

ASTRO's 2020 Virtual Advocacy Day

November 19 & 20



 #ASTROAdvocacy

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

Radiation Oncology

- The targeted use of radiation to safely and effectively treat cancer and other diseases.
- Radiation damages cancer cells, preventing them from growing and spreading. Normal cells are also affected by radiation, but they are able to repair themselves.
- Radiation oncologists are physicians that work with a team to deliver radiation to the tumor while shielding as much surrounding normal tissue as possible.



ASTRO COVID-19 Survey*

- 87% of respondents report a decline in patient volumes with an average decline of 31%
- 43% report revenue declines between 20-30%
- 12% report revenue declines of greater than 50%
- 49% report reduced staffing due to the decline in patient volumes
- 16% report radiation oncology staff being transferred to other clinical areas while 11% report reduced staffing due to staff illness

* Survey responses based on 62% private practice/community based, 35% academic/university experience

ASTRO's 2020 Legislative Requests

- Prevent Pending Evaluation and Management Payment Cuts
 - Cosponsor H.R. 8702
- Ask CMS to fix the Radiation Oncology Model
- Reform Restrictive Prior Authorization Practices
 - Cosponsor H.R.3107
- Increasing Investments in Cancer Research at NIH/NCI

2021 Medicare Physician Fee Schedule (MPFS)



Congress Must Act to Halt Medicare Payment Cuts and Avoid Further Damage to the U.S. Health Care System

On August 3, 2020, the Centers for Medicare & Medicaid Services (CMS) issued its long-awaited 2021 Medicare Physician Fee Schedule (PFS) proposed rule. Physicians and nonphysician health care professionals across the United States are now bracing for harmful payment cuts that could jeopardize patient access to medically necessary services. The reductions are primarily driven by new Medicare payment policies for office and outpatient visits that CMS will implement on January 1, 2021. Drastic cuts caused by changes to these visit codes — also known as evaluation and management (E/M) codes — will further strain a health care system that is already stressed by the COVID-19 pandemic. Furthermore, primary care providers will have fewer choices when referring patients to specialists if health care professionals must close or limit their practices due to these cuts.

Congressional Ask: Cosponsor H.R. 8702, Holding Providers Harmless From Medicare Cuts During COVID-19 Act of 2020

Background: Under the MPFS, CMS plans to move forward with changes to evaluation and management (E/M) codes, which will trigger a budget neutrality requirement.

The E/M changes will result in a 6% payment decrease for radiation oncology. Many key radiation oncology services, including weekly treatment management, will face cuts of around 10%.

Bill: For those providers seeing a payment cut in 2021, this bill would provide a temporary additional payment in the amount of the difference between 2020 and 2021 for two years.



Current Sponsors and Cosponsors of HR 8702

The bipartisan bill was introduced by physician members of congress - Reps. Ami Bera, MD (D-CA) and Larry Bucshon, MD (R-IN)

10/30/2020 - Rep. Bucshon, Larry [R-IN-8]*

10/30/2020 - Rep. Boyle, Brendan F. [D-PA-2]*

10/30/2020 - Rep. Holding, George [R-NC-2]*

10/30/2020 - Rep. Ruiz, Raul [D-CA-36]*

10/30/2020 - Rep. Roe, David P. [R-TN-1]*

10/30/2020 - Rep. Finkenauer, Abby [D-IA-1]*

10/30/2020 - Rep. Marshall, Roger W. [R-KS-1]*

11/05/2020 - Rep. DeGette, Diana [D-CO-1]

11/05/2020 - Rep. Murphy, Gregory [R-NC-3]

11/05/2020 - Rep. Banks, Jim [R-IN-3]

11/09/2020 - Rep. Fitzpatrick, Brian K. [R-PA-1]

11/16/2020 - Rep. Posey, Bill [R-FL-8]

11/16/2020 - Rep. McBath, Lucy [D-GA-6]

11/16/2020 - Rep. Van Drew, Jefferson [R-NJ-2]

11/16/2020 - Rep. Ruppertsberger, C. A. Dutch [D-MD-2]

11/16/2020 - Rep. Ryan, Tim [D-OH-13]

11/16/2020 - Rep. Fleischmann, Charles J. "Chuck" [R-TN-3]

