

ASCO State of the Union

Indiana Oncology Society

Robin Zon, MD, FACP, FASCO ASCO President August 16, 2024

Disclosure Information

Relationships with Companies

Zon, Robin

Stock or Other Ownership Interests: AC3 - a Healthcare Technology Company, ARK Genomic Revolution, AstraZeneca, Athenex, Berkshire Hathaway, Crispr, Cytosorbents, iShafes Biotechnology ETF, Johnson & Johnson/Janssen, McKesson, Moderna, Oncolytics Biotech, Seagen, Select Sector SPDR Health Care, TG Therapeutics, Vanguard World Healthcare ETF

Consulting or Advisory Role: Abbvie, Canopy, LabCorp, New Century Health, Sanofi

Jeffery C. Ward Affiliate Advocacy Award

- This new award recognizes State
 Affiliate partnership with ASCO to advance shared advocacy priorities at the state & federal level
- Congratulations IOS for receiving the 2024 honorable mention!



State Affiliate Council (SAC) Representation



Mark A. Henderson, MD SAC Representative & Chair-elect



Lu Anne Bankert, CAE Executive Director

Thank You for Supporting the Conquer Cancer – ASCO State Affiliate Council Endowed Merit Award



CONQUER CANCER®



2026 Special Awards Nominations

The ASCO Special Awards recognize individuals or organizations that have made significant contributions to ASCO, the practice of clinical oncology, and patients with cancer.

Visit specialawards.asco.org to Learn More



2026 Special Award Categories

- Allen Lichter Visionary Leader Award
- ASCO-ACS Cancer Prevention Award
- B.J. Kennedy Geriatric Oncology Award
- Excellence in Equity Award
- Gianni Bonadonna Breast Cancer Award

- Humanitarian Award
- Jamie Von Roenn Excellence in Teaching Award
- Patient Advocate Award
- Pediatric Oncology Award
- Walther Cancer Foundation Supportive Oncology Award

specialawards.asco.org



Overview

- Presidential Theme
- ASCO Mission & Vision Statements
- Disruptors
- What is ASCO Doing?
- Care Innovation





DRIVING KNOWLEDGE TO ACTION. BUILDING A BETTER FUTURE.

ADVOCACY • TECHNOLOGY • COMMUNITY



ASCO Strategic Plan

MISSION

Conquering cancer through research, education, and promotion of the highest quality, equitable patient care.

VISION

A world where cancer is prevented or cured, and every survivor is healthy.

CORE VALUES

Evidence | Care | Impact

Over five years, we will advance equity in access to cancer care and research, develop more sustainable work environments and improve the delivery of information that drives better patient outcomes.

FIVE-YEAR GOALS ACCESS PROFESSION KNOWLEDGE Remove barriers and promote access to Drive healthy clinical and research Be the trusted source for timely and work environments that lead to fulfillment high quality, equitable care and high-impact evidence and for oncology professionals patient-centered research continuous learning **Equity, Diversity and Inclusion Global Impact FLAGSHIP PROGRAMS Conquer Cancer** Clinical **Professional Practice Publications Meetings Advocacy** Research **Grants Development** Support Quality Research Education

2024 Focus Areas

Access

- Access Barriers Implement or scale selected programs that are targeted to impact key barriers to access.
- **Universal Coverage** Define and declare a policy strategy for advancing universal cancer care coverage.

Profession

 Career Progression - Define career progression standards and models for diverse oncology professionals.

Knowledge

- Content Creation- Attract the best content and build loyalty among content creators and users, with a particular focus on early and mid-career professionals.
- **Content Dissemination** Improve coordination across ASCO content channels to maximize impact and speed of dissemination.

Technology Disruption



- Scientific innovation
- Operational efficiency
- Real world data, outcomes
- Clinical decision support
- Expand workforce capacity
- Telehealth, expanded access
- Artificial Intelligence

- Information overload, burnout
- Admin burden/expense
- Imperfect implementation (EHRs)
- Role of clinician/liability
- Dehumanization
- Fake information
- Artificial Intelligence



Research Disruption

- Pandemic accelerated reforms
- Expanded eligibility criteria
- Decentralization of trials
- Trial Design and Access















Social Disruption

Increasing involvement by courts in shaping health policy.

