

American Society for Radiation Oncology (ASTRO)

2021 Virtual Advocacy Day
July 22-23



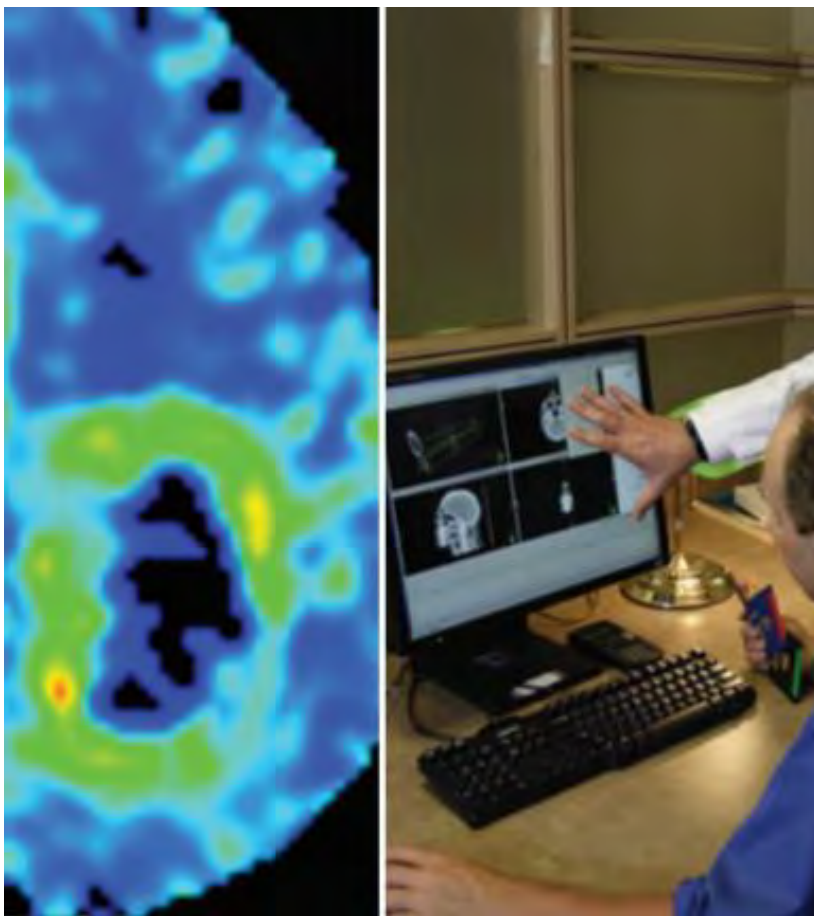
 #ASTROAdvocacy

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

Introductions...

- **About ASTRO:** ASTRO is the premier radiation oncology society in the world, with more than 10,000 members who are physicians, nurses, biologists, physicists, radiation therapists, dosimetrists and other health care professionals who specialize in treating patients with radiation therapies.
- **About us & where we work:** ASTRO members are medical professionals who work at hospitals, cancer treatment centers and academic research facilities around the globe, make up the radiation therapy treatment teams that are critical in the fight against cancer. **Together, ASTRO's members treat more than 50% of cancer patients each year.**
- **Tell us about you!**