11/16/2020 - Rep. Roybal-Allard, Lucille [D-CA-40]

11/16/2020 - Rep. Gonzalez, Anthony [R-OH-16]

11/16/2020 - Rep. Axne, Cynthia [D-IA-3]

11/16/2020 - Rep. Baird, James R. [R-IN-4]

11/16/2020 - Rep. Beatty, Joyce [D-OH-3]

11/16/2020 - Rep. Harris, Andy [R-MD-1]

11/16/2020 - Rep. Young, Don [R-AK-At Large]

11/17/2020 - Rep. Brindisi, Anthony [D-NY-22]

11/17/2020 - Rep. Krishnamoorthi, Raja [D-IL-8]

11/17/2020 - Rep. Langevin, James R. [D-RI-2]

11/17/2020 - Rep. Fletcher, Lizzie [D-TX-7]



The Radiation Oncology Alternative Payment Model



Congressional leaders support radiation oncology community concerns about proposed Medicare alternative payment model

ARLINGTON, Va., November 13, 2019

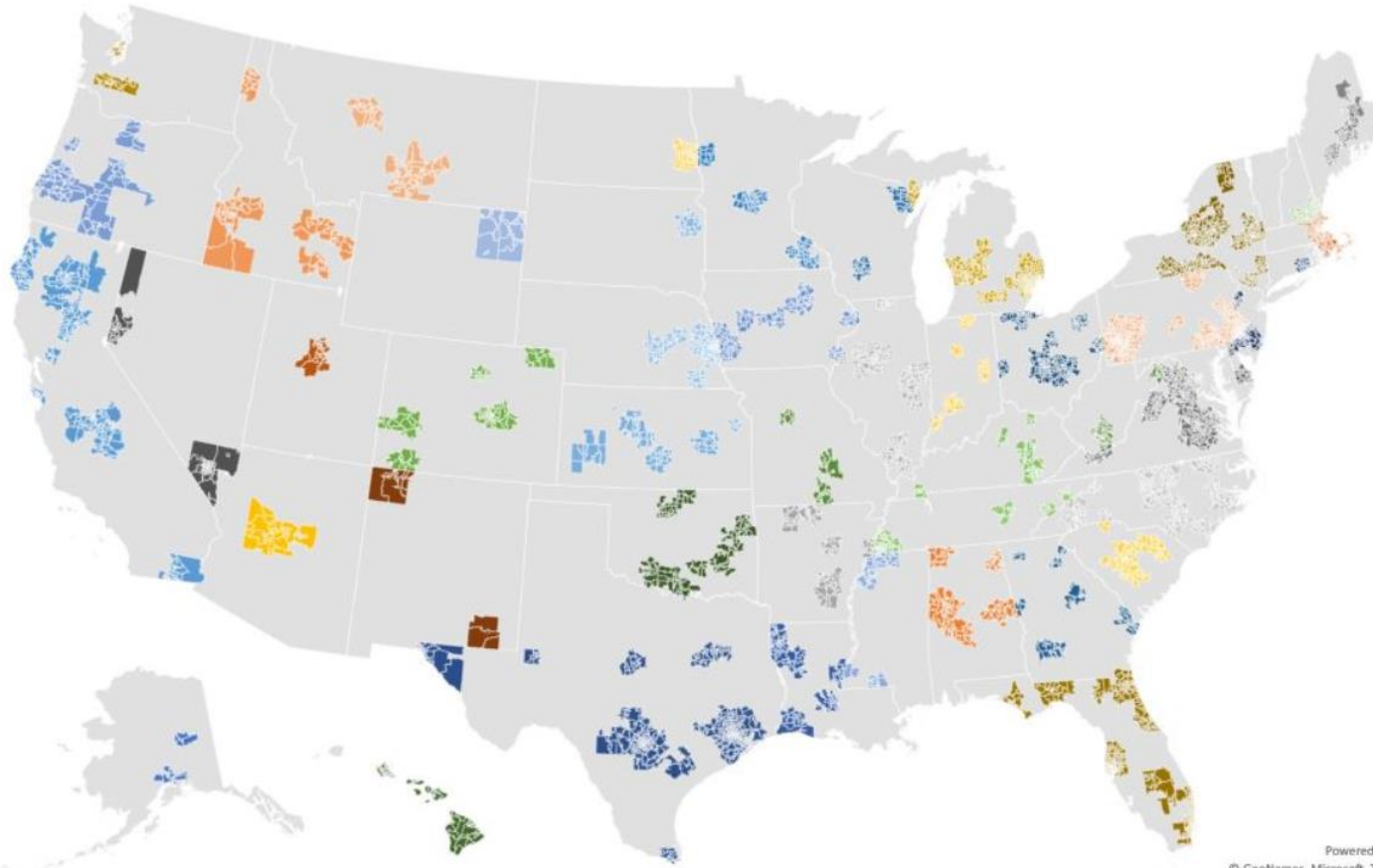
Members of Congress from both sides of the aisle issued a series of oversight letters to the Centers for Medicare and Medicaid Services (CMS) in recent months to urge the Agency to adjust its proposed radiation oncology advanced alternative payment model (RO Model). CMS is expected to issue its final determination before the end of 2019.

