obstacles are for  
providing cancer care in a community  
setting -- Obstacles for the practices,  
and how they affect patients*



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# 10 Educational Advocacy Sessions

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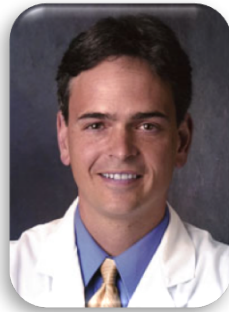
- Cancer Care Advocacy 2016: CPAN Goals & Objectives
- Update from Capitol Hill: How National Policy Affects Your Local Cancer Care
- Understanding Community Cancer Care: Importance of the “Care” & Advocating for it
- The Oncology Medical Home: Oncologists & RN’s Discuss How Patient Care is Enhanced
- Your Cancer Treatment: What to Expect from the Latest Advancements
- CPAN at the State & Practice Level: 2015 & 2016 Initiatives
- Support for the Financial & Other Costs of Cancer
- Oral Cancer Drugs: Advances & Issues for Patients
- Being an Effective Advocate: Ideas & Role Playing
- Extending the Reach & Effectiveness of Advocacy



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# Nationally Recognized Advocacy Speakers Include

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# About the Community Oncology Alliance

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**The Community Oncology Alliance (COA)** is a non-profit organization dedicated to advocating for community oncology practices and, most importantly, the patients they serve. COA is the only organization dedicated solely to community oncology where close to 70% of Americans with cancer are treated.

The mission of COA is to ensure that cancer patients receive quality, affordable, and accessible cancer care in their own communities. More than 1.5 million people in the United States are diagnosed with cancer each year and deaths from the disease have been steadily declining due to earlier detection, diagnosis, and treatment.

Learn more about the Community Oncology Alliance at  
[www.CommunityOncology.org](http://www.CommunityOncology.org).



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# National Oncology Issues That Impact Patient Care

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- **Cancer Clinic Consolidation:** Since 2008, 1,447 clinics/practices have been impacted as follows
  - 313 Clinics Closed. 395 Practices Struggling Financially
  - 46 Practices Sending Patients Elsewhere
  - 544 Practices Acquired by Hospitals. 149 Practices Merged or Acquired

*Source: COA 2014 Impact Report*

- **Oral Parity**
  - 40 states have enacted oral chemotherapy access laws
- **Chemotherapy Costs in Different Sites of Care**
  - Patients receiving chemotherapy in a hospital outpatient department costs on average 24 percent more than treatment received in a physician's office

*Source: Avalere Study, March 2012*

Updated 5/20/15



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# COA Legislative Priorities

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- Medicare Experiment on Cancer Care
- H.R 1934
- Site Neutrality
- Prompts Pay
- Oncology Payment Reform: Expanding the Oncology Medical Home Model.



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# About Your Fellow Advocates

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Cancer Survivors: Breast, Colon, Leukemia, Non Hodgkin's Lymphoma, Lung Cancer, Melanoma, Multiple Myeloma, Rectal, Prostate and Testicular cancer

Professional Caregivers

Oncologists, Nurses, Cancer Center Practice Administrators, members of the pharmaceutical industry, media representatives

Family members

First time attendees. Returning Attendees



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# Our Existing CPAN Chapters

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Augusta Oncology – 2 Locations  
Augusta, Georgia



Broome Oncology – 2 Locations  
Binghamton, New York



Florida Cancer Specialists – 91 Locations  
Largo, Florida



Northwest Georgia Oncology Center (NGOC) - 9 Locations  
Marietta, Georgia



NSHOA Cancer Center – 14 Locations  
East Setauket, New York



Oncology Specialists of Charlotte – 2 Locations  
Charlotte, North Carolina



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# Our Next CPAN Chapter Launch

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Robert Baird  
Chief Executive Officer



Jill Reese, RN, BSN, OCN

**Dayton Physicians Network**  
Centerville, OH  
May 19, 2016  
CPAN Chapter Launch Event

## **Key Legislative States**

- Michigan
- Ohio
- Oregon
- Pennsylvania
- Texas
- Utah



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# CPAN's National Expansion

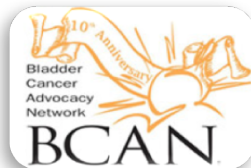
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- 34 states with community oncology practices
- 10 practices in key states: Michigan, Ohio, Oregon, Pennsylvania, Texas and Utah
- 10 of these community oncology practices are also Oncology Medical Homes
- 13 of these practices are also COPA (Community Oncology Pharmacy Association members)..

