

2019 Advocacy Day Federal Issues

Presenters:

Jessica Adams, ASTRO, Analyst, Health Policy

Anne Hubbard, ASTRO, Director, Health Policy

Judy Keen, PhD, ASTRO, Director, Scientific Affairs

Randi Kudner, ASTRO, Senior Manager, Quality Improvement

Cindy Tomlinson, ASTRO, Senior Manager, Patient Safety and Regulatory Affairs

Moderator: Margarita Valdez, ASTRO, Assistant Director, Congressional Relations



Agenda

- What is Advocacy?
- ASTRO Legislative Priorities
 - Congressional Asks
- Tips to Remember
- Follow up

What is Advocacy?

- Effective advocacy enables the profession to shape the debate on important issues affecting the field of radiation oncology. Advocacy ensures that we have a voice in health care policies.
- What kinds of activities comprise advocacy work?
- Educate Legislators: Provide information on issues.
- Invite Legislators to Your Facility: Leave a lasting impression

ASTRO's 2019 Legislative Priorities

- Preserving Access to Cancer Care through Stable Medicare Payments and Alternative Payment Models
- Fix Issues with Prior Authorization
- Increasing Investments in Radiation Oncology Research
- Avoiding Coverage Disruptions for Cancer Patients
- Maintain Medical Usage of Radioactive Isotopes

MODERN ART GALLERY



Presenter: Anne Hubbard, ASTRO, Director, Health Policy

Email: Anne.Hubbard@ASTRO.org

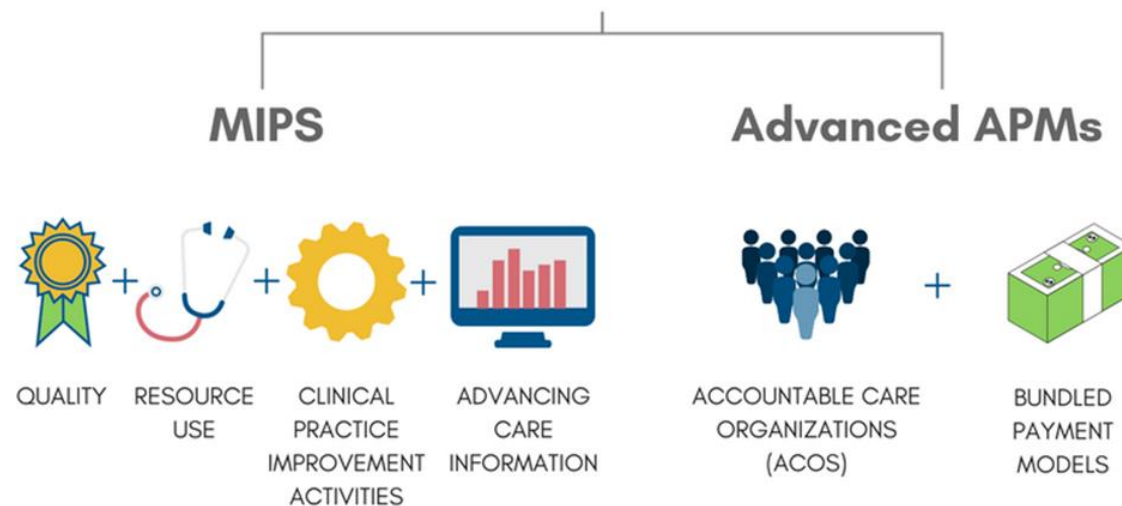
Twitter: @HPAnnie2000

Background

2015 Medicare and CHIP Reauthorization Act (MACRA)

- Replaced the Sustainable Growth Rate with the Quality Payment Program
 - Shifts Medicare payment from volume based to value based
 - Merit Based Incentive Payment Program (MIPS)
 - Alternative Payment Models (APM)

MACRA/QUALITY PAYMENT PROGRAM (QPP)



Background

2016 Patient Access and Medicare Protection Act (PAMPA)

- Froze radiation oncology treatment delivery, IMRT and IGRT payment rates
- Addressed payment stability issues in freestanding settings
- Freeze was set to expire at the end of 2018
- ASTRO secured an extension through the end of 2019 to allow for a successful transition to a radiation oncology APM

Radiation Oncology Advanced APM

ASTRO has been working with stakeholders, including **CMMI**, to develop a **Radiation Oncology Alternative Payment Model (RO-APM)** that **drives GREATER VALUE IN CANCER CARE** and achieves the goals of **MACRA**.

