The American Society for Radiation Oncology (ASTRO) represents more than 10,000 individuals striving to give cancer patients the best possible care. Members include radiation oncologists, nurses, medical physicists and other health care professionals. In 2017, there were an estimated 1.7 million new cancer cases. Close to 60 percent of all cancer patients will receive radiation therapy during their treatment, meaning that ASTRO’s membership treats more than a million cancer patients each year.

**Radiation Therapy:** Radiation therapy is safe and effective. It works by damaging a cancer cell’s genetic material, thus stopping its growth. When the injured cancer cells die, the body’s natural healing processes remove them. Radiation therapy can be delivered externally, internally or through surface application. Most treatments are given as outpatient procedures, and so patients can maintain a high quality of life while receiving treatment.

**Access to Radiation Oncology Care:** Of the one million-plus patients treated annually, about 60% receive care in hospital outpatient departments, and the other 40% receive care in freestanding community-based centers. Radiation oncology centers have extremely high fixed costs. The minimum capital required to build a center is approximately $5.5 million. Radiation oncology reimbursement rates have faced cumulative payment cuts totaling approximately 20 percent for freestanding community-based centers. These payment cuts created instability throughout the profession, jeopardizing the viability of these centers and patient access to care.

**Patient Access and Medicare Protection Act of 2015 (PAMPA):** ASTRO appreciates Congress’ longstanding support of radiation oncology, perhaps best exemplified by the bipartisan passage of PAMPA, which stabilized physician payments through the end of 2018. However, PAMPA is not a permanent solution. It’s critical that radiation oncologists have an APM before PAMPA expires. The Medicare Access and CHIP Reauthorization Act (MACRA) has provided ASTRO with an opportunity to pursue aggressively an APM that promotes high-quality care and moves us beyond the current era of uncertainty.

**Center for Medicare & Medicaid Innovation (CMMI):** Recently, CMMI released a report to Congress which outlined design considerations for implementing an Advanced APM in radiation oncology. ASTRO has proposed a Radiation Oncology Alternative Payment Model, or the RO-APM. We are pleased to see that our proposal is concordant with the concepts for an Advanced APM in the CMMI report.

**Radiation Oncology Alternative Payment Model:** The RO-APM uses care episodes that remain the same regardless of the course, modality or length of treatment. Care episodes are clearly defined by billing codes that punctuate the beginning and end of a treatment course and the 90-day period thereafter. A provider’s target episodic payment rate will enable practitioners to focus on high value patient care. The model features a two-sided risk corridor, with an opportunity for shared savings but also accountability for excess resource utilization. Throughout the episode, physicians must adhere to strict clinical practice guidelines. These guidelines help to ensure that patient care is of the highest quality without over- or under-treating patients. In addition, the RO-APM rewards participation in a robust practice accreditation program and measures performance on quality measures. The model also rewards shared decision-making with patients, efficient communication with other providers caring for the patient and survivorship planning.

**Conclusion:** The field of radiation oncology needs long-term payment stability to secure patient access to care. ASTRO’s goal is to provide stability by implementing an RO-APM on or before December 31, 2018. ASTRO is committed to moving full speed ahead to ensure that radiation oncology can meaningfully participate in Advanced APMs under MACRA that drive greater value in care.