



*Innovating and Advocating for Community Cancer Care*

# COA ADVANCED PRACTICE PROVIDER CALL

Tuesday, July 19<sup>th</sup>, 6:00 pm ET

## CAPP Co-Chairs:

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Sarah Alexander, NP-C, Lake Norman Oncology

[sarah@lakenormanoncology.com](mailto:sarah@lakenormanoncology.com)

Diana Youngs, ANPC, North Shore Hematology  
Oncology

[dyoungs@nshoa.com](mailto:dyoungs@nshoa.com)



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## Reminders:

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- The call will be recorded. Playback instructions will be sent later.
- Callers will be muted once the call begins. Toggle between mute and unmute with \*6.
- Please do not place our call on “hold” while unmuted.



## **Welcome to :**

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Josh Allred, The Center for Cancer and Blood Disorders, TX

Jill Behm, North Shore Oncology, IL

Danielle Bowen, New England Cancer Specialists, ME

Sheryl Freese, Zangmeister Cancer Center, OH

Heather Goddard, The Center for Cancer and Blood Disorders,  
TX

Shandy Grisham, The Center for Cancer and Blood Disorders,  
TX



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## **Welcome to :**

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Jaime Heisterkamp, Zangmeister Cancer Center, OH

Mary Hiatt, The Center for Cancer and Blood Disorders, TX

Laurie Hill, The Center for Cancer and Blood Disorders, TX

Janice Hopkins, Harbin Clinic Medical Oncology, GA

Helena Iannaccone, The Center for Cancer and Blood Disorders, TX

Amy Nold, The Center for Cancer and Blood Disorders, TX



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## Welcome to :

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Arlene O'Rourke, New England Cancer Specialists, ME

BJ Peterson, Michael Law, MD, NC

Kristina Schultztanner, Athens Regional Medical Center, GA

Julie Spears, Oklahoma Cancer Specialists and Research Institute, OK

Brittany Sweigart, Zangmeister Cancer Center, OH

Kelly White, Hem-Onc Life Center, LA



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# POLITICS 101: ADVOCATING FOR CANCER CARE WITH CONGRESS

Why it is important & why your voice matters

Nick Ferreyros, COA Director of Communications

# COA University: Politics 101

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## Series Curriculum

- What is advocacy and why is it important
- How a bill becomes a law (the sausage making)
- More to come...



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# Why Are We Doing This?

The screenshot shows the CMS.gov website interface. At the top, there are navigation links: Home | About CMS | Newsroom | FAQs | Archive | Share | Help | Print. Below this is a search bar with the text "Learn about your healthcare options" and a "Search" button. A horizontal menu contains several categories: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The main content area features a breadcrumb trail: Home > Newsroom > Media Release Database > Fact sheets > 2016 Fact sheets items > CMS proposes to test new Medicare Part B prescription drug models to improve quality of care and deliver better value for Medicare beneficiaries. A "Fact sheets" sidebar is on the left with a "Return to Newsroom" link. The main article title is "CMS proposes to test new Medicare Part B prescription drug models to improve quality of care and deliver better value for Medicare beneficiaries". The article metadata includes: Date: 2016-03-08; Title: CMS proposes to test new Medicare Part B prescription drug models to improve quality of care and deliver better value for Medicare beneficiaries; Contact: press@cms.hhs.gov. The article body contains a sub-headline: "CMS proposes to test new Medicare Part B prescription drug models to improve quality of care and deliver better value for Medicare beneficiaries". The text states: "Today, the Centers for Medicare & Medicaid Services (CMS) announced a proposed rule to test new models to improve how Medicare Part B pays for prescription drugs and supports physicians and other clinicians in delivering higher quality care." It further explains: "Today's proposal is part of the Administration's broader strategy to encourage better care, smarter spending, and healthier people by paying providers for what works, unlocking health care data, and finding new ways to coordinate and integrate care to improve quality." Finally, it notes: "CMS values public input and looks forward to continuing to work with stakeholders through the rulemaking process to maximize the value and learning from the proposed tests."



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# What is Lobbying?

## LOBBYIST



What my friends think I do.



What my parents think I do.



What the other side says I do.



What society thinks I do.



What I think I do.



What I actually do.



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# Constitutionally Protected

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“Congress shall make no law ... abridging ... the right of the people peaceably ... to petition the Government for a redress of grievances.”