A few examples:

- Guidelines
- Authority of regulatory agencies
- Definition of essential health benefits
- FDA authority/role
- Patient Advocate roles



What is the Chevron Doctrine of Deference?

- Prior to Chevron, courts directed to give "<u>reasonable consideration</u>" of agency interpretations
- 1984 Supreme Court decision instructed lower courts to <u>defer</u> to "reasonable" federal agency interpretations of law when there is ambiguity—even if court would have made different decision.
 - "limit exposure to toxic smog"
 - "cover basic medical services"
 - "ensure safety of drugs and cosmetics"
 - Definition of "breakthrough technology"
 - "protect consumers from risky corporate financial behavior"
- Rationale: scientists, economists, etc. have greater technical expertise to implement



Market Disruption

- Consolidation—Vertical,Horizontal
- Private equity
- Non-traditional sites of care



LATEST NEWS - TECHNOLOGY - OPERATIONS



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STORE SPACES



First Look: Walmart debuts freestanding health center format

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BY DAN BERTHIAUME

September 13, 2019

Payment Disruption Value Based Contracting

- Cost containment
- Risk transfer
- Patient experience
- Outcomes

- Medicare
 - Enhancing Oncology Model (EOM)
 - Headed towards global budget?
- Commercial
 - Shared savings
 - Global payment
 - Episode based payment
 - Outcome based payments

Containing Total Cost of Care

- Drug price
- Hospitalizations
- ER visits
- Testing, procedures
- Unexplained practice variation



...while protecting quality and patient experience

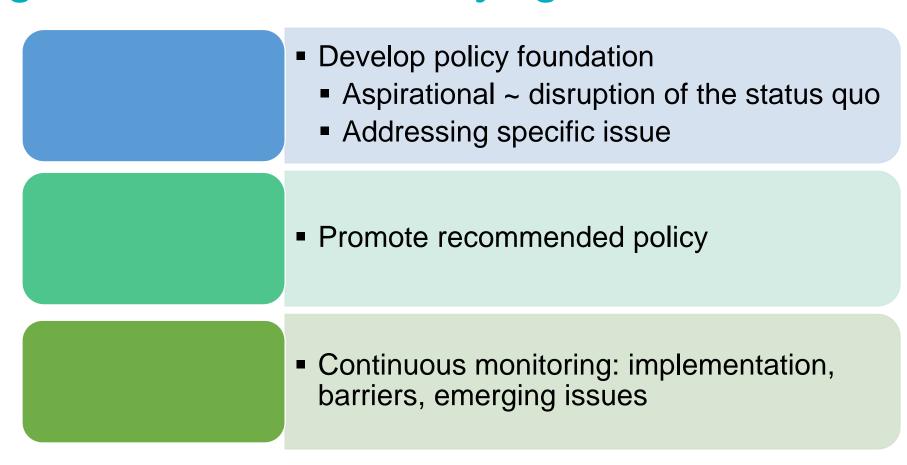
Cost Containment Efforts Will Not Show

- Utilization management
- Prior authorization
- Step therapy
- Pathways
- Transfer risk to patient (e.g., copay accumulators)
- Alternative funding programs
- Drug negotiation (IRA)
- State upper payment limits



What is ASCO Doing?

Advancing ASCO Goals Using Evidence Based Lobbying for Federal and State



2024 Advocacy Priorities



Drug Shortages



Medicare Physician Payment



Prior Authorization



FY25 Cancer Research Funding



Telemedicine



ASCO volunteers at annual Advocacy Summit

Other Top Advocacy Issues

- Pharmacy Benefit Managers
- Step Therapy
- Copay Accumulators

- Drug Pricing
- White bagging
- Clinical Trials
- Artificial Intelligence (AI)



Cancer Drug Shortages

- Media
- Congressional activity
- ASCO clinical guidance
- Coalition engagement
- Grassroots campaign
- Dedicated page on ASCO.org www.asco.org/drug-shortages