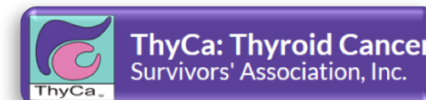


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# National Patient Advocacy Organizations



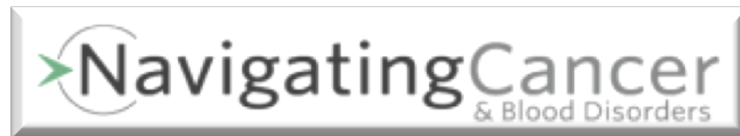
Kidney Cancer Association



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# CPAN is Now Established and Recognized in the National Patient Advocacy Community

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# COA Corporate Members



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# CPAN Advocates in Action

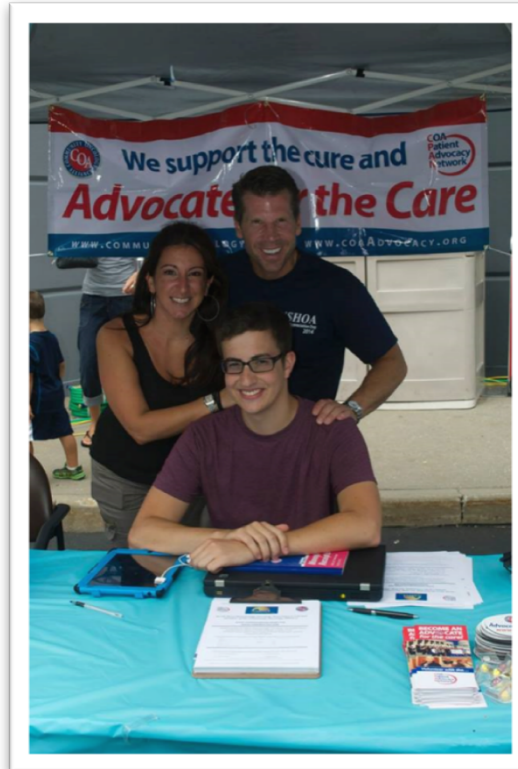
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# CPAN Advocates in Action

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# National Call to Action



March 2016

## Patient Advocacy Director's Report

Our year is off to a great start with our key event, the Community Oncology Alliance patient advocacy conference program just weeks away.

We are also fired up about our patient advocacy plans to **STOP the Medicare Cancer Experiment on Cancer Care**. We need your help!

Scroll down to the Advocacy Action Item and Conference News Section to learn more.



## We **NEED** YOU Now



## Advocacy Action Item

When over 300 cancer advocacy organizations react negatively to the proposed Center for Medicare and Medicaid Services (CMS) rule, you know it's time to take action. Earlier this month, CMS proposed a rule that would implement a new Medicare Part B Prescription Drug Model. *Stay with me on this as it can be complex; payment and delivery system reforms and clinical pathways always are. I want to make it simple.* Medicare, the nation's largest insurer and provider for many seniors with cancer, who are often the oldest and sickest patients, wants to interfere with the doctor/patient relationship and treatment guidelines.

Cancer survivors are living longer. I am approaching my 13<sup>th</sup> year of cancer survivorship, and as a survivor, I value the relationships that I maintain with my doctors. Though I am not in the Medicare age range, I hope to get there. This is an issue that could eventually affect all cancer patients, newly diagnosed, survivors, and those who will be diagnosed in the future. CMS's proposal could affect a cancer patient's oncologist from providing the personalized care required. We are not okay with that.



To learn more about the Medicare Experiment on Cancer Care visit:  
[www.cancercare.com](http://www.cancercare.com) or simply call this number: 202-683-7977



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# Cancer Experiment / [www.cancerexperiment.com](http://www.cancerexperiment.com)

[Home](#) | [Resources for Patients/Advocates](#) | [Resources for Providers](#) | [Legislator Lookup](#)



## STOP the Medicare Experiment on Cancer Care!



**Let's deliver a simple message to Congress: HELP STOP THE MEDICARE EXPERIMENT ON CANCER CARE!**

At the request of cancer care patients, survivors, advocates, providers and practices, we are offering these resources to make getting involved in stopping this misguided Medicare experiment as easy as possible.

If you are a **PATIENT** or **ADVOCATE**, Click [HERE](#) for Resources.

If you are a **CANCER CARE PROVIDER**, Click [HERE](#) for Resources.

Contact Congress TODAY. Use the messages we have provided or write your own!



Email Congress!

