



September 06, 2022

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

RE: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs (CMS-1722-P)

Dear Administrator Brooks-LaSure:

The National Comprehensive Cancer Network® (NCCN®) appreciates the opportunity to comment on the Center for Medicare and Medicaid Services (CMS) Proposed Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs (CMS-1722-P) as it relates to NCCN's mission of improving and facilitating, quality, effective, equitable, and accessible cancer care. NCCN will focus our comments on the Measuring Healthcare Quality Disparities Across CMS Quality Programs Request for Information.

### **NCCN Background**

As an alliance of 32 leading academic cancer centers in the United States that treat hundreds of thousands of patients with cancer annually, NCCN® is a developer of authoritative information regarding cancer prevention, screening, diagnosis, treatment, and supportive care that is widely used by clinical professionals and payers alike. The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) are a comprehensive set of guidelines detailing the sequential management decisions and interventions that currently apply to 97 percent of cancers affecting patients in the United States.

NCCN Guidelines® and Library of Compendia products help ensure access to appropriate care, clinical decision-making, and assessment of quality improvement initiatives. The NCCN Drugs & Biologics Compendium (NCCN Compendium®) has been recognized by CMS and clinical professionals in the commercial payer setting since 2008 as an evidence-based reference for establishment of coverage policy and coverage decisions regarding off-label use of anticancer and cancer-related medications. NCCN was recognized by CMS in 2016 and renewed in 2021 as a qualified Provider Led Entity (PLE) for the Medicare Appropriate Use Criteria (AUC) Program for the development of AUC and the establishment of policy and decision-making for diagnostic imaging in patients with cancer.

NCCN is an alliance of leading cancer centers dedicated to improving and facilitating quality, effective, equitable, and accessible cancer care so all patients can live better lives.

For Clinicians: [NCCN.org](https://www.nccn.org) | For Patients: [NCCN.org/patients](https://www.nccn.org/patients) | Member Institutions: [NCCN.org/cancercenters](https://www.nccn.org/cancercenters)

NCCN imposes strict policies to shield the guidelines development processes from external influences. The “firewall” surrounding the NCCN Guidelines processes includes: financial support policies; panel participation and communication policies; guidelines disclosure policies; and policies regarding relationships to NCCN’s other business development activities. The guidelines development is supported exclusively by the Member Institutions’ dues and does not accept any form of industry or other external financial support for the guidelines development program. The NCCN Guidelines are updated at least annually in an evidence-based process integrated with the expert judgment of multidisciplinary panels of expert physicians from NCCN Member Institutions. The NCCN Guidelines are transparent, continuously updated, available free of charge online for non-commercial use and are available through a multitude of health information technology (HIT) vendors.

### **Measuring Healthcare Quality Disparities Across CMS Quality Programs Request for Information**

Within the Proposed Rule, CMS notes that a Request for Information on Measuring Healthcare Quality Disparities Across CMS Quality Programs was issued within the 2023 CMS Inpatient Prospective Payment System (IPPS) Rule. CMS requests additional feedback and comment on the application of this RFI to the Hospital Outpatient Quality Reporting (OQR) program. NCCN would like to again thank CMS for its attention to the crucial issue of advancing more equitable systems of care.

Within the 2023 IPPS rule, CMS outlines the adoption of new measures including a “Screening for Social Drivers of Health” measure, a “Screen Positive Rate for Social Drivers of Health” measure, and a “Hospital Commitment to Health Equity” measure. The proposed Screening for Social Drivers of Health measure assesses the percentage of patients admitted to the hospital who are 18 years or older at time of admission and are screened for food insecurity, housing instability, transportation problems, utility difficulties, and interpersonal safety. The “Screen Positive Rate for Social Drivers of Health” structural measure would require the reporting of the resulting screen positive rates for each of the five domains. NCCN believes that these measures are also applicable and meaningful within the OQR program. NCCN notes that the Elevating Cancer Equity Working Group (discussed in further detail below), endorsed a need for better collection of social determinants of health data at the point of care. As such, NCCN thanks CMS for consideration of inclusion of similar equity measures within the OQR program, as alignment across the various care delivery spaces will result in more useful collection and utilization of relevant data.

Within the 2023 IPPS CMS also notes a commitment to “*supporting healthcare organizations in building a culture of equity that focuses on educating and empowering their workforce to recognize and eliminate health disparities*”. The Hospital Commitment to Health Equity measure includes five domains to demonstrate leadership support of a culture of equity to which a hospital must attest in order to receive credit for that domain. These domains and related elements include equity as a strategic priority within the strategic plan, collection of demographic and social determinant of

health data, data analysis, quality improvement, and leadership engagement to address disparities. NCCN applauds CMS for taking this important first step toward measuring and rewarding hospital commitment to health equity and again believes this measure is also translatable within the OQR program. NCCN notes that attestation is an important first step, but encourages CMS to build upon this work in the future with more robust measurement of equitable care practices, such as those currently being piloted by NCCN within the Health Equity Report Card pilot project.