Dr. Julie Gralow
House Energy and Commerce
Committee



Dr. Jason Westin Senate Finance Committee



Dr. Julie Gralow House Ways and Means Committee



Medicare Physician Payment Reform

- Long-term reform needed:
 - Reverse cuts
 - Provide inflationary updates
 - Extend advanced APM bonus
 - Eliminate budget neutrality requirements
 - Incentivize transition to valuebased care



Act now: Urge Congress to address Medicare reimbursement cuts that began Jan. 1. Pt access to #cancer care depends on stabilizing physician payments. brnw.ch/21wHsqC #ASCOAdvocacy





Prior Authorization

- Administration's final rules
- Improving Seniors' Timely Access to Care Act (H.R. 8702/S. 4532)
- Ongoing state legislative progress





Indiana Advocacy on Prior Authorization

- At a 2023 IOS event with state lawmakers, interest in prior authorization reform was expressed
- The Indiana State Medical Association (ISMA) has considered introducing a bill to require insurers to exempt ~30 of the most frequently used CPT codes from prior authorization (as a pilot for gold carding)
- In 2024, a gold carding bill, SB 3, would have exempted physicians with an 80% approval rate; it died in Committee





Federal Funding for Cancer Research

	FY 2023 - Enacted	FY24 - Enacted	FY 2025 – Asks
NIH	\$47.459 billion	\$47.081 billion	\$51.3 billion
NCI	\$7.32 billion*	\$7.224 billion	\$7.934 billion
ARPA-H	\$1.5 billion	\$1.5 billion	At least \$1.5 billion

^{*}FY23 was last year of dedicated Cancer Moonshot funding



Telemedicine

- Geographic and originating site restrictions lifted during the public health emergency (PHE)
- Congress extended flexibilities to the end of 2024
- ASCO supports the CONNECT for Health Act (S. 2016/H.R. 4189) & other legislation to extend the flexibilities





Pharmacy Benefit Managers (PBMs)

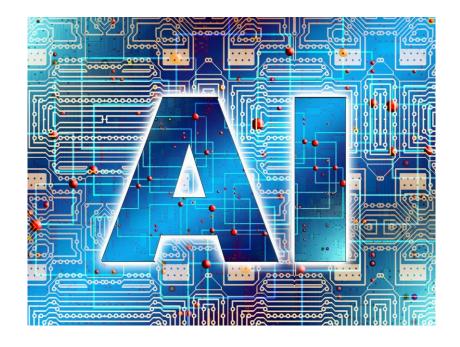
- Capitol Hill:
 - PBMs the focus of multiple congressional hearings
 - Reforms passed out of several key House & Senate committees
- Legislation moving across the states
- Ongoing FTC investigation





Artificial Intelligence (AI)

- ASCO Principles for the Responsible Use of AI in Oncology
- ASCO Board appointed AI Task Force
- ASCO monitoring regulatory and legislative activity





ASCO ACT Network

- Action alerts with ASCO's position on key bills
- Messages advocates can personalize and send to lawmakers
- Federal & state bill trackers of legislation in which ASCO is engaged
- Visit <u>www.asco.org/ACTNetwork</u>







ASCO Association Political Action Committee (PAC)

- The PAC helps us engage & educate lawmakers from both sides of the aisle on the current realities of the cancer care delivery system
- Supporting 44 candidates for election
- Over \$100,000 in support of cancer care champions
- First time supporting ASCO member for Congress
- Learn more on how to get involved:

pac.ascoassociation.org



Care Innovation

Surviving AND Thriving...