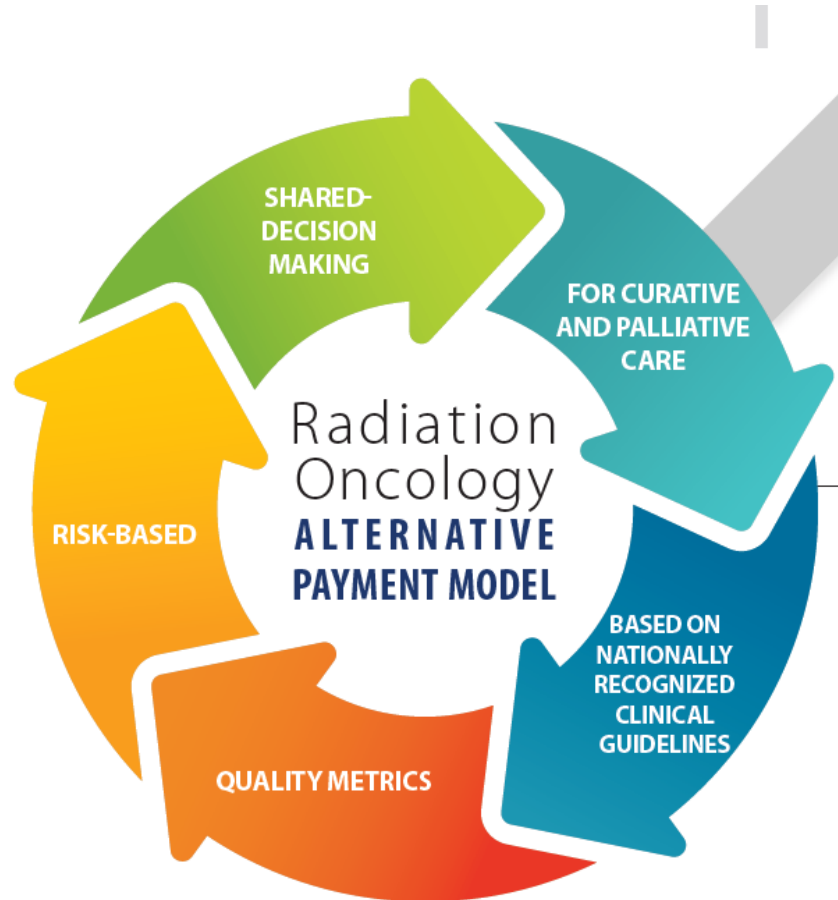
TO REALIZE **THE GOALS OF MACRA**, IT IS **CRITICAL** THAT AN **RO-APM** BE **IMPLEMENTED THIS YEAR**.

RO-APM

In the US, **over one million cancer patients** are **treated with radiation therapies** each year. An **RO-APM would HELP ENSURE ACCESS TO CARE** for cancer patients.

ENSURE TRANSPARENCY in the design, scope and goals of **advanced alternative payment models**. **INCORPORATE** stakeholder **INPUT THROUGH** the rule making process.

Radiation Oncology Advanced APM



ASTRO APPRECIATES CONGRESSIONAL SUPPORT FOR A RO-APM. **WE URGE CONGRESS TO WORK WITH THE ADMINISTRATION TO MOVE FORWARD EXPEDITIOUSLY** WITH THE LAUNCH OF **A VALUE-BASED RO-APM** THAT ALIGNS CLOSELY WITH PROPOSALS PUT FORWARD **BY ASTRO AND THE RADIATION ONCOLOGY COMMUNITY.**

Presenter: Jessica Adams, ASTRO, Analyst, Health Policy
Email: Jessica.Adams@ASTRO.org



