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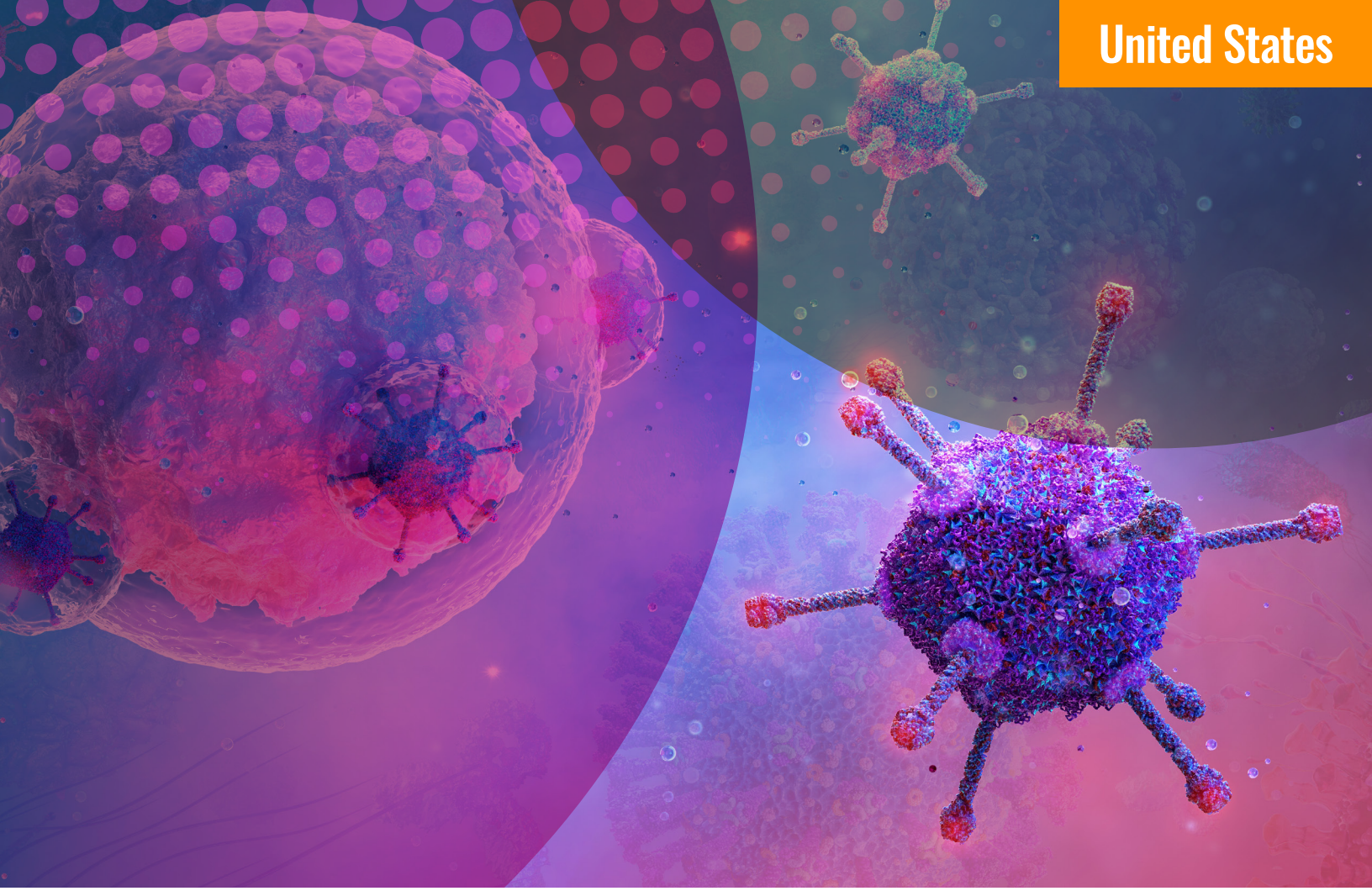