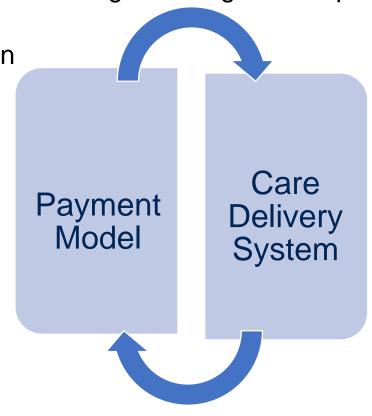


ASCO Certified Patient-Centered Cancer Care Standards

Innovations in value-based payment models need **complimentary innovations in care delivery** in order to achieve meaningful savings and improve quality

Center Medicare & Medicaid Innovation

- Oncology Care Model
- Enhancing Oncology Model Commercial Payers
- Aetna
- Blue Cross Blue Shield Plans
- Cigna
- Elevance Health
- Humana
- UnitedHealthCare



ASCO Certified

Patient Centered Cancer Care
Standards







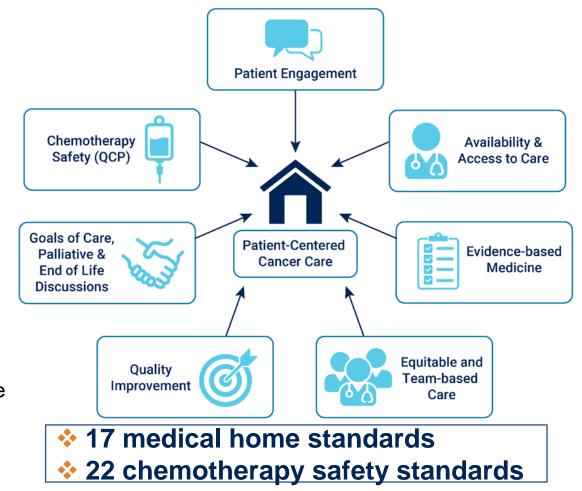
ASCO/COA Oncology Medical Home (OMH) Standards Development

The **ASCO/COA OMH standards** were developed based on:

- consensus of a multidisciplinary Expert Panel:
 - clinicians
 - health system administrators
 - patient advocates.
- a systematic review of evidence including
 - comparative peer-reviewed studies
 - studies of clinical pathways
 - systematic review of survivorship care plans

Standards approved by COA's Payment Reform Committee and the ASCO Board of Directors.

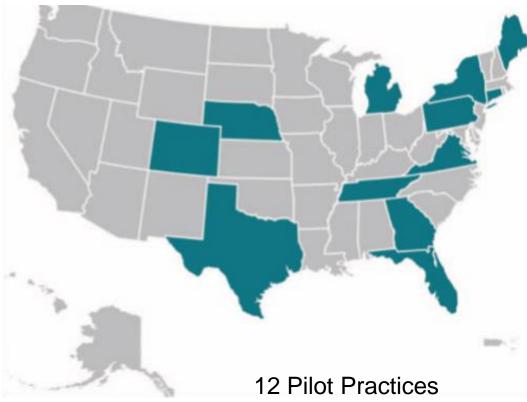
Published in JCO-OP August 2021







ASCO Certified



78 sites of service, 434 oncologists

12 Certified Practices

Program Opened Nationally July 2023

Pilot Practices Included:

- Blue Ridge Cancer Care, Roanoke, VA.
- Cancer & Hematology Centers of Western Michigan, Grand Rapids, MI.
- Central Georgia Cancer Care, Macon, GA.
- Hematology-Oncology Associates of CNY, East Syracuse, NY.
- Memorial Cancer Institute, Hollywood, FL.
- Nebraska Hematology-Oncology, PC, Lincoln, NE.
- New England Cancer Specialists, Scarborough, ME.
- Sidney Kimmel Cancer Center Jefferson Health, Philadelphia, PA.
- Tennessee Oncology, a partner of OneOncology, Nashville, TN.
- The Center for Cancer and Blood Disorders, Fort Worth, TX.
- University of Colorado Cancer Center, Aurora, CO.
- Yale New Haven Health- Smilow Cancer Hospital, New Haven, CT.





ASCO Certified Pilot Results

Impact care quality

Practice value

Patient experience benefit

Applicable in all value payment models

Consistency and clarity for high quality, Patient-Centered, value-based cancer care

Independent mark of high quality

Sustainability by ongoing assessment and improvement activities and monitoring

ASCO Certified Applications Are Open For You!

