



Community Oncology Alliance
2018 Year in Review

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Introduction

In 2018, the assault on patient access to local and affordable cancer care provided by community oncologists, upon which over half of all Americans rely, continued. The work of the Community Oncology Alliance (COA) repelled, repealed, or slowed down a record number of significant challenges to patients and practices, including proposed cuts to reimbursement, the negative effects of PBMs, abuses of the 340B program, and cancer clinic consolidation.

As innovation, targeted drugs and new technology help achieve record breaking cancer survival rates and a better prognosis for millions, COA remains a steadfast voice dedicated solely to community oncology in Washington, DC and in communities across the country.

We invite you to explore select highlights and successes from 2018 and look forward to a successful future innovating and advocating on behalf of the community oncology patients, professionals, and practices across the country.

Sincerely,



Michael Diaz, MD
President



Jeff Vacirca, MD
Immediate
Past President



Ted Okon, MBA
Executive Director

Taking Action on Key Legislation & Public Policy

At the forefront of the issues that affect patients and practices, COA is your champion, protecting community oncology. Keeping our eyes and ears on Congress, we proactively support legislative solutions that will help move the cancer system forward, as well as defensively intervene against policies that threaten accessible, affordable cancer care.



In 2018 we worked diligently to stop several dangerous proposed changes to Medicare.

This included comment letters in opposition to the CMS proposal to unprotect Medicare's six protected classes and to allow Step Therapy in Medicare Advantage plans, both of which would be disastrous to patients.

COA also successfully worked to stop a misguided audit by the Veterans Administration of care provided by practices to veterans. Additionally, after many meetings with CMS and calls to legislators, COA was instrumental in amending the 2019 Medicare Physician Fee Schedule to blunt what would have been devastating reimbursement cuts for practices.

Keeping a close eye on rulemaking, COA has commented on or been involved in the development of every major proposal to overhaul and reform the cancer care system, including the Trump administration's blueprint to lower drug prices, the Part B International Pricing Index Model (IPI), 340B reform, Site Neutrality, and the 2019 Medicare Hospital Outpatient Prospective Payment System (HOPPS) Rule.

In one of our boldest moves ever, COA filed a lawsuit to stop the application of the Medicare sequester cut to Part B reimbursement. The lawsuit notes that the United States Department of Health and Human Services and the White

House Office of Management and Budget applying of the sequester cut to Part B drug reimbursement is illegal, unconstitutional, and has harmed patients, decimated the nation's independent community cancer care system, and costs seniors and taxpayers billions.

COA is always on the frontlines in Washington, DC, meeting with legislators, agencies, and the administration, as well as bringing physicians, pharmacists, administrators, and patients in for Hill Days. This year we estimate that the COA team, members and advocates had almost 500 meetings to discuss pressing community oncology issues.





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Continuing to shine a light on key issues, in 2018 COA also produced a large number of original studies and research pieces

The Myth of Perverse Physician Incentives: Examining Research and Accusations in the Medicare Part B ASP Reimbursement System for Oncology

A frequent accusation aimed at physicians who prescribe and administer medications within the Medicare Part B system is that they are motivated by a perverse incentive of higher reimbursement to prescribe expensive drugs. For oncologists, who utilize potentially life-saving but increasingly very expensive drugs in treating some of the nation's sickest patients, this is a baseless charge, often made without any evidence.

Cancer drugs are amongst the costliest medications of a full course of treatment in the United States of America currently sits on the precipice of proposed changes in magnitude and scope. Several proposals are being advanced as a means of forcing changes to drug prices at Medicare and Medicaid Services (CMS) Oncology ASP implemented.

To help inform policymakers and stakeholders on the total cost of cancer care, the COA conducted a critical analysis of research studies of prescribing in the Part B system are fine quality cancer care. Evidence and research are provided in this paper.

To properly review the studies most commonly cited, an expert review of clinical and research experience, and data sources for all relevant findings and medical developments that drive the conclusions included here:

ASP + 6%: A Brief History

In 2003, Congress enacted the program's history with the reimbursement rate for chemotherapy, administered as chemotherapy, administered as chemotherapy, administered as chemotherapy.

Critics presume the 6% add-on was in

2018 Community Oncology Alliance Practice Impact Report

1,653 Community Oncology Clinics and/or Practices Have Closed, Been Acquired by Hospitals, Merged, or Reported Financial Struggles Since 2008

Misguided Public Policies Continue Push and Pull on Community Oncology Practices

The 2018 Community Oncology Alliance (COA) Practice Impact Report tracks the changing landscape of community cancer care in the United States. This is the seventh practice impact report issued by COA and covers a ten-year period from January 2008 through February 2018.

