Commentary

SGO Health Policy and Socioeconomic Committee: Current and future efforts of the Future of Physician Payment Reform Taskforce and the Legislative and Regulatory Affairs Taskforce

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1. Current and future efforts of Physician Payment Reform for gynecologic oncology

Taskforce Chairs: Ronald D. Alvarez, MD, Emily Ko, MD and Jason D. Wright, MD

The rapidly evolving healthcare delivery and reimbursement system in the United States is of the upmost importance to gynecologic oncologists. In April 2015, President Obama and Congress passed the Medicare Access and CHIP Reauthorization Act (MACRA)\textsuperscript{[1,2]}. MACRA permanently repealed the Sustainable Growth Rate formula, which had been used to determine Medicare physician payments, adjusted annually relative to the Gross Domestic Product. MACRA was designed to accelerate the adoption of physician payment for “value-based care.” The primary stakeholders involved in the development and implementation of MACRA include Congress, the Department of Health and Human Services and Center for Medicare & Medicaid Services (CMS), medical organizations, and private payers. While CMS cannot dictate how healthcare services will be reimbursed by private payers, changes implemented through Medicare reimbursement policies will likely serve as a template for private payers to adopt.

MACRA allows for reimbursement of value-based care through two pathways: 1) Merit-Based Incentive Payment System (MIPS) and 2) Alternative Payment Models (APMs). MIPS most closely approximates the current fee-for-service system. A notable exception is that payment adjustments will be tied to a Composite Performance Score based on measures in a number of categories including: quality, resource use, clinical practice improvement activities, and meaningful use of certified EHR technology. Providers may be reimbursed more (for meeting quality outcomes) or less (if they fall below an averaged national metric). APMs, the second pathway for MACRA reimbursement, use bundles to link the payment of unconnected services for an episode of care or condition. Bundling services that were previously billed separately is meant to reduce unnecessary spending and improve quality. CMS currently has a number of APMs that are being evaluated through demonstration projects, but the first MACRA changes to physician payment are operational now. CMS now has as a goal, in general, having 30% of traditional Medicare payments tied to performance by the end of 2016, and 50% of these payments tied to APMs or some type of performance/value-based reimbursement by the end of 2018. Reimbursements under the new MACRA...
policy depend heavily on system-based and patient-based outcome measures. As the only physicians trained to provide both complex surgical and medical treatment for women with gynecologic cancers, gynecologic oncologists should be leaders in the development of best practice models and outcome measures for women with gynecologic cancers.

The SGO has organized a Taskforce for the Future of Physician Payment Reform, whose members represent all sectors and geographic regions of gynecologic cancer care in the U.S. Over the past two years, the Taskforce began developing an APM for uterine cancer. Similar to other bundled payment models, the goal was to develop an APM that improves the quality of care while at the same time reduces overall expenditures. The Taskforce first sought input from multiple stakeholders and developed an in-depth pathway for the care of patients with endometrial cancer from the time of diagnosis. This pathway detailed all services, reimbursed and uncompensated, provided to a woman with endometrial cancer. Next, the Taskforce used this pathway to create the framework for an APM specifically focused on the surgical management of women with endometrial cancer at the time of initial diagnosis. Over the next year, the Taskforce will continue to develop the endometrial cancer care APM and will validate the APM using retrospective data obtained from a variety of settings and practices. Though the initial endometrial cancer APM focuses on operative care, additional bundles incorporating other care pathways and other gynecologic cancers will be developed.

Crucial to the development of APMs for women with gynecologic cancer is getting the input from the very clinicians that take care of these patients on a daily basis. The Taskforce will continue to educate membership about this important topic through webinars, website resources, surveys, and educational forums at the Annual Meeting. These efforts, the SGO will continue to represent, protect, and shape the future of payment reform for the care of women affected by gynecologic cancer.

2. Legislative and regulatory affairs in gynecologic oncology

Chairs: Patrick Timmins, MD, Heidi Gray, MD, Matthew Carlson, MD and Saketh Guntupalli, MD

Significant progress has been made in organizing and implementing plans to improve the care we are able to provide to our patients through advocacy targeting the legislative process. The Taskforce continues to communicate with decision makers regarding issues that are important to the SGO membership: securing funding from Congress for ovarian cancer research through the Department of Defense Program. Our efforts were successful in securing $20 million for the program in the FY2016 Federal budget, and we are continuing our outreach to ensure the funding will remain in next year’s budget. A “Dear Colleague” letter was signed by 21 Senators and 116 members of the House of Representatives in support of the 2015 funding and the SGO Ambassadors sent these letters to their state representatives on the Senate and House Appropriations Committees.