TRANSFORMING CANCER CARE WITH

PATIENT-CENTERED STANDARDS

ASCO Certified Contact Information:

ascocertified@asco.org



ASCO Certified Website:

ASCO Certified: Patient-Centered Cancer Care Standards | ASCO Practice Central





Rural Cancer Care Access Demo **Project: Problem** Statement

- Approximately **60 million people** (about 19.3% of the US population) reside in rural areas
- Rural small community hospitals lack the capability to deliver on-site cancer care services, resulting in patients needing to travel lengthy distances to receive therapies.
- Travel distance has been associated with worse outcomes in patients with cancer:
 - later stage at time of diagnosis
 - less timely receipt of chemotherapy
 - delaying or declining treatment.

Challenges:

- lack of infrastructure
- shortage or absence of specialty physicians and oncology-trained support personnel (i.e., nurses, advanced practice providers, and pharmacists) to deliver infusion services
- uneven access/use of telemedicine services
- quality care delivery
- Facility financial constraints
- Rural patients with cancer incur a greater financial burden due to costs associated with travel and lodging.
- ASCO's 2018 analysis of the workforce found that only 7% of oncologists billed from rural locations



Improving Access to Rural Cancer Care

Establish Hub-and-Spoke Model of Care Delivery

- Leverage existing relationship between two sites
- Build up infusion suite infrastructure at spoke site
- Recruit and train APPs

Quality Assessment & Improvement

- Utilize ASCO's quality standards, guidelines, and educational resources
- Expert Advisory Group to help with SOPs and quality improvement

Collaboration & Partnership

- Enhancing local services through collaborations with community-based organizations
- Strengthen referral loop with local primary care providers



Coverage and Reimbursement

ASCO's Care Delivery

Website Resources









EVALUATION AND MANAGEMENT CHANGES

CARE MANAGEMENT SERVICES

CMS NAVIGATIONAL CODES

ADVANCE CARE PLANNING











Z CODES AND SOCIAL DETERMINANTS OF HEALTH

ICD-10, HCPCS, AND CPT UPDATES

DRUG WASTE MODIFIERS

VACCINE REPORTING

MEDICARE INFORMATION

Other Supportive Offerings

- Educational Offerings
 - In person and virtual
 - Suggested or customized topics to meet your members' needs
- Monthly Coding Tip
 - Distributed through the State Society Network on ASCO myConnection
- Coding and Billing inquiries for practice support

(practice@asco.org)

EDI: RESEARCH GOAL & 2023 Progress

WHAT WE WANT TO FIX

Certain groups are underrepresented in clinical cancer research.

HOW WE PLAN TO FIX IT

- Improve trial eligibility
- Recruit and enroll underrepresented patients
- Align ASCO-sponsored research

Increased racial/ethnic diversity of patients in TAPUR study

Published ASCO statement and recommendations for global access to clinical trials

Streamlined Research Site Self-Assessment tool; screening and enrollment study currently in analysis phase

Chartered Clinical Trials Access and Inclusion (CTAI) Task Force

Launched Regional Council initiatives, including research grants, training and mentorship pilots



EDI: EDUCATION GOAL & 2023 Progress

WHAT WE WANT TO FIX

The oncology workforce is insufficient in low-resource settings and does not adequately understand how EDI issues affect patients and the professionals who care for them.

HOW WE PLAN TO FIX IT

- Build pipeline
- Diversify volunteers
- Deliver EDI education

Grew Medical Student Rotation, Annual Meeting Research Award, Diversity Mentoring **Program,** and Oncology Summer Internship

Launched Winn Clinical Investigator Leadership Award with five participants

Expanded international professional development opportunities



EDI: QUALITY GOAL & 2023 Progress

WHAT WE WANT TO FIX

Resources are limited and unevenly distributed, leaving practices without sufficient support to deliver high-quality, equitable care across diverse populations.

