



NCCN Holds Thirteenth Annual State Oncology Society Forum

Sean T. McCarson, MPA, State Policy Program Manager, NCCN

2024

NCCN Summary Update

On behalf of the entire Policy & Advocacy Team at NCCN, we were delighted to hold the Thirteenth Annual State Oncology Society Forum (SOSF) at Annual Conference. The event was held on Sunday, April 7, 2024. A coalition of executive directors, presidents, board members, and providers of engaged state societies attended the SOSF in representation of 40 states. Attendance at the forum was healthy and led to a robust conversation on important topics impacting the oncology landscape. Previous meetings and surveys of the various societies helped to inform the programming for the 2024 event.

Instead of hosting a Keynote speaker this year, NCCN opted to provide a more comprehensive policy update from our new CEO Dr. Crystal Denlinger. Dr. Denlinger also serves on the Board of Directors for the Pennsylvania Society of Oncology & Hematology (PSOH).

We convened panels of nationally recognized experts to engage in thoughtful discussion on topics important to this audience. The first panel focused on *Innovative Strategies to Improve Prior Authorization*. Challenges and opportunities to enhance the patient experience and reduce provider administrative burden were examined in detail.

The next panel delved into *Advancing Access in Underserved & Rural Areas*. This is a continuation from the NCCN Policy Summit we convened in June of 2023 entitled [Cancer Across Geography](#) which resulted in a subsequent JNCCN publication. Many of our societies are concentrated in rural America and must navigate unique challenges for their patient populations; moreover, many societies must also consider equitable access to care and representation for native and Indigenous people.

Interactive time between the state societies and NCCN occurred after the break and is probably the most crucial piece of the day. Attendees from the various state societies participated in round table discussions where they were able to discuss in depth their policy wins, challenges, and the potential for collaboration on shared priorities. As usual, many of the societies shared their work on prior-authorization reform, clinical trial diversity and access, step therapy reform, PBM reform, non-medical switching, drug repository programs, telemedicine, fertility preservation, and Medicaid to name a few. Furthermore, there was a strong focus this year from societies on state prescription drug affordability boards (PDABs), co-pay accumulators and maximizers, and the impact that alternative funding programs have on patient access and care.

Welcome and Introductions

Sean T. McCarson, MPA, State Policy Program Manager, NCCN, welcomed attendees, thanked sponsors, and reviewed the agenda for the State Oncology Society Forum.



NCCN Policy Update

Crystal Denlinger, MD, FACP, CEO, NCCN provided this policy update. Dr. Denlinger provided a broad array of updates within the organization before delving into our federal and state policy engagement.

Through the work of our Policy & Advocacy Department, NCCN has been able to grow our federal legislative, regulatory and administrative engagement. NCCN has worked with the White House, CMS, NCI, and Congress as well as other oncology nonprofits and partners to advocate for short- and long-term fixes to the ongoing drug shortage crisis which as we all know, has hit the oncology field particularly hard. NCCN has partnered with other members of Congress and coalition partners in promoting the Reducing Hereditary Cancer Act, among a variety of other federal pieces of legislation.

NCCN has engaged with CMS and the FDA on issues such as Patient Navigation, SDOH screening, the Enhancing Oncology Model, and decentralized trials. Our engagement also includes responding to regulatory requests, and for 2023 NCCN submitted 31 comment letters.

NCCN is increasingly engaging with Medicare Administrative Contractors who are using our content more frequently, which has resulted in NCCN responding to numerous Proposed Local Coverage Determinations for various MACs to ensure coverage determinations align with NCCN Guidelines®.

NCCN also continues to focus on state advocacy efforts across the country. We recognize that we are much stronger on issue advocacy when we work in partnership with a broad and diverse group of stakeholders to enact meaningful reforms. Therefore, our State Policy Program is proud to join coalitions throughout the country who share our goals. The State Policy Program has focused on the successful passage of (currently 20 states) laws advancing access to biomarker testing. As this program continues to mature, other areas of focus are continuing to unfold, including additional engagements in screening/prevention, statutory passage of NCCN Guidelines® into law when appropriate, fertility preservation, access to hereditary cancer screening, and implementation monitoring of the new biomarker laws.

