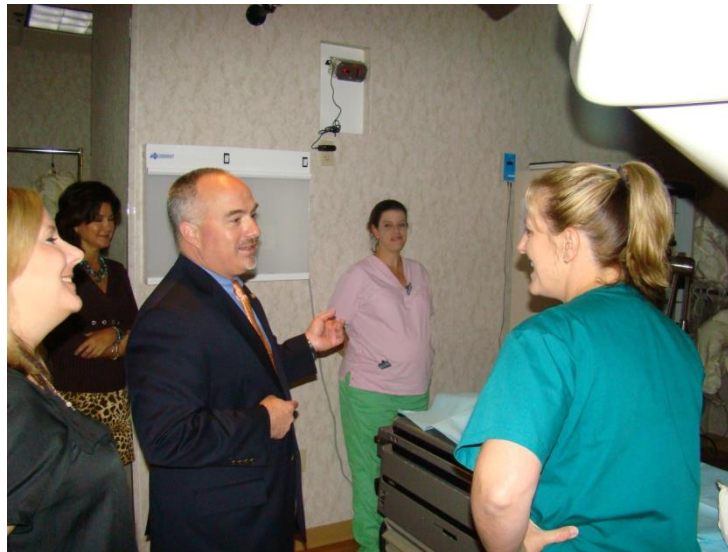


Leveraging Site Visits and Facility Tours to Build Relationships with Legislators



Nathan Cook
Senior Manager, Government & Community Relations
McKesson Specialty Health – The US Oncology Network