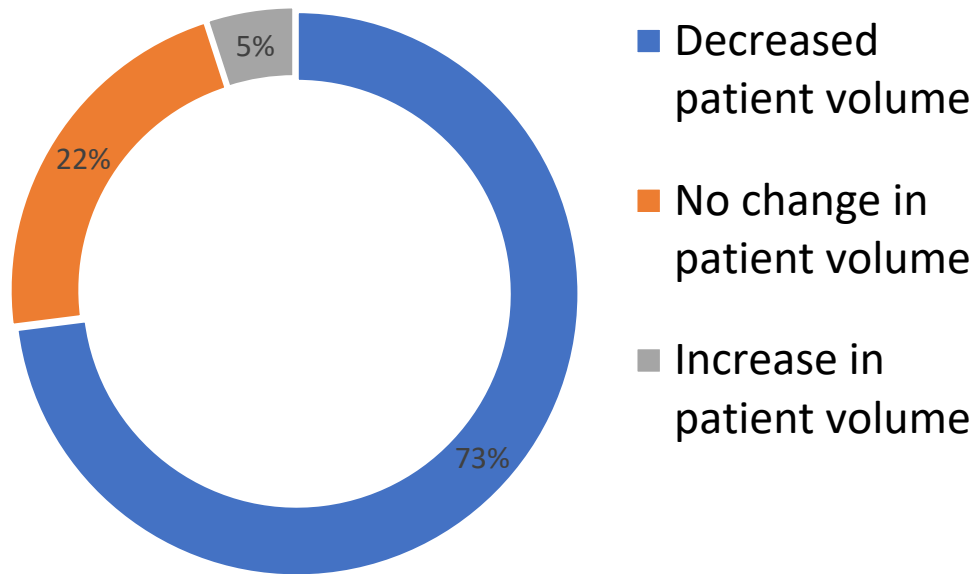


What is Radiation Oncology?

- 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.

Survey: Radiation Oncology & COVID-19

Patient Visits in 2020



Financial Impact during COVID:

96% of all facilities estimate a decrease in practice revenue due to the COVID-19 pandemic.

Three out of five facilities plan to see a potential 11 to 30% decrease in practice revenue.

12% of facilities will plan to see a potential 31% or more decrease in practice revenue.

Advancing health equity measures to reduce
cancer disparities in patient care



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- The COVID-19 pandemic has highlighted disparities in care for countless Americans, as it is evident that people of color and other marginalized groups are disproportionately impacted by the coronavirus. **However, disparities and access to comprehensive health care is not a new phenomenon.**
- ASTRO has supported legislation to expand access to high quality health care to underserved populations and continues to look for ways to partner with congressional leaders to advance these goals.
- **In addition to supporting legislative efforts, ASTRO seeks to address diversity in the workforce within the field of radiation oncology.** The Minority Summer Fellowship Award introduces medical students from backgrounds that are under-represented in medicine to the discipline of radiation oncology early in their medical education.
- The program is spearheaded by ASTRO's Committee on Health Equity, Diversity, and Inclusion (CHEDI), which has a mission to advance the status of minorities and the underserved in oncology through educational and professional opportunities, advocacy, and awareness. **Many of ASTRO's members also work with community partners and population scientists to improve cancer screening, education, and survivorship care.**

Congressional Ask

As Congress works toward solutions to address the health care needs of the underserved populations, ASTRO aims to lend itself as a partner in the efforts to bridge the gap for marginalized groups.



Join a live session on DEI in Radiation Oncology and/or listen to a recording for more information on ASTRO's work to educate and reduce disparities in cancer care.



DEI IN RO
DIVERSITY, EQUITY AND INCLUSION
IN RADIATION ONCOLOGY

**Join us for a discussion
on the Social Determinants
of Health!**

Tuesday, July 20, 2021
6:00 p.m. – 7:00 p.m. Eastern time



DEI IN RO
DIVERSITY, EQUITY AND INCLUSION IN RADIATION ONCOLOGY

**INSURANCE DISPARITIES AND
ACCESS TO CANCER CARE**



1:03:43



Radiation Oncology Model (RO-Model) Overview

RO Model: Context and History

- From 2009 and 2014 freestanding radiation oncology clinics experienced cuts of approximately 20%, even after Congress intervened to block additional payment cuts.
- Hospital-based facilities have faced declines in reimbursement 2008-2015 as the Comprehensive Ambulatory Payment Classification system expanded, bundling more service and reimbursing them at lower rates.



**Prospectively Paid
90-Day Episode of Care
Applicable to Medicare FFS Beneficiaries
All RT Services/RT Modalities of Treatment**

RO MODEL

- Anal Cancer
- Bladder Cancer
- Breast Cancer
- Bone Metastases
- Brain Metastases
- Cervical Cancer
- CNS Tumors
- Colorectal Cancer
- Head and Neck Cancer
- Liver Cancer
- Lung Cancer
- Lymphoma
- Pancreatic Cancer
- Prostate Cancer
- Upper GI Cancer
- Uterine Cancer