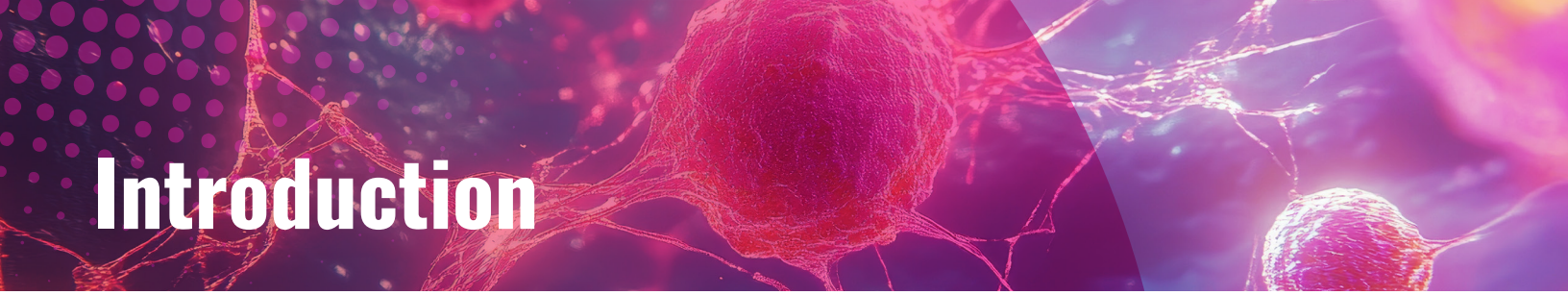
CAR T VISION

Vision to Action Blueprint

Actions to improve access to CAR T-cell therapy in the US

June 2026

CAR T Vision activities and outputs are led by an independent Steering Committee, made possible through funding from industry supporters Gilead and Kite, Autolus, and Legend Biotech.



Introduction

Despite the transformative and potentially curative impact of CAR T-cell therapy, access for eligible patients across the US remains limited and uneven. In the US, only about two in 10 eligible patients ultimately receive CAR T-cell therapy.[1]

Patients continue to face multiple, interlinked barriers along the care pathway, including delayed or missed referral, limited treatment capacity concentrated in a small number of specialist centers, inefficient referral and coordination processes, prolonged times from referral to treatment, and persistent funding and reimbursement challenges that can delay or restrict access even after regulatory approval.[2,3,4,5] These barriers mean that access varies substantially by geography and socioeconomic circumstance, and too many patients deteriorate or lose eligibility before receiving therapy.[6,7]

These challenges were outlined in the CAR T Vision inaugural report launched in June 2025. The report set out a **Vision to double the proportion of eligible patients treated with CAR T-cell therapy by 2030**, alongside a set of imperatives for the desired future state of CAR T-cell therapy access. To translate these into implementable steps, the CAR T Vision Steering Committee – in consultation with a wider group of experts – developed a Blueprint comprised of priority actions and indicators to help ensure patients can receive this life-changing therapy when they need it most.

The CAR T Vision Steering Committee recognizes that, in the US, **expanding delivery into community settings** alongside efforts to improve referrals will be essential in closing the persistent access gap. Establishing care sites closer to patients **requires a system with the infrastructure, resources, capacity, and financial flows** to deliver CAR T-cell therapy. At the same time, continued efforts to **empower healthcare professionals, patients, and care partners** with the right knowledge, confidence and ability to refer or make informed treatment decisions will help us deliver the Vision.

From Vision to Action: A Blueprint

Recommended actions

This Blueprint outlines a **clear set of actionable interventions**, which policymakers, payors, patient advocacy organizations, healthcare providers, and manufacturers in the US ecosystem can adopt to **enhance the knowledge, capacity, resources, and financial viability** to sustain and expand the delivery of CAR T-cell therapy into community settings – especially as its use broadens to new indications. It also includes **real-world examples and case studies** of where these actions are already being taken forward as inspiration.

Indicators

To track progress over time, the Blueprint also recommends **one indicator per Vision goal**, advancing our collective understanding of whether policies or systems in place are working for patients. These indicators are selected to be meaningful, feasible to collect, and suitable for consistent reporting on an annual basis, enabling stakeholders to assess improvement in practice and to identify where further action is required. The Vision will establish a baseline against these indicators in 2026 and begin measuring progress annually from 2027.

A Call to Action

We invite stakeholders to use this Blueprint as a framework to strengthen existing policies and drive practical solutions that ensure more eligible patients can access CAR T-cell therapy and benefit from its curative potential, drawing from the examples provided. The CAR T Vision will continue to collate case studies of initiatives that are driving progress toward the Vision goals and align with the actions we have highlighted.

If you are working on programs you would like the Vision to spotlight, please contact visionforcart@incisivehealth.com.

Vision Goal 1: Increase awareness and understanding of CAR T-cell therapy

Indicator

Proportion of patients, care partners, non-treating clinicians, and multidisciplinary teams (MDTs) who feel well informed about CAR T-cell therapy and the referral process.

