COMMUNITY ONCOLOGY ALLIANCE

YEAR IN REVIEW 2021

Innovating and Advocating for Community Cancer Care
Dedicated to advocating for community oncology patients and practices.

communityoncology.org
INTRODUCTION

If one word was chosen to describe community oncology in 2021, “resilient” would be a top contender. The first months of the year saw the United States emerging from what was then the worst waves of the COVID-19 pandemic and the mass rollout of vaccines. The summer and fall saw us gradually returning to normal life, albeit with more precautions in place to prevent the spread of this deadly disease. And the winter has seen those gains fall away as new disease variants overwhelm hospitals and lockdowns are imposed. This year has seen ups, downs, and even upside-downs as circumstances rapidly changed.

Throughout it all, community oncology remained resilient.

The 2021 Community Oncology Alliance (COA) Year in Review seeks to commemorate the hard work of our members over the past year, whether it was treating those in need, fighting back against harmful government policies, or creating the tools and technology for the next generation of community oncologists. COA would not be here without your hard work, and we thank you for all that you do.

Although the hope of a new presidential administration was quickly clouded by partisan gridlock, we accomplished much to be proud of in 2021. From the introduction of two major bills that promote patient safety and convenience, to laying the groundwork for a blitz of state-level activity, we pushed through setbacks from the Centers for Medicare & Medicaid Services (CMS) and Congress to protect community oncology’s status as the premier cancer care delivery system in the country. The Community Oncology Conference reenergized attendees and sent them back to their communities with new ideas. The Queen of Soul herself, Patti LaBelle, recognized the importance of oncology providers and joined in a national campaign to get cancer screenings back on track.

We do not know what 2022 has in store, but we do know that the hard work of independent cancer practices across the country has touched thousands of lives and improved thousands of others in 2021. Your success inspires us, and we are proud to represent such a powerful group of cancer care providers when those on Capitol Hill call for your voice.

Your resilience changed 2021 for the better.

KASHYAP PATEL, MD
President

MIRIAM ATKINS, MD, FACP
Vice President

TED OKON, MBA
Executive Director
The daily playbook for Congress in 2021 was gridlock. Although several bills were introduced that were beneficial to patients, all of them are still being considered by various committees.

To address looming issues, the Government Affairs & Policy Committee issued formal COA position statements on Disparities in Cancer Care, Sequestration Cuts, Oral Parity, and Prior Authorization.

Advocating for Practice and Patient-Friendly Legislation

Although many bills stalled in 2021 due to fighting among members of Congress, President Biden’s Build Back Better (BBB) Act appeared poised to pass in November. Among the provisions of the bill were drug pricing reforms that would hold practice reimbursements hostage in an attempt to force manufacturers to lower prices. Research conducted by Avalere Health for COA showed that the BBB Act would have resulted in a 42.9% cut to provider reimbursement which pushed us into action.

Throughout the holiday season, COA and members lobbied lawmakers with a massive advertising and grassroots advocacy campaign calling on them to fix the BBB Act. Ultimately, because of our efforts and the overall political environment, the BBB Act stalled and did not pass.

The (Uncertain) Future of Federal Oncology Reform, Including the OCM and OCF

Due to the pandemic, the Oncology Care Model (OCM) was extended a full year, until June 2022, while its stated successor, the Oncology Care First (OCF) Model, has been placed on hold.

As the clock wound down on the OCM, and because CMS had not announced any concrete details on the
OCF, COA was vocal throughout 2021 in asking CMS Administrator Chiquita Brooks-LaSure to continue the OCM and not allow the gains made under the model to lapse. This was particularly important to practices because of the significant investments that had been made in the OCM and the impact that a lapse in programs would have on patient care.