Radiation oncology congressional champions Senators Richard Burr (R-N.C.) and Debbie Stabenow (D-Mich.) and Representatives Michael Burgess (R-Texas), Brian Higgins (D-N.Y.), George Holding (R-N.C.), Devin Nunes (R-Calif.), Mike Simpson (R-Idaho) and Paul Tonko (D-N.Y.) were among those who wrote to CMS Administrator Seema Verma to advocate that the RO Model be revised prior to it being finalized in order to protect cancer patients' access to life-saving radiation treatments. Their letters echo [key areas of concern](#) identified by physicians, patients and stakeholders from the radiation oncology community.



Mandatory participation

RO Model Zip Codes

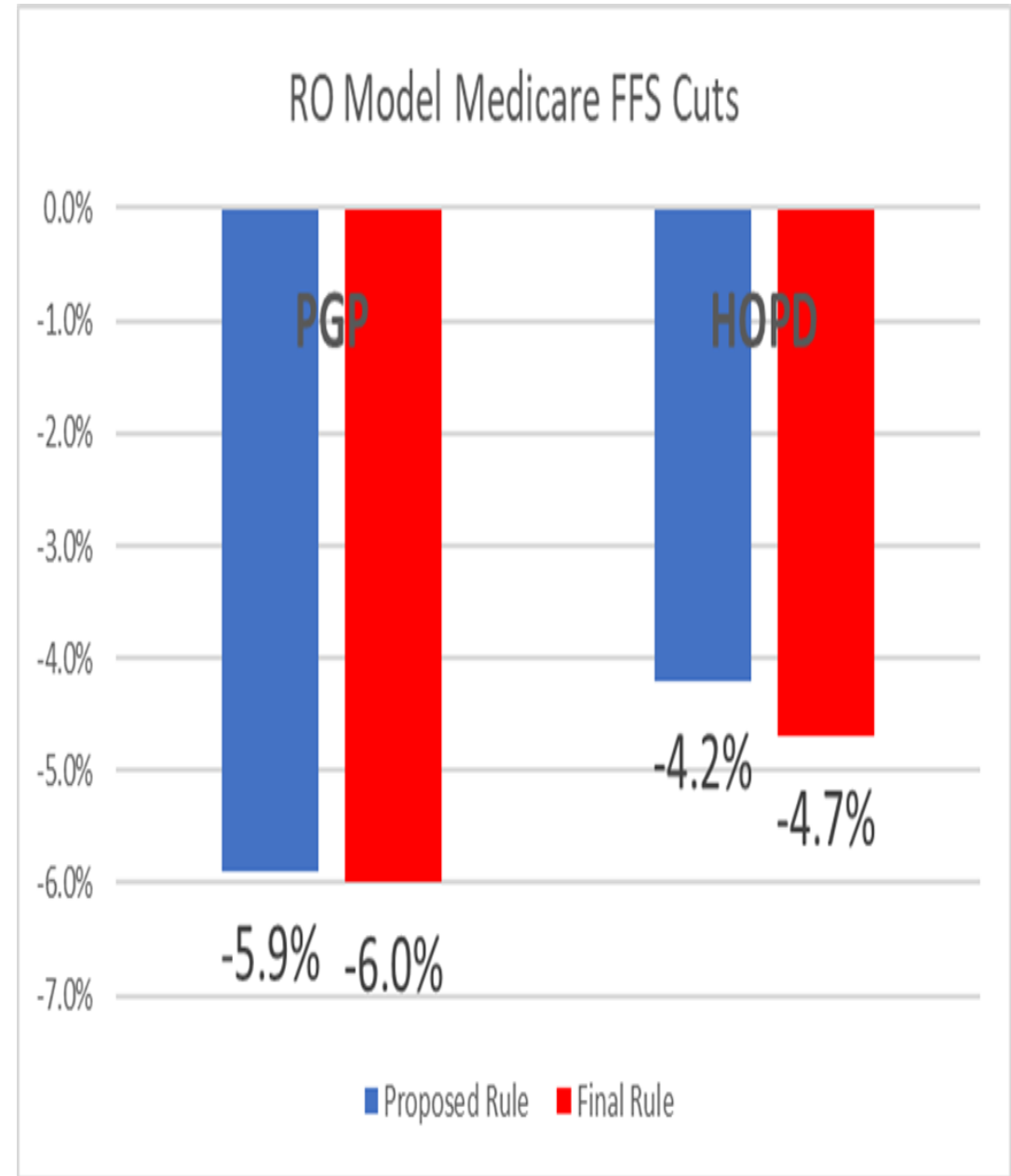


Created by Nikhil Thaker, MD

- 30% of all RO episodes in eligible geographic areas will be included in the model.
- **RO Model: \$230 million in savings over 5 years**
 - **ESRD: \$25m over 5 years**
- 500 group practices
- 450 hospital outpatient departments

RO Model Final Rule

- Payment cuts that exceed those in other models and MACRA
- Cuts **HIGHER** than proposed rule





Payment Methodology

| RO Model Cuts - Performance Year 1 | | | |
|------------------------------------|--|---------------|---------------|
| | | PC | TC |
| 1 | National Case Rates | - | - |
| 2 | Application of a Trend Factor | -3% | -3% |
| 3 | Geographic Adjustment | - | - |
| 4 | Experience & Blend | - | - |
| 5 | Discount Factor | -3.75% | -4.75% |
| | Withholds for Incorrect Payments and Quality | | |
| 6 | Performance | -3% | -1% |
| 7 | Co-Insurance | - | - |
| 8 | Sequestration | - | - |
| | TOTAL CUTS | -9.75% | -8.75% |

*Trend factor estimate and ability to earn back withholds

Congress Must Act to Protect Patient Access to Radiation Oncology and Drive Value-Based Care

Model Start Date

Provide mandated participants more time to cope with the pandemic and adopt the model.

Reduce Payment Cuts

Reduce the discount factor cuts to a level consistent with MACRA's intent and other payment models.

- Decrease the professional and technical discount factor payment cuts to 3%.