RO Model Timeline



JULY 19, 2021 – RO
MODEL PROPOSED
RULE



SEPTEMBER 17, 2021 –
COMMENT PERIOD
CLOSES



NOVEMBER **?**, 2021
FINAL RULE RELEASED



JANUARY 1, 2022 –
LAUNCH DATE

2022 RO Model Proposed Rule – Key Proposals

- Reduces of the discount factor by .25%
- Shifts baseline period to 2017-2019
- Excludes brachytherapy
- Establishes two prong approach to Advanced APM Status



This document is scheduled to be published in the Federal Register on 08/04/2021 and available online at [federalregister.gov/d/2021-15496](https://www.federalregister.gov/d/2021-15496), and on [govinfo.gov](https://www.govinfo.gov)

(Billing Code)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 412, 416, 419, and 512

Office of the Secretary

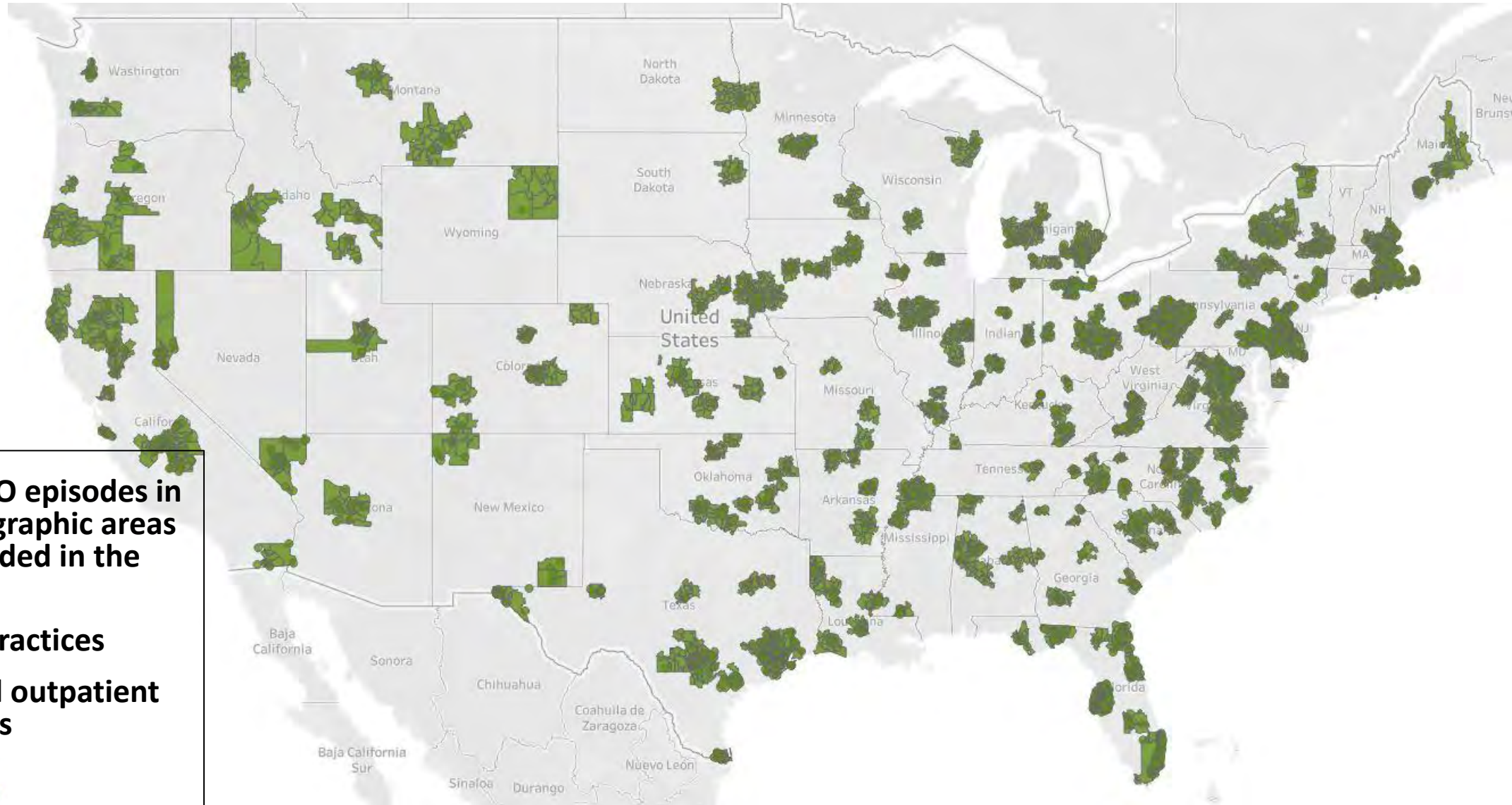
Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical

