## **ISSUES**

## Having an Impact is Easier Than You Think

BY MATTHEW FARBER, MA



any of you reading this issue are currently in Arlington, Va., at the ACCC 40th Annual National Meeting, listening to and learning about issues impacting the business and economics of cancer care. Hopefully many of you will also have participated in ACCC's Annual Capitol Hill Day, where ACCC members visit with their elected officials to discuss issues affecting reimbursement of and access to quality cancer care. This year, ACCC members focused on four key issues:

- 1. The sustainable growth rate (SGR)
- 2. Cuts to reimbursement due to the sequester
- 3. Oral parity legislation
- 4. The prompt pay discount.

These issues all impact community cancer care in different ways. For example, the cuts in Medicare reimbursement due to the sequester have affected a majority of oncology care providers, and the impacts are being felt by *all* patients. In 2013 ACCC surveyed its membership about the impact of the sequester; 84 percent of cancer programs have been impacted, and those impacts include layoffs, staff-hour reductions, and a cutback in supportive programs, including nutrition services and survivorship programs.

While most of you in the field know this information firsthand, there is a good chance that members of Congress do not—that is why making your voice heard is so important. Congress often make laws without understanding all of the implications of their actions; they depend on us (their constituents) to educate

them. Whether the issue is declining reimbursement, access to innovative therapies, or changing payment methodologies, Congress needs to hear from the oncology community in order to understand the effects on your programs and patients.

Another example of how ACCC members can engage with both Congress and payers is in the area of screening and other diagnostic testing. Over the past few years, Medicare has ratcheted down reimbursement for numerous diagnostic modalities, including both the technical and professional components for MRI and CT tests. ACCC commented against many of these cuts and, at times, our comments have had an impact. Still, the cuts continue to come, so we need to ensure that the decision makers understand what happens when reimbursement for these important tests is reduced.

In this Oncology Issues, the cover article discusses the life-saving promise that low-dose CT screening may hold for many individuals with lung cancer. Now that payers are required to cover this preventive screening, there are hopes that the technology will be better utilized by the oncology community. That said, access may again become a question if reimbursement rates continue to decline. The best way to avoid these cuts is to speak with regulatory agencies, like the Centers for Medicare & Medicaid Services (CMS), and your elected officials in Congress.

Reimbursement for CT screening is incredibly complicated, and often misunderstood by policy makers. The oncology

community is in the unique position of being able to educate decision makers about these complex issues.

Many ACCC members may be somewhat intimidated by offering this type of education, but it is easier than you think. As participants in ACCC's Capitol Hill Day know, meeting with your elected officials is a great way to ensure that your voice—and the needs of your program and patients—are heard. And even if your busy schedule or distance precludes you from traveling to Washington, D.C., you can still write, email, call, blog, tweet, and Facebook your elected officials. Today, there are more opportunities than ever before to reach out to your congressional representatives. In fact, many officials are able to respond more quickly using social media tools such as Twitter and

Remember, ACCC is here to help. If you want to get involved with the Association's advocacy efforts and don't know where to start, email me at mfarber@accc-cancer.org. If you can't make it to D.C., we can help set up visits in your home districts.

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