

# CANCER LEADERSHIP COUNCIL

A PATIENT-CENTERED FORUM OF NATIONAL ADVOCACY ORGANIZATIONS  
ADDRESSING PUBLIC POLICY ISSUES IN CANCER

June 22, 2015

The Honorable Orrin Hatch  
Chairman  
Committee on Finance  
United States Senate  
Washington, DC 20510

The Honorable Johnny Isakson  
Committee on Finance  
United States Senate  
Washington, DC 20510

The Honorable Ron Wyden  
Ranking Member  
Committee on Finance  
United States Senate  
Washington, DC 20510

The Honorable Mark R. Warner  
Committee on Finance  
United States Senate  
Washington, DC 20510

Dear Chairman Hatch, Ranking Member Wyden, Senator Isakson, and Senator Warner:

The Cancer Leadership Council is a coalition of cancer patient, physician, and research organizations dedicated to improving the quality of care and quality of life of those diagnosed with cancer. We commend the work of the Senate Committee on Finance focusing on Medicare beneficiaries with chronic conditions, and we appreciate the opportunity to offer ideas for enhancing care for Medicare beneficiaries with cancer. We recommend that a cancer care planning service be among the Medicare chronic care reforms that the committee advances.

The Cancer Leadership Council has identified principles of quality care for all with cancer, and we have sought to ensure that the principles are honored in health care delivery and payment reform efforts and reflected in the care provided to patients every day. In our advocacy efforts, we have also directed special attention to cancer care provided through the Medicare program. More than half of all cancer diagnoses occur among senior citizens, and as a result Medicare is a major funder of cancer care and can play an important role in setting a high standard for cancer care quality.

### ***Establishing a Medicare Cancer Care Planning Service***

One of the core principles of quality cancer care that we have identified is the development and communication of a cancer treatment plan for those beginning treatment and a survivorship care plan for those transitioning from active treatment to long-term survivorship. Development of a cancer care plan fosters a shared decision-making process and encourages the coordination of all elements of active treatment and symptom management, steps toward establishing a patient-centered system of cancer care.

Our support for a cancer care planning service is longstanding, and the movement toward greater personalization of treatment according to a patient's molecular profile has only strengthened our view that treatment planning must be part of each patient's care. The patient and his or her care team must have the time to review the patient's diagnosis, including information about molecular diagnosis; the goals of treatment; and all treatment options. This is critical to ensuring that treatment will be "targeted," as science increasingly permits.

### ***Current Practice Related to Cancer Care Planning***

In 2013, the Institute of Medicine (IOM) revisited a groundbreaking 1999 report on the American cancer care system and found that many gaps in cancer care persisted. According to the IOM in 2014, the ideal in terms of cancer care is still out of the reach of many Americans with cancer. The 1999 IOM report, *Ensuring Quality Cancer Care*, recommended that each cancer patient be provided a cancer care plan and the resources necessary to honor the treatment recommendations in the plan.

The 2013 report, *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis*, determined that some cancer care providers are developing care plans, but the practice is far from universal. Moreover, few providers are undertaking a cancer care planning process that ensures shared decision-making and consideration of diagnosis, treatment goals, and all treatment options.

We understand that specificity in defining a cancer care planning service is accompanied by some risk, including that it may be viewed as too prescriptive. However, a thorough care planning process yields significant benefits for patients, providers, and the Medicare program. We urge consideration of a Medicare cancer care planning service that meets the standards articulated by the IOM in 2013.

The information in the cancer care plan should include:

- Patient information
- Diagnosis, including specific tissue information, relevant biomarkers, and stage
- Prognosis
- Treatment goals (curative, life-prolonging, symptom control, palliative care)
- Initial plan for treatment and duration (including chemotherapy, radiation, and surgery)
- Expected response to treatment

- Treatment benefits and harms, including how to manage toxicities
- Information on patient's likely experience with treatment
- Who will take responsibility for various elements of care and how the various teams will be coordinated
- Advance care plans
- Estimated total and out-of-pocket costs of cancer treatment
- A plan for addressing a patient's psychosocial care<sup>[1]</sup>

### ***Improving the Delivery of Cancer Care Planning Services***

We urge the Committee on Finance to include establishment of a Medicare cancer care planning service among the reforms it recommends to improve chronic care. This reform will provide significant benefits to patients and the Medicare program. The establishment of this service and payment for it will encourage the incorporation of care planning into cancer care. Representatives Lois Capps and Charles Boustany are planning the reintroduction of the Planning Actively for Cancer Treatment (PACT) Act by the end of June 2015. This bill establishes a cancer care planning service and payment for this service. We hope the Committee on Finance will consider similar action.

We are aware that the Centers for Medicare & Medicaid Services (CMS) has recently established a transitional care management service and a complex chronic care management service. We applaud these efforts, but these services are not adequate for planning cancer care. The complexities of cancer care planning relate to the multi-disciplinary nature of cancer care, the challenges of coordinating active treatment and symptom management, and the necessity to review diagnosis, goals of treatment, and treatment options. A separate and distinct cancer care planning service is necessary to accomplish these goals.

### ***Reforming Fee-for-Service Payment***

Important efforts are underway to design, implement, and test alternative payment systems. CMS is soon to launch the Oncology Care Model, private payers are experimenting with alternative payment systems, and professional societies are designing new payment systems. These initiatives are consistent with the goals of the Medicare Access and CHIP Reauthorization Act of 2015 for steady movement toward alternative payment systems.

We appreciate that these new payment systems hold promise for substantial reform of cancer care. However, the movement toward alternative payment and delivery systems will not be accomplished immediately. In the interim, refinements of the fee-for-service system are necessary. We believe that the incorporation of cancer care planning into practice will accomplish two goals: first, it will improve the coordination of cancer care within the fee-for-service system, and second, the practice of cancer care planning will foster the transformation of processes and procedures within oncology practices and serve as a step toward value-based care.

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<sup>[1]</sup> Adapted from the definition of a cancer care plan in IOM, *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis*, 2013. See Box3-3, Information in a Cancer Care Plan.

We appreciate the opportunity to present an important patient-centered payment reform for your consideration.

Sincerely,

**Cancer Leadership Council**

American Society of Clinical Oncology  
CancerCare  
International Myeloma Foundation  
Kidney Cancer Association  
The Leukemia & Lymphoma Society  
LIVESTRONG Foundation  
Lymphoma Research Foundation  
National Coalition for Cancer Survivorship  
National Patient Advocate Foundation  
Ovarian Cancer National Alliance  
Susan G. Komen