Center Payment Systems and Quality Reporting Programs; Price Transparency of

Hospital Standard Charges; **Radiation Oncology Model; Request for Information on Rural**

Emergency Hospitals

Participating Zip Codes



- **30% of all RO episodes in eligible geographic areas will be included in the model.**
- **500 group practices**
- **450 hospital outpatient departments**

\$230M to \$160M in Overall Cuts... Good, right?

\$230M Savings 2020 Final Rule

- Based on 2016-2018 Base Period
- Includes Brachytherapy
- Includes Liver Cancer

\$160M Savings 2022 Proposed Rule

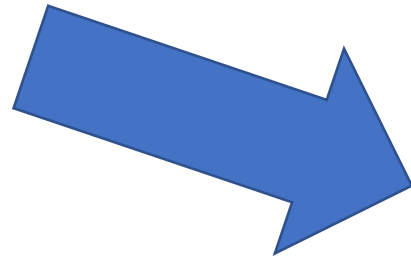
- Based on 2017-2019 Base Period
- Excludes Brachy and Liver Cancer
- Excludes 2022 MPFS Proposed cuts, **could ultimately be worse!**

Medicare proposes 8.75% Cut to Radiation Oncology Care

- Redistributions in physician payments would cut some high value radiation cancer treatments up to 22%
- Radiation oncology cuts are third highest among all specialties
- If finalized, community-based radiation oncology care would have been cut by 17% over last 10 years, threatening access to care.
 - Radiation oncology revenues dropped by 8% during COVID
- Cuts coincide with reductions to hospitals and group practices under RO Model
- **Congress must act to protect cancer patient access to radiation oncology care by forcing CMS to reduce payment cuts or, at least, phase in reductions.**

G6015	Radiation tx delivery IMRT	-12.72%
77427	Radiation tx management x5	-0.77%
77014	CT scan for therapy guide	-7.74%
77301	Radiotherapy dose plan IMRT	-13.31%
G6012	Radiation treatment delivery	-19.22%
77014	CT scan for therapy guide	-2.27%
G6013	Radiation treatment delivery	-19.31%
77263	Radiation therapy planning	-1.97%
77373	SBRT delivery	-22.60%

Payment Methodology



RO Model Cuts - Performance Year 1			
		PC	TC
1	National Case Rates	-	-
2	Application of a Trend Factor	-?%	?%
3	Geographic Adjustment	-	-
4	Experience & Blend	-	-
5	Discount Factor	-3.50%	-4.50%
	Withholds for Incorrect Payments and Quality		
6	Performance	-3%	-1%
7	Co-Insurance	-	-
8	Sequestration	-2%	-2%
	TOTAL CUTS	+/-8.50%	+/-7.50%

- The Trend Factors will not be known until 30 days prior to start of PY
- The withholds can be earned back after the reconciliation period

Healthcare Disparities Impact

- A Mayo Clinic analysis indicated that practices caring for socioeconomically disadvantaged populations may face significant revenue reductions, resulting in access to care issues for the communities they serve.
- Analysis of the National Base Rates indicate a significant reduction in payment for cervical cancer treatment, which disproportionately impacts minority women. The payment rate set by CMS does not recognize guideline concordant care, which is critical to patient survival rates.
- Rural providers would experience cuts on average of 8% further eroding their ability to invest in new equipment and technologies.



Health Equity Achievement in Radiation Therapy (HEART)

- ASTRO recommends the establishment of a Health Equity Achievement in Radiation Therapy (HEART) payment for wraparound services to address healthcare disparities.
- This concept is very similar to the Monthly Enhanced Oncology Services (MEOS) payment that is applied in the Oncology Care Model.
- HEART payments could support services, not currently billable, such as triage patient needs 24/7, provide patient care navigation, including patient education and symptom management, and assess and address patient's nutrition, transportation and lodging needs to address barriers to accessing treatment and compliance with treatment care plan.