Mr.  Full Name\*

Email (jsmith@mail.com)\*

Mobile Phone\*

Home Address (123 Any St)\*

Zip Code\*

 Send Email

Dear Official,

I am writing to express strong opposition to the Medicare experiment on cancer care. This experiment will radically change the way we fight cancer in America and must be stopped. I am asking you to stand up for cancer patients and their doctors and **HELP US STOP THE MEDICARE EXPERIMENT ON CANCER CARE!**

Thank you, Your Name

☒ Send me emails about this campaign

### Latest Coverage

[The Daily Rise: CMS Medicare Part B Drug Payment Model: What Does It Mean for Seniors?](#)

[300+ National & State Organizations Ask Congress: Stop the CMS Drug Payment Proposal!](#)

[Drug Channels: Why CMS's Crazy Plan to Remake Medicare Part B Won't Work](#)

[PhRMA - The Catalyst: 3 things to know about the government's Medicare payment change](#)

[COA Letter on Medicare Part B Drug Payment Model](#)

[NY Times: Groups Scrutinize White House Plan to Cut Drug Costs in Medicare](#)



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# Advocacy through National Media



## Medicare's Flawed Part B Drug Experiment Could Harm Patients

ROSE GERBER | APRIL 12, 2016

Some of the most common health conditions affecting seniors today remain some of the most complicated to treat. While advances in medicine have given us greater understanding about cancers, and conditions like macular degeneration, hypertension, rheumatoid arthritis, and primary immunodeficiency diseases, effectively managing these illnesses and their symptoms often requires a significant amount of trial and error.

Even though physicians know which medications and treatments typically offer the best outcomes for any given disease, the reality is that patients respond differently. What worked for one might, unpredictably, fail for another. The best hope for patients is the flexibility to change course when appropriate, and ready access to the prescription drugs and biologics developed to combat these complicated conditions.

Unfortunately, access to these lifesaving therapies could soon suffer at the hands of a Centers for Medicare & Medicaid Services's (CMS) initiative that focuses on costs rather than patients and health care quality. Last month, CMS released an ill-conceived proposal to test new payment models for Medicare Part B prescription drugs that many patients are concerned will negatively impact care.

I remain highly concerned that CMS's proposal uses a cookie-cutter approach that fails to recognize the individual patient needs of America's diverse Medicare population. Furthermore, by limiting access to prescription drugs and therapies, CMS is wedging itself between the patient and his or her physician – the only two individuals who should be making decisions about a patient's course of care.

For Medicare patients, the impacts of CMS's experiment could be dire. Reducing reimbursement to patients' physicians to the level proposed would make it impossible for many providers to offer the most clinically effective treatment options to patients – forcing patients



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# COA on Facebook

**Community Oncology Alliance**  
Medical & Health

2,950 people like this

Invite friends to like this Page

ABOUT >

1101 Pennsylvania Avenue NW Suite 700

Like us on Facebook

**Community Oncology Alliance**  
October 2 at 12:09pm · 🌐

Bo Gamble, COA Director of Strategic Practice Initiatives, is speaking today at the New Jersey Society of Oncology Managers. He is providing an update on the issues and legislation affecting cancer care.

**NJSOM**  
New Jersey Society of Oncology Managers

Like Comment Share

You and 9 others like this. Most Recent ·

Rose Gerber Way to go Bo Gamble!  
Unlike · Reply · 1 · October 5 at 9:21am

Write a comment...

**Community Oncology Alliance at Rayburn House Office Building**  
October 1 at 11:10am · 🌐

COA President Dr. Bruce Gould is testifying today at a legislative hearing held by the Energy & Commerce Subcommittee on Health for oncology payment reform bill HR 1934.

You can access materials on the hearing and watch a replay on the E&C website.

**Legislative Hearing Examining Potential Ways to Improve the Medicare Program | Energy & Commerce...**  
H.R. \_\_\_\_ To amend title XVIII of the Social Security...  
ENERGYCOMMERCE.HOUSE.GOV



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# COA on YouTube

OncologyCOA Subscribe 45

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Community Oncology Alliance on CMS cuts

Community Oncology Alliance on CMS cuts  
128 views 1 year ago  
Sequestration cut payments for cancer care drugs. Now the Centers for Medicare & Medicaid Services is cutting cancer care reimbursements even more. Stop the devastating cuts to cancer care. Take action at [www.CommunityOncology.org](http://www.CommunityOncology.org).

