



MedPAC Medicare Part B Vote Ignores Reality of Cancer Care System, Will Backfire

COA Believes Proposal Will Fuel More Medicare Spending and Cancer Patients Will Pay

WASHINGTON, DISTRICT OF COLUMBIA, UNITED STATES, April 6, 2017 /EINPresswire.com/ -- Washington, DC – April 6, 2017 – Today's Medicare Payment Advisory Commission (MedPAC) vote to recommend changes to payments for drugs under Medicare Part B is a complete mistake. If implemented, the recommendations being forwarded to Congress will devastate our nation's cancer care system. They will backfire if implemented and only worsen access-to-care problems while driving up cancer care costs.

Last week the Board of Directors of the Community Oncology Alliance (COA) expressed these concerns in a detailed, data-filled letter to MedPAC. In the letter, COA expressed its deep opposition to the draft recommendations and noted that they completely ignore the realities of the American cancer care delivery system.

[- Read COA's full MedPAC Medicare Part B recommendation comment letter.](#)

The data clearly shows that reducing Part B payments has had disastrous unintended consequences on the U.S. cancer care system. Past cuts have only fueled a dramatic shift in the site of cancer care delivery into the far more expensive hospital outpatient setting, reducing the amount of chemotherapy delivered in community cancer clinics from 84 percent in 2004 to 54 percent in 2014. Researchers found that this shift of cancer care into the more expensive hospital setting cost Medicare \$2 billion more in 2014 alone.

COA has shared our letter to MedPAC with key congressional committees and will let every member of Congress know that the vote today is a mistake. MedPAC, and the Congress it advises should look to the community oncology practices and providers themselves for solutions.

COA understands the realities and problems of the increasing cost of cancer care. We are actively seeking solutions using data, market facts, and the real-world medical experience of physicians, nurses, administrators, and others seeking to craft viable, patient-centric solutions. This includes participation in the Centers for Medicare & Medicaid Innovation [Oncology Care Model](#), the development of the Oncology Medical Home concept, and numerous other public and private initiatives. Community oncology practices know what works – but if policymakers ignore us, they will simply repeat the failures of history.

MedPAC's Medicare Part B payment recommendations would do far more harm than good. COA urges MedPAC and Congress to start over and look at the real world of cancer care, with a critical eye towards doing what is best for patients and taxpayers.

About the Community Oncology Alliance: The Community Oncology Alliance (COA) is the only non-profit organization dedicated solely to preserving and protecting access to community cancer care, where the majority of Americans with cancer are treated. COA helps the nation's community cancer clinics navigate a challenging practice environment, improve the quality and value of cancer care,

lead patient advocacy, and offer proactive solutions to policy makers. To learn more, visit www.CommunityOncology.org.

Nicolas Ferreyros
Community Oncology Alliance
6466854262
email us here

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