NCCN Oncology Policy Summit: Redefining Quality Measurement in Oncology

On September 25, 2017, NCCN will host a summit focused on defining, measuring, and paying for quality in cancer care. The summit will examine the past and current efforts toward developing outcomes-based oncology quality measures, discuss the value of those measures, the role these measures play in payment reform, and whether patient care and the patient experience has improved as a result. Additionally, the impact of emerging payment models on quality cancer care will be considered. Multistakeholder involvement will be encouraged through didactic presentations, roundtable discussions, and audience participation. Registration is still open; the early bird discount expires on August 29, 2017.

A subsequent article of the summit will be published in *JNCCN—Journal of the National Comprehensive Cancer Network*.

NCCN Patient Advocacy Summit: Addressing Survivorship in Cancer Care

On December 1, 2017, NCCN will host a Patient Advocacy Summit focused on addressing survivorship issues in cancer care. In preparation for the Patient Advocacy Summit, NCCN will conduct an environmental scan of existing and emerging aspects of survivorship cancer care through stakeholder meetings with survivors and various patient advocacy groups to discuss needs, opportunities, and challenges in providing high-quality, patient-centered survivorship care for all patients. The corresponding summit will report on the findings of the stakeholder meetings and include discussions by the multistakeholder, multidisciplinary larger cancer care community. These stakeholders and their perspectives are needed to have a full understanding of the challenges of survivorship planning to improve the quality of and access to cancer care and in addressing posttreatment needs. For more information and future registration details, visit https://www.nccn.org/professionals/meetings/oncology_policy_program/.

A subsequent article of the summit will be published in *JNCCN—Journal of the National Comprehensive Cancer Network*.

Narrow Insurance Networks Leave Patients With Little Choice

Access to high-quality, high-value cancer care is crucial for all patients with cancer. Ideally, after a cancer diagnosis, patients should have the option to choose care from an experienced multidisciplinary team of subspecialists at a Comprehensive Cancer Center that offers the latest treatments and supportive care breakthroughs. Now, this freedom of choice is being threatened by narrow network insurance plans.

A new study from the Perelman School of Medicine at the University of Pennsylvania shows that these lower-cost plans reduce access to certain providers at Comprehensive Cancer Centers, including NCCN Member Institutions and NCI-Designated Cancer Centers. The study was published recently in the *Journal of Clinical Oncology*.

“Because cancer care and monitoring is costly, there are strong incentives for insurers to be selective when it comes to oncologists, excluding those who are most likely to attract the most complex and expensive cases,” the study’s lead author, Laura Yasaitis, PhD, a postdoctoral researcher at Penn said in a press release. Yasaitis and colleagues call for greater access for patients and more transparency from insurers.

“At NCCN, our mission is to improve the quality, effectiveness, and efficiency of cancer care so that patients can live better lives. To that end, we applaud Dr. Yasaitis and her colleagues for their call for improved patient access and improved transparency from US payers,” said Robert W. Carlson, MD, Chief Executive Officer, NCCN. “NCCN

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Member Institutions are home to expert physicians, superior treatment options, and quality and safety initiatives that continuously improve the cancer care in the United States and around the world.”

Looking at 2014 individual health insurance exchanges, the Penn researchers observed that oncologists affiliated with NCCN Member Institutions and NCI-Designated Cancer Centers were less likely to be included in the narrow plan. According to Yasaitis, no matter how the authors looked at the data, there was a clear trend toward exclusion.

“NCCN publishes clinical treatment guidelines that are accessible by any cancer stakeholder so that where a patient lives doesn’t determine if a patient lives,” said Carlson. “However, the experience, innovation, and expertise found at NCCN Member Institutions and other Comprehensive Cancer Centers throughout the country should not and cannot be discounted. Stripping patients of a right to choose a comprehensive care approach not only takes away their access to leading innovations and supportive care programs that promote better outcomes, but also stifles the innovation fostered at these leading centers that is changing the face of cancer care as we know it.”