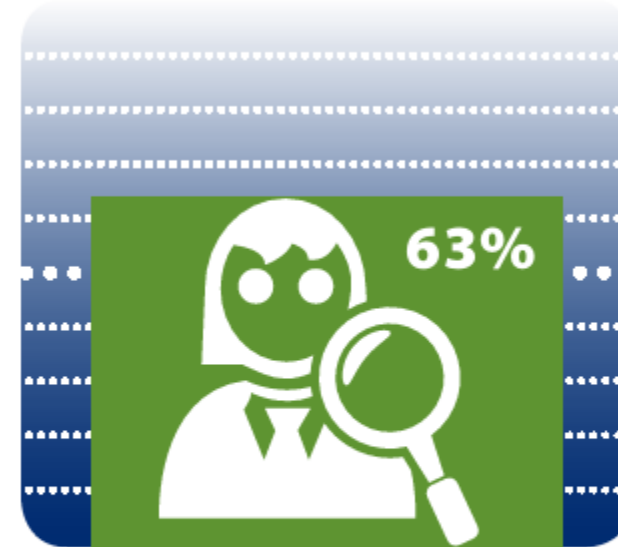
 #ASTROAdvocacy

AMERICAN SOCIETY FOR RADIATION ONCOLOGY | 251 18TH ST. SOUTH · 8TH FLOOR · ARLINGTON, VA 22202

Fix Prior Authorization



44% OF RADIATION ONCOLOGISTS SAY THEY ARE TYPICALLY **REQUIRED TO SUBMIT PRIOR AUTHORIZATION REQUESTS**



63% OF RESPONDENTS HAVE HAD TO **HIRE NEW STAFF TO HANDLE PRIOR AUTHORIZATION REQUESTS**

Protect Patient Access to Life Saving Cancer Treatments

9 IN 10 RADIATION ONCOLOGISTS REPORT PATIENT TREATMENT DELAYS **DUE TO PRIOR AUTHORIZATION ISSUES**



70% OF RADIATION ONCOLOGISTS REPORT THAT PATIENTS REGULARLY EXPRESS CONCERN TO THEM ABOUT PRIOR AUTHORIZATION DELAYS

#FixPriorAuth

44% OF RESPONDENTS STATED THAT PEER-TO-PEER REVIEWS **ARE NOT TYPICALLY PERFORMED BY A RADIATION ONCOLOGIST**



RADIATION ONCOLOGISTS REPORT **SPENDING INCREASINGLY MORE TIME ON PRIOR AUTHORIZATION REQUESTS AND APPEALING DENIALS** FOR LIFE SAVING TREATMENTS

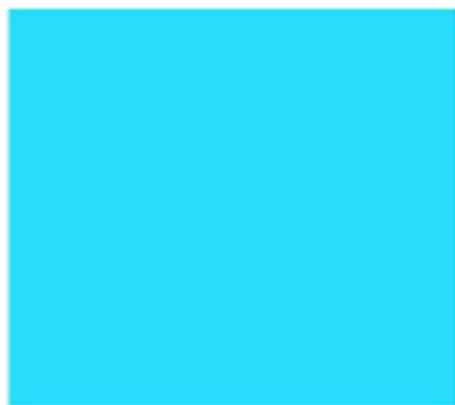


Prior Authorization Negatively Impacts Patient Outcomes

- ▶ Cervical cancer in a 32-year-old with symptoms. [Treatment] plan was initiated urgently due to bleeding. [Peer-to-peer] review took two weeks and final approval took four weeks. Meanwhile, *the patient continued under therapy with significant anxiety that her treatments were going to be denied by her insurance company.*
- ▶ For many of my patients the prior authorization process adds significant stress and concerns over financial liabilities associated with treatment. When an initial submission is denied or delayed, and a peer-to-peer consultation is requested, this adds to the stress level. *In these increasingly frequent instances, the authorization is not obtained for several days and can even exceed a week. Denials for a particular service are most traumatic experiences and I had several patients break down in tears fearing that they would now have to receive an inferior treatment.*



Presenter: Randi Kudner, ASTRO, Senior Manager, Quality Improvement
Email: Randi.Kudner@astro.org



According to a 2017 study, nearly two-thirds of respondents reported that **administrative duties negatively affect their ability to deliver high-quality care.**

In addition, the physician is often at the **mercy of the HIT vendor** and is held accountable if requirements are not fulfilled.



PATIENTS OVER PAPERWORK

What CMS is Doing to Minimize Burden



1. Simplifying Paperwork



2. Making Required Paperwork Easier to Find



3. Improving the Audit Process



4. Making EHRs Interoperable



5. Improving Communications

Coordinated 2019 Proposed Rules



- Provide patients with access to healthcare data
- Focus on healthcare information exchange
- Sets regulations for care coordination across payers



The Office of the National Coordinator for
Health Information Technology

- Updates certification requirements
- Sets forth rules on information blocking
- Provides regulation on Application Programming Interface (API)

ASTRO urges Congress to use its legislative and oversight authority to:

- Apply pressure on HIT vendors to not shift the burden onto radiation oncologists or other clinicians for costs associated with added functionality to comply with federal HIT requirements. **These unfunded mandates undercut the potential benefits of HIT and disproportionately hurt small and rural cancer clinics.**
- Mandate HIT vendors comply with the requirements set forth in the QPP and other interoperability programs. **Radiation oncologists and other physicians should not be held accountable for the lack of interoperability.**
- **Harmonize reporting requirements across federally funded programs.** Having one set of submission requirements, data elements and electronic submission portals would significantly reduce burden on those clinicians required to report across multiple programs. Reforms would allow radiation oncologists to focus more on patient care.