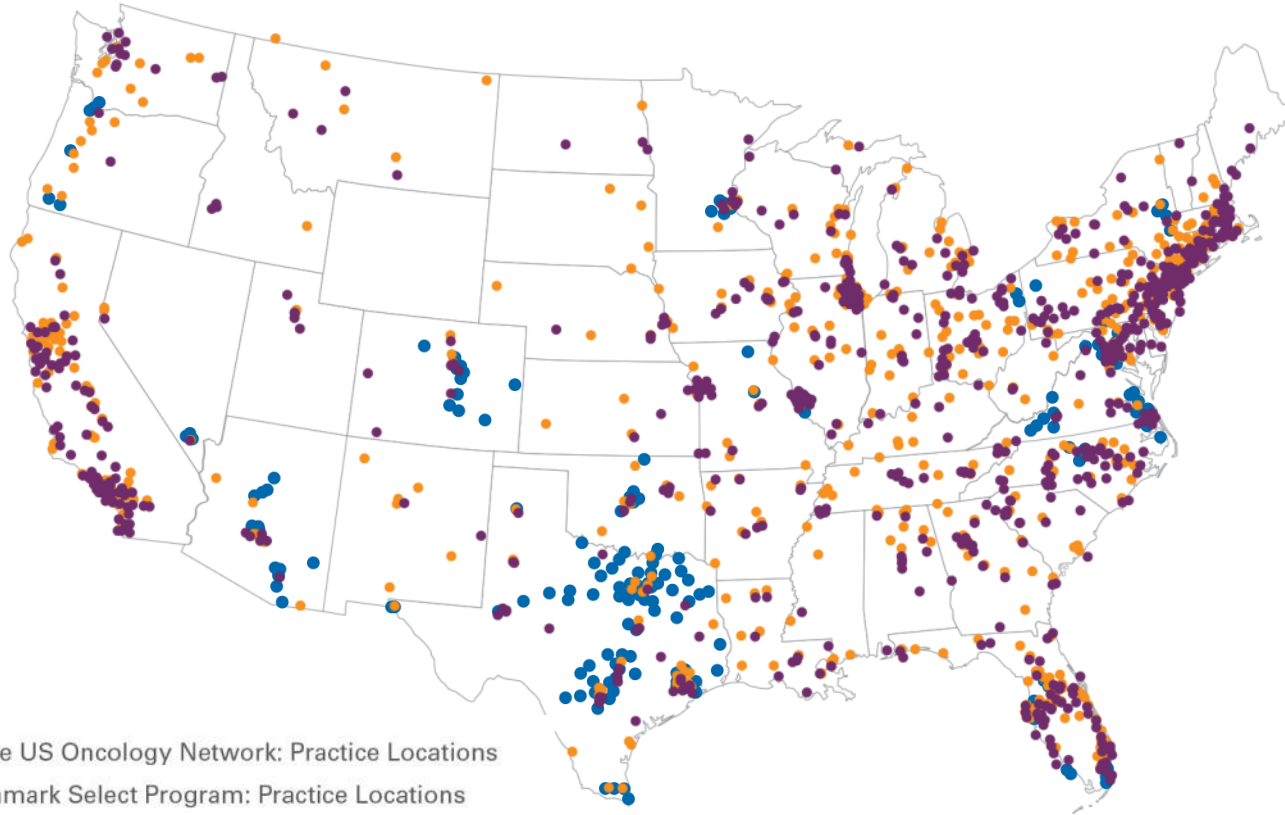
The US Oncology Network

Supported by McKesson Specialty Health, **The US Oncology Network** is one of the nation's largest networks of integrated, community-based oncology practices dedicated to advancing high-quality, evidence-based cancer care.

The Network unites like-minded physicians who:

- Share a common vision for expanding patient access to high-quality, integrated cancer care;
- Collaborate with ~1,000 physician colleagues from across The Network to the benefit of the whole;
- Advance the science of cancer care and expand patient access to clinical trials;
- Employ evidence-based medicine; and
- Attend and participate in The Network governance activities.

A broad footprint across multiple specialties



Fast Facts:

- >3,000 oncologists
- > 4,500 other specialists
- > 6,250 active sites of care
- > 400 payer relationships

- The US Oncology Network: Practice Locations
- Onmark Select Program: Practice Locations
- Multispecialty: Gastroenterology, Ophthalmology & Rheumatology Practice Locations

Scale

Technology

Breadth

Delivering Integrated Oncology

The US Oncology Network

- Affiliated practices: ~30
- Sites of care: >350 in 19 states, of which 71 sites are considered integrated cancer centers
- 90 Radiation Oncology Facilities (71 cancer centers and 19 radiation only facilities)
- Affiliated physicians: ~1,000
- Patients treated annually by The US Oncology Network physicians: >800K
- >161,000 new patients were treated in The US Oncology Network in CY14.
- The US Oncology Network has a relationship with >20 hospitals.
- During FY15, 121 new physicians joined The Network through practice expansion and recruitment.



Integrated Care is at the heart of
The US Oncology Network

Industry Forces Affecting Community Oncology and Other Specialties

Reimbursement pressures likely to intensify

Reimbursement landscape favors hospitals

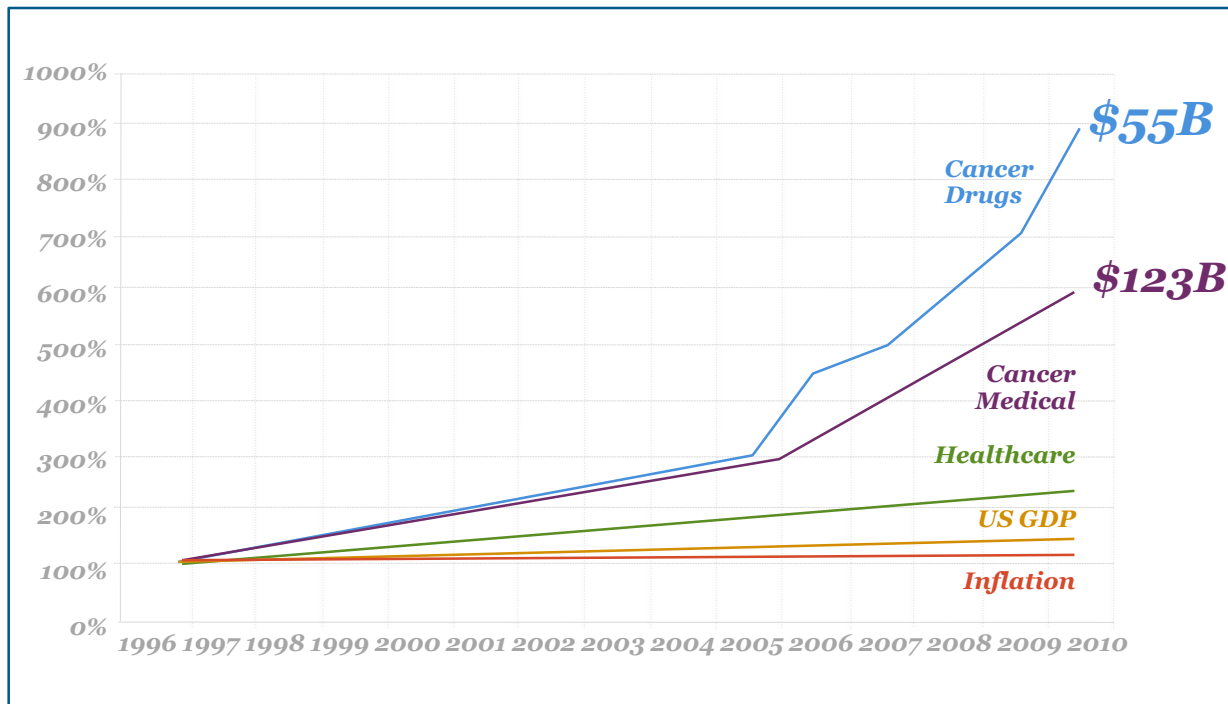
Health systems buying referring physicians

