ACCC's 19th National Oncology Economics

More than 400 participants attended ACCC's 19th National Oncology Economics Conference held Sept. 18-21, 2002, in Albuquerque, N. Mex. The meeting focused on economic/program management issues related to oncology care, with a special emphasis on how to cope with the expected reductions in Medicare payments for cancer drugs and physician practice expenses that will go into effect in 2003.

CONGRESS. In a general session on Thursday, Sept. 19, Saira Sultan, J.D., ACCC's director of public policy, spoke about the legislative and regulatory issues affecting all cancer care providers, emphasizing that "quality care depends on reimbursement and the understanding that quality care can be provided only in conjunction with adequate payment."

With less than 20 legislative days left before Congress breaks for election, Sultan called on those attending ACCC's meeting to take action.

"ACCC is working very hard to ensure that the cost of providing quality cancer care will be adequately reimbursed in 2003. Still, all of you need to make calls to members of Congress and tell them how important it is for the Beneficiary Access to Care Act of 2002 (H.R. 5450) to become public law," Sultan

Top left (left to right), Patricia H. Stanfill-Edens, R.N., M.S.,M.B.A., Marsha Fountain, and Ellen Tobin network in ACCC's exhibit hall.

Top right, Phyllis A. Youngblood, M.S., R.N., AOCN, (at left) and Susan B. Hamlin, R.N., M.S.N., OCN, pose before a general session.

Bottom left, Dolorese (Gail) Willis, L.V.N., (at left) and colleague listen to the general session about scanning centers.

Bottom right (left to right), ACCC Board of Trustee member Joseph F. Woelkers, M.A., ACCC President Edward L. Braud, M.D., and ACCC Secretary E. Strode Weaver, F.A.C.H.E., M.H.S.A., M.B.A., smile for the camera.

urged. (See ACCC's web site at *www.accc-cancer.org* to find out how to contact your legislators.)

"The best way to make this case to Congress is to put aside the numbers and focus on how these reimbursement issues are going to have a direct effect on patient access and quality of care at your institution," said Sultan. "Make these issues personal by inviting your congressional representatives to your cancer centers, walking them through your infusion rooms, and letting them experience firsthand the care you provide to your patients."

CODING AND CHARGING. "You need to understand how the reimbursement game is being played right at this very minute. This means understanding how reimbursement is set up and taking advantage of the opportunities that exist today to try and change some of these numbers," said Mary Lou Bowers, vice president of the Consulting Division of ELM Services, Inc.

Learning how to charge correctly is the biggest challenge facing cancer centers, according to Bowers, and will save oncology in the short-term, while ACCC and others work to improve reimbursement through legislative and regulatory channels.

Most importantly, Bowers urged all cancer centers to submit accurate charges to CMS to ensure adequate payment for cancer-related services and treatment.

"Medicare and CMS know that they may not have the best data on the cost of providing cancer care, and have admitted that they have made mistakes in the past," Bowers remarked. "Your efforts *can* make a difference in how cancer care is reimbursed. However, if you do not submit proper charges, you will never be paid properly. CMS has made it quite clear that they don't feel it is their responsibility to babysit hospitals and ensure that they are receiving the correct reimbursement when hospitals cannot seem to get their charges right."

RESEARCH. Leslie G. Ford, M.D., of the National Cancer Institute (NCI), and Judith Brooks, R.N., of the Office for Human Research Protections (OHRP) in the U.S. Department of Health and Human Services, spoke about the current outlook for clinical trials.

The current clinical trial numbers are promising: 50 community clinical oncology programs (CCOPs) in 30 states; 11 minority-based community clinical oncology programs (MBCCOPs) in eight states, the District of Columbia, and Puerto Rico; and 12 research bases across the U.S.

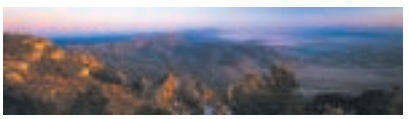
While the breadth and scope of cancer prevention and control research vary across research bases, the CCOPs and MBCCOPs have more than 200 active treatment trials and more than 50 active cancer prevention trials.

The Cancer Trials Support Unit (CTSU), a pilot project of the NCI designed to support the participation of a national network of physicians in NCI-sponsored Phase III cancer treatment trials, has activated 28 studies and two ancillary studies and has 43 protocols in the development phase.