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# Who Do you Lobby?

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## Key Players in a Congressional Office

- Chief of Staff
- Legislative Director (LD)
- Legislative Assistant (LA)
- Press Secretary
- Scheduler
- Staff Assistant
- Caseworker





# Profile of a typical Hill Staffer

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# Putting Staffer Age in Context

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- 340B Drug Pricing Program (1992) – *24 years ago*
- Medicare Modernization Act (2003) – *13 years ago*
- Affordable Care Act (2010) – *6 years ago*
- Sequestration (2013) – *3 years ago*

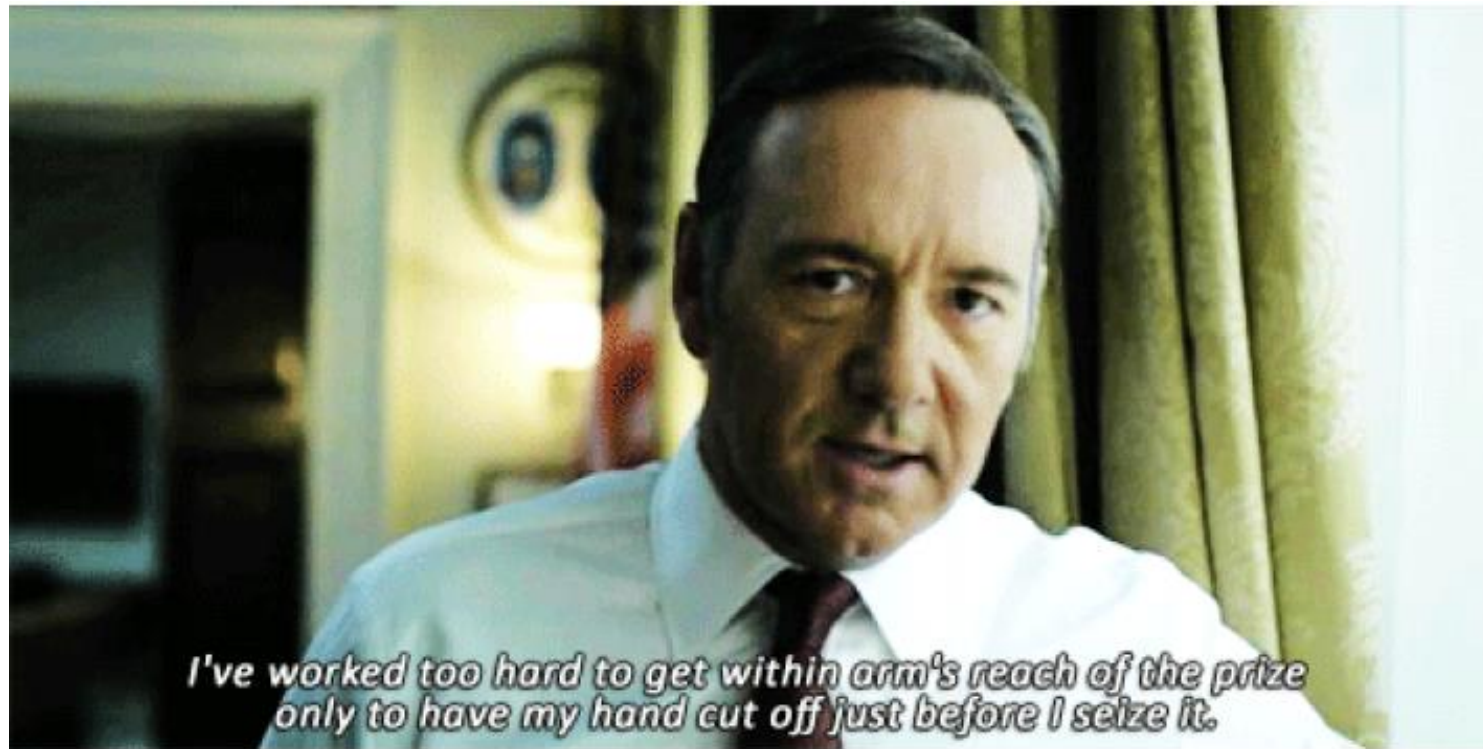


# Why YOUR Voice Matters

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1. Politics

2. Experience

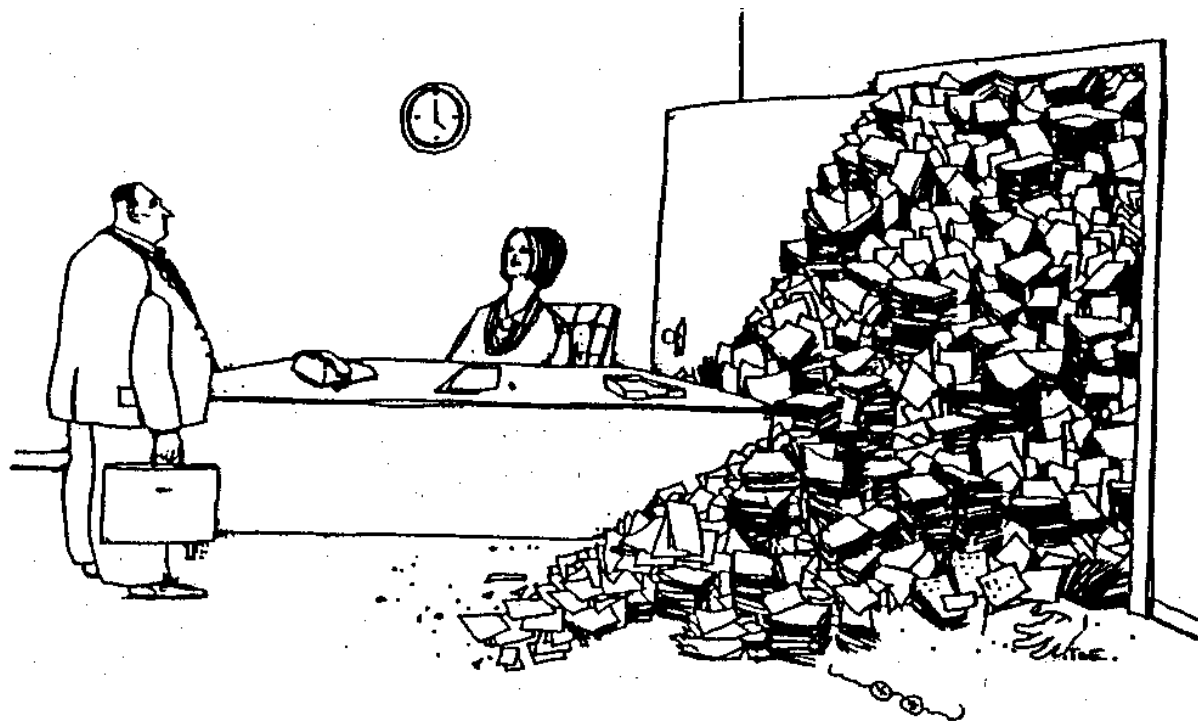


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# Why YOUR Voice Matters

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1. Politics
2. Experience



"Dr. Hartson can't see anyone until he's finished his paperwork."