Increased Scrutiny of PBMs
Pharmacy Benefit Managers’ (PBMs') misbehavior in 2021 meant lawmakers continued to crack down on the drug chain middlemen. On the heels of 2020’s Supreme Court case Rutledge v. PCMA that explicitly granted states the right to regulate PBMs and in which COA filed an amicus brief, COA filed an amicus brief in July regarding the PCMA v. Wehbi case. Like the Rutledge case, which affirmed that state regulation of PBMs did not violate ERISA, the Wehbi case concerns the ability of states to regulate PBMs, specifically regarding gag clause provisions and spread pricing. We expect the Supreme Court to affirm the power of states in this case as they did the previous one.

Additionally, two pieces of PBM legislation that directly benefit community oncology were also introduced. In May, with the support of COA, Representatives Terri Sewell (D-AL) and Gus Bilirakis (R-FL) introduced H.R. 3258, the Timely Access to Cancer Treatment (TACT) Act. This important bill requires PBMs to provide oral cancer medications to patients within 72 hours. If a PBM fails to meet this deadline, patients can then obtain their medication from a licensed dispensing facility of their choice.

In June, Senators Jon Tester (D-MT) and Shelley Moore Capito (R-WV) introduced S. 1909, the Pharmacy DIR Reform to Reduce Senior Drug Costs Act. To protect seniors from harmful DIR fees, the bill eliminates retroactive fees and redefines “negotiated price” to include all fees at the point of sale. COA is proud to support both bills and continues to urge representatives to pass them.

In November, COA Executive Director Ted Okon appeared before a group of Republican members of the House Government & Reform Committee and testified about the harmful practices of PBMs. The panel featured academic and industry experts from both sides of the argument, as well as patient advocates. As representatives spread word among their colleagues about the harm perpetuated by PBMs, COA is excited to work with lawmakers to support physicians, pharmacists, and patients in 2022.

Action in the States: A Flurry of Activity and a New Hire
Multiple states, notably Texas, Wisconsin, Tennessee, and Virginia, are taking steps to protect community oncology patients and practices in the face of federal inaction. To ensure community oncology’s voice is heard loud and clear, COA hired James Lee in October as Senior Manager for State Regulation and Policy. Much of Lee’s initial work has focused on building a strong network among practices and advocates in various states. In 2022, he will spearhead efforts at the state level to inform and coordinate advocates who are their own local representatives to protect independent cancer care providers.
Despite the ups and down of the pandemic, 2021 was the busiest and most successful year in the Community Oncology Alliance Patient Advocacy Network’s (CPAN’s) history.

Education is a key component of CPAN activities. This year’s CPAN Advocacy Summit continued that strong tradition with seven educational sessions featuring 10 speakers and attracting over 400 registrants this summer. The extremely successful Advocacy Chat webinar series continued to offer monthly webinars with distinguished guests including CEOs, MDs, national policy experts, including representation from five national Advocacy organizations, four community oncology practices, and COA staff members.

Despite the limitations of the COVID pandemic, CPAN launched new chapters at the Gettysburg Cancer Center in Pennsylvania and Cancer & Blood Specialists of Arizona. Today, there are 31 practice-based CPAN chapters across the country who, in 2021, held practice-based educational events, provided community outreach via educational displays and information, and developed special events and projects including a “Become an Advocate” video.

COA and CPAN leadership were invited to serve on national advocacy advisory leadership programs, interviewed for national publications, featured on Two-time Grammy award winner and “Godmother of Soul” Patti LaBelle appeared in television, digital, and radio public service announcements as part of “Time to Screen.”
cancer focused podcasts, participated in industry Patient Advisory Boards, and served as the keynote speakers and panelists at national events, including a CPAN advocate who presented at the 2021 Community Oncology Conference.

Extremely active in policy advocacy, CPAN joined with over 130 other cancer organizations writing to President Biden and state Public Health Departments about prioritizing COVID vaccines for patients with cancer and survivors of cancer, as well as supported three important pieces of legislation: the Medicare Multi-Cancer Screening Coverage Act of 2021, the Reducing Hereditary Cancer Act of 2021, and the Comprehensive Paid Leave for People with Serious Conditions and Their Caregivers initiative.

