



Our Story is Your Story

ACCC's new video made its debut at the ACCC 31st National Oncology Conference in San Diego. It's a powerful illustration of how ACCC is *your* community. Watch and share the video at www.accc-cancer.org/membership.



ACCC's Oncology Drug Database

This online tool offers easy access to drug-specific information, including: billing and diagnosis codes, reimbursement amounts, FDA-approved indications, and comprehensive drug manufacturer information. www.accc-cancer.org/drugdatabase.



2014 Trends in Cancer Programs

Change in healthcare is constant. Help your cancer program stay competitive by staying educated on the latest trends in the oncology marketplace. www.accc-cancer.org/trends2014.



One-Day Oncology Reimbursement Meeting

A 360° look at oncology reimbursement issues, tools to strengthen your program, and information to help you weather market changes. Join us Dec. 2 in Austin, Tex. Register today at www.accc-cancer.org/meetings/ReimbursementMeetings.asp.

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fast

Hiring Staff? Interview Mistakes & How to Avoid Them

Mistake—Failing to establish rapport. When this happens, the interviewer learns nothing about the applicant's priorities, expectations, or job-related needs.

Fix—Initiate a pleasant, informal conversation where the applicant can talk freely and spontaneously.

Mistake—Placing too much emphasis on technical competence. Taken alone this is a poor predictor of whether a newly-hired employee will succeed or fail. Do these skills really matter if the employee alienates coworkers (or worse, patients)?

Fix—Identify the personality traits most important for the smooth running of your practice.

Mistake—Talking too much. When interviewers do most of the talking, they often fail to learn what they need to know about job applicants.

Fix—A good rule of thumb is to let the applicant talk at least 80 percent of the time; don't rush to break a silence.

Mistake—Overselling the job. Don't make promises about salary, vacations, flexible hours, etc. that can't be kept or, if kept, would upset existing staff.

Fix—Rethink the position. Broaden the more appealing aspects of the job or trade or divide less desirable aspects among other staff or outsource them.

Mistake—Failing to check references.

Eighty percent of all resumes are misleading according to Hire Right, a firm that specializes in employee background checks.

Fix—Have job applicants sign a waiver that attests to the accuracy of the information they provide and authorizes you to seek relevant background information.



Source: Levoy B. 5 Common Interviewing Mistakes Made at Medical Practices. Available online at: www.physicianspractice.com/staff/five-common-interviewing-mistakes-made-medical-practices?GUID=98EC2E34-74E0-44F8-9021-6474CB220676&rememberme=1&ts=07082014.

facts



RAC Returns

The four Recovery Audit Contractors (RACs) collected \$3.65 billion in Medicare overpayments during fiscal year 2013, an increase from the \$2.3 billion that was collected in FY 2012.

Source: CMS. Recovery Auditing in Medicare for Fiscal Year 2013. www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/Downloads/FY-2013-Report-To-Congress.pdf.

4 Trends That Will Shape the Future of Immunotherapy in Cancer Care

1. Immune status and the Immunoscore™ emerge as important factors

Research has revealed the prognostic and predictive value of a patient's immune status for determining clinical outcomes and long-term treatment success. (Immune status is derived from a complete analysis of the number, type, and location of tumor infiltrating lymphocytes in the tumor microenvironment.) Immunoscore is a new possible approach for cancer classification that may transform immunotherapy research and clinical practice.

2. New checkpoint inhibitors hold promise for long-term results

Checkpoint inhibitors target CTLA-4 pathways, which induce the body's immune system to recognize and respond to cancer without triggering an autoimmune response. In addition to CTLA-4 inhibitors, PD-1 and PD-L1 pathways have gained significant ground as an alternative method of mitigating the ways in which cancer takes advantage of the immune system's natural checkpoints to silence the body's T cells.

3. Combination treatments to gain momentum

Research indicates that immunotherapeutic treatments may be most effective when used in combination. For example, studies at

the Dana-Farber Institute examining concurrent targeting of PD-1 and CTLA-4 inhibitors for the treatment of melanoma have demonstrated positive results in a substantial number of patients.

4. Prognostic and predictive biomarkers to become the gold standard

As researchers strive to determine why some patients respond to specific types of immunotherapies while others do not, identification of immune-based biomarkers that can substantially improve patient stratification, advance the overall success of clinical trials, and drive the development of future treatments with the potential for widespread clinical adoption, remains a top priority.

Source: Definiens. www.definiens.com.

COMING SOON!

ACCC's Institute for Clinical Immuno-Oncology. Learn more at www.accc-cancer.org/ICLIO.



fast facts



Getting a Charge from the Network

Happy Birthday ACCC! I have enjoyed the benefits of being a part of ACCC many times over, which can be summed up as the “power of

network.” Upon returning home from each ACCC event, both my family and clinic staff comment that I am “recharged” and once again excited about cancer care. So true! The multidisciplinary group of equals always refreshes my love of oncology and how we continually work to improve care.

Tom Whittaker, MD

Physician Advisor, Revenue Cycle Services

IU Health Central Indiana Cancer Centers

Indianapolis, Ind.



New to Oncology?

Prior to joining LSU Health, I had been in healthcare, but not oncology...big change! I needed guidance and education, and after some research, I realized ACCC filled my need better

than any other professional organization. I quickly developed a list of members who I consider subject matter experts, and I've called or emailed these individuals with numerous operational questions. (Did I mention I'm non-clinical?) Fortunately ACCC represents all disciplines—physicians, administrators, nurses, social workers, pharmacists, dietitians, radiation therapists, cancer registrars, reimbursement and billing specialists, genetic counselors, patient navigators, and more. ACCC's “how to” tools and resources help me and my program prepare for and understand the changes in how we practice medicine.

Becky L. DeKay, MBA

Director of Oncology Services

LSU Health Shreveport

Feist-Weiller Cancer Center

Shreveport, La.



Reaching across all Practice Settings

In the nearly 20 years that I have been an oncologist, I have worked in a variety of practice models—private practice, academics, and hospital-based cancer centers. There are

unique demands and sometimes competing agendas between each of these practice models. Yet, ACCC transcends these differences and provides relevance and value in each of these settings.

ACCC is an organization that reaches out to all members of the oncology team—in all practice environments—and effectively meets its members' needs across all disciplines and models of care. Whether through networking at meetings, using tools such as ACCC's Oncology Drug Database and *Patient Assistance and Reimbursement Guide*, gleaned best practices from ACCC's Innovator Award winners, or advocating for the needs of oncology patients, ACCC offers something for everyone in cancer care.

Jennie R. Crews, MD, FACP

Medical Director, Cancer Services

PeaceHealth, St. Joseph Medical Center

Bellingham, Wash.



Making the Connection

ACCC has given me the opportunity to view oncology through the wider lens of multiple disciplines that make up oncology care.

As psychosocial care has moved more front and center, connecting with other cancer centers, sharing ideas, and developing action plans with colleagues has been invaluable...with ACCC helping to guide us, we continue to better oncology care, as well as the quality of life of the patients we serve.

Jennifer Bires, LICSW, OSW-C

*Program Coordinator, Patient Support Services
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