Judy Keen, PhD, ASTRO, Director, Scientific Affairs

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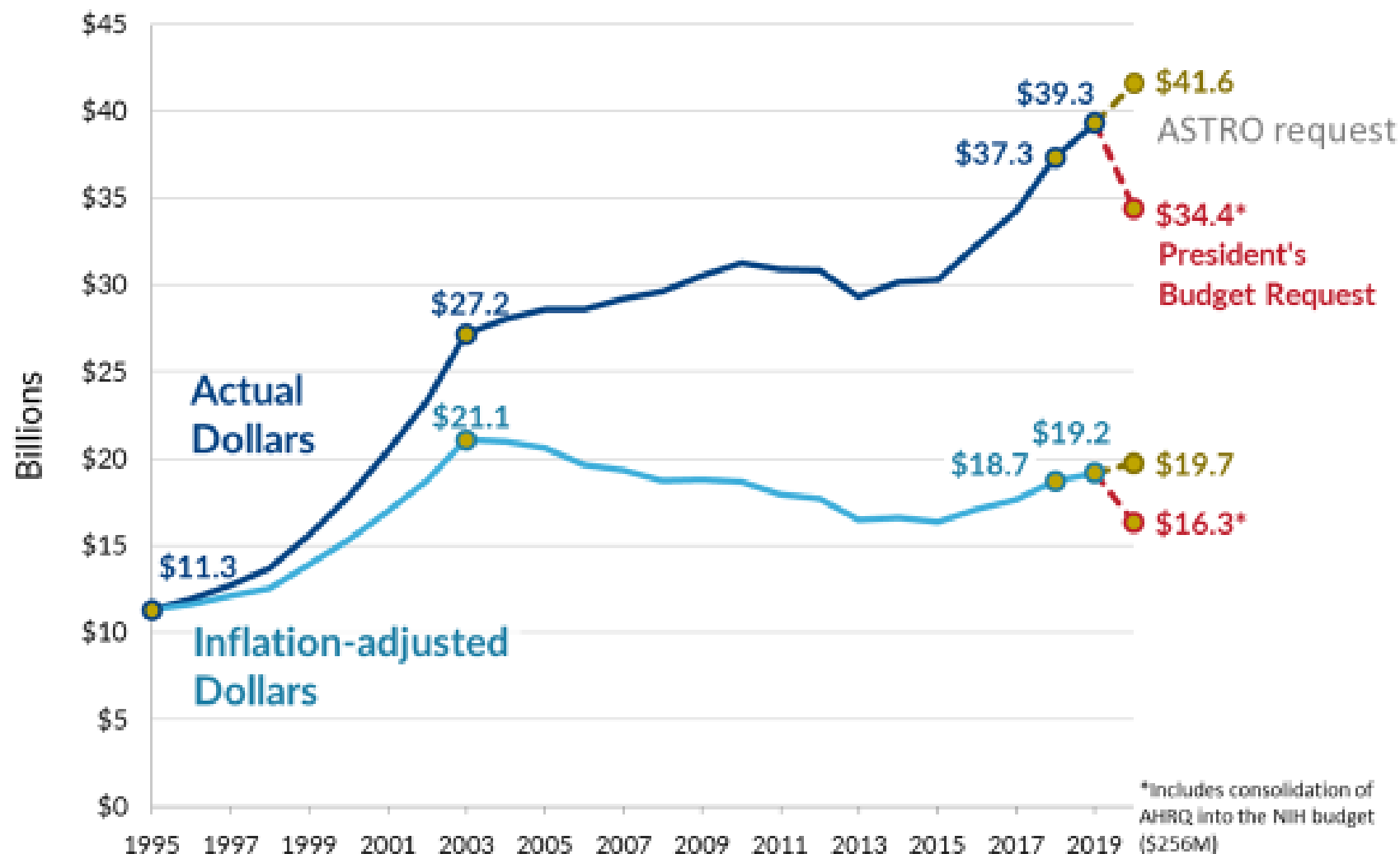
Thank you!

