

# Current Issues Affecting Cancer Care in Puerto Rico

José R. Dávila, MD

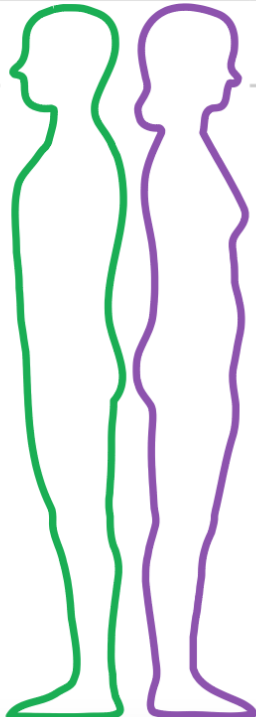
Past President

AHOMPR

# PR Cancer Incidence: 2008-2012

FIGURA 3: PRIMEROS DIEZ SITIOS DE CÁNCER: INCIDENCIA: PUERTO RICO, 2008-2012

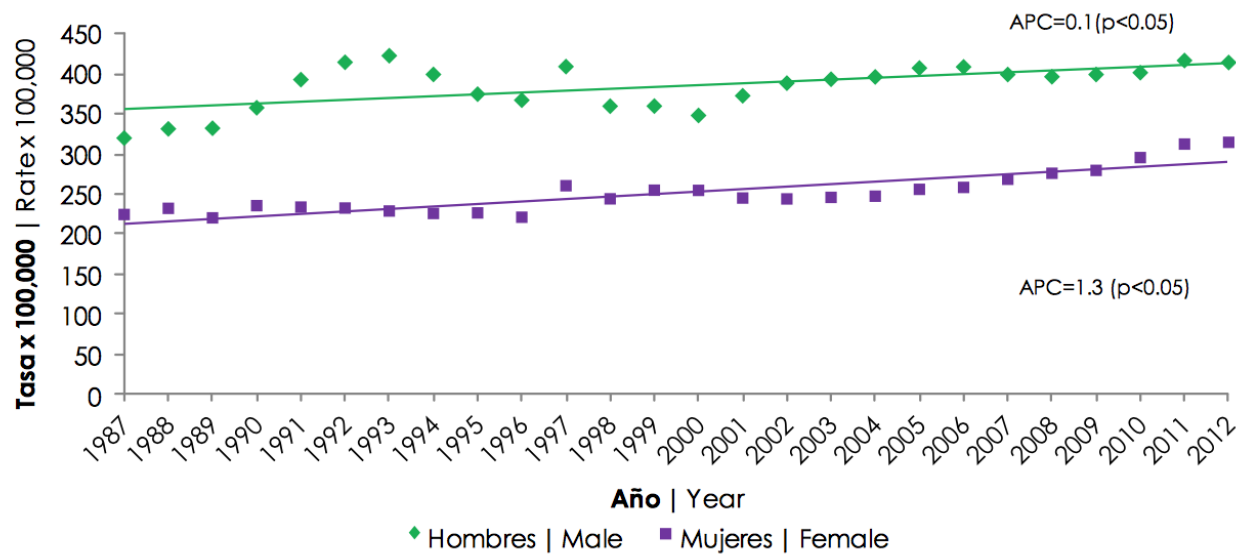
FIGURE 3: TOP TEN CANCER SITES: INCIDENCE: PUERTO RICO, 2008-2012

<b>Hombres / Males (N = 38,750)</b>	<b>%</b>		<b>Mujeres / Females (N = 33,247)</b>	<b>%</b>
Próstata/Prostate	39.1		Mama/Breast	29.6
Colon y recto/Colon and rectum	12.7		Colon y recto/Colon and rectum	12.2
Pulmón y bronquios/Lung and bronchus	6.1		Tiroides/Thyroid	9.8
Vejiga urinaria/Urinary bladder	4.2		Cuerpo del útero, NOS/Corpus and uterus, NOS	7.5
Cavidad oral y faringe/Oral cavity and pharynx	4.0		Pulmón y bronquios/Lung and bronchus	4.1
Linfoma no-Hodgkin/Non-Hodgkin Lymphoma	3.6		Linfoma no-Hodgkin/Non-Hodgkin Lymphoma	4.0
Hígado y ducto biliar/Liver and bile duct	3.2		Cérvix uterino/Cervix uteri	3.7
Estómago/Stomach	2.6		Ovario/Ovary	2.5
Riñón y pelvis renal/Kidney and renal pelvis	2.5		Leucemia/Leukemia	2.5
Leucemia/Leukemia	2.5		Estómago/Stomach	2.2
Otros sitios primarios/Other sites	19.5		Otros sitios primarios/Other sites	21.8