Recommended actions

- **Non-treating centers, treating centers, professional societies, and medical education providers collaborate on structured guidance, mentorship, and training programs** to facilitate clinician understanding of patient eligibility, early patient identification, and referral processes.
- **Non-treating clinicians and treating clinicians provide patients and care partners with clear, accessible, and tailored resources early in the care pathway** to support informed decision-making and address any concerns (e.g., decision aids, peer-to-peer support, patient support programs). At the same time, patient organizations collaborate to scale patient and care partner education.

Vision Goal 2: Expand capacity and resources to deliver CAR T-cell therapy

Indicator

Number and geographical distribution of new community CAR T-cell therapy treatment centers certified and actively treating patients each year.

Recommended actions

- **Community oncology practices are supported to develop outpatient CAR T-cell therapy programs** to expand access to rural and often underserved areas.
- **Large community networks or academic treatment centers develop hub-and-spoke models** with community oncology practices to decentralize care. In addition, treating and non-treating centers collaborate to streamline referral processes and provide coordination support to ensure a smooth handoff for patients and care partners.
- **Manufacturers and accreditation bodies collaborate to achieve efficiencies, eliminate redundancies, and standardize processes, where applicable,** pertaining to qualified treatment center authorizations and accreditations, while maintaining patient-centric quality and safety standards.

Vision Goal 3: Develop sustainable and innovative financing approaches to manage the costs of treatment and care

Indicator

Proportion of CAR T-cell therapy community practices, patients, and care partners that are adequately covered and in a timely way to manage the costs of treatment and care.

Recommended actions

- **Engage with public and commercial payors to implement innovative CAR T-cell therapy financing** to address financial concerns and hardships faced by community practices.
- **Commercial payors collaborate to develop and adopt standardized and streamlined reimbursement processes** to expedite access to CAR T-cell therapy.
- **Major payors collaborate with treatment centers, community practices, and patient advocacy groups** to reduce systemic care partner and patient barriers, alleviate financial strain, and support safe, effective care during CAR T-cell therapy treatment.

Double the proportion of eligible patients treated with CAR T-cell therapy by 2030.

Vision Goal 1

Increase awareness and understanding of CAR T-cell therapy

Barriers to address

To ensure more patients have **timely access** to CAR T-cell therapy, it is essential to **strengthen knowledge, awareness, and confidence** around the treatment. Clinicians and multidisciplinary teams at community sites should be equipped to identify potentially eligible patients early and engage or refer to treating specialists when needed. At the same time, patients and care partners need clear, accessible information on the benefits, risks, and practical considerations of CAR T-cell therapy so they can make informed treatment decisions.

Recommended actions

How stakeholders can take forward this action (examples in practice included, where available)

Non-treating centers, treating centers, professional societies, and medical education providers collaborate on structured guidance, mentorship, and training programs to facilitate clinician understanding of patient eligibility, early patient identification, and referral processes.

Referral workshops, symposia, and multi-society educational programs can be hosted at key conferences and meetings for non-treating clinicians, treating clinicians, nursing staff, multidisciplinary teams (MDTs), and the hospital administrative team.

- *The Association of Cancer Care Centers (ACCC) launched Bringing CAR T-Cell Therapies To Community Oncology, a program to help community cancer programs and practices obtain the education and tools they need to offer CAR T-cell therapy locally. This is delivered through a series of webinars and resources to help clinicians identify patient candidates for CAR T-cell therapy early and coordinate their care.*[8]
- *The American Society for Transplantation and Cellular Therapy (ASTCT) hosts a Clinical Education Conference, where clinicians and nurses explore patient case studies and treatment approaches for cellular therapies, including dedicated sessions for new clinicians with less than one year of experience. ASTCT also has an online learning center with materials on CAR T-cell therapy management and reimbursement, alongside webinars and courses.*[10]
- *Blood Cancer United, along with other organizations including ACCC, the Foundation for the Accreditation of Cellular Therapy (FACT), the NMDP[SM], and representatives from treating centers, is developing the "CAR T Community Access Education Symposium," a CME-accredited program for clinicians, nurses, and multidisciplinary teams. This will consist of three regional in-person educational activities and webinars, tailored to each region's educational needs. Sessions will cover all aspects of CAR T-cell therapy care, including building shared care relationships between treating and non-treating teams.*

Non-treating clinicians can be given opportunities to visit experienced CAR T-cell therapy treatment centers and observe the treatment process.