HOW WE PLAN TO FIX IT

- Equip practices to address social needs
- Protect equitable access in rural and low-resource settings
- Provide evidence-based resources

Increased equity-related Quality Training Program initiatives, domestically and internationally

Continued implementation of rural access pilot

Published Social Determinants of Health statement

Improved access to care through International Cancer Corps sites in Malaysia and Bolivia; launched in Ethiopia



ASCO Leadership Development Program

Cultivating Tomorrow's ASCO Leaders

Program Overview

- Purpose: Cultivate a diverse cadre of leaders to shape ASCO's future
- Focus: Develop leaders with skills and vision aligned with ASCO's values and strategic goals
- Duration: Yearlong program that launched in 2009
- Eligibility: 5-10 years post fellowship, site of practice agnosticacademic and community members encouraged to apply



ASCO's Prevention Work

Education

- Helping to design and develop online learning content, toolkits, and other educational resources
- Obesity, Tobacco cessation, genetics toolkit, oncologic implications of Chronic Hep C infection

Developing prevention policy positions

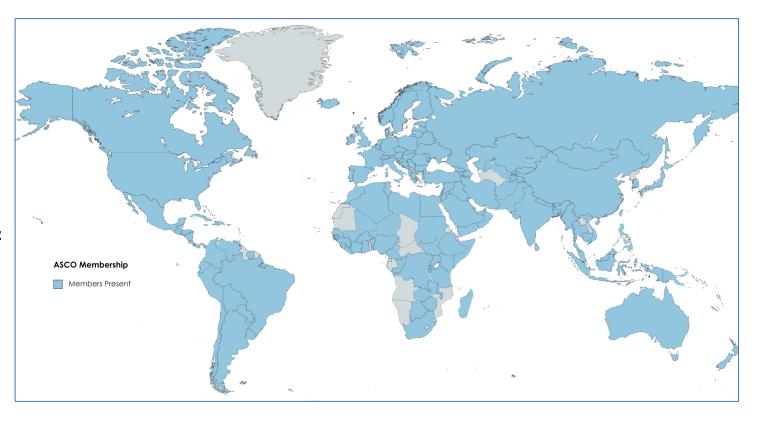
- Supporting advocacy efforts and the state and federal level
- Policy statements to inform advocacy around genetics, obesity, tobacco control, HPV vaccination, alcohol consumption and cancer risk, and skin cancer prevention

Research to inform clinical practice

- Research via surveys to understand oncologists' attitudes and practices around tobacco cessation, obesity and energy balance
- First patient-facing survey around weight management support during cancer care
- Recommendations for development of ASCO clinical practice guidelines when sufficient evidence exists

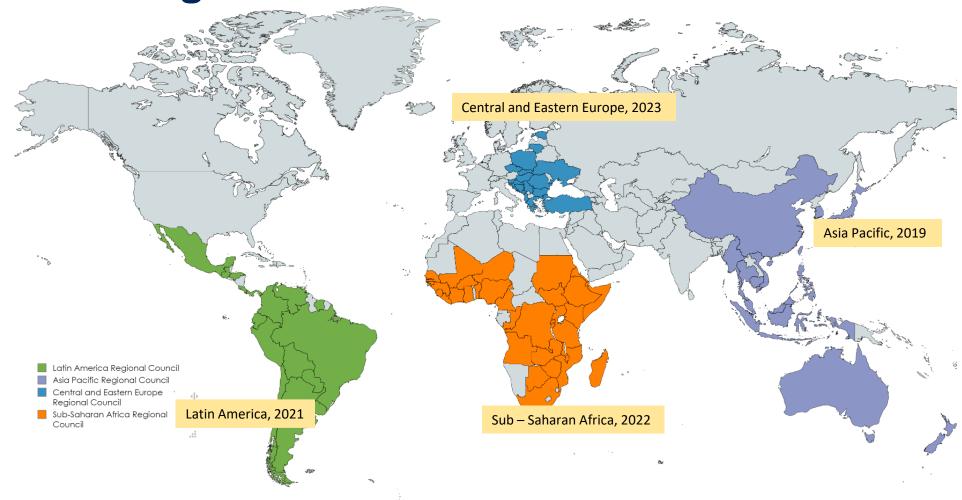
ASCO's Global Membership

- ASCO has nearly 50,000 members in over 160 countries
 - One third of ASCO members reside outside of the United States
 - Members represent the multidisciplinary nature of cancer care





ASCO Regional Councils





My Vision for the Future of Oncology





Questions?