The 2018 COA Practice Impact Report data shows that over the last decade, 1,653 community oncology clinics and/or practices have closed, been acquired by hospitals, undergone corporate mergers, or reported that they are struggling financially. An average of 3.5 community oncology practices have closed per month, a rate that remains unchanged since the last report issued in 2016. Overall, 13.8 practices per month have closed, been acquired by hospitals, or undergone mergers since 2008.

The 2018 Community Oncology Practice Impact Report data shows:

- 423 clinics closed – Individual clinic treatment sites that have closed.
- 658 practices acquired by hospitals – Practices typically comprised of multiple clinic sites acquired by a hospital or, with less frequency, have entered into a contractual professional services agreement binding them to a hospital.
- 168 practices merged or acquired – Practices (typically comprised of multiple clinic sites) merged or acquired by a corporate entity.
- 359 practices struggling financially – Practices (typically comprised of multiple clinic sites) having financial difficulties, struggling to pay bills and/or stay open.
- 45 practices sending patients elsewhere – Practices (typically comprised of multiple clinic sites) sending their Medicare patients elsewhere for chemotherapy.

Since the last Practice Impact Report in 2016, the data show an 11.3% increase in the number of community cancer clinic closings and an 8% increase in the number of consolidations into the hospital setting. Note that the number of practices struggling financially has declined by 7.5% which is proportional to the number of practices that have been acquired or moved into the hospital setting at community oncology practices at both the national and state levels. At the state level, the largest number of closures is again in Florida (47), followed by Texas (43) and Michigan (36).

Compiled from public and private data sources, the 2018 Practice Impact Report provides a unique look at community oncology trends at both the national and state levels. At the state level, the largest number of closures is again in Florida (47), followed by Texas (43) and Michigan (36).

	2010 Report	2011 Report	2012 Report	2013 Report	2014 Report	2016 Report	2018 Report
Clinics Closed	172	199	241	268	241	241	241
Struggling Financially	372	372	372	372	372	372	372

The Value of Community Oncology Site of Care Cost Analysis

Leaders & Conveners for Community Oncology



COA continues to be a thought leader transforming the future of oncology care, including payment reform, professional development, delivery system change, and other key issues affecting patients and practices.

This year COA held two Payer Exchange Summits on Oncology Payment Reform, continuing our dedication to finding meaningful solutions to the unsustainably high cost of cancer care.

Additionally, COA continues to run the Oncology Care Model (OCM) Support Network to support practices in the CMMI demonstration project, helping them overcome challenges and share successful strategies. As a key participant in OCM development and implementation, COA regularly meets and provides feedback to CMMI on OCM progress and issues.

Looking to the future, COA is already shaping what we call the **“OCM 2.0,” a new and improved universal payment reform model for cancer care**. OCM 2.0 focuses on improving quality while lowering

costs, addresses core shortcomings of the current model, and features the introduction of value-based drug payments. COA will soon present specific ideas and recommendations to support these advancements to the Physician Technical Advisory Committee (PTAC) which is the path to CMMI acceptance and implementation.

This year COA released the seventh Practice Impact Report, a seminal industry resource that tracks the changing landscape of community cancer care.



The 2018 report, summarizing ten years of cancer care consolidation, found that 1,653 community oncology clinics and/or practices have closed, been acquired by hospitals, undergone corporate mergers, or reported that they are struggling financially. The data is critical in showing policymakers the impact of misguided changes that continue to push practices to close.

Continuing to shine a light on key issues, in 2018 COA also produced a large number of original studies and research pieces, including one on the myth of the perverse incentive when prescribing treatments in Medicare Part B; an Avalere study on the net effect of changes to 340B reimbursement; an analysis of the site cost differential between hospitals and independent practices; and surveys of

physician opinions on proposals to shift Medicare Part B to Part D.

COA members remain the conveners and leaders for community oncology, including the marquee 2018 Community Oncology Conference. This year was bigger than ever, with 1,300+ attendees joining us for two packed days of learning and networking in Washington, DC. The addition of a full pharmacy track made the Conference truly “The One Conference for the Whole Practice.”

Finally, COA launched new committees to help drive change. These include the **Payment Reform Committee** whose members are recognized cancer care reform leaders; and a **Biosimilars Committee** which will seek to educate providers and pharmacists on the evidence and rules around the use of biosimilars.



The Advocacy Voice for Community Oncology Patients, Survivors, Caregivers & Professionals



It was another marquee year as the COA Patient Advocacy Network (CPAN), COA's nationally recognized grassroots patient advocacy group, launched seven new chapters and grew its presence to 23 chapters in practices across the country. Over the year CPAN chapters held almost 60 community and educational events.