- *In Europe, The GoCART Coalition's Observership Programme places early career clinicians at established CAR T-cell therapy centers to support training and promote standardization in education and quality of care.*[11]

Professional societies, non-treating centers, and treating centers can develop a practical referral checklist with information on eligibility criteria, referral timing, and processes. This could include adapting or scaling the RECUR framework developed by ACCC, ASTCT, and the Association of American Cancer Institutes (AACI) to facilitate timely CAR T-cell therapy referral.[12,13]

Hospitals can embed decision-support into routine clinical workflows, such as standardized referral triggers or prompts linked to clinical criteria or lines of therapy within electronic health records, to help clinicians consider CAR T-cell therapy earlier.

Non-treating clinicians and treating clinicians provide patients and care partners with clear, accessible, and tailored resources early in the care pathway to support informed decision-making and address any concerns (e.g., decision aids, peer-to-peer support, patient support programs). At the same time, patient organizations collaborate to scale patient and care partner education.

Treating clinicians can provide patients and care partners with a written care plan early in their treatment journey to help them prepare for treatment requirements and plan appropriately.

Patient advocacy organizations can work with treating centers to develop a standardized guide for families moving between treating and non-treating centers, including what to expect at each stage, who to contact, what questions to ask, and how to prepare for treatment.

Patient advocacy organizations can collaborate to consolidate and scale patient and care partner education, such as multilingual resources, pediatric resources, outreach initiatives, and peer support programs.

- *CAR T & Me is a resource hub for patients and care partners, developed in partnership with patient advocacy groups. It includes CAR T-cell therapy resources in English and Spanish for lymphoma, myeloma, and acute lymphoblastic leukemia, with links to navigation services, financial funds, and travel assistance.*[14]

Indicator to measure progress toward Vision Goal 1

Proportion of patients, care partners, non-treating clinicians, and multidisciplinary teams (MDTs) who feel well informed about CAR T-cell therapy and the referral process.

Goal 1 indicator will be measured by:

1. Patient, care partner, non-treating clinician, and MDT understanding of CAR T-cell therapy, including benefits, risks, treatment expectations, eligibility criteria, and referral processes.
2. Remaining gaps in information and knowledge amongst patients, care partners, non-treating clinicians, and MDTs.
3. Patients and care partners who feel empowered to participate in the decision-making process.
4. Referring clinicians who feel confident to provide the necessary information on CAR T-cell therapy to eligible patients and refer as appropriate.

To collect this data, the Vision will collate and audit existing surveys conducted by patient advocacy groups and professional societies to assess current level of understanding and confidence in CAR T-cell therapy. The audit will be used to understand if there are any gaps in data collection that could be filled by primary research in following years.

Vision Goal 2

Expand resources and capacity to deliver CAR T-cell therapy

Barriers to address

Community practices, unlike large academic treatment centers, are often independent and vary in size. Delivering CAR T-cell therapy in these settings requires community practices to have sufficient **capital, resources, and infrastructure, as well as technical, financial, and operational expertise** to provide care that meets required quality and safety standards. Given the growing patient need for CAR T-cell therapy, it is vital that new **community practices are able to become operational quickly.**

Recommended actions

How stakeholders can take forward this action (examples in practice included, where available)

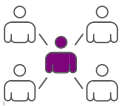
Community oncology practices are supported to develop outpatient CAR T-cell therapy programs to expand access to rural and often underserved areas.

With appropriate infrastructure, workflow design, protocols, and partnerships, community practices can safely deliver CAR T-cell therapy in outpatient settings. This requires robust resource planning, designing an end-to-end patient pathway, assembling a multidisciplinary care team, and establishing a strong partnership with a local hospital for inpatient care and toxicity management.[15]

- *Tennessee Oncology and Ascension Saint Thomas Health established an outpatient delivery model to allow seamless monitoring and care coordination between the clinic and hospital and to expand reach into the community.*[16,17,18]
- *Virginia Oncology Associates established an outpatient CAR T-cell therapy program using a structured post-infusion home monitoring system, paired with direct access to the cell therapy team via a dedicated phone line.*[19,20]
- *Virginia Cancer Specialists' outpatient CAR T-cell therapy program involves working closely with hospital teams across neurology, infectious disease, cardiology, pulmonary medicine, and critical care to ensure they are fully prepared for potential toxicity management.*[15,21]
- *The Center for Cancer and Blood Disorders in Texas launched a community-based CAR T-cell therapy program with close coordination between its physician-led clinic and local hospitals to ensure appropriate monitoring, patient safety, and optimal outcomes.*[22,23]
- *New York Oncology Hematology's outpatient program includes nurse-led overnight phone assessments, established workflows for admitting patients to the hospital at any time of day, and biweekly multidisciplinary team meetings. They also prioritize thoughtful patient and product selection to improve outcomes, minimize complications, and support the sustainability of the program.*[24,25]

Professional societies can develop and disseminate resources to guide community practices through CAR T-cell therapy program set-up.