# Incidence: Increasing trend

FIGURA 7: TASAS DE INCIDENCIA AJUSTADAS POR EDAD (POBLACIÓN ESTÁNDAR DE STADOS UNIDOS - 2000) -  
TODOS LOS TIPOS DE CÁNCER POR SEXO: PUERTO RICO, 1987-2012

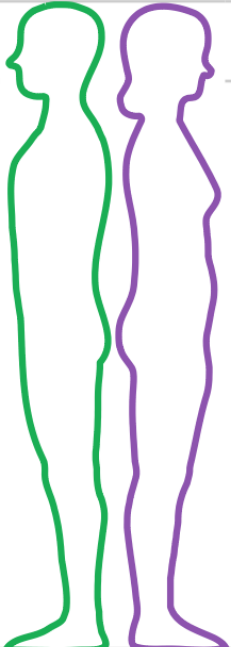
FIGURE 7: AGE-ADJUSTED (2000 US STD. POP.) INCIDENCE RATES OF ALL CANCER SITES BY SEX: PUERTO RICO, 1987-2012



# Cancer Mortality 2008-2012

FIGURA 8: PRIMEROS DIEZ TIPOS DE CÁNCER: MORTALIDAD: PUERTO RICO, 2008-2012

FIGURE 8: TOP TEN CANCER SITES: MORTALITY: PUERTO RICO, 2008-2012

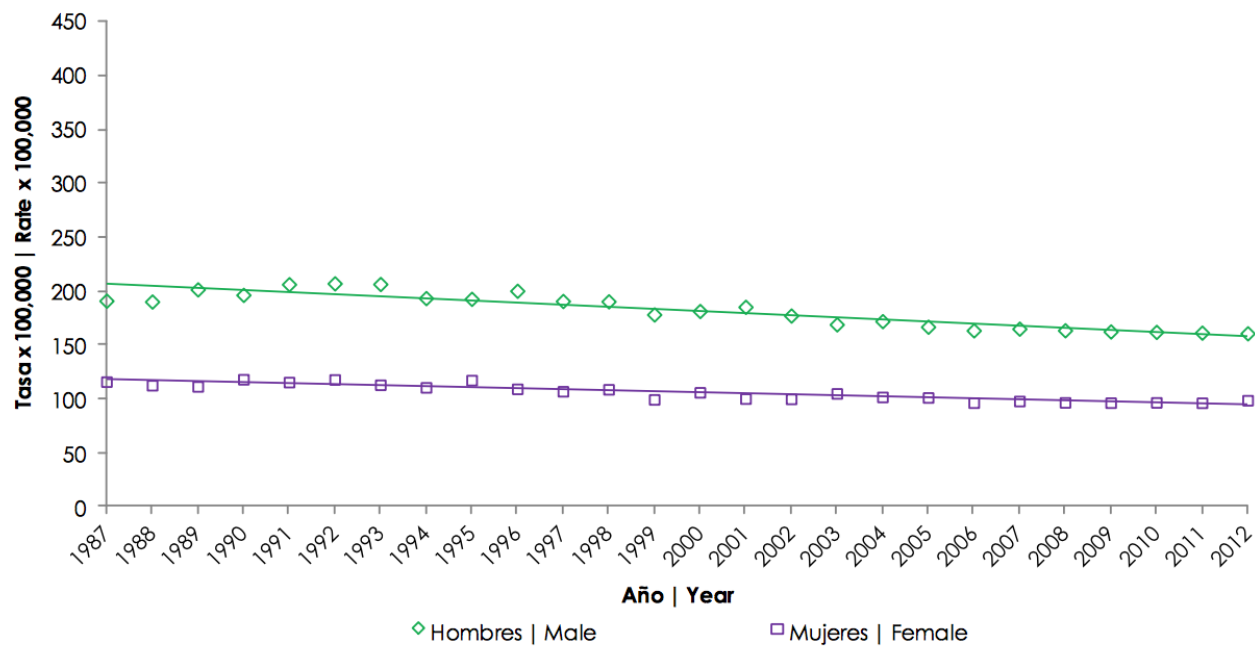
Hombres / Males (N = 14,659)	%		Mujeres / Females (N = 11,354)	%
Próstata/Prostate	17.6		Mama/Breast	18.7
Pulmón y bronquios/Lung and bronchus	13.6		Colon y recto/Colon and rectum	13.5
Colon y recto/Colon and rectum	13.0		Pulmón y bronquios/Lung and bronchus	9.4
Hígado y ducto biliar/Liver and bile duct	6.8		Páncreas/Pancreas	5.9
Estómago/Stomach	4.4		Hígado y ducto biliar/Liver and bile duct	4.6
Páncreas/Pancreas	4.4		Cuerpo del útero, NOS/Corpus and uterus, NOS	4.3
Cavidad oral y faringe/Oral cavity and pharynx	3.3		Ovario/Ovary	4.2
Leucemia/Leukemia	3.2		Estómago/Stomach	3.8
Esófago/Esophagus	3.1		Leucemia/Leukemia	3.3
Linfoma no-Hodgkin/Non-Hodgkin Lymphoma	2.8		Linfoma no-Hodgkin/Non-Hodgkin Lymphoma	3.1
Otros sitios primarios/Other sites	27.8		Otros sitios primarios/Other sites	29.4

