

ICLIO National Conference

Financial Issues in Community Cancer Centers

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INSTITUTE
FOR CLINICAL
IMMUNO-ONCOLOGY



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New England Cancer Specialists

- The only private oncology practice in Maine
- Fourteen physicians; Eleven Nurse Practitioners and Physicians Assistants
- Three physical locations in southern Maine
- Come Home practice; OCM participant; OMH and QOPI certification
- Competitive environment with hospital system

I-O Challenges and Issues

- Growing number of indications
- Dosing changes
 - Staff education, regimen updates, when to change to new dosing from previous dosing
- Adverse event tracking; development of I-O triage specificity
- Emergence of combination therapies
- Cost
 - System
 - Patients (Current I-O support excellent; NECS 1.3 million in drug support; \$300K in co-pay assistance to date 2016)

Financial Issues in Oncology

- Ever increasing cost of new therapies
- Value based assessments
 - Various stakeholders; methodologies; vetting of information; utilization
- Length of therapy in I-O and cost implications
- Financial assessment demands on practices (OCM)
- Bundled payment strategies
- Longevity of patient assistance
- Access

340B – Where is it Going ?

- NECS as a private for profit organization cannot participate
- Expanding 340B programs have necessitated review of the program and intent
- GAO Report June 2016
 - Improve alignment of Medicare UC payments with hospital uncompensated care costs
 - Account for Medicaid payments made when making Medicare UC payments to individual hospitals
- Eligibility criteria

Contracting Initiatives

- NECS currently has no risk sharing agreements
- OCM - 2-sided risk model moving forward ?
- Development of bundled payments
- Precision medicine – new contracting arrangements
- Current payer programs structured around pathways and drug utilization
- Future efforts will be complex with the overlay of OCM and other programs

Information Technology

- IT requirements and demands are increasing
- Data acquisition, analytics, and utilization of data for program requirements, contracting initiatives, quality improvement and performance will be mandatory
- IT vendors will need to be more flexible and adapt to practice demands with regard to data acquisition and software integration to fulfill practice needs
- Investments will be in hardware (e.g. digital fax servers), personnel, software, and infrastructure to enable telemedicine and other emerging technologies



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