



The Association of American Cancer Institutes' cancer research centers are major hubs for the development of more effective approaches to cancer prevention, diagnosis and treatment. These centers of excellence are acclaimed worldwide for their excellence in developing new and promising interventions to prevent cancer and treat cancer. AACI centers also deliver state-of-the-art patient care. As such, there is a compelling public interest in assuring that all Medicare beneficiaries have access to AACI cancer centers.

AACI believes that Accountable Care Organizations (ACOs) may be a very effective way to increase the quality of care and reduce costs. To succeed in treating cancer, however, the ACO model must allocate sufficient compensation to ACO members to allow AACI cancer centers to participate and continue to provide patients with exceptional cancer care. To help ensure the success of ACOs, AACI offers the following recommendations and observations.

Access to AACI Cancer Centers

We propose that the regulations governing Accountable Care Organizations expressly require every Medicare ACO to provide its Medicare beneficiaries full access to AACI cancer centers. With our extensive clinical, research and administrative resources and skills ranging from clinical protocols to information technology, AACI centers are in the best position to facilitate the coordination of cancer care within ACOs. For many patients, the expertise concentrated at AACI cancer centers is often necessary for optimal outcomes as the centers are able to address the needs of a wide range of cancer diagnoses. AACI cancer centers offer specialized services for these patients, many of which are not available in a community hospital setting. Chief among these important services is access to the most advanced clinical trials.

ACO Spending Baselines

The cost of providing care for patients at these institutions lies well outside the average per beneficiary cost that is proposed for calculating an ACO's spending baseline. The ACO model needs to be adjusted to account for these patients and for the services that AACI centers provide. Additionally, cancer patients and survivors will need to see both a primary care physician and an oncologist in the years following diagnosis. Further, given cancer's volatile nature, the lab tests and imaging needed to manage it often need to be repeated at frequent intervals in order to create an accurate picture of a patient's disease. Armed with decades of experience battling such an unpredictable illness, AACI members are, by necessity, value-driven providers. For example, the care models at AACI centers include close



collaboration with affiliated institutions, significant investment in new technology, safeguards for patient safety, the use of evidence-based medicine to ensure appropriate clinical treatments, and a multi-disciplinary approach to improve outcomes.

Bundling Fees

Due to cancer's nature as a chronic and complex disease that can involve relapses, bundling fees may not be effective when a cancer patient needs additional treatment years later. For patients with especially complex cases of the kind that are often referred to AACI cancer centers, finding an effective treatment is likely to be expensive. The need for these additional treatments does not reflect low quality of care or a physician or a medical team's inefficiency. Rather, it is an unfortunate, inherent component of the disease. An ACO that includes an AACI cancer center should not lose its shared savings due to patient relapses.

Financial Disincentives

AACI wants to ensure that there are no financial disincentives for patients or their physicians enrolled in ACOs to be referred to AACI centers. AACI cancer centers are committed to coordinating care with community providers and will continue working to enhance the quality of cancer patients' lives and to reduce unneeded treatments. The centers are also willing to tie fee-for-service payments to benchmarks for quality, outcomes, and patient safety, provided that CMS recognizes that achieving those benchmarks in cancer care can be very resource intensive. Additionally, AACI cancer centers are willing to participate in pilot programs testing payment arrangements other than fee-for-service or pay-for-performance in the treatment of specific types of cancer.

Health Information Technology Systems

For patients who move from state to state throughout the year, it is unclear how they will get needed services from different ACOs and how those ACOs will communicate with one another. Before ACOs begin treating patients, electronic systems need to be instituted so that patients and providers can make the most of the services furnished.

The Association of American Cancer Institutes represents 94 of the premier cancer research centers in the United States. AACI provides a unified voice to educate policy leaders and the public about the importance of the nation's cancer centers and the role they play in reducing the cancer burden in their communities.