



NEWS FROM U.S. HOUSE OF REPRESENTATIVES

FOR IMMEDIATE RELEASE
June 19, 2009

Contact: Angela Barranco (CROWLEY) 202-225-1823
Sylvia Warner (ROGERS) 202-225-4872

Oncology Care Quality Improvement Program Introduced by Bipartisan Coalition Dedicated to Better Cancer Care Nationwide

*Legislators proud to introduce “Oncology Care Quality Improvement Program of 2009”
to ensure that patients, doctors and families have the best health care tools available*

Bill is endorsed by National Patient Advocate Foundation and U.S. Oncology

(Washington, D.C.) – A bipartisan group of members from the U.S. House of Representatives introduced a bill late yesterday aimed at improving oncology care in the United States by refocusing efforts towards patient-centered cancer care delivery and studying the best methods to coordinate care and extend quality of life. The “Oncology Care Quality Improvement Program of 2009” will establish a voluntary pilot program to identify major areas of potential improvement to oncology care, including error reduction, increased patient education and care coordination, and expansion of end-of-life planning and counseling services.

This groundbreaking oncology legislation, led by U.S. Representative Joseph Crowley (NY-7), has 18 original cosponsors, including lead sponsors Reps. Mike Rogers (MI-08), Lois Capps (CA-23), Anna Eshoo (CA-14) and Paul Ryan (WI-01). The bill has been endorsed by National Patient Advocate Foundation (NPAF), U.S. Oncology, Society of Gynecologic Oncologists (SGO), Association of Community Cancer Centers (ACCC) and UPMC Cancer Centers.

“Fighting cancer is a fight we must win,” said **Rep. Joseph Crowley (NY-7)**. “This innovative demonstration project will ensure that patients and doctors have the best tools and information at their disposal. By providing our health care providers with most-up-to-date information on best practices, we will ensure cancer patients are given the best and most cost effective care. I thank Rep. Rogers, Capps, Eshoo and Ryan and colleagues from both sides of the aisle for joining me in leading this fight for oncology patients, doctors and families. We are proud to have the endorsement of the National Patient Advocate Foundation and U.S. Oncology, our partners in working to get this program enacted swiftly.”

“Cancer is one of the great health care challenges of our time,” said **Rep. Mike Rogers (MI-08)**. “Half of all men and one third of women will be diagnosed with cancer at some point in their lives and these figures are expected to skyrocket as the Baby Boom generation ages. That’s why I’m proud to join Rep. Crowley to introduce this legislation, which will improve the quality of care for seniors with cancer while also creating a more efficient Medicare system.”

“As researchers and clinicians work to improve cancer care in innovative ways, I’m proud to be part of this effort by Congress and CMS to evaluate the innovative use of

health information technology in order to improve cancer care overall,” **said Rep. Lois Capps (CA-23)**. “The standard for oncology care in the 21st Century is about comprehensive care planning and coordination. By providing incentives to use the newest health information technology tools available, we can assist providers and patients in achieving optimal information sharing on best practices and better coordination among clinicians.”

“As we begin to work on health care reform in the House, it’s more important than ever that we look at every option available to help increase the quality of care while decreasing the overall cost of health care,” **said Rep. Anna Eshoo (CA-14)**. “This pilot program gives participating oncology groups the flexibility and incentives necessary to explore cost-saving measures without sacrificing the quality care their patients receive.”

“Like most Americans, my family has been personally touched by cancer and personally motivated in our fight against cancer,” **said Rep. Paul Ryan (WI-01)**. “I remain committed to doing all that I can to find a cure for this disease, while working to promote innovate and compassionate improvements to oncology care. I am a proud to help introduce the Oncology Care Quality Improvement Program, and thank Rep. Crowley and my colleagues on both sides of the aisle for working on this important piece of legislation and for their leadership in the fight against cancer.”

“Finally, we have a thoughtful, progressive, quality-driven program that achieves patient-centric cancer care delivery, while reducing costs at the same time. It is a win for the patient, the taxpayer and the physician,” **said Dr. Roy Beveridge, Chief Medical Officer, US Oncology**.

National Patient Advocate Foundation (NPAF) continued, “NPAF is pleased to offer its strong support for the Oncology Care Quality Improvement Program of 2009. This legislation calls for adherence to evidence-based guidelines which will reduce variation in care for patients and help physicians make clinical decisions with evidence of proven treatment regimens. In addition, NPAF commends Rep. Crowley for addressing the importance of an adequate medical workforce as well as appropriate reimbursement which are critical in order for education and care coordination to have a meaningful impact on patients and our health care system.”

Background on the Oncology Care Quality Improvement Program of 2009:

The oncology care quality improvement (OCQI) program is a cost-saving, voluntary pilot program, to be led by the Centers for Medicare and Medicaid Services (CMS) in consultation with an advisory committee of expert oncology community physician, nurse, patient organizations and industry leaders. The OCQI will evaluate the impact of provider-led approaches to improve care quality and outcomes for Medicare beneficiaries with cancer while creating greater care efficiencies to reduce costs. The OCQI aims to foster *evidence-based guideline adherence* to minimize variation and reduce errors in care, offers *patient education and care coordination services* to help patients avoid and/or address common effects of their cancers and treatments, and provides *end-of-life planning and counseling services* that aims to improve quality of life.

The OCQI will provide payments to participating oncology groups – based on their meeting of defined performance goals as well as per capita expenditure targets created by

CMS – to be allocated from half of the program savings generated by the participating group. The other half of the program savings will be retained by the Medicare program.

#