ASTRO responds to CMS Radiation Oncology Model: Implementation delay and more reforms needed

ARLINGTON, Va., September 18, 2020

In response to today's announcement by the Centers for Medicare and Medicaid Services (CMS) to establish an advanced alternative payment model (APM) for radiation oncology practices starting January 1, 2021, the American Society for Radiation Oncology (ASTRO) issued the following statement from Theodore L. DeWeese, MD, FASTRO, Chair of the ASTRO Board of Directors:

"Achieving value-based care in radiation oncology that improves outcomes for cancer patients has been a longstanding goal of ASTRO. The final Radiation Oncology Model announced today by the Center for Medicare and Medicaid Innovation begins moving the specialty in that direction but fails to address many of the radiation oncology community's key concerns.



Many Organizations Have Weighed in Support of Reforms to the RO Model

American Hospital Association
American Medical Association
Association of Community Cancer Centers
Association for Clinical Oncology
Boston Scientific Corporation
Community Oncology Alliance
Elekta
International Myeloma Foundation
Medical Device Manufacturers Association
Medical Group Management Association
National Partnership for Women & Families
Children's Cancer Cause
International Myeloma Foundation
Lymphoma Research Foundation
National Coalition for Cancer Survivorship
Ovarian Cancer Research Alliance
Prevent Cancer Foundation
Susan G. Komen
And many more...

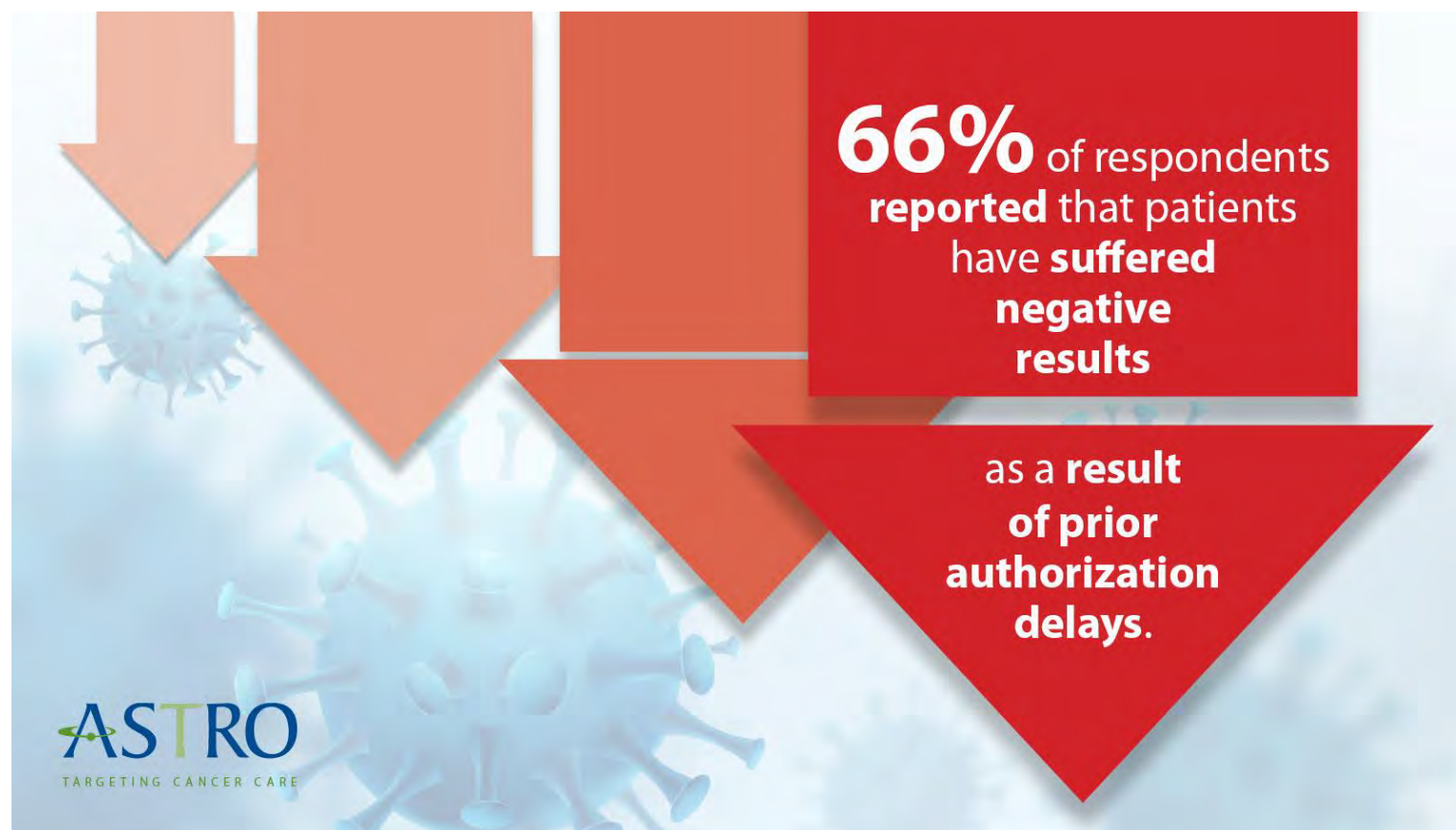
Key RO Model Asks:

