



Tuesday, June 16, 2020

## **The Network Petitions Congress to Consider Additional Measures to Respond to COVID-19, Ease Burden on Community Cancer Care**

On June 11, The Network sent a letter to Congressional leadership asking for consideration of additional COVID-19 relief, prioritizing a number of proposals to enhance patient care and safety and ease the burden on community cancer care providers. [Read below.](#)

## **US Oncology Research Study Finds Cancer Drug May Benefit Advanced COVID-19 Patients**

Researchers at US Oncology Research — The Network’s research arm — published a study demonstrating promising results of the cancer drug acalabrutinib in treating patients with severe COVID-19 symptoms. [Read below.](#)

## **CMS Announces Changes to OCM, Other CMMI Models**

On June 3, the Center for Medicare and Medicaid Innovation (CMMI) announced a series of changes to several of its alternative payment models, including a one-year extension of the Oncology Care Model (OCM) and the ability for practices to forgo upside and downside risk for the performance periods affected by the public health emergency. [Read below.](#)

## **HHS Reviewing Options to Expand Telehealth Flexibility Permanently**

Recent remarks by CMS Administrator Seema Verma and a senior HHS advisor indicate that the Centers for Medicare & Medicaid Services is considering action to permanently extend telehealth flexibilities enacted during the COVID-19 public health emergency, but some of the changes may require support from other federal agencies, Congress, and state governments. [Read below.](#)

## **Latest Jobs Report Shows Marked Healthcare Sector Improvements, Dentists Leading the Way**

On June 5, the U.S. Bureau of Labor Statistics released its latest jobs report, which indicated the health sector gained 312,000 jobs in the month of May after steep declines caused by the COVID-19 national health emergency in March and April. [Read below.](#)

## **Analysis Shows Slower Growth in Drug Prices**

On June 4, SSR Health released a new report which found that drug prices are increasing at a slower rate than they had in the past. [Read below.](#)

## **Study Finds High Economic Cost Due to Racial Disparities in Cancer Deaths**

Research published in the journal *JNCI Cancer Spectrum* found that cancer mortality rates are disproportionately high for African American compared to Americans of other races and that the racial disparities have led to a loss of more than \$3.2 billion in lost earnings. [Read below.](#)

## **FULL STORIES**

### The Network Petitions Congress to Consider Additional Measures to Respond to COVID-19, Ease Burden on Community Cancer Care

On June 11, the Network sent a letter to Congressional leadership asking for consideration of additional COVID-19 relief, prioritizing a number of proposals to enhance patient care and safety and ease the burden on community cancer care providers. These include:

- **Provider Stabilization:** extend Medicare sequestration relief retroactively to January 1, 2020, or extend it into 2021, and consider changes to the Medicare Accelerated and Advance Payments Program to provide additional relief to struggling healthcare providers.
- **Seamless Patient Care:** address coverage gaps to prevent disruption for patients who are mid-treatment and experiencing job loss during this crisis.
- **Value-Based Care:** delay implementation of the Radiation Oncology Model to allow practices to manage this public health crisis without the burden of transitioning to a new payment system.
- **Access to Safe and Timely Care:** provide temporary, targeted utilization management relief for cancer treatment to enable practices to better prioritize staff resources, and discontinue harmful home infusion policies for chemotherapy.
- **Telehealth:** permanently waive Medicare's limitations relating to geography and patient setting to enable Medicare beneficiaries with serious health conditions to receive telehealth at home after the public health emergency ends.

To read the full letter, [CLICK HERE](#).

### US Oncology Research Study Finds Cancer Drug May Benefit Advanced COVID-19 Patients

Researchers at US Oncology Research — The Network's research arm — published a study demonstrating promising results of the cancer drug acalabrutinib in treating patients with severe COVID-19 symptoms. The exploratory research, which was conducted in collaboration with AstraZeneca and the National Institutes of Health, appeared in the journal *Science Immunology* earlier this month.

Nineteen patients with acute respiratory distress syndrome from COVID-19 were treated with acalabrutinib for 10-14 days. Most patients demonstrated measurable improvements in oxygenation, often within 1-3 days. Nine out of 11 (82%) patients who had been receiving supplemental oxygen when treated with acalabrutinib were discharged from the hospital and no longer required supplemental oxygen. In addition, four out of eight (50%) patients who were receiving invasive mechanical ventilation prior to acalabrutinib administration were extubated and discharged without the need of supplemental oxygen. Improvement in key laboratory assessments measuring disease progression, including c-reactive protein and lymphocyte levels, were also seen. There were no observed toxicities attributable to acalabrutinib, including those outlined in the product's important safety information, such as cardiac arrhythmia, bleeding, diarrhea or opportunistic infection.

As a result of this study's findings, AstraZeneca has initiated additional clinical studies evaluating acalabrutinib in seriously ill patients with over-reactive immune responses (cytokine storm) attributed to COVID-19 infection. These studies will examine acalabrutinib in two phase II trials in which

acalabrutinib will be compared to best supportive care in patients hospitalized with COVID-19, regardless of whether they are in an intensive care unit.

To read the study in *Science Immunology*, [CLICK HERE](#).

To read The Network's press release on the study, [CLICK HERE](#).

## CMS Announces Changes to OCM, Other CMMI Models

On June 3, the Center for Medicare and Medicaid Innovation (CMMI) announced a series of changes to several of its alternative payment models, including the Oncology Care Model (OCM). Importantly, the announcement includes the following key changes to the OCM:

- Extending the model for 1 year through June 2022
- Creating an option for OCM practices to forgo upside and downside risk for performance periods affected by the public health epidemic (PHE)
- Giving OCM practices that remain in one- or two-sided risk for the performance periods affected by the PHE the ability to remove COVID-19 episodes from reconciliation for those performance periods
- Allowing aggregate-level reporting of quality measures and beneficiary-level reporting of clinical and staging data to be optional for the affected periods
- Removing the requirement for cost and resource utilization reporting and practice transformation plan reporting in July/ August 2020

The announcement did not include any updates on the proposed Oncology Care First or Radiation Oncology Models.