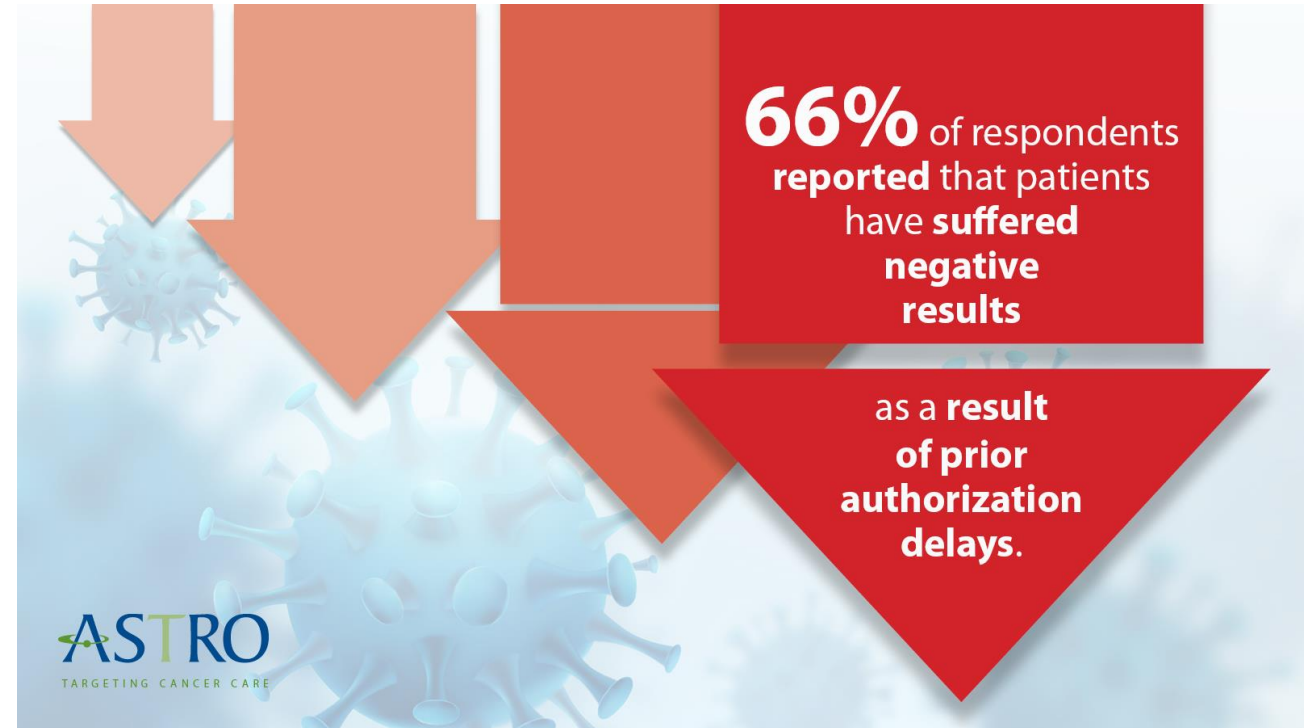
Prior Authorization



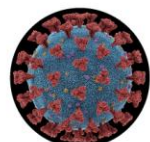
ASTRO's 2020 Prior Authorization Survey

- The survey was sent to U.S. radiation oncologists in August 2020.
- This survey focused on the burden of prior authorization during the COVID-19 Public Health Emergency.

** Preliminary Results



ASTRO Prior Authorization & COVID-19 Survey (Preliminary Results)

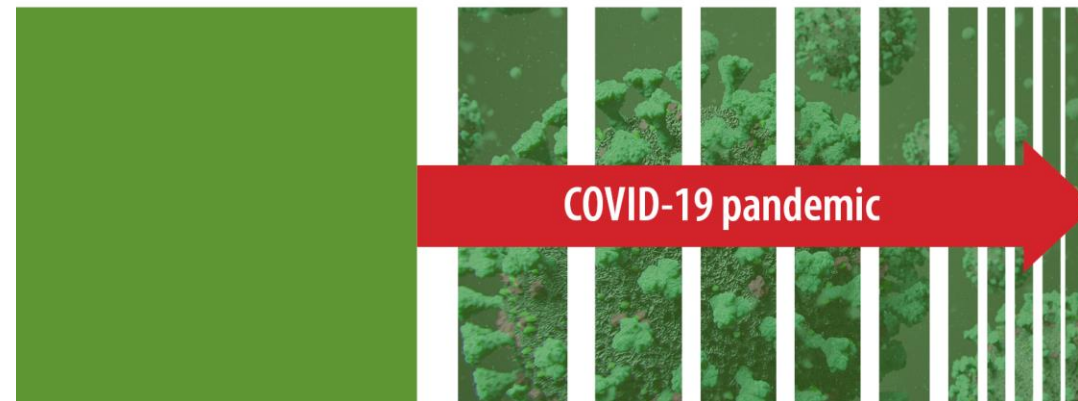


69% of respondents indicated that the **burden of prior authorization increased** for their practice **since the start of the COVID-19 pandemic.**