**Hey America: It’s Time to Screen!**

With studies showing an alarming drop in cancer screenings during the pandemic, COA and CPAN partnered with CancerCare in April 2021 to launch “Time to Screen,” a major national public awareness campaign to encourage people to take control of their health by getting their recommended cancer screenings and help them locate safe, convenient locations to do so. Adding a powerful voice to the effort, in July, two-time Grammy award winner and “Godmother of Soul” Patti LaBelle appeared in television, digital, and radio public service announcements.

The “Time to Screen” campaign provides assistance and educational resources to consumers, including a toll-free hotline and website featuring information on the importance of screening and support for finding local screening locations. The multi-faceted public education and engagement campaign is also working with local oncology practices, other medical professionals, employers, and health care purchasers to amplify the campaign’s message in communities across the nation. Ahead of the campaign’s launch, CPAN cancer survivors participated in focus groups for the development of the messages and PSAs.

The July launch of the “Time to Screen” social media campaign included posts from LaBelle and appeared on Facebook, Instagram, and Twitter. COA member practices, corporate sponsors, and legislators participated in creating social media support for the campaign. As of December 2021, “Time to Screen” had been covered in almost 200 media pieces, including the front page of the Washington Post, and collected over 359 million media impressions.

The Advocacy Chat webinar series offered monthly webinars presented by distinguished guests. To see more, visit coaadvocacy.org.
QUALITY & VALUE INITIATIVES

Re-launch of OMH with COA and ASCO

In 2021, COA launched a new Oncology Medical Home (OMH) program in collaboration with the American Society of Clinical Oncology (ASCO). The new OMH standards provide a comprehensive roadmap for oncology practices to deliver high-quality, evidence-based cancer care. These standards establish core elements needed to deliver equitable, high-quality cancer care which include patient involvement and empowerment to share in the decision-making. The new standards also include:

- Actively featuring patient engagement
- Availability and access to care
- Providing evidenced and value-based treatment
- Providing equitable, comprehensive, and coordinated, team-based care
- Continuous practice quality improvement
- Advanced care planning, palliative, and end of life care discussions
- Chemotherapy safety and Quality Oncology Practice Initiative (QOPI) certification

Through the OMH, COA and ASCO seek to achieve a broad consensus among all stakeholders—including patients, clinicians, payers, purchasers, and employers—on what patients with cancer should expect and receive from their cancer care teams. By establishing universal benchmarks for high-quality cancer care delivery, the COA-ASCO standards provide an opportunity for all oncology providers to work towards a value-based model of care that will benefit all patients with cancer.

In conjunction with the updated standards, a two-year certification pilot was launched in August. The pilot program, which includes 12 cancer care teams and one payer, completed the initial assessment site visits for each pilot participant between September and November. Pilot participants were required to demonstrate that they had built or had the capacity to build the infrastructure capable of supporting OMH policies. Results from the pilot are eagerly expected late summer of 2023.

Patient Reported Outcome Performance Measures (PRO-PMs) Pilot with the Purchaser Business Group on Health (PBGH)

In partnership with PBGH, COA launched a project to develop PROMOnC, a program that can improve quality and patient-centric care for patients with breast, colon, or lung cancer. This program seeks to measure gaps for health-related quality of life, pain, and fatigue based on 18 questions for oncology patients undergoing treatment. Gaps remain in practice-reported pain quantification and treatment planning, including patient reports on the extent to which pain interferes with activities of daily living and health-related quality of life, defined as both overall physical functioning and mental health. Research demonstrates that medical oncologists who provide patients with cancer with the highest quality care (including medical and non-medical support services) can reduce longer-term symptom burden and thus improve patient transition into cancer survivorship.

Advancing Value-Based Insurance Design for Cancer Care

Working with our partners, COA continued discussion and advocacy for value-based insurance design for cancer care, also known as VBID. Value-based insurance designs in cancer care have the potential to not only lower the out-of-pocket costs of essential visits and services but have been shown to improve health outcomes and enhance equity. This includes services, screenings, and medications that are essential to life and health, and the associated cost of not addressing that it’s cost-effective to remove out-of-pocket cost barriers.