Fuente de Datos: Archivo de Mortalidad provisto por el Registro Demográfico de Puerto Rico, noviembre de 2014.  
(Data Source: Mortality Case File provided by the Demographic Registry of Puerto Rico, November, 2014.)

# Mortality: Decreasing trend

FIGURA 12: TASAS DE MORTALIDAD ESPECÍFICAS POR EDAD - TODOS LOS SITIOS DE CÁNCER POR SEXO: PUERTO RICO, 2008-2012

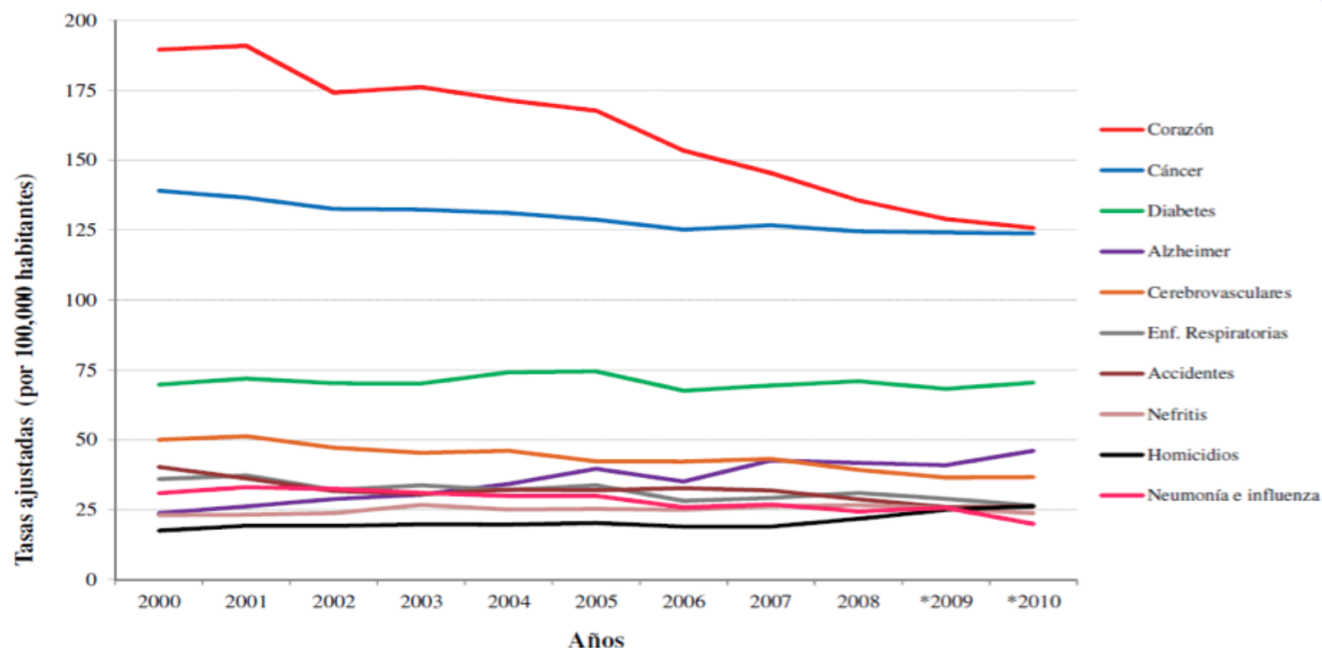
FIGURE 12: AGE-SPECIFIC MORTALITY RATES OF ALL CANCER SITES BY SEX: PUERTO RICO, 2008-2012



# Cancer: Leading cause of death in PR

## Burden of Cancer in Puerto Rico

Cancer is a leading cause of death in Puerto Rico, accounting for 17.7% of all deaths. In 2010, there were 5,197 deaths from cancer, 2,927 (56.3%) in men and 2,270 (43.7%) in women. (Tortolero-Luna, et al. 2013) The estimated overall cancer mortality rate in Puerto Rico was 123.8 per 100,000 persons (age-adjusted to the 2000 U.S. population) in 2010. (Departamento de Salud (2012); Tortolero-Luna, et al. 2013) Although over the last 15 years, cancer mortality continuous to decline although at a lower rate than the decline observed from heart disease, which decreased nearly three times faster than mortality from cancer (Figure 6). The number of Puerto Ricans living with cancer from 1987 to 2010 is estimated to be approximately 61,928 people. (Centeno-Girona, H, et al. 2013)



\* Notas: Datos son preliminares. Tasas ajustadas son preparadas con la población estándar del 2000 de los Estados Unidos.

