



Thursday, April 26, 2018

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The US Oncology Network Attends 2018 Community Oncology Alliance Annual Conference

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ASCO Analysis Demonstrates How Payment Bundles that Include Drug Costs May Destabilize Cancer Care Delivery

On April 12, the American Society of Clinical Oncology (ASCO) published a new analysis that suggests that including cancer drug costs in bundled payments under Medicare risks destabilizing the cancer care delivery environment. [Read below.](#)

CMS Releases FY2019 Inpatient Prospective Payment System Proposed Rule

On April 24, the Centers for Medicare & Medicaid Services (CMS) released its proposed FY 2019 Hospital Inpatient Prospective Payment System Proposed Rule. [Read below.](#)

House Ways and Means Committee Holds Hearing on Innovation in Healthcare

On April 26, the House Ways and Means Health Subcommittee held a hearing on "Identifying Innovative Practices and Technology in Health Care." [Read below.](#)

FDA Finalizes Guidance on Genetic Sequencing Development

On April 12, the Food and Drug Administration finalized two guidance documents on next-generation sequencing and investigational in vitro diagnostics to help producers streamline the development and validation of these tests, so they can be brought to market more quickly. [Read below.](#)

Poll Finds More than Half of Americans Support Single Payer Healthcare

A poll conducted by the Washington Post and the Kaiser Family Foundation found that 51 percent of Americans support a national single-payer health plan, while 43 percent oppose it. [Read below.](#)

Congressman Peter Roskam Visits Illinois Cancer Specialists

This week, Congressman Peter Roskam (R-IL) visited Illinois Cancer Specialists in Elgin, IL. Rep. Roskam represents the 6th district of Illinois and was recently named chairman of the House Ways and Means Subcommittee on Health. The subcommittee's jurisdiction includes Medicare as well as the tax credit and deduction provisions of the Internal Revenue Code dealing with health insurance premiums and health care costs. Discussion during the visit focused on the vital role of Illinois Cancer Specialists in the community, policies and regulations that disadvantage independent physician practices in favor of large, complex healthcare systems and abusive practices by Pharmacy Benefit Managers (PBMs).

If your practice is interested in hosting a visit with your Member of Congress or local legislator, please contact Angela Storseth at Angela.Storseth@McKesson.com.



Pictured from left: Dr. Apurva Desai, Dr. C. Yeshwant, Rep. Peter Roskam, Dr. Stan Nabrinsky

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This year's theme, "Keeping Patients at the Center," was reflected in the keynote addresses from Scott Gottlieb, Commissioner of Food & Drugs, U.S. Food Administration and Mark Herzlich, New York Giants Linebacker, Super Bowl Champion & Cancer Survivor. Several Network physicians presented at the conference:

- Dr. Houston Holmes on the use of CAR-T in community practices;
- Dr. Joyce O'Shaughnessy on protein coding in breast cancer;
- Dr. Debra Patt on issues impacting cancer patients and community practices; and
- Dr. Robert Rifkin on clinical use and reimbursement of biosimilars.

In addition, Rep. Buddy Carter (R-GA) spoke as a special guest during a reception hosted by McKesson Specialty Health and The Network, where he discussed issues impacting community-based care.



ASCO Analysis Demonstrates How Payment Bundles that Include Drug Costs May Destabilize Cancer Care Delivery

On April 12, the American Society of Clinical Oncology (ASCO) published a new analysis that suggests that including cancer drug costs in bundled payments under Medicare risks destabilizing the cancer care delivery environment. The report found that a shift from fee-for-service to bundled payments that include cancer drugs under Medicare Part B and Part D (as opposed to just physician services) would result in lower payments for practices that treat more patients with complex conditions. At the same time, practices who treat a lower proportion of molecularly or clinically complex patients would be reimbursed at rates that are much higher than current levels.

According to the report's lead author, "This new analysis suggests these [bundled] payment models will create barriers to patients receiving the right drug at the right time." The researchers believe that it would be useful to explore alternatives to including drug costs in bundles to ensure continuity of care for patients with complex conditions while preserving incentives for practices to lower costs for many aspects of cancer care.