- *The Alliance for Regenerative Medicine (ARM) is developing an access coalition playbook with a practical set of tools to help launch and scale CAR T-cell therapy in community practices.*
- *The Community Oncology Alliance (COA) is organizing a webinar series focused on knowledge exchange between experienced and non-treating practices on how to build a CAR T-cell therapy program. A checklist is also in development, offering a guide for implementation.*



Large community networks or academic treatment centers develop hub-and-spoke models with community oncology practices to decentralize care. In addition, treating and non-treating centers collaborate to streamline referral processes and provide coordination support to ensure a smooth handoff for patients and care partners.

Having structured network arrangements in which specialist centers retain oversight of treatment while community sites take on defined roles across the care pathway. Such arrangements require shared protocols, coordination mechanisms, including patient navigation and ongoing collaboration, and guidelines for administering new therapies.

- *Sarah Cannon Research Institute operates across community oncology practices with centralized cell therapy expertise and infrastructure support, demonstrating how large community networks can safely scale CAR T-cell therapy delivery.*[26]
- *Mayo Clinic and the University of Pennsylvania have implemented a network model allowing community affiliates to manage evaluation and post-infusion care in collaboration with the central CAR T-cell therapy hub, including shared protocols, tumor boards, and standardized referral pathways that support safe decentralization.*
- *Roswell Park's hub-and-spoke model provides education on early referrals, centralized treatment, and timely transition of patients back to their primary oncologist two weeks after infusion, supported by using shared protocols and follow-up instructions.*
- *Adopting and referring to the RECUR framework by ACCC, ASTCT, and AACI can support the setup of referral processes between treating and non-treating centers.*[12,13]
- *The University of Texas MD Anderson Cancer Center has developed formal regional partnerships to expand CAR T-cell therapy access, incorporating joint case review, standardized toxicity management algorithms, and coordinated transitions back to community oncologists. They also established a fast-track process for rapid response following a referral, aiming for a 24-hour turnaround time.*

Manufacturers and accreditation bodies collaborate to achieve efficiencies, eliminate redundancies, and standardize processes, where applicable, pertaining to qualified treatment center authorizations and accreditations, while maintaining patient-centric quality and safety standards.

Cross-stakeholder platforms can be established to develop guidance and deliver training for new centers delivering CAR T-cell therapy.

- *ASTCT convened the 80/20 Task Force with over 60 stakeholders from clinical centers, professional societies, including FACT, the Center for International Blood and Marrow Transplant Research (CIBMTR), and the International Society for Cell & Gene Therapy (ISCT), and industry to streamline the onboarding and operational processes for clinical centers administering cell therapies. Recognizing that approximately 80% of the requirements for clinical site onboarding and ongoing operations are common across different manufacturers, the initiative has developed standardized procedures to improve the efficiency of onboarding and cost-effectiveness.*[27,28]

Indicator to measure progress toward Vision Goal 2

Number and geographical distribution of new community CAR T-cell therapy treatment centers certified and actively treating patients each year.

Goal 2 indicator will be measured by:

1. Number of community centers qualified by manufacturers.
2. Number of accredited community centers.
3. Number of community centers actively treating patients.
4. Geographical spread of community centers.

The Vision will collaborate with FACT, industry supporters, and search online databases to collect this data.

Vision Goal 3

Develop sustainable and innovative financing approaches to manage the costs of treatment and care

Barriers to address

In addition to infrastructure and capacity, it is essential that payor methodologies support the **financial sustainability of community providers** and that patients and care partners have affordable access to CAR T-cell therapy and wraparound services.[29,30] For instance, lack of care partner support has contributed to patients not opting for CAR T-cell therapy.

Recommended actions

How stakeholders can take forward this action (examples in practice included, where available)

Engage with public and commercial payors to implement innovative CAR T-cell therapy financing to address financial concerns and hardships faced by community practices.