Congress has consistently supported biomedical research through the NIH

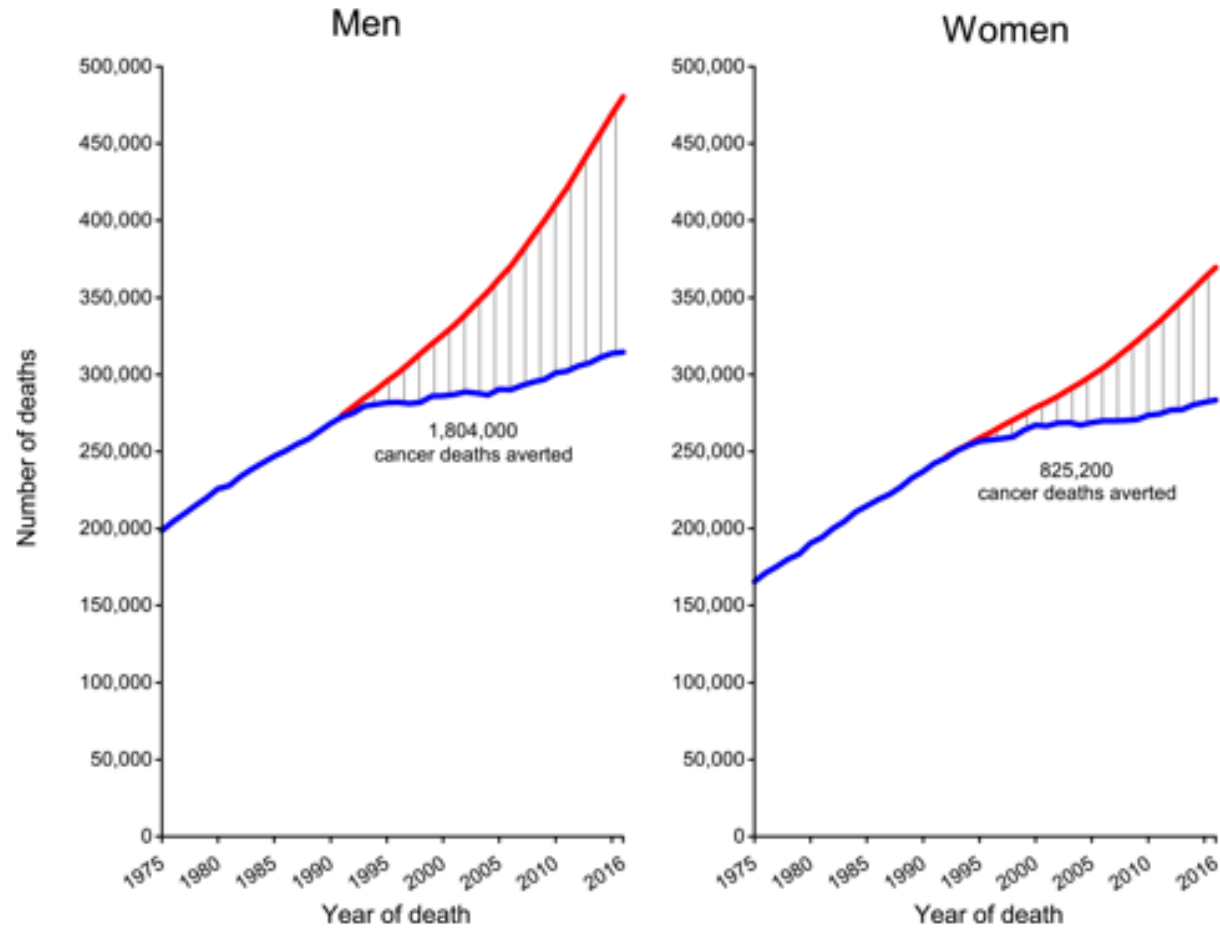


IN 2017, NIH FUNDING PRODUCED **OVER \$68 BILLION** IN ECONOMIC OUTPUT NATIONWIDE

ACCORDING TO THE MILKEN INSTITUTE **EVERY \$1** IN GRANTS FROM NIH **GENERATES \$2.21** IN ECONOMIC GROWTH ACROSS THE U.S.



2.4 Million deaths averted!

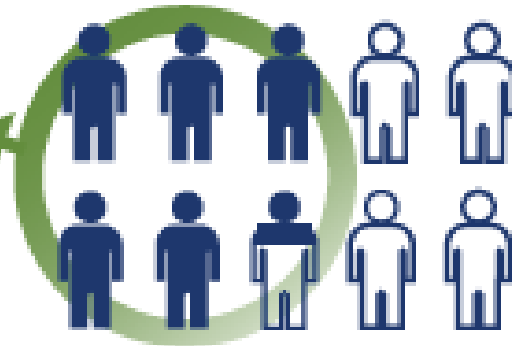


2019

1.76 MILLION
NEW CANCER CASES
(4,800 NEW CASES PER DAY)

ROUGHLY 1 MILLION
WILL BE TREATED WITH
RADIATION THERAPY

606,880 DEATHS
FROM CANCER
(1,700 CANCER DEATHS PER DAY)