In a previously reported 2015 survey of NCI-Designated Cancer Centers conducted with Avalere, NCCN found that 25% of the respondents were excluded by exchange plans offered by the majority of the state’s exchange carriers.¹

Moreover, as noted in a 2016 NCCN Policy Report, studies have shown that patients treated at Comprehensive Cancer Centers indeed realize better outcomes. Wolfson et al² found that patients diagnosed with common adult-onset cancers (breast, colorectal, lung, hepatic, pancreatic, and gastric) who were not treated at NCI-Designated Comprehensive Cancer Centers had a 20% to 50% higher risk of mortality compared with patients treated at those centers.

When choosing a health plan, consumers may not be aware of in-network providers nor the cost of seeing providers out-of-network. However, when diagnosed with cancer, patients want the highest-quality care to give them the best chance of survival. To this end, NCCN believes consumers need greater education when choosing plans, as well as increased network adequacy on the part of insurers and policymakers.

World-renowned experts from NCCN Member Institutions diagnose and treat patients with a broad spectrum of cancers and are recognized for dealing with complex, aggressive, or rare cancers. NCCN Member Institutions pioneered the concept of the multidisciplinary team approach to patient care and conduct innovative research that contributes significantly to understanding, diagnosing, and treating cancer. The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines), developed by volunteer experts from the NCCN Member Institutions, are the recognized standard for clinical policy in cancer care and are often the most thorough and most frequently updated clinical practice guidelines available in any area of medicine.

For more information about NCCN, visit NCCN.org.

References

1. Pearson CF, Choe SH. Leading Cancer Centers May Be More Widely Included in Exchange Networks Than Expected. Avalere Health Web site. Available at: <http://avalere.com/expertise/life-sciences/insights/leading-cancer-centers-may-be-more-widely-included-in-exchange-networks-tha>. Accessed March 1, 2016.
2. Wolfson JA, Sun CL, Wyatt L, et al. Impact of care at comprehensive cancer centers on outcome: results from a population-based study. *Cancer* 2015;121:3885–3893.

Updated Patient Resources Now Available for Ovarian Cancer

NCCN has published updated NCCN Guidelines for Patients and NCCN Quick Guide sheets for Ovarian Cancer. Funding for these resources was provided through the NCCN Foundation and, in part, through generous sponsorship from the National Ovarian Cancer Coalition. The NCCN Guidelines for Patients for Ovarian Cancers were updated from the 2016 Version.

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NCCN Guidelines for Patients, patient-friendly translations of the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines), are easy-to-understand resources based on the same clinical practice guidelines used by healthcare professionals around the world to determine the best way to treat a patient with cancer. Each resource features unbiased expert guidance from the nation's leading cancer centers designed to help people living with cancer talk with their physicians about the best treatment options for their disease. These resources are available free of charge at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer mobile app. Print versions are available to order on Amazon.com.

NCCN Guidelines for Patients and NCCN Quick Guide sheets—1- to 2-page summaries of key points in the patient guidelines—are written in plain language and include patient-friendly elements, such as questions to ask your doctor, a glossary of terms, and medical illustrations of anatomy, tests, and treatments. NCCN Guidelines for Patients and NCCN Quick Guide sheets DO NOT replace the expertise and clinical judgment of the clinician.

NCCN currently offers NCCN Guidelines for Patients for the following: Brain, Breast, Colon, Esophageal, Kidney, Non–Small Cell Lung, Ovarian, Pancreatic, Prostate, Stomach, and Thyroid Cancers; Acute Lymphoblastic Leukemia; Adolescents and Young Adults With Cancer; Chronic Lymphocytic Leukemia; Chronic Myelogenous Leukemia; Distress; Hodgkin Lymphoma; Lung Cancer Screening; Malignant Pleural Mesothelioma; Melanoma; Multiple Myeloma; Myelodysplastic Syndromes; Nausea and Vomiting; Non-Hodgkin's Lymphomas; Soft Tissue Sarcoma; and Waldenström's Macroglobulinemia.

To download these NCCN patient education resources, visit NCCN.org/patientguidelines.