Radiation Oncology Model

Throughout the year, COA worked to prepare practices for the planned Radiation Oncology (RO) Model, including collaborating with the American Society for Radiation Oncology (ASTRO). While Congress ultimately delayed the RO Model until January 2023, it remains to be seen if CMS or The Center for Medicare & Medicaid Innovation (CMMI) will pull the model entirely due to mounting frustrations with COVID delays, but that is something that has been discussed.
The cancer care experience has become increasingly complex, bureaucratic, and expensive. As the market innovates, community oncology needs to innovate. NCTA was formed to enable employers to negotiate and contract directly with leading, independent community oncology practices across the country. A separate but wholly-owned COA B-corporation, NCTA leverages the expertise of its national network of community oncology practices to provide employers and their employees with much-needed information, resources, and educational materials about key issues in cancer care.

For NCTA, 2021 was a year of relationship building and partnering with business groups on health. Early in the year, NCTA joined the leadership council of the National Alliance of Healthcare Purchaser Coalitions. NCTA also attended over 20 national, regional, and state forums and meetings of health care purchasing and business groups, presenting on the value of NCTA.

Creating a biomarker testing project was a huge project undertaken in 2021. NCTA produced a webinar and toolkit to explain the importance of biomarkers to national, regional, and local employer groups. The materials explained how biomarkers can contribute to better quality cancer care at a lower cost for the employer groups’ covered lives. Additionally, the materials explained why it is important that employers should be certain that insurance plans must provide coverage for biomarker testing to protect patients with cancer from the high cost if coverage is not available. Future plans anticipate a similar program rollout for biosimilars.

NCTA is also working to launch the Cancer Pharmacy Network (CPN), a clinically integrated network to enable community oncology practices and in-house pharmacies to contract with national, regional, and local employer groups. CPN will allow to those covered by a contracted employer group to obtain high-quality, cost-effective cancer care, including oral oncolytics. The program will allow practices to maintain their autonomy and governance but be able, as part of CPN, to contract with employer groups of all sizes.

In 2021, NCTA launched the 20-practice pilot for the OnCollege practice education program. The program offers practice education via a closed-circuit television broadcast of educational presentations covering emerging treatment options and newly approved oral and infused drugs. Created in response to the pandemic, the pilot program has seen success connecting the industry and clinical sides of the care system. The national program is scheduled to roll out in the first quarter of 2022. The closed-circuit system will expand to enable intra-practice educational and administrative meetings as well.
COA Administrators’ Network (CAN)

As COA’s longest standing practice support initiative, CAN has continued to grow for almost 20 years. In 2021, CAN conducted over 30 calls with its members and offered nine webinars for practice administrators to provide updates to assist practices with the challenges and issues faced daily, particularly in navigating the pandemic. A workgroup was formed within CAN to address obstacles to care caused by prior authorization policies. The results of the workgroup’s efforts were released as a white paper and prior authorization toolkit in December 2021. This year, CAN also joined forces with COPA on a practice pharmacists initiative for combined education and will hold update meetings every six months.

Community Oncology Pharmacy Association (COPA)

As the number of community oncology practices with in-house pharmacies approaches 80%, the COPA initiative continues to provide critical support and networking to almost 400 practice members. In 2021, COPA held over 20 meetings and webinars to support practices and their medically integrated pharmacies. Supporting practice teams that were dealing with PBMs remained a key focus of COPA in 2021. Efforts in previous years began to pay-off as practices became more adept at navigating PBM challenges and abuses.

In 2021, COPA worked to further the efforts of state-led PBM regulation in many states, including Texas and New York. COPA expanded available information around state laws to include white bagging laws, making it easier for members to access relevant information when petitioning their legislators. COPA leadership also utilized new staff to assist with targeted campaigns as members voiced concerns about various issues in their states. As PBMs pushed for white bagging mandates early in the year, COPA fought back on behalf of patients and practices and were successful in allowing patients to get treated appropriately in the physician setting. COPA board members worked hard at advancing efforts to formalize the documents to start a clinically integrated network for oncologists and urologists.