In 2020, NCCN, the National Minority Quality Forum (NMQF), and the American Cancer Society Cancer Action Network (ACS CAN) launched the Elevating Cancer Equity (ECE) initiative. The ECE initiative sought to better understand patient experiences of racial disparities in access to guideline adherent cancer care in the United States through surveys of patients, caregivers, and oncologists, and then to address these disparities through a framework of actionable policy and practice change recommendations developed by a working group of national experts. The ECE Working Group (ECEWG), comprised of 17 national experts on racial disparities in cancer care including patients, caregivers, physicians, researchers, and industry, arose from the initiative (see Appendix A for full membership list). Convened in January 2021, the ECEWG developed two products: 1.) the Health Equity Report Card (HERC) as a means to put forth both best practice recommendations and ensure appropriate and necessary accountability for health systems and 2.) a Policy Framework to advance more equitable systems of care (see Appendix B for the HERC and Policy Framework).

The Health Equity Report Card was developed by the ECEWG to advance best practices arising from emerging and evidence-based methods to address inequities in care. The HERC includes 17 performance measures and equity practices across 4 domains: Community Engagement, Accessibility of Care and Social Determinants of Health, Addressing Bias in Care Delivery, and Quality and Comprehensiveness of Care. Providers receive a grade for each domain, which serves as feedback on their current delivery of equitable care. The HERC recommendations of relevance to the IQR measures include:

- **Accessibility of Care and Social Determinants of Health Domain:** Collect Social Determinants of Health data at intake and throughout the continuum of care. Population-level data collected (z-codes) help to guide patient care and population-level health management as documented through the medical record or meeting notes.
- **Addressing Bias in Care Delivery Domain:** Embed diversity, inclusion, and equity into the practice, institution, or health system policies (Examples: recruitment, hiring, and promotion policies, resource allocation standards).
- **Addressing Bias in Care Delivery Domain:** Incorporate disparities and equity framework into quality improvement activities.

NCCN believes the three proposed quality measures outlined above will serve to advance the ECEWG recommendations within the Health Equity Report Card and align with the 2023 CMS

IPPS rule . NCCN is currently piloting the HERC for feasibility with a select group of Member Institutions with plans to launch a community-based pilot in 2023 and would be happy to share our learnings with CMS to advance meaningful measurement of equitable care practices in the future.

NCCN appreciates the opportunity to comment on the Proposed CMS Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs (CMS-1722-P). NCCN is happy to serve as a resource and looks forward to working together to advance Medicare beneficiary access to equitable, high-quality cancer care.

Sincerely,



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National Comprehensive Cancer Network  
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# Appendix A

## Elevating Cancer Equity Working Group Members

- **Chair:** Shonta Chambers, MSW, Patient Advocate Foundation
- **Chair:** Robert Winn, MD, VCU Massey Cancer Center
- Zeke Aguilera, ACT Lead, ACS CAN
- Nadine Barrett, PhD, Duke University School of Medicine
- Linda Burhansstipanov, DrPH, MSPH, Native American Cancer Research Corporation
- Christina Chapman, MD, MS, Michigan Medicine
- Moon Chen, MPH, PhD, UC Davis Health
- Thomas Farrington, Prostate Health Education Network
- Carmen Guerra, MD, MSCE, Penn Abramson Cancer Center
- Chanita Hughes-Halbert, PhD, Medical University of South Carolina
- Marjorie Kagawa Singer, PhD, UCLA Fielding School of Public Health
- Mel Mann, MBA M.Ed, Patient Advocate
- Regina Martinez, Volunteer, ACS CAN
- Kris Rhodes, MPH(Anishinaabe), Retired Founding CEO, American Indian Cancer Foundation
- Brian Rivers, PhD, MPH Cancer Health Equity Institute, Morehouse School of Medicine
- Gerren Wilson, PharmD, Genentech
- Karen Winkfield, MD, PhD, Meharry-Vanderbilt Alliance

