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### CMS Proposed 2018 OPPS & PFS Rules—What You Need to Know

CMS is proposing to reduce reimbursement for drugs purchased under the 340B Drug Pricing Program to ASP minus 22.5%. Learn about this and other proposed changes at: [mynetwork.accc-cancer.org/viewdocument/2018-cms-oppes-pfs-proposed-rules](http://mynetwork.accc-cancer.org/viewdocument/2018-cms-oppes-pfs-proposed-rules).



### An Acuity Tool to Optimize Nurse Navigation Caseloads

2017 ACCC Innovator Award winner University of South Alabama, Mitchell Cancer Institute, developed a homegrown tool to assess patient needs prior to caseload allocation and determine the level of navigation needed. [youtube.com/watch?v=dol8QhrVgDU](http://youtube.com/watch?v=dol8QhrVgDU). Attend the 2017 National Oncology Conference, Oct. 18-20, Nashville, Tenn., to hear how they are using this tool in quality and process improvement efforts.



### Building a Better Lung Cancer Model

Read how ACCC's Optimal Care Coordination Model initiative is addressing patient access to care, treatment team integration, physician engagement, survivorship care, and tobacco cessation through QI initiatives and metrics to help improve the care of lung cancer patients on Medicaid. [onclive.com/publications/oncology-business-news/2017/september-2017/accc-seeks-to-build-a-better-lung-cancer-model?p=1](http://onclive.com/publications/oncology-business-news/2017/september-2017/accc-seeks-to-build-a-better-lung-cancer-model?p=1).



### Immunotherapy Updates On-Demand

Browse the ACCC Institute for Clinical Immuno-Oncology (ICLIO) webinar playlist. Just-added titles in this library of on-demand webinars include Post 2017 ASCO Immuno-Oncology Highlights and Therapeutic Approaches to Metastatic Melanoma. [accc-icl.io/resources/webinar-archive](http://accc-icl.io/resources/webinar-archive).

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# fast



## Oncologists Share Top Concerns Around Genomic Testing

- More education is needed before widespread genomic testing can be advocated—**86%**
- Insurance coverage of genomic testing is poorly defined—**84%**
- Getting approval for an unapproved indication is too great a hurdle to use genomic testing results—**73%**
- The clinical utility of routine multiplex somatic genomic testing is unclear and too cost-ineffective to support widespread use—**73%**
- Concerns that genomic testing will be overused or misused by oncology—**65%**
- Concerns about the clinical reliability and validity of the test results provided by commercial genomic testing companies—**53%**

Source: West HJ, Miller G. Genomic testing and precision medicine in cancer care. *Medscape*; May 2, 2017. [medscape.com/slideshow/genomics-and-oncology-report-6008655?faf=#1](http://medscape.com/slideshow/genomics-and-oncology-report-6008655?faf=#1).

## Key Findings from Survey on the Cancer Patient Experience

- **93%** said QOL is very important when weighing treatment options.
- **73%** reported that they did not discuss the cost of care with their care team.
- **43%** noted lack of transportation as an obstacle stopping them from participating in a clinical trial.
- **30%** said they depleted their savings because of treatment costs.

Source: Cancer Support Community. Insight into the Patient Experience: Cancer Experience Registry Report 2017. [cancersupportcommunity.org/RegistryIndexReport2017](http://cancersupportcommunity.org/RegistryIndexReport2017).



# facts

## Would More Survivors of Childhood Cancers Benefit from Genetic Screening?

Researchers found that **12%** of childhood cancer survivors carry germline mutations that put them or their children at increased risk of developing cancer. Their recommendation: expand genetic screening and counseling to include childhood cancer survivors diagnosed with second cancers and whose pediatric cancer treatment did not include radiation therapy.



Source: St. Jude Children's Research Hospital. [multivu.com/players/English/7924753-st-jude-childhood-cancer-survivors-genetic-screening](http://multivu.com/players/English/7924753-st-jude-childhood-cancer-survivors-genetic-screening).



Researchers reviewed EHR data from 55 cancer centers in the U.S. and Canada and found that

**adherence to distress screening protocols led to 18% fewer ED visits and 19% fewer hospitalizations in the two-month period following the screening.**

Source: Zebrack, et al. A practice-based evaluation of distress screening protocol adherence and medical service utilization. *J Natl Compr Canc Netw*. 2017;15(7):903-912.

## NCCN Surveys Providers About Federal Healthcare Changes

- **55%** say changes would likely have a negative impact on their practice, research programs, or patient outcomes.
- **11%** anticipate a positive impact.
- **34%** anticipate a neutral or mixed impact.

### Those who anticipated a negative impact (55%) indicated that:

- Fewer patients will have access to health insurance—**71%**
- High deductibles will limit patient access to care—**69%**
- Cancer screening rates will decline due to higher co-pays and deductibles—**63%**
- Patients' pre-existing conditions could be excluded from coverage—**57%**
- Federal funding for cancer research will decline—**56%**
- There will be less support for mental health services—**50%**

Source: NCCN Trends Survey conducted March 23–24, 2017 at the NCCN 22nd Annual Conference: Improving the Quality, Effectiveness, and Efficiency of Cancer Care.