Fuente: Departamento de Salud, Secretaría Auxiliar de Planificación y Desarrollo, División de Análisis Estadístico, San Juan, Puerto Rico.

# Medical Oncology in Puerto Rico

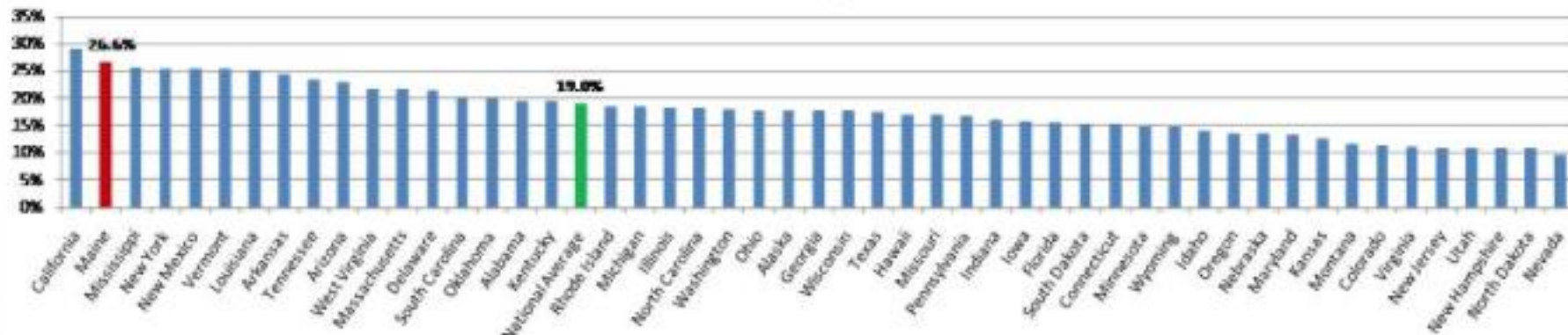
- Two training programs:
  - University of Puerto Rico (2 fellows/year)
  - SJCH/VAH (Average 2-3 fellows/year)
- 100-120 practicing oncologists
- Most are Community Oncology Practices
  - 1-5 physician groups
  - Physician owned, self-standing clinics
- Few are Hospital-Based

# Health Care in Puerto Rico: Medicaid

- Medicaid a.k.a. “Reforma” or “Mi Salud” accounts for 1, 565, 019 lives of the estimated 3,474,000 (45%)
- Mainland US much lower

**Medicaid Enrollment as a Percent of Total Population, 2007**

Source: Kaiser Family Foundation





# Medicaid: 8 regions



1 (800) 981.2737    

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## Cantidad de Asegurados y Elegibles por Región

Administración de Seguros de Salud Oficina de Planificación y Calidad

Total de Vidas Elegibles (asegurados y no asegurados) por Región al 31 de Julio de 2015

Región	Asegurados	Elegibles
Norte	230,982	7,485
Metro Norte	246,979	3,420
Este	232,422	23,709
Noreste	153,553	3,093
Sureste	182,840	3,389
Oeste	259,801	3,632
San Juan	110,439	3,584
Suroeste	143,626	15,578
Special	4,377	100
Total	1,565,019	63,990

Fuente : Elegibles and Insured by Region and Carrier

# 4 “Administrators”

Presiona en la imagen de la tarjeta para información de servicios y beneficios según su región:



Suroeste y Este  
1-888-558-5501



Noreste y Sureste  
1-866-676-6060



Metro Norte y Oeste  
1-844-263-6063



Norte y San Juan  
1-844-347-7802

# What this means in Oncology

- Limits access or continuity of care for patients living in “borderline” areas or who move while on treatment



# “Cubierta Especial”

- Cancer is an illness for which a “special coverage” allows for patients on active chemotherapy or radiation therapy to get treatment without a “referral” from primary physician
- Many ancillary medications are denied:
  - Doxycycline for Cetuximab-associated rash
  - Tamoxifen for patients with DCIS
  - Tamoxifen/AI for patients once off chemo

