



PLANNING ACTIVELY FOR CANCER TREATMENT (PACT) ACT (H.R. 2846)

Providing Cancer Patients a Plan for Treatment and Survivorship

The bi-partisan Planning Actively for Cancer Treatment (PACT) Act will encourage the development of a personalized cancer care plan for Medicare beneficiaries. The PACT ACT will

- Help cancer patients through the difficult process of cancer diagnosis, treatment choices, treatment management, and survivorship care by supplying them a written plan or roadmap
- Encourage a shared decision-making process between patients and their cancer care teams
- Support informed decision-making, which is essential for patients as treatment choices are becoming increasingly complex
- Empower patients with tools to manage care from active treatment through long-term survivorship

How does the PACT Act encourage cancer care planning?

The PACT Act would establish a new Medicare service for cancer care planning. The planning service could be provided to patients at the time of cancer diagnosis, when there is a significant change in treatment, and at the end of active treatment and beginning of long-term survivorship.

The cancer care planning process will produce a written plan of care provided to the patient for use in managing care.

Why is a cancer plan necessary for each patient?

In several evaluations of the cancer care system, the Institute of Medicine (IOM) National Cancer Policy Forum has found that cancer patients rarely receive a plan of care. The IOM has said that patients should receive a cancer care plan because the planning process triggers a solid treatment decision-making process and facilitates the coordination of treatment and supportive care, including psychosocial needs and symptom management.

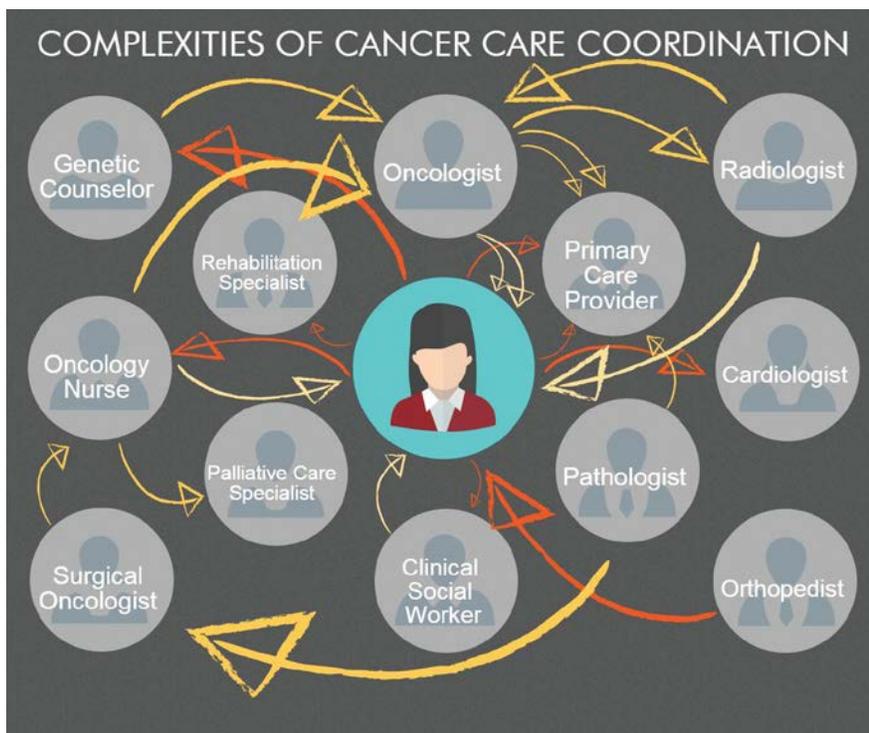
After patients finish active treatment, they may transition into a different system for long-term survivorship care. These patients require monitoring of the effects of their cancer treatment and for cancer recurrence, as well as follow-up care provided according to recommended schedules. A written plan facilitates the transition to survivorship and the long-term follow-up that is required.



Why is a new Medicare service necessary?

The Centers for Medicare & Medicaid Services (CMS) has shown it places a high value on care planning and coordination for all Medicare beneficiaries by establishing the transitional care management service and the complex chronic care management service. In addition, CMS has begun to launch the Oncology Care Model demonstration project that requires participating oncology practices to undertake cancer care planning as a core service.

The PACT Act is still necessary, in spite of the strong efforts by CMS to foster care planning for Medicare beneficiaries. Cancer care is especially complex because it is typically multi-disciplinary, requires coordination of active treatment and aggressive management of cancer symptoms and side effects of treatment, and encompasses elements of acute care and chronic care. The transitional care management service and complex chronic care management service are not adequate for cancer care management. In addition, many patients will receive their care in practices outside the Oncology Care Model and as a result will not benefit from the cancer care planning service in that model.



This diagram illustrates the complexities of cancer care coordination. With clinical, procedural, and other supportive office visits, cancer patients often need to coordinate care with additional members of their care team, including a nurse navigator, a psychotherapist, occupational therapist, neurologist, hematologist, gynecologist, urologist, pulmonologist, and other providers.

This diagram is adapted from Ambulatory Care Coordination for one patient from "The Instant Replay—A Quarterback's View of Care Coordination" perspective piece by Matthew J. Press, MD.

Selected Organizations and Cancer Centers Supporting PACT Act

American Society for Clinical Oncology • American Cancer Society Cancer Action Network • Association of Community Cancer Centers • CancerCare • C-Change • Cancer Support Community • Comprehensive Cancer Center of Wake Forest University • Dan L. Duncan Cancer Center, Baylor College of Medicine • Dana-Farber Cancer Institute • Fight Colorectal Cancer • Herbert Irving Comprehensive Cancer Center at Columbia University • International Myeloma Foundation • Kidney Cancer Association • Leukemia & Lymphoma Society • LIVESTRONG Foundation • Lymphoma Research Foundation • Markey Cancer Center at University of Kentucky • Masonic Cancer Center, University of Minnesota • National Coalition for Cancer Survivorship • National Comprehensive Cancer Network • National Patient Advocate Foundation • Ovarian Cancer National Alliance • Prevent Cancer Foundation • Purdue University Center for Cancer Research • Susan G. Komen • UAB Comprehensive Cancer Center • University of Arizona Cancer Center • University of Kansas Cancer Center • West Virginia Oncology Society

To co-sponsor this important legislation, please contact Adriane Casalotti Devin McBrayer in Rep. Capps' office at Adriane.Casalotti@mail.house.gov or Melissa Gierach in Rep. Boustany's office at Melissa.Gierach@mail.house.gov.