Popular channels

- BuzzFeedVideo
- FunToyzCollector
- Baby Big Mouth
- FamilyFunPack
- Ryan ToysReview
- BuzzFeedYellow

Uploads

Webinar: Study of 340B Program Growth & Impact on Oncology Marketplace  
5 days ago • 54 views  
Special Community Oncology Alliance webinar with Aaron Vandervelde from the Berkeley Research Group

Ann and Bill – An Ovarian Cancer Diagnosis – In Sickness and in Health  
6 months ago • 6 views  
Ann and Bill – An Ovarian Cancer Diagnosis – In Sickness and in Health brought to you by The

Nicole Gregory - The Chief Commercial Officer - What we do for our Patients  
6 months ago • 16 views  
Nicole Gregory - The Chief Commercial Officer - What we do for our Patients brought to you by The Community

Diana Youngs - Everyone the Patient Meets in Community Oncology has Compassion for  
6 months ago • 8 views  
Diana Youngs - Everyone the Patient Meets in Community Oncology has Compassion for Patients

Michael Mitrani - Guiding Patients Through the Benefits Maze  
6 months ago • 6 views  
Michael Mitrani - Guiding Patients Through the Benefits Maze brought to you by The Community Oncology

Mark Levine - CFO North Shore Hematology Oncology – Focused on Patient Care  
6 months ago • 4 views  
Mark Levine - CFO North Shore Hematology Oncology – Focused on Patient Care brought to you by The

Show more

CPAN Educational Series: North Shore Hematology and Oncology Videos

Rob Rutigliano – Testicular Cancer – Would be Devastated ...  
by OncologyCOA  
23 views • 6 months ago

Thomas McCloskey - Non Hodgkin's Lymphoma –Care ...  
by OncologyCOA  
1 view • 6 months ago


Jeffrey Vacirca, MD - Conquering Cancer Close to Home  
by OncologyCOA  
21 views • 6 months ago

Yelda Nouri, MD - Cancer Care, an MD's view  
by OncologyCOA  
23 views • 6 months ago



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# COA on Twitter


**Community Oncology**  
 @oncologyCOA · FOLLOWS YOU

TWEETS 1,104   FOLLOWING 177   FOLLOWERS 1,131

Tweets   Tweets & replies   Photos & videos

Community Oncology @oncologyCOA · 1h

Price Increases Much Lower In Ambulatory Surgery Centers Than Hospital Outpatient Depts- great @Health\_Affairs piece [bit.ly/1KZRh86](http://bit.ly/1KZRh86)

Community Oncology Retweeted

ASH @ASH\_hematology · 3h

ASH is at the hearing and thanks @NIHDirector for his testimony. Now is the time to invest in biomedical research.

Francis S. Collins @NIHDirector

Testifying on the Hill today at 10 am ET about investing in a healthier future through #NIH: [1.usa.gov/1JPizKu](http://1.usa.gov/1JPizKu)

Community Oncology Retweeted

HINJ @HINJ\_ORG · 4h

@PhRMA Chart Pack on #Biopharmaceuticals in Govt Programs: Medicare, Medicaid, VA and #340B Drug Discount. [goo.gl/F42LBA](http://goo.gl/F42LBA)

Community Oncology Retweeted

Kantar Health @Kantar\_Health · 3h

Payers are concerned about costs of #cancer treatments because it has become a chronic disease for many #immunooncology @OBRTweets

Who to follow · Refresh · View all

ESPN @espn

Joseph Sikora @Joseph...

Regina King @ReginaKing

Trends · Change

#GBBOFinal

The Great British Bake Off - Meet The Great British Bake Off illust...

98.6K Tweets about this trend

#VedalamTeaser

24.3K Tweets about this trend

Rick Moranis

Rick Moranis Turned Down the Ghostbusters Reboot - IGN

Just started trending

#WCW

61.4K Tweets about this trend

Nadiya

The Great British Bake Off final: Ian, Nadiya or Tamal... who will...

27.4K Tweets about this trend



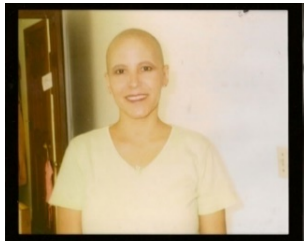
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# I understand your patient concerns and I will support and mentor you!

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- **Patient treated in a community oncology setting:** Diagnosed with early onset breast cancer in 2003. Only 5% of BC dx under age of 40. Extensive treatment, including 3x Clinical Trial Participant, including the ground breaking Herceptin Trial (NSABP B-31).



- **National Advocacy Director:** Daily interaction with cancer patients, survivors, caregivers, medical and oncology professionals



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# Thank you!

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