During the 2018 Community Oncology Conference, 70 advocates and 10 pharmacists from 22 practices in 14 states were on the Hill meeting with legislators about PBMs and other issues. CPAN chapters have also hosted state-level advocacy days, including our signature "Sit in My Chair" practice visits for policymakers and successful statehouse meetings.

CPAN also collaborated with national cancer organizations and key stakeholders, participating in a number of national cancer summits and meetings such as the national Biden Cancer Summit.



Supporting Community Oncology Practices & Professionals

For more than 16 years COA has provided resources for members of the community oncology care team to network, learn from each other, grow professionally, and make an impact. Access to these resources is free of charge, and all members of the team may participate.



COA Administrators Network (CAN)

CAN provides oncology practice administrators, business executives, and office leaders with a professional forum for education, sharing best practices, and networking. CAN members regularly discuss key intelligence on issues community oncology practices face while focusing on improving patient care and providing a unified advocacy voice.



Community Oncology Pharmacy Association (COPA)

COPA was formed to support practices with in-house pharmacies that dispense oral cancer drugs and ancillary therapies. Through COPA, pharmacists, pharmacy technicians, and other team members work to address the unique pharmacy challenges including barriers to distribution; overcoming payer or PBM challenges;

optimizing medication management and patient counseling; and meeting and maintaining USP 797/800 accreditation standards.



COA Advanced Practice Provider Network (CAPP)

CAPP is a peer-to-peer professional group for oncology nurse practitioners, physician assistants, and other advanced practice providers. The CAPP Network helps advanced practice providers grow as leaders and stay current on the latest patient care developments.



COA Patient Advocacy Network (CPAN)

CPAN is a national network of patients, survivors, caregivers, family members, medical and oncology professionals, and others who advocate on issues affecting the quality and accessibility of cancer care. CPAN chapters are active in community oncology practices across the country and in Washington, DC.



COA Fellows Initiative

Since launching less than a year ago, the COA Fellows Initiative has presented to well over 100 oncology/hematology fellows from 15 medical schools about the benefits of practice in the community setting, and to encourage post-fellowship careers in community oncology. The initiative explores the opportunities community oncology presents, educates fellows on practice options, and discusses the many factors to consider when making career decisions.

I Am Community Oncology

The I Am Community Oncology campaign and COA TV continue to be a phenomenal success and provide invaluable tools available to community oncology practices. Now in use in 600+ practice locations in 40+ states, COA TV tells the community oncology story and explains the issues facing both patients and providers, while the I Am campaign provides advocacy tools.



COAnalyzer Practice Benchmarking Software

COAnalyzer is a newly launched, powerful benchmarking tool for community oncology practices and pharmacies. Completely free to COA members, it allows practices unprecedented access real-time performance data and benchmarking against local and national peers.





Growing to Better Serve Our Members

As COA's impact and prominence grows, we have grown to keep pace.

In 2018, Frederick M. Schnell, MD, FACP, assumed the newly created staff position of Medical Director. A growing COA has meant more support team members and significantly larger offices in both Washington, DC and Virginia Beach, VA.

December elections brought to COA new and seasoned community oncology professionals who volunteer their time to discuss, debate, and provide direction on major issues. Longtime board member Michael Diaz, MD, of Florida Cancer Specialists, took the helm for 2019 as COA president, preparing to lead the alliance through a challenging yet ambitious time for community oncology.



COA Team Members

Michael Diaz, MD

President

Kashyap Patel, MD

Vice President

Miriam J. Atkins, MD, FACP

Secretary

Jeff Vacirca, MD

Immediate Past President

Ted Okon, MBA

Executive Director

Bo Gamble

Director of Strategic
Practice Initiatives

Rose Gerber

Director of Patient Advocacy

Nick Ferreyros

Director of Communications

Billy Harper

Director of IT & Web Services

Tracy Havens

Director of Projects & Operations

Mary Kruczynski

Director of Policy Analysis

Ricky Newton, CPA

Director of Financial Services
& Operations

Fred Schnell, MD, FACP

Medical Director

Tracey Banks

Executive Assistant

Michelle Bolger

Projects Coordinator

Christina Daroy

Technical Administrative Assistant

Deandra Dickson

Executive Assistant

Johanna Hopkins

Executive Assistant



Closing Note

2018 was a year of strong legislative and policy performance for community oncology, demonstrating the wisdom of its winning strategy to address key community oncology issues on multiple fronts.

This year's outstanding performance would not have been possible without the capable and diversified support of the many physicians, administrators, nurses, pharmacists, practice staff, and team members who contributed daily to COA's success through innovation, inspiration, and hard work.

Thanks, and we look forward to working together on your behalf in 2019!

– The entire COA team



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