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# Why YOUR Voice Matters

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# What You Can Do

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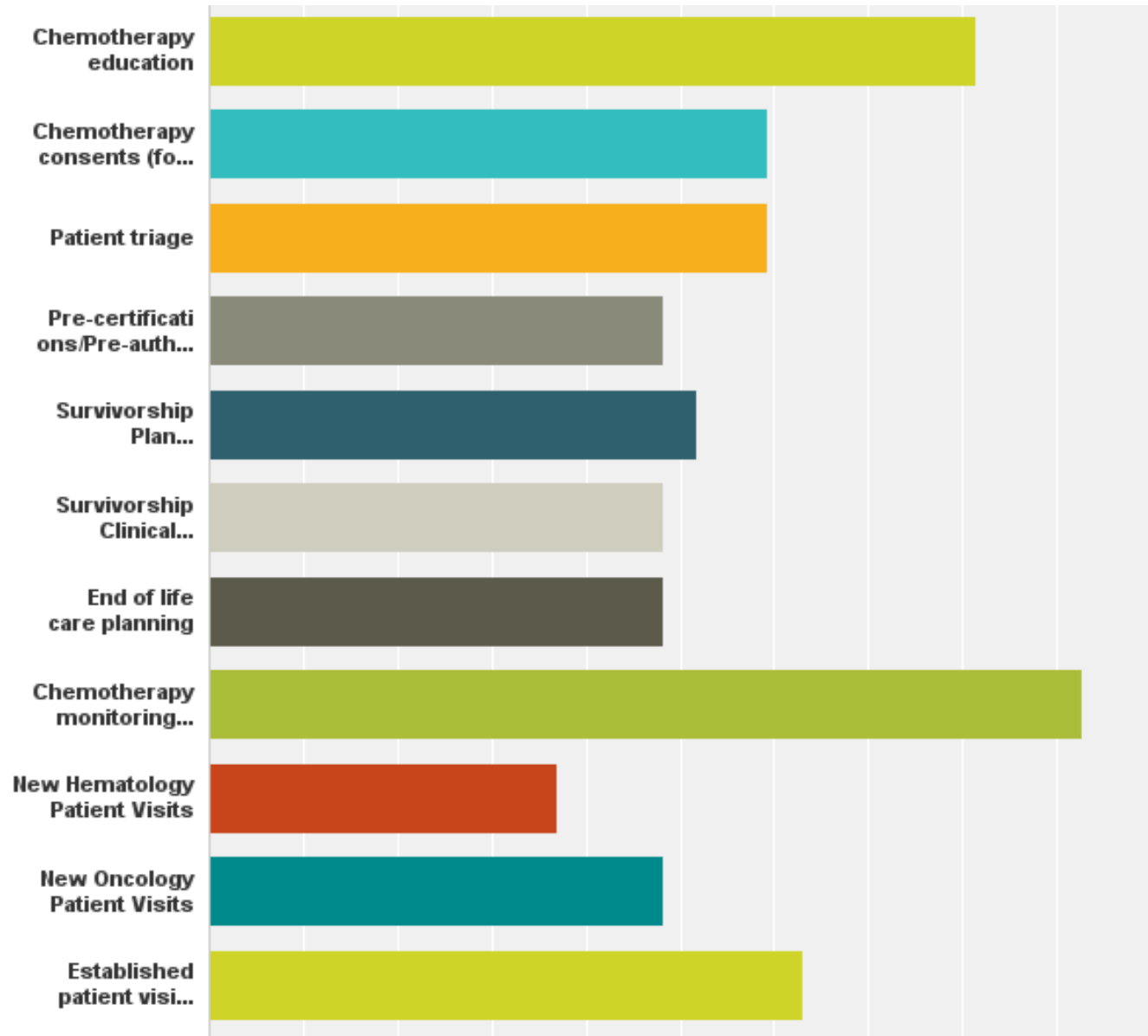
- Get to know your Congressman.
- Follow the issues – COA emails, website, etc.
- Establish contact with the district office.
- **Get involved:**
  - Write op-eds or letters to the editor (Contact me!)
  - Call offices – district and in DC
- Remember: You're the boss – they work for you.



