

I Am Community Oncology

CAMPAIGN



Over 15 Years
of Making a
Difference in
Cancer Care

Campaign Overview, Purpose, & Goals

Community oncology practices deliver the treatment that people want: cancer care that's provided by compassionate, expert physicians who know and use the most effective, appropriate medicines to ensure care is of the highest-quality, coordinated, personalized, close to home, and as affordable as possible. In fact, community oncology is "one of the greatest stories never told" in an era when the large dedicated cancer centers and massive corporate health systems fill the airways with promises that are often out of line with reality. Some patients are unaware that they are being treated in an independent community oncology setting and don't know that there are differences in the care they receive based on where that care is provided.

We want to create and empower a nationwide "Advocate Army" that can get more involved in the issues that impact their cancer care locally and nationally.

The underlying purpose of the *I Am Community Oncology* campaign is to define and increase awareness of independent community oncology; draw distinctions between community oncology's nurturing, personalized focus versus the often impersonal hospital-based treatment; support community oncology practices locally and nationally; and provide timely, useful information to cancer patients and caregivers on topics that impact their care.

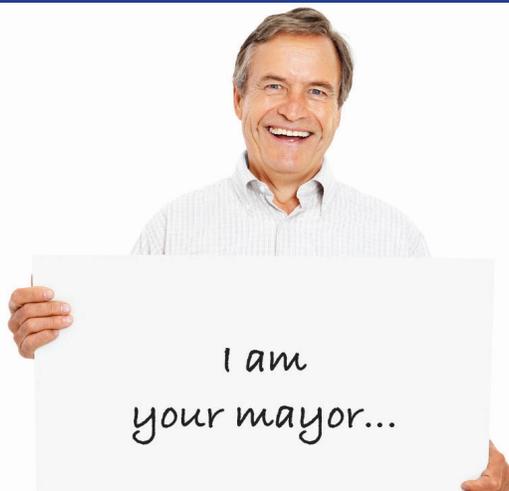
I Am Community Oncology will also advance the work of patient advocacy groups, especially those that seek to engage patients in the community setting like the COA Patient Advocacy Network (CPAN). There is tremendous untapped potential amongst the patients, caregivers, and others in practices to be powerful advocates for our issues. Through *I Am Community Oncology*, we want to create and empower a nationwide "Advocate Army" that can get more involved in the issues that impact their cancer care locally and nationally.

The *I Am Community Oncology* campaign will provide important educational opportunities to increase broad awareness of public policy issues that impact patients' cancer care and to provide more opportunities to seed grassroots patient advocacy on these issues. Over the coming year we expect these to include, but not be limited to, the 340B drug discount program, pharmacy benefit managers (PBMs), formulary restrictions, the Oncology Care Model (OCM), ending the Medicare sequester, and other important topics affecting cancer care. *I Am Community Oncology* will provide an important vehicle to educate patients/caregivers/survivors, as well as, other stakeholders on policy topics that impact their care but are often difficult to communicate and explain in writing.

All of this will be accomplished in a multi-media campaign that will engage patients, their caregivers, and survivors in lively, entertaining delivery formats. Our goal is to engage, educate, and empower while, in the process, bring together all the stakeholders who can proudly say, "*I Am Community Oncology!*"

At the same time, the *I Am Community Oncology* campaign will provide opportunities for COA supporters through sponsorship opportunities, to increase their visibility before influential provider and patient audiences and explain their vital role in the cancer care continuum.





Components

In its initial launch, the *I Am Community Oncology* campaign will consist of four components:

1. COA TV Waiting Room (and beyond) Network

COA will launch the COA TV waiting room network, producing and distributing video content in the waiting rooms of community oncology practices nationwide. COA TV content will feature a mixture of segment types, including:

1) COA Cancer Policy Minute: A short monthly segment on what's current in cancer policy. This will explain what's happening in Washington to inform viewers and encourage them to advocate for community oncology. It will educate viewers in a lively format straight from Capitol Hill – "...for example, how consolidation and 340B impact cancer care – and around the country (for example, PBMs restrictive formularies).

L 60 second segment, filmed monthly

2) Spotlight on Cancer Care: Feature content, possibly involving a celebrity spokesperson, such as Joan Lunden, including interactions with patients, survivors, advocates, practice leaders, researchers, authors, etc. This content is designed to engage patients, caregivers, and survivors and provide information in a fun-to-watch, lively format. As in the *I Am Community Oncology* introductory video, we will feature current patient stories, survivors sharing experiences with current patients, oncologists providing their perspectives, etc. Topics will be informative, upbeat, lively, and actionable—and reinforce the underlying message and value of what is community oncology.

L 90 second segment, filmed twice a year

3) Message from Our Sponsors: Non-product specific content for the *I Am Community Oncology* campaign sponsors. Additionally, some will include a general brief thanks to sponsors as a way to highlight their commitment to research, patient education, and more.