Growth of oral chemotherapy agents

Increasing complexity of diagnosis

Current Healthcare Challenges

Cancer costs are rising beyond inflation and other healthcare costs



**We help
community-based
practices manage:**

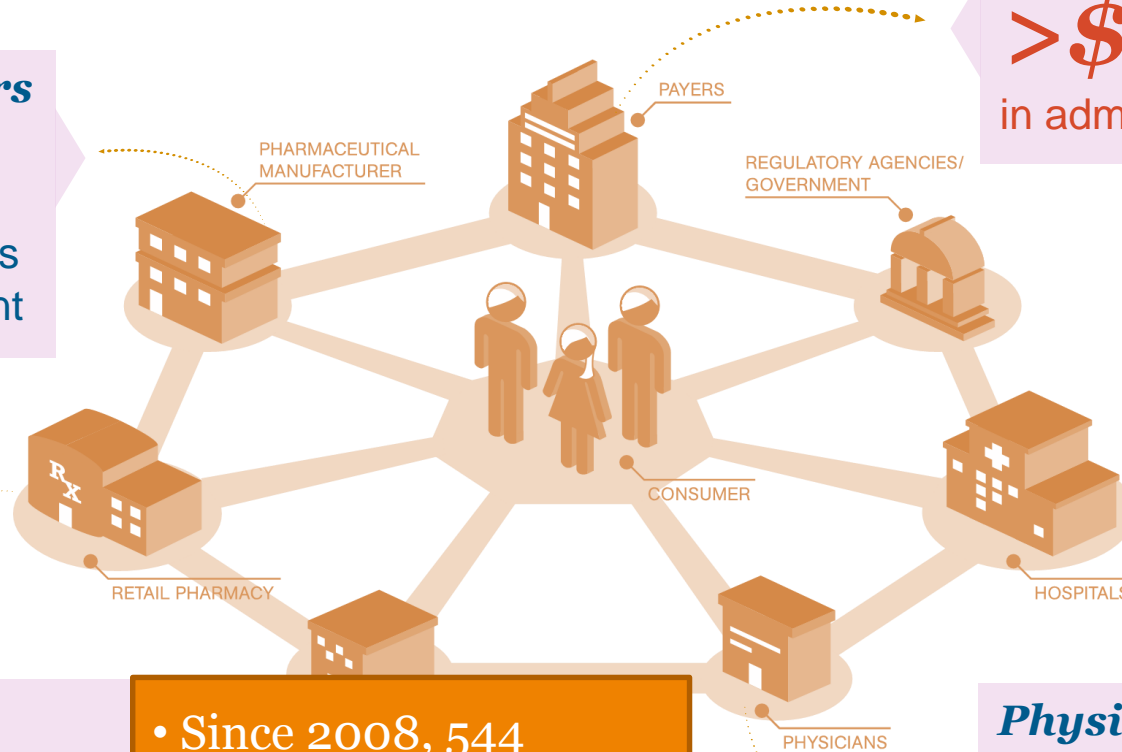
- Increased competition from hospitals, clinics
- Declines in reimbursement
- Healthcare reform uncertainty
- Rising healthcare costs