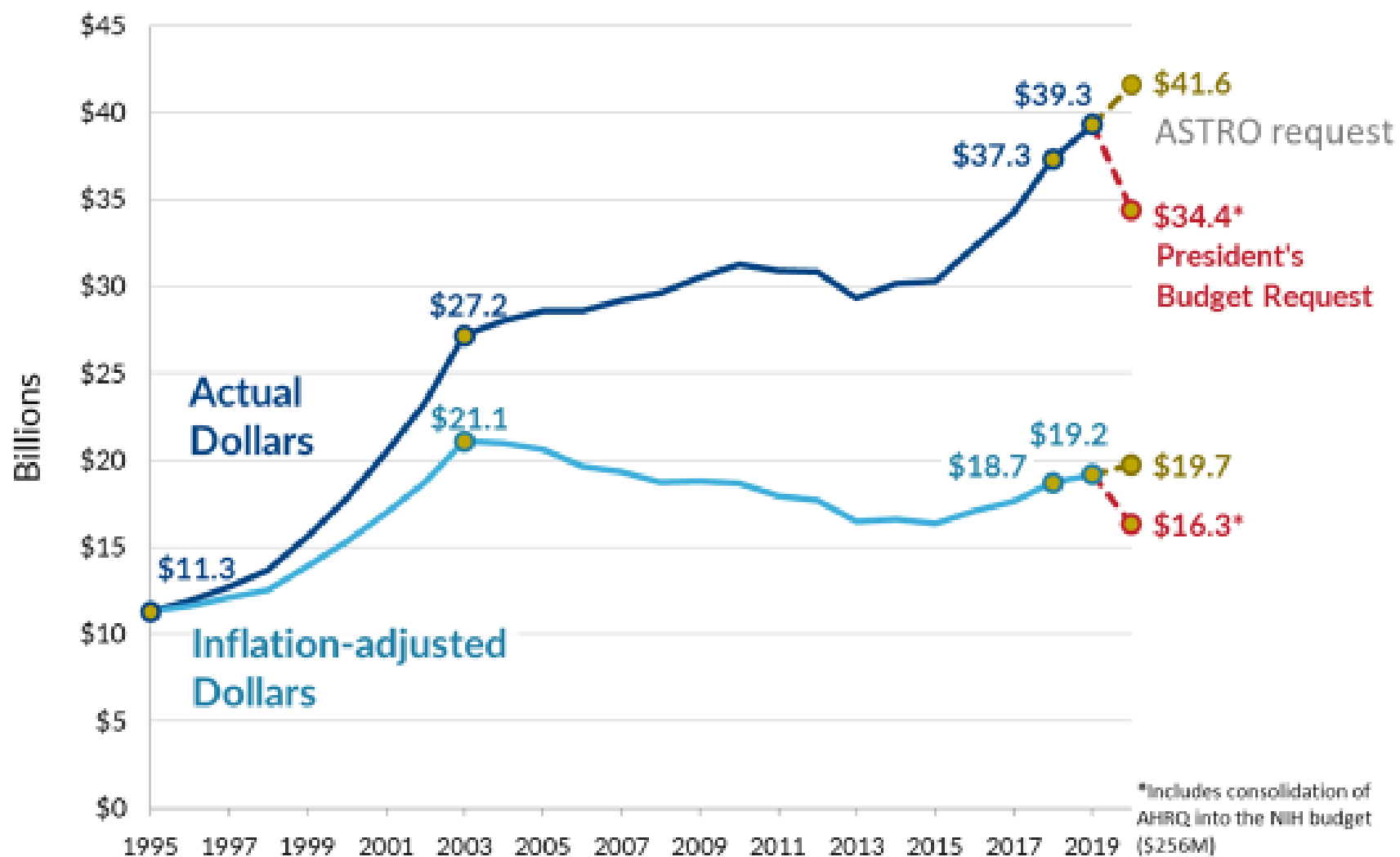
**Each figure represents 176,000 patients*

Disparities (gender and socioeconomic) still exist.

34% of cancer deaths can be averted by eliminating socioeconomic disparities.



NIH budget has **not** kept up with inflation since the doubling.



We request that Congress **increase** funding for **NIH** by at least **\$2.5 billion**; and increase funding for **NCI** by **\$378 million**.





Presenter: Cindy Tomlinson, ASTRO, Senior Manager,
Patient Safety and Regulatory Affairs
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Protect Access to Radioactive Isotopes



ENACTING GOVERNMENT MANDATES TO ABANDON RADIOACTIVE SOURCE-BASED TECHNOLOGY IN HEALTH CARE OR OVERLY RESTRICTING ACCESS WOULD PUT CANCER PATIENTS AT RISK.

Protect Access to Radioactive Isotopes

RENEWED AUTHORIZATION AND FUNDING
FOR LOW-DOSE RADIATION RESEARCH,
COUPLED WITH THE AVAILABILITY OF NEW TECHNOLOGY,
WOULD ALLOW RESEARCHERS TO REAP THE FULL BENEFITS
OF CUTTING-EDGE CANCER TREATMENTS.



1.76 MILLION
NEW CANCER CASES
WILL BE DIAGNOSED IN 2019.
ROUGHLY **1 MILLION WILL BE TREATED**
WITH RADIATION THERAPY.

HEALTH CARE PROVIDERS USE
SEALED SOURCE ISOTOPES
TO DELIVER RADIATION THERAPY
AND ALSO FOR **EQUIPMENT STERILIZATION**



Protect Access to Radioactive Isotopes

- ASTRO seeks to ensure continued **safe and secure access** to radiological sources and **supports laws and policies** that are informed, science-based and support the **highest levels of public health and safety**.
- The NRC has a strong track record and is uniquely situated to **maintain safety and security for all domestic radioisotope users**, including the medical use of radioactive isotopes. Further, it is the only agency within the federal government **required to measure both the risks and benefits** of radioactive isotopes through its licensing process.
- Cancer care is highly personalized and having access to all therapies ensures the **most successful** outcome. Limiting access to radiation therapy could result in lower overall effectiveness, higher mortality and recurrence rates, and would represent a major step back in cancer care. Calls to abandon radioactive source-based technology in health care could interfere with physician and patient treatment decisions, leading to **less effective** cancer treatments.
- In addition to being **one of the leading treatments** available in the fight against cancer, the industry **also contributes to the financial health** of the country by employing **tens of thousands of individuals**. In addition to health care, radioisotopes play a **vital role** in all aspects of our economy, including agriculture, gas and manufacturing.
- We are **committed** to promoting policies that enhance the **safe and effective use of radioisotopes**. We ask that Congress and the administration strive for the same goals.

