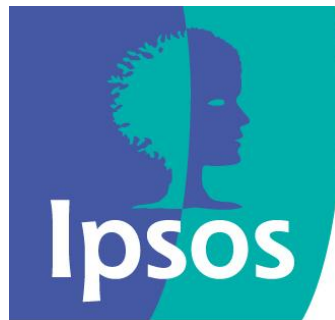


A Little Over 50% of Oncologists in the U.S. Support Key Consolidated Payments for Cancer Care Management Proposed By the ASCO Payment Reform

*New Ipsos Healthcare Survey Reveals Oncologist Perceptions of Payment
Models for Cancer Care, Including the ASCO Payment Reform*

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Washington, DC – A survey conducted by Ipsos Healthcare in August/September 2014 in the U.S. revealed that 47% of oncologists (strongly/somewhat) support the American Society of Clinical Oncology (ASCO) Payment Reform’s ‘New Patient Payment’, 57% support ‘Treatment Month Payment’ and 55% support ‘Active Monitoring Month Payment’, while 54% support ‘Transition of Treatment Payment’. The majority of the oncologists however support ‘Clinical Trial Payment’ (75%) and preservation of separate payments for tests, major procedures and drug reimbursement under prevailing payment methods (70%). While ranking different payment models, oncologists still ranked the traditional “fee-for-service” system as the most preferred, followed by the Consolidated Payment Model introduced by ASCO, Episode Payment Models, Condition-based Payment Models, and use of ‘Case Rates’, in that order.

Two hundred and thirty one oncologists (medical oncologists: 32%; Hemato-Oncologists: 68%) were randomly sampled across the U.S. in a cross-sectional survey assessing their perceptions of payment models for cancer care, the most pressing issues facing the future of oncology care in the U.S., and what may constitute “value” of new cancer drug.

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“ASCO introduced its payment reform with an admirable goal to enable medical oncology practices to deliver high-quality, patient-centered care at a more affordable cost, reduce administrative costs for both practices and payers, and help make oncology practices financially sustainable so that patients can continue to obtain high-quality cancer care in their community,” says Siva Narayanan, who leads the Evidence Generation, Value and Access Center of Excellence at Ipsos Healthcare. “Our survey revealed that the current fee-for-service model of cancer care is engrained in the minds/habits of oncologists; adequate education on viable alternative payment models may take some time and is probably warranted to achieve a consensus among practicing oncologists and accelerate adoption to meet their intended objectives.”

In the Ipsos survey, oncologists identified “increasing cost of drug prices” (69%), “growing demand for cancer services” (57%) and “cost of care and payer pressures” (53%) as the three most pressing issues facing the future of oncology care in the U.S. In their opinion, clinical efficacy, followed by safety/tolerability and impact on quality of life are the top three attributes constituting the “value” of new cancer drugs; oncologists ranked ‘cost-effectiveness’ of the drug as the least important attribute.

“Practicing oncologists face the classic dilemma of providing the best cancer treatments to their patients, while balancing the escalating cost of care and the cost of maintaining a financially viable practice, amidst increasing demand for cancer services. This is not an easy task, and this pressure may be influencing the oncologists’ perceptions towards individual payment models,” concludes Narayanan. “When we solicited open-text comments from the oncologists concerning ASCO reform, 74% provided some comments, and within this group,

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60% provided positive/constructive feedback, while 15% and 24% provided neutral and negative feedback, respectively. We are planning to share these comments from our independent research with the Payment Reform Workgroup within ASCO to fuel the refinement of their proposed payment model to benefit all pertinent stakeholders, and especially the oncologists and their patients.”

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