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Association News

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ACCC PLANS FIRST REIMBURSEMENT SEMINAR

The first of 10 regional reimbursement and practice management seminars, sponsored by the Association, will be held on Saturday, February 23, 1991, in San Francisco. The purpose of the seminar, which will be co-sponsored by the Association of Northern California Oncologists, is to educate oncologists and their office staff about the current reimbursement climate, how it impacts their ability to provide high-quality cancer care to their patients, and to provide suggestions for improving the situation in their state.

The meeting will include a general session in the morning, featuring a panel of local legislators, regulators, and insurers. In the afternoon, there will be separate breakout sessions for physicians and office managers/administrators. The physician session will focus on how to affect state policy. The office manager/administrator session will provide specific, technical information on how to improve reimbursement.

The overall goals of the regional seminars are to:

- ❑ Provide information for oncologists and their billing personnel on how to achieve adequate reimbursement for professional services, off-label drug indications, and new drugs.
- ❑ Provide oncologists with a forum to discuss key issues affecting their ability to practice quality medical care, and to discuss strategies for ensuring that new technologies can be utilized.
- ❑ Provide information on the decision making processes at insurance companies, and how they can be affected either individually or collectively.
- ❑ Provide specific information on appropriate coding when billing for drugs and procedures that are off-label, new, or controversial.
- ❑ Assist in organizing the oncology community and to provide oncologists with the necessary resources for state-level action.
- ❑ Provide information on how other states have organized and cooperated with regulatory and third-party groups to effectively change reimbursement policies in their state legislatures.
- ❑ Bring together key decision makers from state government and the insurance industry to discuss existing policies and the process of change.

For more information about the regional seminars, contact ACCC Executive Offices, 11600 Nebel St., Suite 201, Rockville, MD 20852. Phone 301/984-9496.

ACCC CHAPTER UPDATE

The ACCC House of Delegates voted at its annual business meeting in March 1990, to include a category of membership for chapters. Two chapters have been approved for membership by the Board of Trustees: The Indiana Medical Oncology Society and the Illinois Medical Oncology Society. The Illinois and Indiana chapters are fully operational; they have conducted membership campaigns and held semi-annual meetings.

In the Fall of 1990, the Illinois Medical Oncology Society elected the following officers: James L. Wade, III, M.D., (Decatur), President; Al B. Benson, III, M.D. (Chicago), Vice President; and Edward L. Braud, M.D. (Springfield), Secretary/Treasurer. The Society also elected the following four members to the Board of Trustees: Richard K. Desser, M.D. (Chicago), Merrill Kies, M.D. (Chicago), Lary J. Kilton, M.D. (Elgin), and Gershon T. Locker, M.D. (Evanston). The Society has 73 members and held its first statewide meeting on Saturday, January 12, in Chicago. The educational sessions included presentations by Joseph Bailes, M.D., on RBRVS; Jeffrey L. Lenow, M.D., on the medical, legal, and ethical issues of experimental treatment; Rob Geller, M.D., on defining experimental treatment as it relates to bone marrow transplantation; and Charles Henderson, M.D., on new directions for Medicare.

The Indiana Medical Oncology Society has been operational since the spring of 1989. The officers and members of the board are: Lloyd Everson, M.D. (Indianapolis), President; Robert Woodburn, M.D. (Merrillville), Vice President; Sreenivasa Nattam, M.D. (Ft. Wayne), Secretary; William Dugan, M.D. (Indianapolis), Treasurer; and Juan Correa, M.D., and Raymond Harwood, M.D., Board of Trustees. The Society currently has 32 members, including the entire section of hematology/oncology at the Indiana University School of Medicine. The Society held its Fall business meeting in November in Indianapolis, in conjunction with scientific sessions by the Hoosier Oncology Group. The Society's Current Technology Committee serves as a medical advisor to Medicare in the State of Indiana.

ACCC'S INDUSTRY ADVISORY COUNCIL

The Association's Industry Advisory Council now has six members from the pharmaceutical and biotechnology industries. The purpose of the Council, which meets on a semi-annual basis, is to facilitate dialogue among leaders of the ACCC and industry on issues that affect cancer patients, as well as oncology professionals and organizations. The Council is composed of the ACCC Executive Committee (Jennifer L. Guy, BS, RN; Lloyd K. Everson, M.D.; Albert B. Einstein, Jr., M.D.; Robert T. Clarke; and Irvin D. Fleming, M.D.,) and the following pharmaceutical and biotechnology firms: Bristol-Myers Oncology Division, Cetus Corporation, Ciba-Geigy Corporation, Immunex Corporation, Lederle Laboratories, and Schering Laboratories.

ACCC BOARD ATTENDS ACS WORKSHOP

Members of the Board of Trustees of the Association of Community Cancer Centers gathered in Houston in January for the American Cancer Society (ACS) and Cancer Centers Workshop, "Opportunities for Partnership." The purpose of the workshop was to foster the exchange of information between the ACS and Cancer Centers throughout the country. ACS staff and volunteers presented their proposed strategic directions for the decade ahead, and facilitated discussion among the participants. Those proposed strategic directions include:.