Protecting Patients in Health Care Reform

ASTRO recommends that the following bipartisan principles act as a guidepost for Congress as it considers alternative approaches to provide cancer patients and all Americans with quality care. If your office hosts health care roundtables, consider including a radiation oncologist.



Access

- Maintain bans on pre-existing condition exclusions and annual and lifetime limit caps
- Preserve guaranteed issue and guaranteed renewability
- Access to clinical trials
- Safeguard access to cancer screening and prevention programs



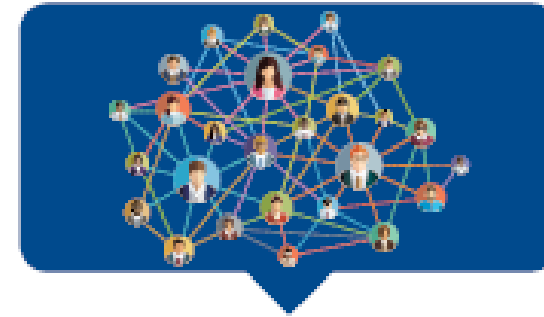
Affordability

- Prohibit cost-shifting to cancer patients and providers to cover uncompensated or underfunded care
- Provide sufficient funds for public health, preventive services, and patient navigator services for cancer patients



Quality and Efficiency

- Simplify burdensome systems to reduce costs, create a more efficient system, and maximize funding for health care services
- Ensure that patient safety and quality programs improve quality and enhance the doctor/patient relationship and are meaningful to patient and physician alike



Network and Benefit Design

- Provide access to specialty care, provider choice, and the range of services that cancer patients need
- Health plans must provide useful, understandable information about health plan options, physician specialist networks, and transparent provider network participation criteria
- Improve the prior authorization process to ensure timely and transparent reviews that don't interfere with evidence-based doctor-patient treatment decisions

Congressional Ask...

1. Before you leave, invite the Member of Congress and their staff to visit your center. Or a center in the DC area.
2. Also ask if the staff and/or Member would like to visit NCI.
 - Visits allow more time for them to learn about radiation oncology and our issues.
 - Helps develop meaningful relationships
 - After the meeting, be sure to connect with ASTRO staff to debrief on your visits so that they can help coordinate visits and follow-up

During Your Visit...

- Explain who you are, where you live, community affiliations
- Focus the meeting on what is most important
- In group meetings, break up the issues
- Share your experiences and personalize the issues
- Ask for the staff member's business card, and share yours
- Make a specific ask:
 - Visit a radiation oncology facility
 - Visit NCI

Tips to Remember

- There is usually some confusion between radiology/radiation oncology
- Staff and members meet with dozens of people everyday. Make them remember you and your issues.
- DO NOT discuss election/campaign contributions in your meetings
- Be personable, be direct, be clear and concise

Visit the Resources Page

2019 Advocacy Day

Home / Meetings and Education / Live Meetings / 2019 Advocacy Day / Resources

Resources

General Resources

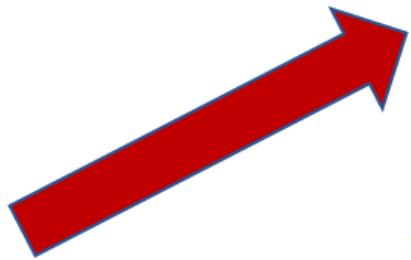
- Tour Guide
- Advocacy Day Checklist
- Useful Acronyms
- Social Media

The Issues

- Health Care Reform Principles
- Patients Over Paperwork
- Radiation Oncology Alternative Payment Model (RO-APM)
- Radioactive Isotopes