PRIOR AUTHORIZATION REQUIRED



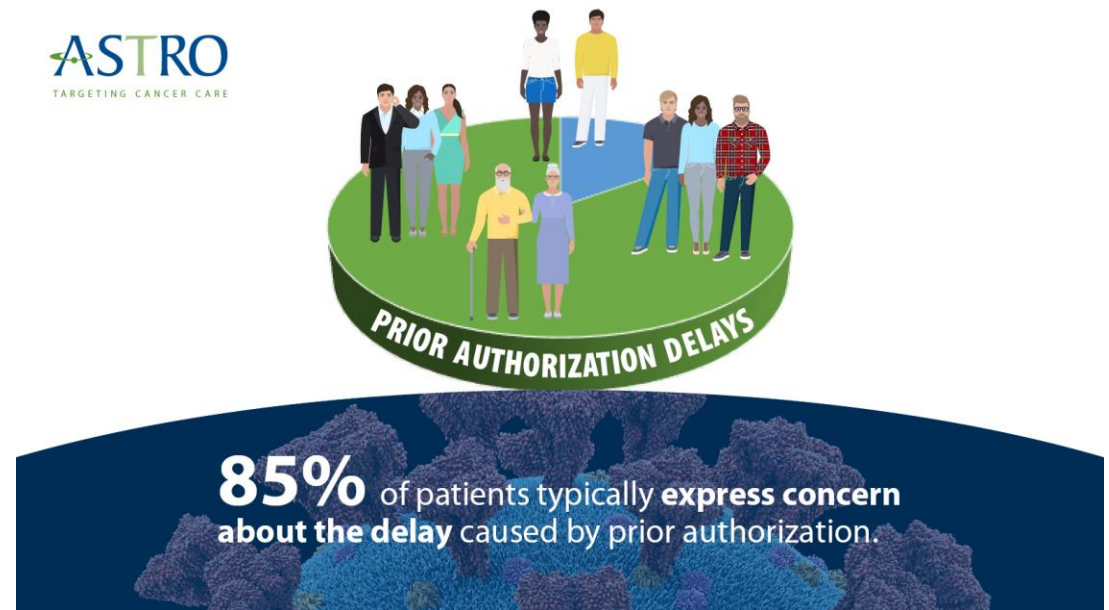
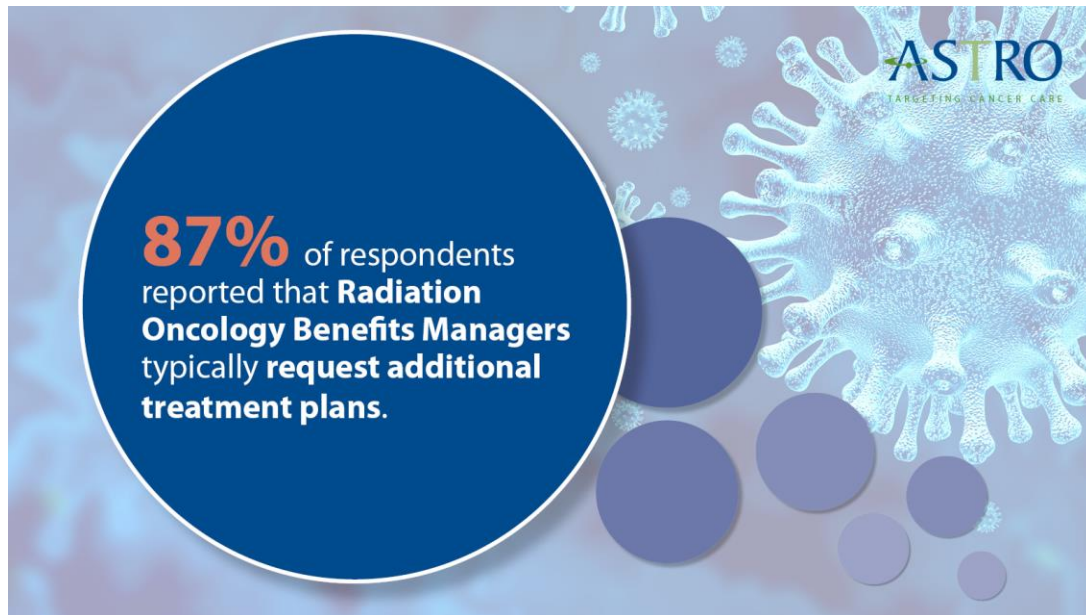
64% of respondents said that **treatment delays** from prior authorization **increased during the COVID-19 pandemic.**



#ASTROAdvocacy

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

ASTRO Prior Authorization & COVID-19 Survey (Preliminary Results)



ASTRO Prior Auth Survey in the PHE

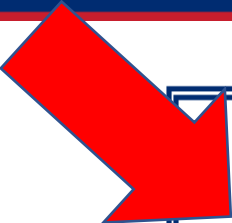
Open Ended Responses...