# Cubierta Especial still requires pre-authorization process

- Even with “cubierta” most chemotherapy medications need to undergo pre-authorization process
- Will vary among the 4 administrators
- Fax-based, time-consuming
- Some are approved on a month by month basis
- Leads to delay in therapy while increasing administrative burden on small practices with limited personnel
- Waived after Hurricane Maria

# Medicare in Puerto Rico

- Over 500,000 lives = 20% population
- 75%-80% patients are under a Medicare HMO (Medicare Advantage)
  - MMM/PMC
  - Triple SSS
  - MCS
  - Constellation
  - Humana
- Average in mainland US was 33% for 2017
- Period for change has been extended until March 2018

# Medicare Rates 2016 vs 2018

	99213 (2016)	99213 (2018)	96413 (2016)	96413 (2018)
Puerto Rico	\$ 60.96	\$ 74.32 (+22 %)	\$ 97.95	\$ 145.59 (+ 48%)

# “Medicare parity”

- Increase in 2017 and 2018 Medicare rates are a result of revised GPCI
- These increased rates are representative of the TRUE cost of an Oncology practice In Puerto Rico
- Unfortunately applies to only 20-25% of all Medicare patients
- Part B drugs are not adjusted based on locality (shipping, etc not taken into account)
- Small practices with less “purchasing power” for competitive drug pricing results in high percentage of underwater drugs
- Sequestration applied to drug reimbursement



# Medicare Advantage: Disadvantage



# SSS and MCS Advantage Rates 2018 are based on 2016 rates

	MA 99213	Medicare 99213	MA 96413	Medicare 96413
Puerto Rico	\$ 60.96 (-22%)	\$ 74.32	\$ 97.95 (-48%)	\$ 145.59

# MMM/PMC

No reimbursement for complexity of care

	Medicare	MMM/PMC
99213	\$ 74.32	\$ 55 (-35%)
99214	\$ 109.66	\$ 55 (-99%)

## DOCUMENTATION REQUIREMENTS FOR ESTABLISHED PATIENT VISITS

	<i>HISTORY: CC</i>	<i>HISTORY: HPI</i>	<i>HISTORY: ROS</i>	<i>HISTORY: PFSH</i>	<i>EXAM</i>	<i>MEDICAL DECISION MAKING</i>
<b>99213</b>	Required	1–3 elements	Pertinent	Not required	6–11 elements	Low complexity
<b>99214</b>	Required	4+ elements (or 3+ chronic diseases)	2–9 systems	1 element	12 or more elements	Moderate complexity

# Typical chemo patient: Adria/Cytosan

Adm code	Medicare Adv	Medicare
Zofran (96367)	23.24	32.19
Adria (96413)	97.95	145.59
Cytosan (96417)	46.05	69.87
Add hr (96415)	21.91	31.83
	189.15 (- 48%)	279.48

# Medicare Advantage

- What business owner would want their rates cut by 22-99%
- Per the 2017 CMS call letter, there is an increase in 5% for MA plans but this has not been reflected in physician fees for 2018
- Rates for 2018 remain at 2016 Medicare FFS
- Difficult to lobby on an individual level

## 2018 Medicare Advantage and Part D Rate Announcement and Call Letter, and Request for Information

Date

2017-04-03

Title

2018 Medicare Advantage and Part D Rate Announcement and Call Letter, and Request for Information

### Executive Summary of 2018 MA Call Letter and Ratebook

1. **Positive Steps - CMS approved key policies** that are supportive of the MA program in 2018 for PR responding to proposals and request from the PR Government, Congress and healthcare community. **Critical Policies approved include:** (A) STARs methods, (B) Zero-claims adjustment, (C) STARs double bonus, (D) updates to Traditional Medicare costs – **BUT, we do not have a permanent solution for the MA base payment yet.**
2. **New Federal Republican Administration is committed to continue supporting the enhancement of the Medicare Advantage program in PR.** MA rates in 2018 for PR are summarized as follows:
  - a) The base rate increase is 1.6% from 2017 to 2018
  - b) The net impact to PR after considering the HIT is -.05% from 2017 to 2018.
  - c) Quality changes made by CMS, impacting the highest quality plans in PR, yields a potential net overall increase of 4.9% (Quality is Key!!!).
  - d) These fee changes should be weighed against an overall Healthcare cost trend/increase of 4%-7% expected in 2018.
3. **Reality Check:** The resulting 2018 average MA base payment rate for PR (**\$483**) is still:
  - a) **26% below** the rates in the neighboring US Virgin Islands (**\$653**),
  - b) **39% below** the average in the next lowest State (Hawaii at **\$788**), and
  - c) **43% below** the national average MA rates (**\$849**).
  - d) **Annual loss still estimated at \$1 billion** compared to 2011; close to **\$5B aggregate funding loss** since the Affordable Care Act (ACA) was implemented in 2011.
4. **THANKS** – HHS, CMS, Governor of PR, Resident Commissioner, healthcare community – our hard work has been rewarded... But.....
5. **THE WORK CONTINUES** with HHS/CMS leadership to share information and policy ideas on how to protect the long-term viability of the MA program in PR, which is the backbone of the entire healthcare system.