3. High cost of prescription drugs

One of the most difficult issues in current practice is the conflict between the increasing number of drug therapies for women with gynecologic cancer and the ability to provide access to these drugs due to their increasingly high cost. This limits our ability to provide our patients with drugs that have the potential to improve survival. This issue is complex with diverse stakeholders including patients, physicians, pharmaceutical companies, insurance companies and the federal government. The Legislative and Regulatory Affairs Taskforce has developed a draft white paper, spearheaded by Dr. Matthew Carlson, that we hope will assist in bringing all parties to the table to develop strategies to address this important issue.

4. Clinical trials/National Cancer Institute

A working group within the Legislative and Regulatory Affairs Taskforce, led by Dr. Saketh Guntupalli, has developed an action plan to reverse the declining enrollment of women with gynecologic cancers in clinical trials. An important first step in this process was a recent meeting between SGO leadership and the NCI during which SGO’s ideas for increasing both patient recruitment and increased development of clinical trials in gynecologic oncology were discussed including:

- Development of young investigators and the creation of grants/awards to support them including a “Visit the NCI” program, by which SGO members interested in clinical trial design could attend educational sessions at the NCI.
- The National Cancer Moonshot Initiative, led by Vice-President Joe Biden through which Congress will disburse additional cancer research dollars and how the SGO can be fully participatory.
- New potential partnerships and funding sources, both federal (National Center for Advancing Translational Sciences other NIH institutes) and industry, to help in the development of the next generation of clinical trials in ovarian, cervical and uterine cancer.

5. Ovarian Cancer Research Department of Defense Program

In 2015 and 2016, the Taskforce’s advocacy efforts have been focused on securing and increasing funding for ovarian cancer research through the Department of Defense Program. Our efforts were successful in securing $20 million for the program in the FY2016 Federal budget, and we are continuing our outreach to ensure the funding will remain in next year’s budget. A “Dear Colleague” letter was signed by 21 Senators and 116 members of the House of Representatives in support of the 2015 funding and the SGO Ambassadors sent these letters to their state representatives on the Senate and House Appropriations Committees.

6. SGO Congressional Ambassadors Program

SGO’s grassroots advocacy and our great accomplishment in securing funding for the FY 2016 DoD ovarian cancer research program are due to the success of the SGO Congressional Ambassadors Program. Started in 2015, the Ambassadors Program provides tools for all SGO members to advocate directly for issues important to the gynecologic oncology community with their congressional representatives. Moving forward, SGO Congressional Ambassadors will ensure the interests of SGO and our patients are communicated to Capitol Hill for critical issues including; the future of Medicare physician payment, federal support for gynecologic oncology clinical trials, and strategies for the high cost of cancer drug crisis.

The SGO Congressional Ambassador activities include:

- Outreach via email and/or phone calls to the staffers in Congressional offices to educate them on our issues. SGO provides email templates, instructions, and deadlines for these messages several times throughout the year.
- Work with your institution/practice to invite the Member of Congress to your facility for a tour or visit, or schedule a local visit with your Member of Congress in their district office during a recess period.
- Participate in conference calls to stay educated on the issues and contribute your own experience regarding the need for gynecologic cancer research funding and clinical trials.

By participating in the Congressional Ambassadors Program, you can empower the SGO to have a direct voice and impact on key legislative issues that matter to our members and our patients. If SGO Members wish to learn more about the Ambassadors Program and how to become involved, they should contact sgo@sgo.org putting “Ambassadors Program” in the subject line of the email.

The Health Policy and Socioeconomic Committee Taskforces have had a busy and productive 2015 and 2016 and will continue to provide
education to the members through webinars, website resources, and educational forums at the Annual Meeting on Women’s Cancer®. There were several relevant sessions hosted at the 2016 Annual Meeting and we encourage everyone to view the webcasts from the meeting at sgo.peachnewmedia.com. We will also continue to communicate with members of Congress and the Centers for Medicare and Medicaid Services regarding issues that are relevant to the SGO, its members and most importantly, our patients.

References