Explore pilots with the Centers for Medicare and Medicaid Services (CMS), the CMS Innovation Center (CMMI), and commercial payors to design innovative payment models, such as outcomes-based payments, reinsurance, shared savings, and accelerated payment plans. Innovative payment models can be tested to collect real-world evidence and data to inform design of reimbursement.

- *An outcomes-based agreement in CAR T-cell therapy has been piloted in the US but has yet to be widely adopted. CMS is also piloting the use of outcomes-based agreements in sickle cell disease. Real-world evidence gathered in these pilots can support payor engagement and offer lessons for the future structuring of value contracting models for CAR T-cell therapies.*[31,32]

Commercial payors collaborate to develop and adopt standardized and streamlined reimbursement processes to expedite access to CAR T-cell therapy.

Collaborate with organizations with cell and gene therapy working groups, such as the Self-Insurance Institute of America, to engage with major payors and employers and establish methodologies to simplify the reimbursement process (e.g., removal of Single Case Agreements, clearer billing pathways, reduced documentation, streamlined prior authorization process).

Update methodologies to address reimbursement challenges. This could include separating procedure costs from drug acquisition costs and establishing independent reimbursement for leukapheresis and cell processing to support site-of-care flexibility and address inadequate payment for outpatient care.

Major payors collaborate with treatment centers, community practices, and patient advocacy groups to reduce systemic care partner and patent barriers, alleviate financial strain, and support safe, effective care during CAR T-cell therapy treatment.

Conduct a health economic study on the impact of outpatient treatment and strong care partner support on healthcare costs, compared to models reliant on inpatient treatment and professional-only care. Findings may help with provider buy-in and legislative support.

Design CMS' Caregiver Training Service (CTS) codes to better align with the CAR T-cell therapy episode of care in duration and intensity.

Manufacturers and treating centers could create care partner bursaries or support funds, providing a transparent overview of available assistance to reduce patient and care partner anxiety about treatment logistics.

Indicator to measure progress toward Vision Goal 3

Proportion of CAR T-cell therapy community practices, patients, and care partners that are adequately covered and in a timely way to manage the cost of treatment and care.

Goal 3 indicator will be measured by:

1. Proportion of community providers who cite adequacy of reimbursement to sustain CAR T-cell therapy service line (i.e., acquisition and delivery of treatment and care are covered at or above costs).

2. Proportion of community providers who cite slow payment as reason for not offering CAR T-cell therapy.

3. Proportion of patients and care partners, under the care of community providers, who cite affordability as a barrier to access (e.g., if out-of-pocket spending leaves household at financial hardship).

A survey of community practices will be conducted to assess whether community practices are operating at a loss and establish the loss margin, and if patients decline CAR T-cell therapy due to inability to afford treatment. To establish patient and care partner affordability, the Vision will first reach out to patient organizations to understand the availability of financial toxicity data through an audit exercise before conducting primary data collection.

Role of CAR T Vision coalition in supporting the implementation of the Blueprint

The **CAR T Vision coalition provides leadership and convening power** to support, coordinate, and facilitate the implementation of the above recommended actions and indicators. Working in partnership with stakeholders, the Vision will consolidate case studies, promote best practice sharing, facilitate knowledge exchange, and develop resources where none currently exist to support community expansion of CAR T-cell therapy.

Reach out to the CAR T Vision Secretariat at **visionforcart@incisivehealth.com** to find out more about how you can get involved, implement the Vision in your locality, and contribute case studies to spotlight local initiatives or data sets to support with data measurement.

What is the Vision doing?

Convening multistakeholder groups
to identify gaps where additional guidance is needed and collaborate on efforts that help enhance the knowledge, capacity, resources, and financial viability of CAR T-cell therapy.

Organizing a Solutions Sprint to develop an action plan
to address one to two persistent barriers in community expansion of CAR T-cell therapy.

Establishing a baseline against the US indicators
in 2026 and measuring progress annually beginning in 2027.

Providing The Vision to Action Toolkit
to support in-country implentation of the Vision.

Developing a central hub of resources,
including guidance, toolkits, and case studies on CARTVision.com for inspiration and reference.

Providing advocacy support and elevating best practices
at key events and across communication channels.

Acknowledgments

The recommendations in this document reflect the **collective insights of the CAR T Vision Steering Committee as well as an expert group** in the field of CAR T-cell therapy. The expert group provided input through meetings and Delphi surveys. These recommendations are not to be interpreted as endorsements by the organizations that individuals are affiliated with.

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