Ford presented information about several specific clinical trials. The prostate cancer prevention trial (PCPT) with finasteride was closed to accrual in December 1997, and is on schedule to be completed in May 2004. The study of tamoxifen and raloxifene (STAR) breast cancer prevention trial has accrued 14,233 participants to date, or 64.7 percent of its target accrual of 22,000 participants. In just one year, the selenium and vitamin E cancer prevention trial (SELECT), the largest prostate cancer prevention trial ever performed, has accrued 14,317 participants, or 44.2 percent of its target accrual of 32,400 subjects.

Ford said that the challenges facing cancer clinical trials include: 1) increasing access to primary care physicians and their patients, 2) improving trial efficiency and collaborations, and 3) maximizing the scientific benefits of clinical trials.

Ford also pointed out the top



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three reasons patients enroll in clinical trials: hope (believing that the trial will help their disease), altruism (wanting to help others), and trust (believing that their physicians are looking out for their best interests). With the help and cooperation of patients, physicians, and researchers, Ford maintained that the future of clinical trials looks bright.

Brooks addressed recent concerns about the safety and efficacy of clinical trials and outlined the system reforms and new approaches currently going on at the OHRP. The new OHRP model calls for the patient subject to be supported by a collaborative system of research institutions, the team of research investigators conducting the study, internal review boards (IRBs), sponsors, advocates, family members, the media, and the general public.

Brooks stated that "human research is not a given but rather a privilege that must be earned." She summed up OHRP's ultimate goal of responsible human research with the acronym SUEE, which stands for simplification, uniformity, efficiency, and effectiveness. She also briefly touched on a number of other institutional changes, government collaborations, OHRP initiatives, and private-sector standards.

THE FOUR-DAY CONFERENCE featured many additional sessions, including a stimulating and, at times, controversial session on scanning centers; an update on the new standards from the American College of Surgeons; a session on implementing the psychosocial distress guidelines of the National Comprehensive Cancer Network that was followed by an open nursing forum; and a session on how to manage physician extenders.

A number of networking opportunities were offered in Albuquerque, including ACCC's Annual Fun Walk/Run, the President's Welcoming Reception, ACCC's First Time/New Members Gathering, and a reception in the exhibit hall among more than 30 booths.

"There are only two conferences I go to every year, and this is one of them," said one attendee.

Another attendee remarked, "This is my first ACCC conference, but I know that I will definitely be coming again. I have already sent more than 10 e-mails back to my office about new information I have learned at the conference."

ACCC's 28th Annual National Conference will be held March 20-23, 2003 in Arlington, Va. For more information about this conference, go to ACCC's web site at *www.accc-cancer.org.*

New Subscription Price for Oncology Issues

Effective immediately, the yearly subscription rate for *Oncology Issues* will be $55 plus $4.99 for shipping and handling. As well as the six magazines published annually, subscribers will also receive periodic special supplements on cutting-edge topics in oncology such as Pain Management, Intensity Modulated Radiation Therapy (IMRT), and a new Oncology Buyer's Guide. For instructions on how to subscribe go to *www.accc-cancer.org.*

Become Involved With ACCC!

ACCC's Nominating Committee is looking for new talent for Board and committee participation. The Nominating Committee is seeking interested individuals who wish to play a bigger role in ACCC's multidisciplinary activities.

"We want to recruit new talent to ACCC as the organization continues to expand," said Diane M. Otte, R.N., M.S., OCN, this year's committee chair. "We're interested in hearing from individuals who wish to be considered for Board positions, committee posts, or just to help out."

Each year the ACCC elects new trustees and some of the Association's officers.

"Just volunteer," says former ACCC President John E. Feldmann, M.D., F.A.C.P., "and, like me, you'll get the opportunity to be more involved with national oncology issues."

Feldmann often tells the story of walking up to the registration booth at an ACCC Oncology Economics Conference about 10 years ago and indicating that he was the new delegate representative from his institution.

"Before I knew what happened, I was involved in some committee activities, and then the Board, and finally the Presidency," says Feldmann, who readily admits that the involvement gave him an opportunity to experience a whole new side of oncology.

"ACCC makes participation incredibly easy," says Margaret A. Riley, M.N., R.N., C.N.A.A., another former ACCC president and Nominating Committee member. "Unlike a number of other organizations, ACCC's staff handles all of the details and looks to volunteers to provide expertise in areas that we know well. Combining a sophisticated and multidisciplinary membership and a capable staff makes participation enjoyable and convenient."

Individuals interested in nominating someone for a Board or committee position should contact Maeta Gelfound at 301-984-9496 (ext. 219).