COAnalyzer

COA developed COAnalyzer to provide a powerful tool for practices to assess their own performance
and measure themselves against the performance of others. In 2021, COA added a cost component feature that allows practices to see exactly how much it costs for each CPT code billed out, as well as the breakeven cost (total costs without any provider salaries and benefits). With these additions, COAnalyzer now provides more than 2,000 charts and reports that allow practices to visualize answers to the questions regarding the success of a practice.

**COA Fellows Initiative**

COA provides Fellows with necessary information to help them make decisions about where to practice by connecting Fellows with practicing oncologists in the areas they are considering; and, most importantly, by making certain that Fellows know that community oncology is a practice option beyond the more well-known academia, clinical research, or hospital-based oncology.

This year, the Fellows Initiative achieved that goal by engaging with program directors of 148 oncology fellows programs across the country and offering educational opportunities, inclusive of clinical presentations, new module development, such as implicit bias in health care, and more. COA extended this education to a library of almost 50 educational modules tailored to Fellows, covering topics such as health economics and outcomes research and the ever-important coding and billing in cancer care.

Finally, COA invites Fellows to attend its annual Community Oncology Conference, semi-annual Board meetings, and other key events. New and current opportunities for employment are also posted for easy access and include a mentoring program comprised of practicing community oncologists.

Every practice should take advantage of the tools and information that COA and COAnalyzer provide.
State of Community Oncology
The 2021 State of Community Oncology briefing was held virtually on February 17, 2021. After a welcome from COA President Kashyap Patel, MD, discussion turned to the new political landscape, the continued challenges of COVID-19, and COA’s plans to assist practices legislatively and at the practice level. The briefing concluded with a discussion of COA’s employer outreach initiatives.

Community Oncology Conference
Like 2020, the 2021 Community Oncology Conference was conducted virtually to ensure attendee and patient safety. Chosen to reflect the perseverance of community oncology practices, the theme of the 2021 Conference was Resilient, Resourceful, Innovative. More than 3,300 attendees tuned in to hear from experts speak about the ways they continued to serve patients during the pandemic, advocate for a better system of care, and what lessons care providers should carry forward.

CPAN Advocacy Summit
The second annual CPAN Advocacy Summit took place in July, broadcasting live to advocates across the country on a virtual platform. The Advocacy Summit brings professional tools and strategies to patients, survivors, caregivers, and other advocates, giving them an edge when telling their stories to lawmakers. Attendees left the Summit with a better understanding of the advocacy process and key challenges facing community oncology.

Payer Exchange Summit
In 2021, COA continued its leadership role in payment reform by hosting another successful Payer Exchange Summit on Oncology Payment Reform. This was the first time that the number of employers and employer coalition participants exceeded payer participants. The 2021 emphasis focused on direct contracting strategies to reduce cancer care costs, health disparities, obtaining and using patient feedback, defining high-quality cancer care, and partnering with local employers to improve the cancer care journey.
COA continued to work diligently to maintain and expand its influence within the cancer and health care policy arenas.

**In 2021, COA published:**

- **Studies & Reports**
  - With more data available now than ever before, COA commissioned the *Examining Hospital Price Transparency, Drug Profits, and the 340B Program* report to examine compliance with, and insights from, recent hospital price transparency data, with a particular emphasis on oncology and the 340B Drug Pricing Program. The report is the first of its kind to use hospitals’ own price transparency data to explore differences in hospital contractual prices for drugs, as well as the impact of the 340B program.