# Appendix B

# Elevating Cancer Equity: Recommendations to Reduce Racial Disparities in Access to Guideline Adherent Cancer Care



<b>Institutional and Practice Equity Report Card</b>	
<b>Community Engagement</b>	
Incorporates meaningful community involvement in practice leadership through a community/patient advisory committee or designated board position that is reflective of:	
<ul style="list-style-type: none"> <li>• the community the health care systems serves or</li> <li>• that is reflective of the community where the healthcare system resides or</li> <li>• is reflective of the demographics identified through the community needs assessment.</li> </ul>	
Marketing and educational materials use messaging that is linguistically and culturally appropriate for the community served.	
Contracts with or has formal and equitable partnership with community providers, community-based organizations, and/or faith-based organizations (when mutually appropriate and not harmful) for community engagement and/or patient navigation.	
Demonstrates the results of the community health needs assessments are used as a tool for program development through documented action plan tied to results.	
<b>Accessibility of Care and Social Determinants of Health</b>	
Facilitates access to government, commercial, or community-based non-emergency transportation services or financial support for public transportation where available.	
Collects Social Determinants of Health data at intake and throughout the continuum of care. Population-level data collected (z-codes) helps to guide patient care and population-level health management as documented through the medical record or meeting notes.	
Offers flexible hours for screening and treatment appointments.	
Offers culturally and linguistically representative patient navigators or community health workers through internal hiring or contracting with community-based organizations.	
Establish a process to navigate patients with identified social needs to local and or national resources.	
Training is provided to staff on barriers to clinical trial participation and there are targeted efforts to reduce barriers to clinical trial participation through connection to appropriate services.	
<b>Addressing Bias in Care Delivery</b>	
Diversity, inclusion, and equity is embedded into the practice, institution, or health system policies (Examples: recruitment, hiring, and promotion policies, resource allocation standards).	
Adopts measures related to the recruitment, retention, and promotion of minority researchers and practitioners.	
Implements Health Information Technology or other workflow processes to identify critical moments in shared decision making and care planning when disparate care can occur.	
Incorporates disparities and equity framework into quality improvement activities.	
Provides and requires annual implicit bias training for all employees.	



**Quality and Comprehensiveness of Care**

When appropriate, patients are offered or referred to appropriate preventive and supportive care services (e.g. smoking cessation and weight management programs, reducing exposure to environmental hazards).	
Clinical trial options are discussed with all patients as documented through medical records.	
Offers culturally and linguistically representative patient navigators or community health workers through internal hiring or contracting with community-based organizations.	

<b>Elevating Cancer Equity Working Group Policy Change Recommendations</b>
<b>Congressional Recommendations</b>
<b>Clinical Trial Diversity:</b> Congress should pass legislation requiring the FDA to consider clinical trial diversity as an element of the drug approval process in a way that is proportionate to the intended patient population.
<b>Supporting Cancer Prevention:</b> Congress should allocate funds for public awareness campaigns of lifestyle factors impacting cancer risk that are linguistically and culturally reflective.
<b>Supporting Cancer Prevention:</b> Congress should pass legislation allocating funds for public education on the importance of the Human Papillomavirus(HPV) vaccine.
<b>Supporting Access to Screening:</b> Congress should allocate additional funding for CDC screening programs including the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and the Colorectal Cancer Control Program (CCCP). Congress should also allocate funds for screening that prioritizes cancers where disparities are particularly prevalent.
<b>Supporting Access to Screening:</b> Congress should allocate funds to be granted to community-based organizations to connect people with screening, early detection and treatment support. Congress should restore funds for the National Comprehensive Cancer Control Program.
<b>Supporting a Diverse Healthcare Workforce:</b> Congress should allocate funds to Historically Black Colleges and Universities (HBCUs), tribal colleges, and other minority serving institutions (MSIs) because they excel at care, practice, education, and community engagement.
<b>Supporting Patient Navigation:</b> Congress should pass legislation ensuring reimbursement of patient navigators and community health workers in Medicare/Medicaid/Private Insurance markets.
<b>Social Determinants of Health:</b> Congress should allocate funds for the reconnect loan and grant program and eliminate the household threshold requirement. Access to basic infrastructure like electricity has a critical impact on health.
<b>CMS and Commercial Payer Recommendations</b>
<b>Ensuring Equitable Access to Genetic Testing and Cancer Risk Reduction:</b> All payers should cover appropriate genetic counseling and testing for individuals at high risk of cancer as well as related risk reduction services.
<b>Addressing Clinical Trial Participation Barriers:</b> CMS should ensure Medicare, Medicaid, CHIP, and exchange plans offer coverage of the costs of clinical trial participation including parking, transportation, and lodging.
<b>Patient Navigation:</b> CMMI and commercial payers should include reimbursement for patient navigators, community health workers, care coordination, and connection to social support services in alternative payment models.
<b>Federal Agency Recommendations</b>
<b>Data Collection:</b> The Office of Management and Budget should revise their regulations dictating the collection and reporting of federal data on race and ethnicity. Data should be disaggregated from existing methods that fail to recognize the heterogeneity of African Americans, Pacific Islanders, Asians, Hispanics, American Indians and Alaska Natives.
<b>Research:</b> The Department of Health and Human Services should prioritize funds and resources for interdisciplinary research in SDOH and health disparities research. HHS should require health care systems to partner with community-based organizations to conduct research.
<b>Cancer Prevention:</b> The CDC should make the HPV vaccine an opt-out instead of an opt-in vaccine.
<b>Patient Navigation:</b> Create a Department of Labor code for Patient Navigators

## State and Local Policymaker Recommendations

**Medicaid Expansion:** State governors and legislatures should expand their state Medicaid programs to increase access to screening, early detection and care.