



NCCN Holds Twelfth Annual State Oncology Society Forum

Sean T. McCarson, MPA, State Policy Specialist, NCCN

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NCCN Summary Update

NCCN was proud to host its twelfth annual State Oncology Society Forum (SOSF) at the conference. A coalition of state societies in representation of over 35 states were in attendance with an audience of some 61 attendees. Industry supporters were present as well for the programming, bringing the attendance to roughly 80 participants. Previous meetings and surveys of the various societies helped to inform this year's programming.

We heard a Keynote from Dr. Lucy Langer, National Medical Director of Oncology & Genomics from UnitedHealthcare on value models. From there, we dove into the first moderated panel on the evolving models of value-based care in the US. Panelists explored the evolving landscape of value-based care including in government and commercial settings. Emerging and ongoing value models including the Enhancing Oncology Model and the Transform Oncology Care Model were discussed.

The next panel delved into emerging state issues impacting access to care. Panelists discussed the legislative and regulatory landscape overall which included but not was not limited to the following: prior authorization reform, step therapy, gold carding, PBMs, copay accumulators, non-medical switching, drug repository programs, oral chemo parity, telemedicine, fertility preservation, Medicaid expansion, drug pricing, and implementation of the Clinical Treatment Act. Finally, the state societies discussed these topics at length and shared some of the challenges surrounding addressing these issues.

Welcome and Introductions

Gary Weyhmuller, MBA, SPHR, Executive Vice-President, Chief Operating Officer, NCCN, welcomed attendees, thanked sponsors, and reviewed the agenda for the State Oncology Society Forum.

NCCN Policy Update

Vicki Hood, MPP, Manager, Policy & Advocacy, NCCN provided this year's policy update. NCCN's mission is to improve and facilitate quality, effective, equitable, and accessible cancer care so that patients can live better lives; where the intersection of this mission meets policy, NCCN aligns with our organizational strategic plan by evaluating the following: content relevance, content influence, member engagement, and optimization of resources.

At the federal level, the NCCN Oncology Policy Program responds to key legislative and regulatory issues impacting cancer care by engaging stakeholders, responding to proposed rules and RFI's, and engaging in thought leadership activities such as Congressional briefings.

At the state level, NCCN seeks to Identify, track, and act on key state legislation in alignment with our policy priorities. We also work to expand NCCN's understanding of the state policy and legislative landscape and its impact on access to high-quality, equitable, guideline-concordant care. Finally, we build, maintain, and expand stakeholder relationships to advance state policy priorities. Some of the top legislative priorities are access mandates to biomarker testing and screening, as well as various levels of prior-authorization reform, and fertility preservation.



Both programs focus on three key priorities: legislative monitoring and engagement, regulatory analysis and engagement, and stakeholder education and engagement. Without the help of our State Oncology Societies, we would not be as successful. Our team remains nimble because we are committed to shared values and collaboration with various coalitions.

Keynote: Value Models in Oncology

Lucy Langer, MD, MSHS, National Medical Director, Oncology & Genomics, UnitedHealthcare graciously provided a 45-minute keynote to the audience. Dr. Langer first discussed oncology trends such as disparities in cancer care, increased use of precision medicine, aging populations, and rising incidence of cancer globally.

The shift towards value was discussed. In this vein, there is a lot of variability in medical care delivery globally. It is estimated that 35-50% of annual healthcare expenditures can be attributed to ‘low value’ or inadequate, unnecessary, uncoordinated, or inefficient care. To this end, the ABIM created Choosing Wisely a campaign that seeks to advance a national dialogue on avoiding unnecessary medical tests, treatments, and procedures. ASCO participates in choosing wisely by promoting better understanding of low-value services in oncology care.

In considering the concepts of ‘low value’ care and ‘cost of nonadherence’ we are starting to focus in on the concept of value itself. Several large organizations have developed value frameworks that attempt to apply an algorithmic approach to aid in the analysis of how much ‘value’ a specific entity – whether it be a drug, a laboratory test, or a procedure – contributes. You will recall that in its simplest form, Value can be described as Quality / Cost.

The CMS innovation Center Value Contracts was discussed. It has received \$20 billion in funding since inception in 2010 and tests innovating payments and service delivery models to transform the U.S. health system away from FFS. OCM and EOM were discussed at length as well as the future value of contracting in oncology.