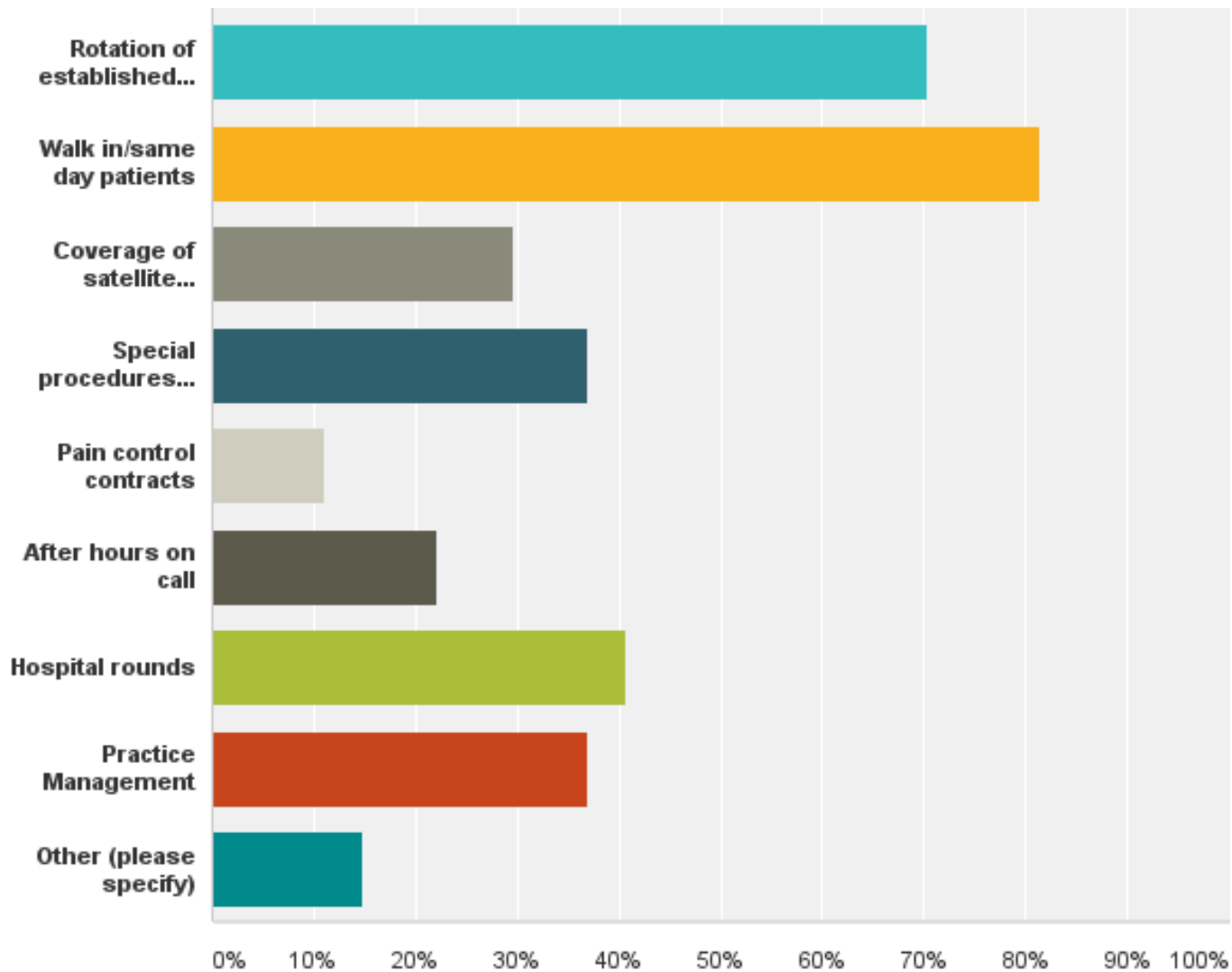


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# CAPP SURVEY RESULTS



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# Challenges

| Answer Choices  | Responses |
|---|-----------|
| Patient acceptance of the APP as a health care provider                           | 33.33% 8  |
| Lack of understanding on the role of the APP by other providers                   | 58.33% 14 |
| Lack of understanding on the role of the APP by other staff                       | 29.17% 7  |
| Lack of understanding on the role of the APP by cancer patients or family members | 54.17% 13 |
| Lack of knowledge of the referred from/to network                                 | 12.50% 3  |
| Insufficient tools or resources   | 4.17% 1   |
| Retention of the APP to the cancer care team                                      | 16.67% 4  |
| Lack of orientation/training of the APP to clinical operations                    | 8.33% 2   |
| Lack of orientation/training of the APP to the practice                           | 29.17% 7  |
| Lack of understanding of billing and reimbursement for oncology                   | 33.33% 8  |
| Other (please specify)  | 12.50% 3  |
| <b>Total Respondents: 24</b>  |           |



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# Medicare Oncology Care Model – status:

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- Began 7/1/16
- To last 5 years
- Current focus
  - IOM 13 point care plan
  - Patient navigation
  - Auditing financial transactions
  - Practice Redesign Attestation – due soon

(COA support network is assisting 132/195 cancer care teams.)



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# CAPP projects:

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- Effective use of listserv... [capp@lists.coacancer.org](mailto:capp@lists.coacancer.org)
  - Focus on APP challenges
  - Specific challenges on future CAPP calls
  - Best practices
- Spotlight a cancer drug once per quarter
  - NOT like a lunch discussion 😊
  - Drive the conversation
  - Standard discussion outline
  - Quality, value and how the drug assists in reform
  - Let us know what questions to ask
- Other??



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# DISCUSSION/QUESTIONS

Next CAPP Call – Tuesday 9/20/16 – 6:00 pm ET