To read CMMI's announcement, [CLICK HERE](#).

To view a reference table from CMMI outlining the models and new changes, [CLICK HERE](#).

To read a *Health Affairs* blog post by CMS Administrator Verma discussing the changes, [CLICK HERE](#).

## HHS Reviewing Options to Expand Telehealth Flexibility Permanently

Recent remarks by CMS Administrator Seema Verma and a senior HHS advisor indicate that the Centers for Medicare & Medicaid Services is reviewing options to permanently extend telehealth flexibilities enacted during the COVID-19 public health emergency, but some of the changes may require support from other federal agencies, Congress, and state governments.

At the beginning of the public health emergency, CMS extended several temporary telehealth flexibilities, including increasing reimbursement for telehealth services as well as allowing providers to offer additional services to beneficiaries via telehealth. This has led to a substantial increase in the use of telehealth, and provider groups have urged CMS to extend and make permanent many of these changes.

Administrator Verma has seemed supportive of expanding telehealth access after the pandemic receives and recently said, "I can't imagine going back. People recognize the value of this, so it seems like it would not be a good thing to force our beneficiaries to go back to in-person visits."

However, concerns have also been raised about cost and over-utilization, and Verma also noted CMS is looking at whether it makes sense to continue paying the same for virtual office visits as for in-person care. Verma said action from Congress will ultimately be needed to permanently expand telemedicine on a national basis as existing laws limit use to certain geographic areas and that the administration would support state efforts to allow more telemedicine to be practiced across state lines.

## Latest Jobs Report Shows Marked Healthcare Sector Improvements, Dentists Leading the Way

On June 5, the U.S. Bureau of Labor Statistics (BLS) released its latest jobs report, which indicated the health sector gained 312,000 jobs in the month of May after steep declines caused by the COVID-19 national health emergency in March and April. Of the new health sector job gains reported in May, approximately 245,000 are attributable to dentists. After BLS estimated 135,000 lost hospital jobs in April, hospitals still shed positions in May, but at a much smaller rate (26,700), giving hope to many in the sector that the worst impacts have passed. This represents a dramatic bounce back after the healthcare industry lost an estimated 1.4 million jobs in April. The job numbers have been met with some skepticism, with the BLS conceding some of its survey data resulted in the misclassification of individuals who were unemployed on temporary layoff as employed but absent from work.

Meanwhile, an analysis by the consulting firm Kaufman Hall found that April was the worst month on record for hospital margins, as providers suspended many elective procedures to help stem the spread of COVID-19. As providers begin scheduling non-emergent procedures again, analysts are optimistic that the healthcare industry might be more resilient than other sectors of the American economy and experience rapid growth and surging demand.

To see the latest BLS employment statistics, [CLICK HERE](#).

To read the Kaufman Hall analysis, [CLICK HERE](#).

## Analysis Shows Slower Growth in Drug Prices

On June 4, SSR Health released a new report which found that drug prices are increasing at a slower rate than they had in the past. According to the report, brand name pharmaceutical companies increased their wholesale prices by 2.3 percent in the first quarter of 2020. While a modest increase, wholesale prices have grown at a slower rate than they did in the first quarter of 2019 (3.2% in Q1 2019). The analysis also found that net prices paid by insurers dropped by 2.6 percent between January 1 and April 1, compared with a 3.7 percent decline during the same time last year. On the whole, the discounts off wholesale prices reached 50.4 percent, which is the highest shift in a decade when adjusted for inflation. Drugs related to cancer care have made the largest positive contributions to net price changes and, as a result, are much less likely to be excluded from formularies.

Given increasing scrutiny of the strategies that drug manufacturers and pharmacy benefit managers employ, price reductions or reductions in the rate of price increases have become more common. While many pharmaceutical manufacturers kept their price increases below ten percent in recent years, some had managed to avoid price increases altogether. Amid the ongoing COVID-19 pandemic and continued push on Capitol Hill to pass bipartisan drug pricing legislation this year, the author of the report projects that the 2020 price trajectory for pharmaceuticals will be constrained.

To read more about the report's findings, [CLICK HERE](#).

## Study Finds High Economic Cost Due to Racial Disparities in Cancer Deaths

Research published in the journal *JNCI Cancer Spectrum* found that cancer mortality rates are disproportionately high for black patients compared to patients of other races and that the racial disparities have led to a loss of more than \$3.2 billion in lost earnings.

Examining 2015 data on average life expectancy, cancer deaths, and earnings data, the researchers were able to calculate life years and earnings lost due to premature cancer deaths and compare them across racial groups. In 13 of the 19 sites included in the analysis, black patients had had higher age-standardized person-years of life lost (PYLL) and lost earning rates than white patients. For black patients the rate of lost earnings due to premature cancer deaths totaled more than \$43 million per 100,000 people in 2015—or roughly \$8.5 million more per 100,000 than white cancer patients. If these disparities did not exist, more than 241,334 PYLLs and \$3.2 billion lost earnings would have been avoided.

Ultimately, the results underscore the challenges that oncologists and the healthcare system as a whole face in improving access to cancer care. Improving equal access to cancer prevention, screening, and treatment services is critical in reducing these disparities, preventing thousands of premature deaths, and saving billions in lost earnings.

To read the study, [CLICK HERE](#).