L 30 second segments, can be updated/changed by sponsors quarterly

4) Know Your Cancer Care Minute: Content for the COA Patient Advocacy Network (CPAN) on timely topics for cancer patients and their caregivers, such as nutrition, survivorship, how to contact Congress, and more. Will also serve as means for recruitment for CPAN advocates.

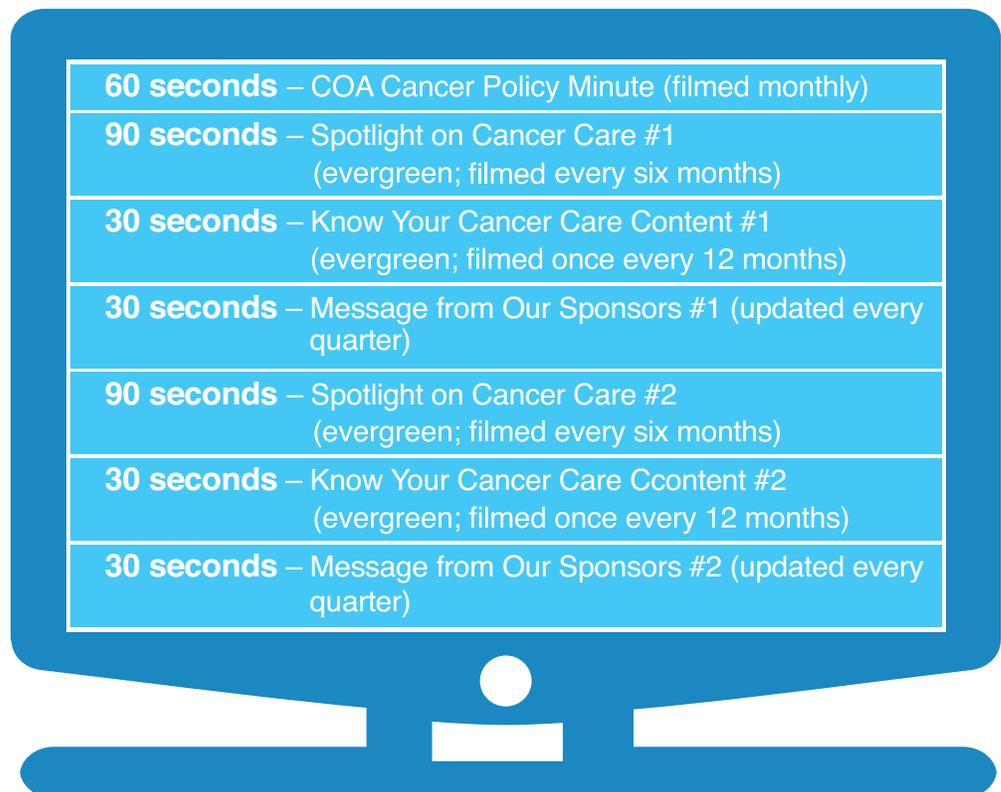
 30 second segments, filmed once a year

Additionally, we will allow practices to insert their own customized information/stories, which may include information on new clinical trials, upcoming local advocacy events, general practice news, etc.

COA has partnered with two physician waiting room networks to roll out COA TV to practices across the country. They will manage the hardware and installation of waiting room displays in cases where practices do not already have these systems or would like to update their current system. The companies, PatientPoint and Frontside10, currently operate waiting room networks across the country and COA TV content will begin playing on April 1, 2017.

A sample 6-minute COA TV content loop might feature the following segments. These would be interspersed with other generic waiting room content, not run all together. Content will repeat a minimum of three times per hour:

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COA TV content will be shown for roughly 18-20 minutes of every hour, interspersed with generic waiting room programming, such as general news, local weather, and popular culture content. The COA TV content will be looped up to three times in an hour—roughly 6 minutes of content for every hour. Practices can also insert their own video content (e.g. practice ads, stories) into the programming, if they want.

COA TV content will be produced on a rolling basis throughout the year, allowing for rapid responses to key issues as they develop. Some content being produced monthly (Cancer Policy Minute), some quarterly (Message from Our Sponsors and Know Your Cancer Care), and some once a year (Spotlight on Cancer Care).

To maximize budgets and scheduling efficiency, we will combine shoots into single sittings. For example, twice a year in NYC (or other single location), we will film four “Spotlight on Cancer Care” segments with a celebrity host in one day, to last for the next six months. Once a month, we will film in DC for an hour with COA leadership for the “Cancer Policy Minute” to discuss the latest key cancer policy issue. This could include chats with a member of Congress who is a survivor, other advocacy group leaders, etc.

COA TV will not start and stop in the waiting rooms of community oncology practices. It will also live on a dedicated *I Am Community Oncology* website, shared widely online and via social media, aired on cable TV, used at meetings and conferences, and more.



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