While the Policy & Advocacy department engages extensively at the federal and state levels, NCCN also engages in systems transformation work in the equity space. NCCN recognizes that our mission can only be achieved when all patients can access optimal cancer care. Unfortunately, dramatic inequities exist across our health and social systems, as well as disparities across race, ethnicity, geography, and income, and we know that the root causes of such inequities are multifactorial. Therefore, NCCN partnered with the National Minority Quality Forum and the American Cancer Society Cancer Action Network to launch the Elevating Cancer Equity initiative (ECE).

This initiative aims to address inequities in cancer care, first through the convening of a national working group of experts, and then through the implementation of working group recommendations. The resulting initiatives include the Alliance for Cancer Care Equity (ACCE), a coalition of professional societies, patient advocates, and community-based organizations striving to advance more equitable care systems through federal policy change, and the piloting of the Health Equity Report Card, or the HERC.

The HERC is a tool intended to measure 19 equitable care practices across four domains (Community engagement, accessibility of care and SDOH, addressing bias in care delivery, and quality and comprehensiveness of care). The HERC is currently being piloted in 5 academic settings and is scheduled to launch in community settings in 2024.



Panel 1: Innovative Strategies to Improve Prior Authorization

Moderated by: Alyssa Schatz, MSW, Vice-President, Policy & Advocacy, NCCN

Panelists included:

- Matthew Jenusaitis, MSE, MBA, Chief Administrative Officer for Oncology & Radiation Therapy, UC San Diego Health & Moores Cancer Center
- Asmita Mishra, MD, MBA, Medical Director of Payer Strategies, H. Lee Moffitt Cancer Center & Research Institute, NCCN Products & Services Committee
- Stephen Schleicher, MD, MBA, Chief Medical Officer, Tennessee Oncology
- Daneen Sekoni, MHSA, Vice-President, Policy & Advocacy, Cancer Support Community

The prior authorization process with the payer community can be challenging to navigate, cause unnecessary delays in treatment, and additional administrative burden on providers.

Daneen Sekoni affirmed these challenges by recognizing that the patients they represent face two pain points: financial toxicity and delays in access to care. Cancer Support Community recognizes that about half of cancer patients will experience financial toxicity at some point (including into survivorship); moreover, they could be 3-5 times more likely to delay or postpone care and see an increase in adjusted mortality risk and reduction in positive treatment outcomes.

As a Medical Director, Dr. Schleicher brought up the importance of biosimilar policy, biosimilar parity, and understanding the unique operational challenges of practices of all sizes.

Dr. Mishra discussed the importance of site of care steering and the impact it has on the patient's experience. The policy landscape includes providers who are directing care, payers who are trying to guide patients into certain treatment options, and manufacturers who want to prioritize their products. These competing interests, according to Dr. Jenusaitis, make the policy landscape extremely problematic. Naturally, the conversation segued into policies impacting patient access such as white bagging, brown bagging, clear bagging, and even gold bagging.

Gold carding has been a potential approach to cut through some of the prior auth burden. However, this is not the silver bullet that many had hoped for because it also creates a burden on the payer side. Frustration from providers also comes in the form of working on both agreed upon pathway adherence and prior authorization navigation.

The topic of artificial intelligence and the unique opportunities and challenges it could pose on streamlining the prior auth process was also discussed by the panel. For those in the patient community, they believe there needs to be recognition of existing health disparities in the healthcare system and the potential role that AI could play in exacerbating existing health inequalities and in turn lead to greater patient medical mistrust.

Panelists agreed that there needs to be a very transparent and methodical approach to adopting AI technologies into these platforms. Panelists discussed the importance of shortening approval times and having human interaction, at least, during the patient's appeal process.

Prior authorization, step therapy reform, and non-medical switching have historically been areas of concern for our state societies. The audience was highly engaged during the Q&A portion of our panel.