Panel 1: Evolving Models of Value-Based Care

Moderated by Alyssa Schatz, MSW, Senior Director, Policy & Advocacy, NCCN. Lindsey Bandini, MPH, Senior Manager, Best Practices Program, NCCN. Kjel Johnson, PharmD, Vice-President, Specialty Product Strategy, CVS. Lucy Langer, MD, MSHS, National Medical Director, Oncology & Genomics, UnitedHealthcare. Kashyap Patel, MD, CEO, Carolina Blood & Cancer Associates.

Panelists explored the evolving landscape of value-based care including in government and commercial settings. Emerging and ongoing value models including the Enhancing Oncology Model and the Transform Oncology Care Model were discussed. The panel also focused on the implications of value-based care for patient access to high-quality and efficient care as well as the policy and practice challenges associated with implementing value-based models of care. Panelists also provided unique insights for state oncology society members to inform their engagement with value-based models of care.

A conversation is happening at the national level with regards to restructuring care teams for value and for the inclusion of care team members that focus on equity like navigators. The changes to care teams through value models was a point of discussion. Historically, many of the value-based models of care have occurred in primary care. However, over the last decade we’ve seen an increased focus on value-



based models in oncology with OCM and now EOM in the government space as well as models in the commercial space.

Panel 2: Emerging State Issues Impacting Access to Care

Moderated by Alyssa Schatz, MSW, Senior Director, Policy & Advocacy, NCCN. Jennifer Brunelle, BA, Chief Advocacy Officer, Association for Clinical Oncology. Christian Downs, MHA, JD, Executive Director, Association of Community Cancer Centers (ACCC). Cori Chandler, MPA, Senior State & Local Campaigns Manager, American Cancer Society Cancer Action Network.

All panelists provided introductory presentations on the topic of state policy issues and legislative affairs. Jennifer Brunelle discussed the landscape overall and some of the issues being discussed, including but not limited to the following: prior authorization reform, step therapy, gold carding, PBMs, copay accumulators, non-medical switching, drug repository programs, oral chemo parity, telemedicine, fertility preservation, Medicaid expansion, and drug pricing. Implementation of the Clinical Treatment Act was discussed as well as efforts by ASCO to move Medicaid expansion forward successfully in various states (i.e. Missouri, North Carolina, Oklahoma).

Cori Chandler of ACS CAN focused on the importance of biomarker screening and testing; moreover, the flurry of legislation across 19 states to enact such critical mandates. By testing certain patients for certain markers, doctors can prescribe targeted treatments and match patients with treatments that are most likely to work for their individual cancer. That means some patients can avoid broader, systemic treatments (like chemo and radiation) and instead use precision treatments, that often have fewer side effects and better survival. Insurer coverage is the crucial factor in determining whether a patient has access to precision medicine. Last year, we saw the passage of laws in Rhode Island, Illinois, Louisiana, and Arizona. This year, we have seen passage in Arkansas (commercial only), Georgia, Kentucky, Maryland, and New Mexico. Many more states are moving forward with hearings. While all presenters touched on the importance of coalition building, Christian Downs of ACCC focused more heavily on the effectiveness of various coalitions and strategy.

Wrap up and Conclusion

Wui-Jin Koh, MD, Senior Vice-President, Chief Medical Officer, NCCN offered praise and thanks to the attendees and supporters of the event which made it possible to host in Orlando. The upcoming NCCN Policy Summit series was highlighted, including:

About the State Oncology Society Forum

In recognition of the essential role of community oncologists and their representative state oncology societies in advancing the quality of cancer care, NCCN provides an annual forum for



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open dialogue, an exchange of best practices, and the identification of areas for collaboration. Fundamental to the success of this program are the shared core values of the state oncology societies and NCCN, which is to improve the lives of patients with cancer.

NCCN provides state oncology societies with access to NCCN Content and reports on updates therein. The State Oncology Society Forum meets with NCCN at quarterly intervals virtually to discuss the regulatory and legislative landscape. The NCCN State Policy Specialist also regularly meets with and engages with societies directly on shared priorities. The next annual forum will be held in conjunction with the NCCN Annual Conference in April 2024. For more information about the NCCN State Oncology Society Forum, visit [NCCN.org](https://www.nccn.org).