

## LIVESTRONG POLICY PLATFORM

Policy change is essential to Livestrong's goal of shifting access to and delivery of ideal cancer care. While programs and services assist individuals or communities, widespread impact is achieved by developing or enhancing healthcare legislation, regulations, and standards that improve overall systems. We have a unique opportunity through existing and emerging Livestrong research, programs, and services to develop and demonstrate best practices with far-reaching policy and program implications. It is our responsibility to prioritize efforts that create an environment in which those aims are successful.

This platform, reflecting our core focus on cancer survivors, should serve as a guide regarding our position or recommendations on key questions, whether around long-standing debates or emerging trends. It reflects Livestrong's thought leadership on a targeted set of priorities that we believe our organization is best fit to champion. To this end, Livestrong will continue to identify and broker connections across partners for related, mutually beneficial policy goals.

Our policy objectives are aligned with Institute of Medicine recommendations from 2013 for improving cancer care. Specifically, Livestrong is focused on information-sharing and patient communications, comprehensive and coordinated patient-centered care based on treatment plans, patient-reported data, health information technology and healthcare payment reform as vehicles to achieve desired outcomes.

### **ACCESS TO CARE**

In many cases, we know how to improve the lives of people affected by cancer. There are a number of proven treatments and practices that maximize health outcomes and quality of life. However, gaps persist between what we know and what we do. An outstanding challenge continues to be providing the best care to the most people. Expanded access is a key priority.

Access entails both the *availability* of evidence-based clinical or community-based interventions or innovations, including drugs and technologies, as well as their *affordability*. Critical patient protections and essential health benefits should be enforced as part of the implementation of U.S. healthcare reform. Coverage should include coordinated, patient-centered care across the cancer spectrum from prevention and detection through support and survivorship. Additionally, standard payment schemes must be altered such that incentives for payers or providers are based on a patient-centered definition of value and not the sheer volume of cases or care.

With cancer a leading cause of death globally, access to quality cancer care is a worldwide issue. National health programs must establish mechanisms to better track the burden of disease as well as develop prevention, treatment, and support protocols that can be integrated into existing public education and medical practice. At a minimum, governments should work

toward global cancer control targets and investments agreed by member states of the United Nations. We have an opportunity to bend the curve of cancer around the world and should take action.

## **GOVERNMENT FUNDING**

Adequate funding is critical in the fight against cancer. The success of prevention, screening, treatment and research programs often hinges on sufficient resources. Unfortunately, federal funding has not kept pace with inflation. Since 2003, Congressional appropriations for the National Institutes of Health (NIH), National Cancer Institute (NCI), and Centers for Disease Control and Prevention (CDC) have stagnated. The impact has been felt by researchers and patients alike. Federal funding is also important in the global fight against cancer. Diagnoses and death rates from cancer have dramatically increased in low and middle income countries, yet despite alarming statistics, the US global health budget has not been updated to address this emerging health threat.

At the state level, innovative approaches to funding have created new opportunities to advance research. In 2007, Texas voters approved legislation creating the Cancer Prevention and Research Institute of Texas (CPRIT) and authorizing \$3 billion in state spending over ten years. Full funding from the Texas Legislature is critical to expedite progress in cancer research and evidence-based prevention programs.

Livestrong will continue to advocate for: adequate federal funding to our nation's leading research institutions; adequate global health funding to address cancer worldwide; and, adequate funding to continue advancements at the state level. At a time of unprecedented scientific opportunity, we cannot allow onerous budget constraints to stifle innovation and progress that will impact the lives of those fighting cancer.

## **PATIENT-CENTERED INNOVATION**

Patients or survivors, caregivers, and their families are essential to achieving quality cancer care. These stakeholders should be engaged to develop and implement treatment and support plans that account for individual values and preferences, while maintaining their position as the focal point of a healthcare or wellness team. In particular, cancer providers should incorporate care planning, patient navigation, and electronic health records in order to augment patient communication and minimize unmet needs.

Ideally, financial, technological, and other facets of the current healthcare system evolve to support enhanced clinical practices and standards. Provider education and incentives are key to facilitating patient-driven decision-making as are new or improved data and payment infrastructures. Such a transition is critical as cancer care costs continue to be an economic burden for patients, providers, and payers and also as new medical advancements emerge that warrant better efficiencies and outcomes.