  Researchers found that 340B hospitals overwhelmingly fail to fully comply with federal hospital transparency regulations that went into effect January 1, 2021. Working from the entire list of 1,087 acute care and disproportionate share 340B hospitals, the researchers found that only 123 facilities published all the required data on drug prices, despite HHS regulations requiring the publication of full, machine-readable price data. The report also found that hospitals participating in the 340B Program charge an average of 3.8 times their acquisition costs for pricey cancer drugs and do not provide lower prices for uninsured or cash paying customers. One drug used to treat anemia caused by chemotherapy, Epogen, was priced at 11 times its cost to the hospital.

  The full report is available [here](#).

  The *Prior Authorizations: Where Are We and Where Can We Go? Observations from a Working Group of Leaders in the Oncology and Payer Space* report summarizes the status of prior authorization and offers policy suggestions to provide clinical oversight in a way which promotes, rather than hinders, patient access to high-value cancer care.
Policy Missives

The following comment letters are available here.

• COA CY 2022 OPPS Comment Letter
• COA Formal Comments on 2022 Physician Fee Schedule
• COA Comments on NCD for Next-Generation Sequence Comprehensive Genomic Profile Testing
• Preliminary Comment Letter on Radiation Oncology Model and Medicare Fee Cuts
• COA Comments on Oncology Care First (OCF) Model and the Innovation Center in General
• COA Comments on Direct and Indirect Remuneration Fees (DIR Fees)
• COA Comments on Stopping the Application of Medicare Sequestration
• Letter to CMS on Step Therapy for Part B Drugs in Medicare Advantage
• COA Letter to CMS and CMMI Requesting Extension of OCM
• COA Letter on Cancer Care “Infrastructure” Crisis
• Community Oncology Alliance Joins Amicus Brief Advocating for State Regulation of Pharmacy Benefit Managers
• Letter to CMS Requesting Reinstatement of Step Therapy Prohibition for Part B Drugs in MA Plans
• COA Joins 27 Stakeholder Groups in Letter to CMS on Radiation Oncology Model
• COA Asks Congress to Extend the Suspension of Medicare Sequestration for 2021; Oncologists Request Approval to Administer COVID-19 Vaccinations

Press Releases

COA issued press releases on such varied subjects as a return to screening during the pandemic, a warning to Congress about the impact of proposed legislation, requests for continuing some beneficial programs, and suggested fixes for legislation detrimental to cancer patients and COA. All press releases are available here.

• Oncologists Remind America: Time to Get Cancer Screenings Back on Track
• Community Oncology Alliance Applauds Introduction of “Timely Access to Cancer Treatment (TACT) Act”
• Community Oncology Alliance Joins Amicus Brief Advocating for State Regulation of Pharmacy Benefit Managers
• New ASCO-COA Oncology Medical Home Standards Set High Bar, Offers Roadmap for Comprehensive High-Quality, Patient-Centered Cancer Care Delivery
• Music Icon Patti LaBelle Reminds Adults: It’s Time to Get Screened for Cancer
• Community Oncology Alliance Expresses Strong Opposition to Planned Radiation Oncology Model and Payment Cuts in Preliminary Comment Letter to Health Agencies
• COA Warns Congress of Eroding Cancer Care Infrastructure and Misguided Legislative Proposals
• COA to Participate in Congressional Forum on Pharmacy Benefit Manager (PBM) Pricing
• New Analysis Shows Build Back Better Act Will Result in 42.9% Payment Cuts to Cancer Providers
• Community Oncology Alliance Elects New Board Members, Certifies Officers for 2022
• Oncology Thought Leaders Share Solutions to Prior Authorization Burdens in Oncology
• Community Oncology Alliance Submits Medicare Hospital Rule Comments Supporting Hospital Pricing Transparency, 340B Rebalancing, and Opposition to Mandatory CMMI Models
• Community Oncology Alliance Welcomes James Lee as Senior Manager for State Regulation and Policy
• COA Asks CMMI to Extend Oncology Care Model (OCM) Through 2022
• Oncologists Warn Congress Cancer Care is Held Hostage by Build Back Better Drug Pricing Provisions
Thank you to all our members, partners, and advocates for making 2021 a successful year.