Panel 2: Advancing Access in Underserved & Rural Areas

Moderated by: Sean McCarson, MPA, State Policy Program Manager, NCCN

Panelists included:

- Arun Krishna, PhD, Vice-President, US Franchise Head & Lung Cancer, AstraZeneca
- Quan Ly, MD, Professor, Department of Surgery, Complex General Surgical Oncology, Fred & Pamela Buffet Cancer Center
- Emily Nenon, MPA, State Director of Alaska, American Cancer Society Cancer Action Network (ACS CAN)
- José Rivera, MBA, Chief Administrative Quality Officer, MD Anderson Cancer Center
- Elisa Rodriguez, PhD, MS, Vice-President & Associate Director of DEI: Cancer Support Grant, Director of Community Engagement Resource, Roswell Park Comprehensive Cancer Center.

While NCCN's membership is comprised of academic cancer centers, we recognize the importance of advocating for policies that promote equitable access to care across geography, and the essential role that community practices play in providing such care. That is why it has been so important to work with state oncology societies and community oncology providers to continue these conversations. NCCN has focused on the interplay between geography and patient access to the full continuum of care from screening through survivorship. The conversation on screening resources was prominently featured on the panel. Dr. Krishna discussed the importance of lung cancer screening because the U.S. has some of the lowest screening rates. AstraZeneca understands some of these geographic challenges and focuses on education and processes to improve screening uptake. Mobile lung and mammography screening units have seen successful adoption in underserved areas. As it relates to the conversation on patient education, building the bi-directional trust between communities and providers is paramount to breaking through misinformation. Mr. Rivera discussed closing the information loop with patients who interact with some of these outreach and tertiary services.

Panelists also discussed reducing barriers to screening by removing reimbursement barriers for certain telehealth services and streamlining interoperability of clinical trial participation. Clinical trial design needs to evolve to become inclusive and supportive of broader participation; especially as it relates to clinical trial diversity for a more representative sample of the American populace. Allowing telehealth services throughout the clinical trial experience could significantly reduce the cost of transportation and the time spent traveling for the patient, which could result in reducing significant barriers of access and reaching a greater number of potential enrollees.

Emily Nenon brought to the audience's attention the high rates of colorectal cancer in the Alaskan Native population, which is the highest of any population group in the world. This helped move the conversation into understanding cost burdens faced by minority and Indigenous communities. Mr. Rivera represents MD Anderson in a state which has not expanded Medicaid. He affirmed the support of MD Anderson to use its resources to connect patients with the most appropriate care with providers if the patient is underinsured or lacks insurance. This is much easier with formal patient navigation to connect individuals with foundations and other forms of financial support.

Dr. Rodriguez, who has engaged with some of her community partners for over 10 years, recognizes how these organizations have gained the trust of the communities they represent and the essential role they can play in advocating on behalf of patients in their communities. She noted that it may not always be a clinician who helps guide or inform a patient about their care—whether it's for screening or treatment, and that it might be a trusted community organization that they would prefer help navigate them through their



care journey. Acknowledging the need for cultural competency is also important to understanding and developing trust with individuals and communities.

We appreciate our panelists for discussing innovative approaches and best practices that can be replicated to bridge gaps in patient access and care. Such examples that were mentioned throughout the conversation included: Expanded use of technology, such as rural broadband and adoption of more friendly telehealth reimbursement policies, enhanced transportation access, and comprehensive screening for health-related social needs. These are just a few additional ways to close gaps in access.

NCCN remains committed to combating geographic care imbalances and we maintain that where you live should not determine whether you live.

Wrap up and Conclusion

Victoria Hood, MPP, Manager, Policy & Advocacy, NCCN offered the closing remarks for the day to the society and again thanking our supporters who make it possible for us to host this program in Orlando. Vicki also informed the audience of additional upcoming programming and policy summits from the NCCN Policy & Advocacy Team.

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 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 March 2025. For more information about the NCCN State Oncology Society Forum, visit [NCCN.org](https://www.nccn.org) or contact Sean McCaaron at McCaaron@nccn.org.