Other issues:  
Medications

# Drug reimbursement: Medicaid and Privates

- Unclear as to where information is obtained
- Medicare ASP drug prices should NOT be the standard for local plans

## **Medicare Part B Drug Average Sales Price**

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### **Manufacturer reporting of Average Sales Price (ASP) data**

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A manufacturer's ASP must be calculated by the manufacturer every calendar quarter and submitted to CMS within 30 days of the close of the quarter. Each report also must be certified by one of the following: the manufacturer's Chief Executive Officer (CEO); the manufacturer's Chief Financial Officer (CFO); or an individual who has delegated authority to sign for, and who reports directly to, the manufacturer's CEO or CFO.

For all data submissions made on or after January 1, 2012 (that is, submissions of 4Q2011 and subsequent data), manufacturers must use the 2012 revision of the Microsoft Excel template entitled "ASP Data Form (Addendum A)." Revisions to the Addendum A template include a validation macro, changes in the layout of the data fields, and new data fields. Additional information about the use of the revised Addendum A template is available in the Average Sale Price (ASP) Data Collection CM Validation Macro User Guide. Both the revised Addendum A template and the User Guide are available in the Downloads section below.



# Is there a calendar?



27 diciembre de 2017

A: Todos los Hematólogos, Oncólogos y Urólogos Contratados por First Medical Health Plan, Inc., para el Plan de Salud del Gobierno de Puerto Rico, Regiones Norte, San Juan y Virtual.

**Re: Actualización del Tarifario de Administración de Medicamentos Intravenosos**

Estimado Proveedor:

Reciba un cordial saludo de parte de First Medical Health Plan, Inc.

En First Medical Health Plan, Inc., (FMHP) estamos comprometidos en ofrecer un servicio de calidad a nuestros proveedores y beneficiarios del Plan de Salud del Gobierno de Puerto Rico (PSG). Parte de este compromiso es mantenerlo informado sobre las Políticas de Pago aplicables a cada proveedor, por lo cual deseamos informarle que hemos revisado el Tarifario de Administración de Medicamentos Intravenosos.

Recientemente le hicimos llegar, a través de correo electrónico el tarifario revisado. Estas tarifas serán efectivas a partir del **1 de enero de 2018** y serán aplicables a todos los Hematólogos, Oncólogos y Urólogos Contratados por First Medical Health Plan, Inc., para el Plan de Salud del Gobierno de Puerto Rico, Regiones Norte, San Juan y Virtual que brindan servicios a los beneficiarios del PSG. Además, deseamos recordarle que algunos de estos códigos de procedimientos pueden requerir pre-autorización, por lo cual es importante que para estos servicios complete una Solicitud de Pre-autorización y la envíe a FMHP según los procesos establecidos.

Si tiene alguna otra pregunta o necesita información adicional, siéntase en la libertad de comunicarse con nuestro Centro de Servicio al Proveedor al número libre de cargos 1-844-347-7802. Nuestro horario de servicio es de lunes a viernes de 7:00 a.m. a 7:00 p.m. También, puede visitarnos a nuestras oficinas de Servicio de lunes a viernes de 8:00 a.m. a 5:00 p.m. o acceder a



**CARTA CIRCULAR #M1607087**

26 de julio de 2016

**A TODAS LAS FACILIDADES DE QUIMIOTERAPIA AMBULATORIA, HEMATÓLOGOS, ONCÓLOGOS Y URÓLOGOS PARTICIPANTES DEL PLAN DE SALUD DE GOBIERNO EN LAS REGIONES METRO NORTE Y OESTE**

**REVISIÓN DE TARIFAS DE MEDICAMENTOS PARA EL TRATAMIENTO CONTRA EL CÁNCER**

Revisamos los códigos y tarifas de medicamentos quimioterapéuticos y relacionados para las Facilidades de Quimioterapia Ambulatoria, Hematólogos, Oncólogos y Urólogos según establecido en el contrato/acuerdo con Triple-S Salud.

Le incluimos la lista de medicamentos con tarifas y códigos actualizados, que serán **efectivos al 1 de julio de 2016**. La tabla adjunta contiene códigos con cambios en algunas de las tarifas.