- **COVID-19 empowered the prior authorization folks. They then used it as an excuse to delay peer to peer calls by two weeks.**
- Delays in treatment led to progression of brain metastasis and ultimately **death of patient.**
- **The prior auth by itself is another pandemic.** This needs to be fixed by Congress.
- **The majority of our patients are now delayed over two weeks pending a fairly routine denial and appeal process.** Virtually all appeals are successful, but in the meantime, we have upset patients, angry family members, and an emotionally exhausted staff interacting on a daily basis.

FIX PRIOR AUTHORIZATION

PROTECT PATIENT ACCESS TO LIFE SAVING CANCER TREATMENTS

CONGRESSIONAL REQUEST



Cosponsor the Improving Seniors' Timely Access to Care Act (H.R. 3107) introduced by Reps. Suzan DelBene (D-WA), Mike Kelly (R-PA), Roger Marshall, MD (R-KS), and Ami Bera, MD (D-CA). This bipartisan legislation would help protect patients from unnecessary delays in care by streamlining and standardizing prior authorization under the Medicare Advantage program, providing much-needed oversight and transparency of health insurance for America's seniors.

Specifically, the bill would:

- Create an electronic prior authorization program including the electronic transmission of prior authorization requests and responses and a real-time process for items and services that are routinely approved;
- Improve transparency by requiring plans to report to CMS on the extent of their use of prior authorization and the rate of approvals or denials;
- Require plans to adopt transparent prior authorization programs that are reviewed annually, adhere to evidence-based medical guidelines, and include continuity of care for individuals transitioning between coverage policies to minimize any disruption in care; and
- Hold plans accountable for making timely prior authorization determinations and to provide rationales for denials.

Cancer Research Funding



Cancer Research Funding

ABOUT **1.81 MILLION**
NEW US CANCER CASES
➡ **4,950 new cases** each day



ROUGHLY **1 MILLION**
WILL BE TREATED WITH
RADIATION THERAPY



ABOUT **606,520 DEATHS**
FROM CANCER
➡ more than **1,600 deaths** each day

RETURN ON
THIS INVESTMENT IS
**VAST AND AFFECTS
EVERY SEGMENT**
OF OUR SOCIETY

RESEARCH HAS
**CONTRIBUTED
TO AVERTING
2.9 MILLION
DEATHS**



COVID-19 Impact on Cancer Research

- COVID-19 has drastically decreased donations to cancer-focused philanthropic organizations. The American Cancer Society, for example, expects a \$200 million decrease in donations this year and has not been able to accept applications for research grants for the Fall grant cycle.
- Some cancer centers halted enrollment on clinical trials entirely during the height of the pandemic. A survey of dozens of clinical investigators in March found that nearly 60% of respondents had halted screening and/or enrollment in certain trials, and that half of their institutions had ceased collection of blood and other tissue for research purposes.



Source:

- Ziad Bakouny, Jessica E. Hawley, Toni K. Choueiri, Solange Peters, Brian I. Rini, Jeremy L. Warner, Corrie A. Painter. COVID-19 and Cancer: Current Challenges and Perspectives. *Cancer Cell*, 2020; DOI: [10.1016/j.ccell.2020.09.018](https://doi.org/10.1016/j.ccell.2020.09.018)
- <https://www.sciencedaily.com/releases/2020/10/201006153524.htm>

Congressional Ask

- At least \$44.7 billion (\$3 billion increase) for the National Institutes of Health (NIH) in the FY2021 funding bill including \$6.9 billion (\$500 million increase) for the National Cancer Institute (NCI)
- \$559 million for the Centers of Disease Control and Prevention's (CDC) cancer programs, including \$70 million (\$19 million increase) for cancer registries, in the FY2021 funding bill
- \$10 billion in the next emergency supplemental funding bill for the NIH to jumpstart COVID19 impacted research



Can we take a “thank you” picture?
#ASTROadvocacy



Follow Us on ASTRO Social Channels

| Social Channel | ASTRO Handle |
|---|---|
|  | @ASTRO_org |
|  | @astro_org |
|  | American Society for Radiation Oncology |
|  | American Society for Radiation Oncology |

Questions?