The Changing Landscape of Healthcare Creates New Challenges

Manufacturers

11%

of branded drugs
coming off patent



Payers

>\$100 billion
in administrative costs

Hospitals

-20%
operating cost

Pharmacies

\$300 billion
cost of non-adherence

- Since 2008, 544 oncology practices acquired by hospitals.
- From '13 – '14, 143% increase in acquisitions

Physicians

+75%
M.D. hospital employment
since 2000

Network Site Visit Initiative

- Primary focus at the federal level
 - Connect what's said in DC with what's happening back home

We have:

- Limited resources: Time, money, staff, etc...
- But, a large footprint across the nation = force multiplier
 - 350 sites in The Network; 19 states
 - Hundreds more in customer relationships; 40+ states
 - Over 3,000 physicians total among them
 - Treating over 750,000 patients annually just in The Network

Site Visit Overview

Year	Member	Staff	Total
2010	7	0	7
2011	14	2	16
2012	19	2	21
2013	41	6	47
2014	24	4	24
2015 so far	9	4	13

Goals of Our Site Visits: Why?

- Build support for our federal agenda
- Convert legislators/staff into community oncology advocates
- Build relationships between practices, physicians, and legislators
- Increase engagement of The Network's physicians, practice leadership, and staff
 - PAC development
- Identify and recruit grassroots advocates among patients
- Assist business development and Network growth
 - Value add demonstration
- Demonstrates the value of GR/PP to senior leadership

Targets for Site Visits: Who?

- Key legislators on committees of jurisdiction
 - House Energy & Commerce
 - House Ways & Means
 - Senate Finance
 - Senate Health, Education, Labor & Pensions (HELP)
- Committee and Health Policy Staff
- District Directors and Chiefs of Staff
- Governors and Cabinet Staff
- State House and Senate Members

Choosing the Location: Where?

- Facilities in the district/state
 - Assets database matched to political jurisdictions (DDC's Democracy Direct)
 - State and federal elected officials
- Headquarters facilities?
- Know before you go
 - Physician, staff, legislator dynamics
 - Status of the facility/location
 - Open? Closed? Acquired?
 - Appropriateness of the facility/location
 - Outreach facility? Cancer center?

Timing is Everything: When?

- Guest considerations
 - Legislative Schedules
 - Work/Personal Schedules
 - Recess? In-Session?
 - August, Easter, etc...
- Host considerations
 - Business hours? Weekends? Patient schedules?
 - Summer Vacations
 - Annual Conferences

Logistically Speaking: How?

Identify who you need to work with...

- Invitations: Who should it come from? Who should it go to?
- In advance:
 - Staff: Scheduler, district director, chief of staff
 - Host facility: Facility manager, executive director, marketing
- Day of:
 - Staff: District director, CoS, Field Representative... or Member?
 - Host facility: Practice administrator, head nurse, physician... or You?

Identify their level of competency...

- Be sure you trust the assessment
- Calls in advance are best
- Advance visits if necessary

Make it easy: Templates for event agendas, provide background/bios

- Prepare and send all supplemental materials well in advance

I'm Not Sure How to Say This: What?

Talking points for advocates

- Keep the conversation focused: One topic is best
- One-pagers are ideal; Two-pagers are the max
 - Amount of information depends on their comfort level
- Email them the talking points with a summary
 - Ask them for any questions
 - Follow up, and ask again
- Set up a call to discuss talking points in advance
- Find an advocate who's well versed, and ask them to lead
- Arrive early on the day of to meet with them, reassure them

When It's All Said and Done: Follow-up

Ensure the feedback loop

- Specific follow-ups and next steps
 - Connect your policy staff with their policy staff
- Share contact information of advocates and staff especially
- Capture photos and share them
 - Action shots, not posed
 - Social media sharing
 - Post on your advocacy website
- Include reports in your grassroots communications



Other Considerations

- Capacity?
 - Don't bite off too much
- Press?
- Cancellations?
- Parking?
- Address accuracy?
 - Does Siri know? Really?
 - Driving directions?
- Restrooms?
- Gift rules?
 - Food, Snacks, Sodas, etc.
- Database accuracy?



If there are no questions, then...