Estos medicamentos deben ser facturados incluyendo el código HCPCS en el espacio provisto por el formulario CMS 1500 para este propósito. Se reconocerá para pago aquellos medicamentos, que por política clínica o de pago Triple-S Salud se reconozcan a la especialidad del proveedor.

**Estas tarifas aplican solo a los medicamentos cubiertos bajo el beneficio médico para la condición de cáncer (no bajo el beneficio de Farmacia)**

# Use of Specialty Pharmacy

- Most are in Metro-San Juan area
- Limited access for patient-pharmacy interaction
- Increases administrative burden to physician's office (which is NOT billable)
- Pre-authorization process tedious
- Poor communication between pharmacy and insurance company
- Increasing steps results in delay of therapy
- However, SP still necessary with increasing drug prices

# The “one month rule”

PATIENT

Female;

(1/18/17)

Jose Davila MD  
T (787) 817-4973  
Andres Garcia St. #53  
Arecibo, PR 00612

MEDICATION	PHARMACY	SCRIPT DATE	TRANSMISSION STATUS
<p>3 tabs po bid on days 1-5 and 8-12 every 28 days (total dose is 65 mg bid)</p> <p><b>Dispense:</b> 60 (sixty) tablets</p> <p><b>Refills:</b> 6</p> <p>Substitutions allowed</p>	<p>PHARMACY</p> <p>NOTE TO PHARMACY: ICD10: C18.4 Patient with metastatic colon cancer has progressed after Irinotecan, Eloxatin, 5Fu, Leucovorin and Avastin</p>	<p>SCRIPT DATE</p> <p>12/13/2016 11:24 am</p>	Verified

**Note to pharmacy:** This is a receipt and not a valid prescription.

practicefusion  
Free cloud based EHR

MCS Classicare  
(OSS)

## Notificación de Aprobación de Determinación de Cubierta de Medicamentos de Medicare

27 de enero de 2017

Número de identificador del Plan:

Número de caso:

Estimado:

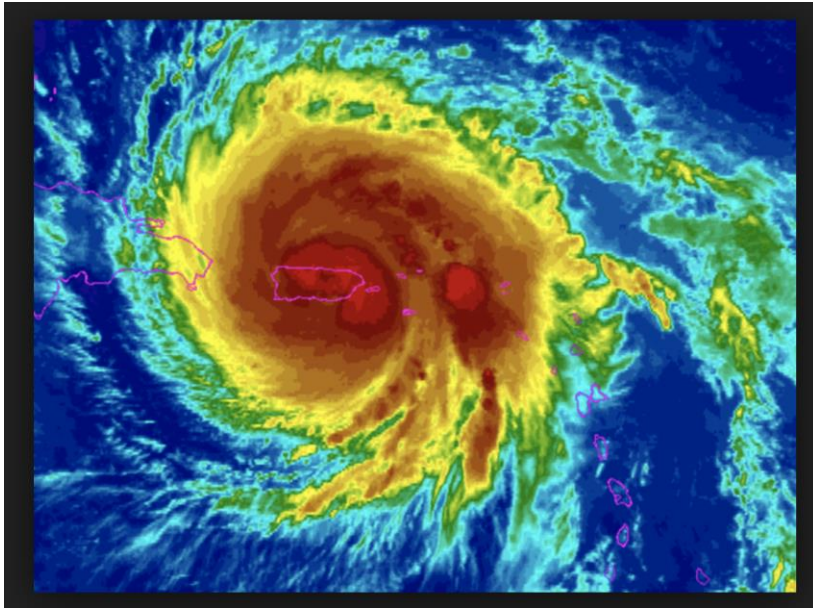
Esta carta es en respuesta a una solicitud de decisión de cubierta inicial presentada en 01/26/2017 para

MCS Classicare ha aprobado la solicitud comenzando 01/27/2017 hasta 01/27/2018. La autorización ha procedido y su farmacia puede procesar la reclamación.

Recuerde, en general, usted debe utilizar una farmacia de la red para acceder a su beneficio de medicamentos recetados, excepto en circunstancias no habituales, limitaciones de cantidad y restricciones que apliquen.

