

ACCC Co-Hosts 14th Annual Oncology Presidents' Retreat

State-Level Changes Underway

On Feb. 3-4, 2006 leaders from the nation's state oncology societies gathered in Washington, D.C., for the 14th Annual Presidents' Retreat.

The two-day program focused in on key issues related to "Quality Cancer Care in the Community Setting." "Our meeting offers perspectives on how the cancer community is working to define, measure, and assess

quality care and ensure access to quality care in the community," said Association of Community Cancer Centers Executive Director Christian Downs, JD, MHA. The meeting was co-hosted by ACCC and the American Society of Clinical Oncology (ASCO).

Despite the challenges facing oncologists today, "the future of our discipline is bright," said Joseph Bailes, MD, kicking off the Retreat.

"We will get through these challenges," said Bailes, co-chair of ASCO's Public Policy Committee.

Keynote luncheon speaker Dan Bedrosian, MBA, highlighted the effect of electronic medical record (EMR) implementation on quality of care, and the real-world challenges to deploying EMRs in community oncology programs. How do practices know if now is the right time



Peter B. Bach, MD, MAPP, special assistant to Centers for Medicare & Medicaid Services Administrator Mark McClellan, MD, PhD, spoke about clinical guideline adherence and the 2006 Oncology Demonstration Project.



(From left to right) ACCC President E. Strode Weaver, FACHE, MBA, MHA, chats with former ACCC President Albert B. Einstein, Jr., MD, FACP, about some of the hot issues facing the oncology community, including upcoming changes in the Medicare program. Weaver is executive director of oncology services at the University of Colorado Hospital in Denver, Colo. Einstein is the executive director of the Swedish Cancer Institute in Seattle, Wash.



ACCC Treasurer Brenda K. Gordon, RN, MS, OCN, networks with Daniel Malin Hayes, MD, the representative from the Northern New England Clinical Oncology Society.



Hayes and other attendees listen as an expert panel provides an overview on the new Medicare Administrative Contractors, or MACs.

to select and implement an EMR? A leading indicator is when frustration with existing paper-based processes is high. Practices with a shrinking operating margin will be attracted to the tangible benefits that an EMR may offer, said Bedrosian.

Peter B. Bach, MD, MAPP, special assistant to Centers for Medicare & Medicare Services (CMS) Administrator Mark McClellan, MD, PhD, briefed attendees on clinical guideline adherence. "Guidelines capture the current standards," he said. Still, according to Bach, more needs to be understood about guidelines: When do doctors disagree with them? What clinical situations are not well addressed? When do patients choose alternative treatments?

Bach looked at guideline adherence in the 2006 Oncology Demonstration Project. "Codes and guidelines must be better coordinated...and be free of conflict," he said. Bach also stressed the need for longitudinal data, which will lead to an understanding of disease/treatment patterns, help benchmark efficiencies, and build the groundwork

for estimating prospective costs for disease management.

Several medical oncologists expressed frustration about the unreimbursed costs related to clinical trial participation for the Coverage with Evidence Development (CEDs) program, and questioned whether the CEDs' design will meet the rigorous level of evidence that CMS requires to make payment decisions.

Bach addressed these concerns and others, saying that CMS's objectives in this arena are to promote innovation and broaden access; to promote potentially high-value services; and, via studies under CEDs, to improve evidence of efficacy. According to Bach, both the 2006 demonstration project and the CED share common ground in moving forward CMS's focus on the evidence-based medicine process. He also noted that the revised CED guidance document is expected to be released in winter 2006.

Attendees received an update on state-level Medicaid issues from Marc Samuels of Hillco Partners. Budget shortfalls exist for Medicaid in

almost every state, said Samuels, and implementation of Medicare Part D is also adding to the challenges and costs confronting state programs.

In a panel discussion attendees were updated on a pivotal state-level change mandated by the MMA that is already underway, Medicare Administrative Contractors, or MACs (see *ISSUES* on page 8).

The program did not focus entirely on Medicare. Patricia J. Goldsmith of the National Comprehensive Cancer Network (NCCN) presented an overview of NCCN's guidelines and the status of NCCN's Drugs and Biologics Compendium. Wrapping up the Oncology Presidents' Retreat, Elyce L. Freeman, PharmD, of the Lash Group, spoke on private payer trends for community oncology. She noted that private payers may not necessarily jump on the average sales price (ASP) bandwagon, and encouraged community oncologists to help educate payers about the potential effects of reimbursement changes on providers and patients and about the costs of administering quality cancer care. ☐

Advertisers' Index

Company	Page
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ELM Services, Inc. www.elmservices.com	2
Genentech, Inc. www.gene.com	Inside Back Cover, Back Cover
IMPAC Medical Systems www.impac.com	15
Oncology Pharmaceutical Services www.usoncology.com	13
Oncology Supply www.oncologysupply.com	11
Precyse Solutions www.precysesolutions.com	35
Professional Opportunity	43
RADMAX, Ltd. www.radmaxonline.com	35
Varian Medical Systems www.varian.com	21
Wal-Star, Inc. www.wal-star.com	35

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