- The RO Model should be revised to establish appropriate and stable payments.
- The RO Model discount factors should be set at 3% or less.
- The 5% Advanced APM bonus should be applied to the TC in freestanding settings.
- The Quality Reporting requirements, particularly the Clinical Data Elements should be phased in as vendors are able to incorporate them into EHRs.
- The establishment of a Health Equity Achievement in Radiation Therapy (HEART) payment for wraparound services to address healthcare disparities.

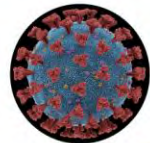
Prior Authorization



ASTRO's 2020 Prior Authorization Survey



ASTRO Prior Authorization & COVID-19 Survey



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

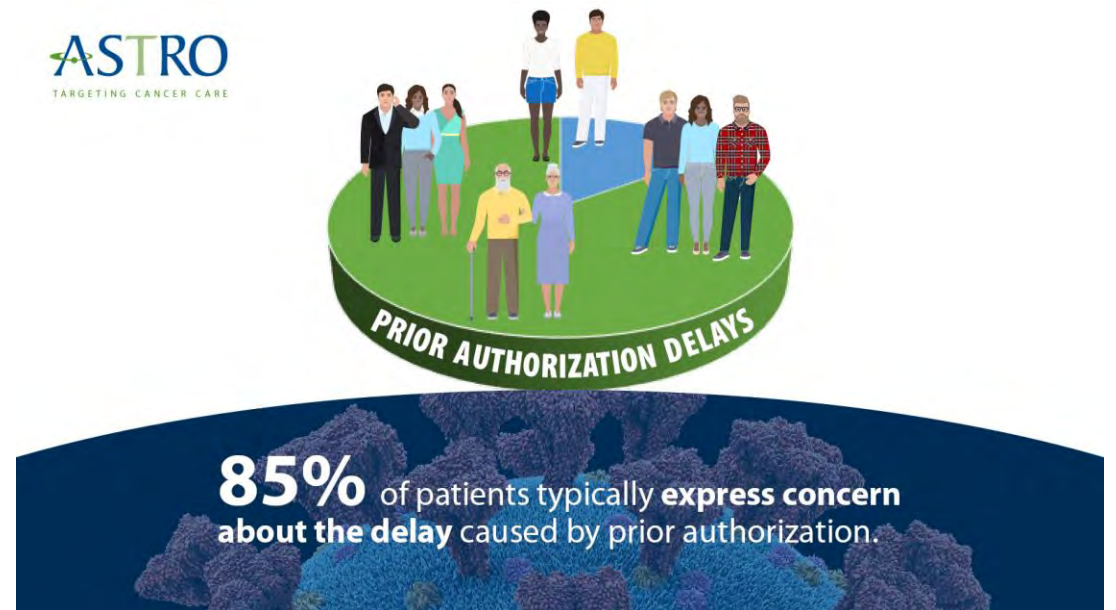
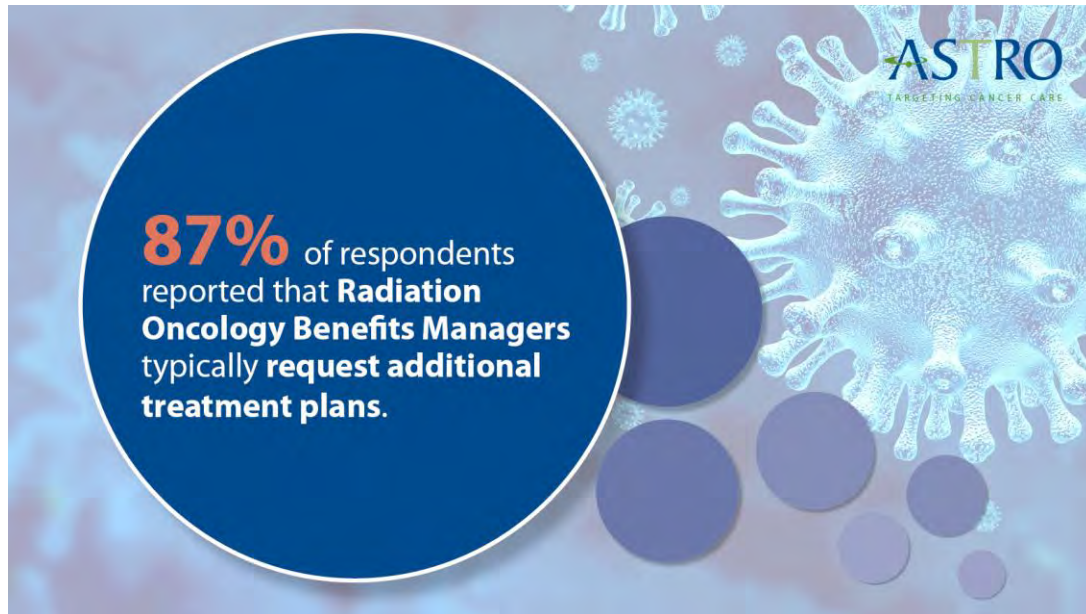
PRIOR AUTHORIZATION REQUIRED



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



ASTRO Prior Authorization & COVID-19 Survey



HR 3173, Improving Seniors' Timely Access to Care Act

- Establish an electronic prior authorization process.
- Require HHS to establish a process for “**real-time decisions**” for items and services that are routinely approved.
- Improve transparency by requiring MA plans to report to Centers for Medicare & Medicaid Services (CMS) on the extent of their use of prior authorization and the rate of approvals or denials.
- Encourage plans to adopt prior authorization programs that adhere to evidence-based medical guidelines in consultation with physicians.

HR 3173, Improving Seniors Timely Access to Care Act

- Bipartisan Representatives Suzan DelBene (WA-01), Mike Kelly (PA-16), Ami Bera, MD (CA-07), and Larry Bucshon, MD (IN-08) introduced the bill on May 13, 2021.
- Currently 151 bipartisan cosponsors in the House of Representatives.
- A Senate companion bill will be introduced soon.
- **We'd appreciate your support and co-sponsorship!**