Sinceramente,  
MCS Classicare

# Hurricane Maria: 9/20/2017

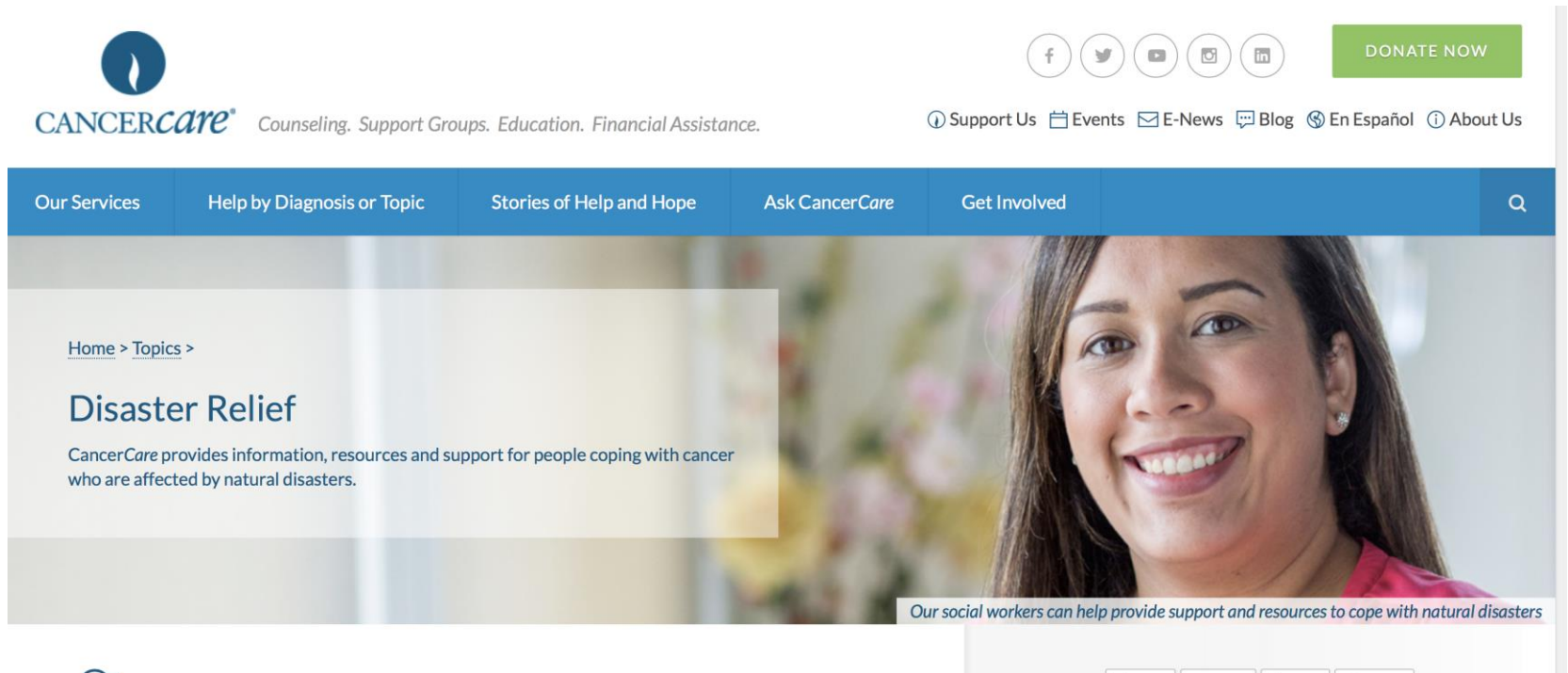


# Cancer Care Task Force

- Listserv for email communication
- Weekly phone meetings
- Participants:
  - PR: Dr. José Lozada, Dr. Lourdes Feliciano, Dr. José Dávila
  - FLASCO: Dr. Mike Díaz, Dr. Gerry Colón, Dorothy Green, Julie Newberry
  - COA: Ted Okon, Tracy Havens, Mary Kruczynski
  - Cancer Care: Brian Tomlinson
  - American Cancer Society: Megan Wessel
  - Leukemia Lymphoma Society: Seth Berkowitz
  - ASCO: Terry Cox
  - Sylvester Comprehensive Cancer Center: Dr. Gilberto de Lima



# Disaster Relief Fund for PR cancer patients



# Funds were utilized for

To date, almost \$500,000 has been raised specifically to support cancer patients in Puerto Rico

\$500 grants to 809 patients.

We have provided almost 1,000 rides to and from treatment through Trasncita.

We still have funding available for transportation

Fundraising efforts to resume direct to patient grants

# Other aid

- Satellite phones
  - Distributed by zones to cover the Island
- Supplies:
  - 7,000 IVF bags
  - Made available to Oncologists throughout the Island
- Leukemia Lymphoma Society
  - Direct-to-patient grants
- Local oncologists have been helping on an individual and/or group basis



# Final thoughts

- The times ahead are uncertain:
  - How many patients left the Island?
  - Will they return?
  - Medicaid funding?
  - Medicare Advantage rates?
- Grateful for all who have helped through these difficult times
- We remain committed to our patients and their adequate care