Webinars

- First Timers Webinar-Slides



April 29th | Washington Court Hotel

8:00 a.m.	Registration	4:00 p.m. – 5:00 p.m.	Federal Issues Briefing
10:00 a.m. – 11:00 a.m.	Pick Up Hill Day Schedules	5:00 p.m. – 5:15 p.m.	Closing Remarks
11:00 a.m. – 12:00 p.m.	Lunch	5:15 p.m.	Advocacy Day Photo
11:45 a.m. – 12:00 p.m.	Welcome and State Roll Call	5:40 p.m.	Invitation Only: ASTRO PAC Dinner PAC Donors of \$1,000 or more in 2019, \$125 for residents, nurses and administrators
12:00 p.m. – 1:00 p.m.	Chair's Address: ASTRO Prior Authorization Survey and Research Agenda Paul M. Harari, MD, FASTRO, ASTRO Board of Directors	6:00 p.m. – 9p.m.	Invitation Only: ASTRO PAC Dinner La Vie 88 District Square SW 5th floor Washington, DC 20024 Special Guest: US Representative Ami Bera, MD
1:00 p.m. – 2:00 p.m.	Seema Verma, Administrator, Centers for Medicare and Medicaid Services *Invited		
2:00 p.m. – 2:45 p.m.	US Representative Paul D. Tonko (NY-20)		
2:45 p.m. – 3:45 p.m.	Social Media and Advocacy: How to Get Engaged Online		
3:45 p.m. – 4:00 p.m.	Break		

April 30th | Washington Court Hotel | Capitol Hill

7:30 a.m. - 8:30 a.m.	Breakfast Grand Ballroom Foyer, Washington Court Hotel
7:30 a.m. - 8:30 a.m.	Pick Up Hill Day Schedules Grand Ballroom Foyer, Washington Court Hotel
9:00 a.m. - 12:00 p.m.	Senate Office Visits
12:30 p.m. - 1:30 p.m.	Networking Lunch 2045 Rayburn House Office Building
1:00 p.m.	Health Care in the 116th Congress 2045 Rayburn House Office Building Representative Kim Schrier, MD
1:30 p.m. - 5:00 p.m.	House Office Visits

Before Advocacy Meeting:

- Brainstorm a compelling story that can be used to demonstrate impact of a certain policy**
(2 weeks beforehand)
- Visit your policymaker's website**
(2 weeks beforehand and again the day before the meeting)
- Review recent healthcare news**
(1-2 days before)

During Advocacy Meeting

- Explain impact of policy issue through personal story**
 - Share where you live and work in the congressional district
 - Discuss how radiation therapy is used to treat cancer patients in the congressional district
 - Explain how a surgeon, medical oncologist and radiation oncologist work together to treat cancer patients
- State the policy points and wait for response**
- Take note of any questions and policy positions stated**

After Advocacy Meeting

- Submit meeting report**
(same day)
- Share experience on social media**
(same day)
- Write thank you note/email**
(1-5 days after)
- Send site visit request**
(4-6 weeks after)

2019



ASTRO
ADVOCACY
DAY

ON SOCIAL MEDIA

Help us spread the word about Advocacy Day, our mission and what you're here to accomplish. Use **#ASTROadvocacy** and tag **@ASTRO_org**.

Social Media Tips:

- Follow @ASTRO_org on Twitter and American Society for Radiation Oncology on Facebook.
- Before your meeting, take a group photo and tag your Member of Congress.
- Ask staff or Member of Congress to be in a group photo at the end of the meeting.
- Make sure your post is simple and concise, as you only have 280 characters!

What to Post?

- *Photos of you and your group on the Hill.*
- *"On Capitol Hill today to..." posts. Showing your intention and the reason why Advocacy Day is important.*
- *A note of thanks to Members of Congress.*



Sample Tweets

- Going to meet with @(Member of Congress) about protecting access to care for cancer patients @ASTRO_org #RadOnc #ASTROadvocacy
- .@(Member of Congress) support stable #cancerresearch funding #ASTROadvocacy @ASTRO_org
- Help #fixpriorauth in cancer care @(Member of Congress) #ASTROadvocacy
- Radiation Oncologists are ready to participate in an APM #RadOnc @Astro_org



Top Docs to Follow at #ASTROadvocacy

Benjamin King - @BenjaminKingMD1
 Brian Kavanagh - @BK_radiation
 Fumiko Chino - @fumikochino
 Malika Siker - @DrMalikaSiker
 Paul Harari - @ASTRO_Chair



Legislators to Follow

Senator Debbie Stabenow - @SenStabenow
 Senator Richard Burr - @SenatorBurr
 Representative Paul Tonko - @RepPaulTonko
 Representative Mike Kelly - @MikeKellyPA
 Representative Suzan DelBene - @RepDelBene



Committee Sub Chair's to Follow

Anna Eshoo (Chair - Energy & Commerce Health) - @RepAnnaEshoo
 Michael Burgess (Ranking Member - Energy & Commerce Health) - @michaelcburgess
 Lloyd Doggett (Chair - Ways & Means Health) - @RepLloydDoggett
 Devin Nunes (Ranking Member - Ways & Means Health) - @RepDevinNunes

2019



ASTRO
ADVOCACY
DAY

#ASTROAdvocacy

AMERICAN SOCIETY FOR RADIATION ONCOLOGY

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