Cancer Research Funding



Investments in Cancer Research Pay Back

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

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



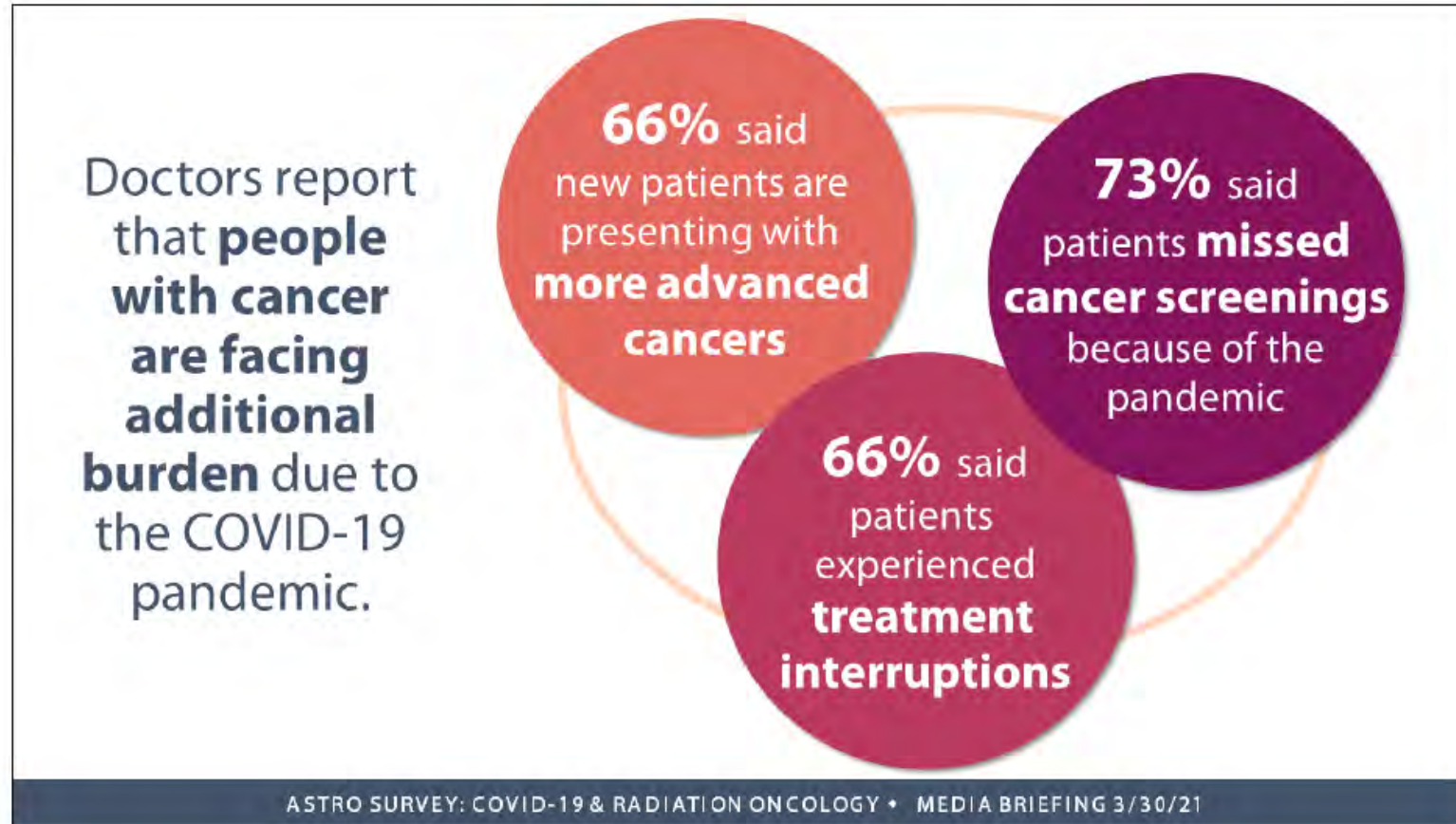
1.9 million
new cancer cases
estimated in 2021

More than half
will be treated with
RADIATION THERAPY



ASTRO
cancer specialists
who treat
patients with
radiation
therapies

COVID-19-Worsened Cancer Burdens Call for More Medical Breakthroughs



Congressional Ask

- Support at least \$46.111 billion (a \$3.177 billion increase) for NIH in FY2022 including \$7.609 billion for cancer research at the National Cancer Institute (NCI).
- Include Radiation Oncologists in the proposed Advanced Research Projects Agency for Health (ARPA-H)-related discussions:
 - Approximately 50% of all cancer patients receive radiation therapy
 - Paradigm-shifting breakthroughs in radiation oncology that promise to maximize treatment effectiveness and reduce toxicities. A few examples:
 - ✓ Ultra-High Dose Rate (FLASH) Radiotherapy
 - ✓ Particle (Proton or Heavy Ion) Radiation Therapy
 - ✓ Radiopharmaceutical Therapy
 - ✓ Artificial Intelligence-Enabled Precision Radiation Therapy

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



Questions?