To view the complete report, [CLICK HERE](#).

CMS Releases FY2019 Inpatient Prospective Payment System Proposed Rule

On April 24, the Centers for Medicare & Medicaid Services (CMS) released its proposed FY2019 Hospital Inpatient Prospective Payment System Proposed Rule. The proposal increases Medicare payments to acute-care hospitals by 3.4 percent, overhauls the meaningful

use program by giving hospitals more flexibility in how they use electronic health records, and requires hospitals to post their standard charges online and in a machine-readable format. CMS also announced a request for information seeking input from stakeholders on how to move forward with sharing electronic health data.

Additionally, CMS announced that it would eliminate some regulations that the agency believes are overly burdensome, such as the requirement that long-term care hospitals admit more than 25 percent of their patients from a single acute-care hospital.

CMS is also seeking input on applications for new technology add-on payments for FY2019 for Chimeric Antigen Receptor (CAR) T-cell therapy. Separately, for FY2019, CMS is proposing to reassign CAR T-cell therapy to a higher-weighted MS-DRG and is seeking comment on alternative MS-DRG assignment.

To view the proposed rule, [CLICK HERE](#).

To view a fact sheet from CMS about the proposed rule, [CLICK HERE](#).

House Ways and Means Committee Holds Hearing on Innovation in Healthcare

On April 26, the House Ways and Means Health Subcommittee held a hearing on “Identifying Innovative Practices and Technology in Health Care,” to learn more about innovative models, practices, and technology that physicians, providers, and organizations are utilizing to reduce costs and improve care quality.

The witnesses provided testimony on what policymakers can do to better modernize Medicare. Witnesses included:

- [Matthew S. Philip, M.D.](#), Physician, Breakthrough Care Center, DuPage Medical Group joined by Paul F. Merrick, M.D., President, DuPage Medical Group
- [Oliver Kharraz, M.D.](#), Chief Executive Officer & Founder, Zocdoc
- [Becki Hafner-Fogarty, M.D.](#), Senior Vice President, Policy and Strategy, Zipnosis, Inc.
- [Dan Paoletti](#), Chief Executive Officer, The Ohio Health Information Partnership
- [Sean Cavanaugh](#), Chief Administrative Officer, Aledade

To view the hearing, [CLICK HERE](#).

FDA Finalizes Guidance on Genetic Sequencing Development

On April 12, the Food and Drug Administration finalized two guidance documents on next-generation sequencing and investigational in vitro diagnostics to help producers streamline the development and validation of these tests, so they can be brought to market more quickly. The guidance documents inform producers about an FDA-recognized database on genetic variants and provide information about how to prepare tests for FDA’s pre-market analysis.

Genetic sequencing tests are used to determine an individual's risk of developing certain genetic diseases and can also be used to help with the treatment of existing diseases such as cancer.

To view the guidance document, *Use of Public Human Genetic Variant Databases to Support Clinical Validity for Genetic and Genomic-Based In Vitro Diagnostics*, [CLICK HERE](#).

To view the guidance document, *Considerations for Design, Development, and Analytical Validation of Next Generation Sequencing (NGS) – Based In Vitro Diagnostics (IVDs) Intended to Aid in the Diagnosis of Suspected Germline Diseases*, [CLICK HERE](#).

Poll Finds More Than Half of Americans Support Single Payer Healthcare

A poll conducted by the Washington Post and the Kaiser Family Foundation found that 51 percent of Americans support a national single-payer health plan, while 43 percent oppose it. Results broke down along party lines, with three-quarters of Democrats supporting the idea of a single-payer plan and four-fifths of Republicans siding against the idea. A majority of independents (54%) would back a government-run health plan. Support amongst Americans who have attended a rally or protest was much higher than non-rallygoers. The poll comes on the heels of Bernie Sanders' Medicare for All plan and similar proposals recently released by Democratic members of Congress.

For a complete breakdown of the poll results, [CLICK HERE](#).