- ❑ An increased emphasis on cancer prevention, risk reduction, and early detection in all cancer control programs.
- ❑ Expanded support for cancer research programs.
- ❑ Expanded efforts to educate primary

health professionals about cancer prevention, risk reduction, and early detection.

❑ Extensive public education efforts among population groups at high cancer risk.

❑ Expanded service and rehabilitation programs through the ACS cancer control program.

❑ Increased efforts to recruit, develop, motivate, and retain both volunteers and staff professionals at all levels of the organization.

❑ Expanded corporate and foundation fund-raising programs at both the division and national levels.

❑ Increased public awareness of the Society's programs.

❑ Expanded efforts by the cancer control program to advocate public policy that will prevent cancer, save lives, and diminish suffering.

ACCC BOARD APPROVES NEW DELEGATE MEMBERS

At a January meeting of the ACCC Board, the following 21 institutions were approved as delegate members of the Association. These additional members bring the total number of delegate institutions to 426. An additional 23 institutions are in the midst of the application process.

Bellevue (OH) Hospital
Catholic Medical Center, Manchester, NH
Crozer Chester Medical Center, Upland, PA
Firelands Community Hospital, Sandusky, OH
Glendale (CA) Adventist Medical Center
Glens Falls (NY) Hospital
The Graduate Hospital, Philadelphia, PA
Harris Methodist Fort Worth (TX)
Holston Valley Hospital & Medical Ctr., Kingsport, TN
JFK Medical Center, Edison, NJ
John D. Archbold Memorial Hospital, Thomasville, GA
Johnson City (TN) Medical Center Hospital
Lee Memorial Hospital, Ft. Myer, FL
Midland (TX) Memorial Hospital
Queen of the Valley Hospital, Napa, CA
Reston (VA) Hospital Center
Salinas (CA) Valley Memorial Hospital
St. Luke's Hospital, Chesterfield, MO
St. Mary's Hospital, Huntington, WV
St. Mary's Hospital, Inc., West Palm Beach, FL
St. Peter Hospital, Olympia, WA ■

IN THE NEWS

FDA CONSIDERS 'CONDITIONAL APPROVAL'

A task force of the Food & Drug Administration (FDA), at the prompting of the new FDA Commissioner, David A. Kessler, is considering creating a new set of regulations that would extend temporary approval to promising new drugs, ala the parallel track approach. The proposal, known as conditional approval, would allow a wide range of patients access to experimental drugs, such as DDI. Unlike the parallel track approach, drugs that receive temporary approval could be sold by pharmaceutical companies and obtained by patients like any other drug. Moreover, pharmaceutical companies could recoup their investment without caps on cost recovery inherent under other FDA programs, such as Treatment IND.

However, the key to the success of the new proposal will be the reaction of third-party payors. The theory that insurers will pick up the tab for experimental agents if they are conditionally approved has yet to be tested. And many experts are already predicting that the majority of insurers will reject "conditional approval" as proof of a drug's safety and efficacy. Moreover, researchers are concerned about the effect conditional approval may have on their ability to run properly designed clinical trials on the agents that receive conditional approval. The FDA's proposal could mark the beginning of "real world" clinical trials that are much less structured than trials of the past.

MEDICARE TO COVER SCREENING MAMMOGRAPHY

Mammography screening for breast cancer will be covered by Medicare under an interim final rule issued by HCFA on January 1. Under the rule, Medicare will now pay $55 for biennial mammograms for women age 65 and over. Coverage for other Medicare-eligible women will vary according to age and risk category. In addition, the amount will rise in future years in conjunction with the Medicare Economic Index. It is estimated that the benefit will cost $1.25 billion over the first five years.

The interim rule, which implements a section of the Budget Reconciliation Act of 1990, includes quality control and quality assurance measures. For instance, in addition to physician requirements, the Health Care Financing Administration (HCFA) spells out standards for mammography equipment. HCFA will be accepting comments on the rule until March 1, 1991.

OTA EYES ALTERNATIVE TREATMENTS

A cross-section of cancer patients seek out alternative or unconventional treatments for the disease, including dietary manipulation, psychological and behavioral approaches, and the use of herbal, pharmacological, and biological substances, according to a major report by the Congressional Office of Technology Assessment. The OTA reports that such treatments can range from $5,000 to $40,000.

However, the report also notes that the majority of people who turn to unconventional treatments have previously received mainstream treatments or they are receiving other methods of treatment at the same time as conventional treatment.

Copies of the report, "Unconventional Cancer Treatments," are available from the Government Printing Office, Washington, DC 20402-9325 at a cost of $14. Refer to GPO stock no. 052-003-01207-3.

HMO DRUG PAYMENTS, POLICIES SURVEYED

An average of 92 percent of all types of HMOs (group, IPA, network, and staff) exclude "experimental drugs" from coverage under their pharmacy benefits, according to a 1990 survey sponsored by Marion Merrell Dow Inc.

The survey further showed that 46 percent of all HMOs in the nation have imposed mandatory drug utilization review on physicians and enrollees in 1989, compared to 37 percent in 1988. And more than two-thirds of the HMOs that have imposed drug utilization review said it is applicable to all drugs. An additional 25 percent of HMOs require drug utilization review for drugs over a certain cost rather than restricting the reviews to those drugs used simply for chronic or acute illness. ■