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Thinking Outside the Box: Preparing for Oncology at the Millennium

by Cara Egan and Donald Jewler

Many oncology providers—community hospitals, university cancer programs, and physician groups—have been feeling "boxed in" by an increasingly regulatory health care environment. Proposed federal regulations intended to end fraud and abuse by a small minority threaten to restrict the ability of the majority of oncology providers to deliver quality care. With ACCC leadership, members of the oncology community responded to that threat by collaboratively "thinking outside the box."

Physicians, oncology nurses, cancer program administrators, and patients mailed 20,000 letters to the Health Care Financing Administration to oppose a proposal that had serious consequences to oncology care delivery. What led to this broad-based mailing were proposed regulations by HCFA, published in the January 9, 1998, *Federal Register*, that would reduce chemotherapy reimbursement to acquisition cost while failing to adequately pay for any other activities needed to provide chemotherapy in physician offices. The medical community had only until March 10, 1998, to respond.

In partnership with the Oncology Nursing Society, the Medical Group Management Association, and the American Society of Clinical Oncology, ACCC organized a grassroots campaign to educate the oncology community as well as leaders in Congress and at HCFA. ACCC alerted and energized our interdisciplinary constituency through a targeted mailing. The resulting flood of letters inundated HCFA and key congressional allies, Rep. Bill Archer (R-Tex.), chairman of the full House Ways and Means Committee, and Rep. William M. Thomas (R-Calif.), chairman of the Health Subcommittee of the House Ways and Means Committee.

"I must commend you for your letter-writing campaign," said Andrew Shore, senior legislative assistant to Rep. Archer, addressing the attendees at ACCC's 24th Annual National Meeting, held March 11-14, 1998, in Arlington, Va. Shore was the keynote speaker at the annual Governmental Affairs Forum. "You showed that this is more than a physician issue. When nurses and patients write in, it creates a broader perspective and invites members of Congress to take an interest in this issue."

This ground swell of united support within the oncology community set the meeting's tone. Many attendees visited their representatives on Capitol Hill and told them directly: Limiting reimbursement hinders quality patient care. Also during the meeting, leaders of ACCC and ONS met with HCFA officials to present a position paper outlining concerns about the proposed regulations. A positive and productive discussion led outgoing ACCC President James L. Wade III, M.D., F.A.C.P., to announce that "The involvement of the members of ACCC, coupled with the efforts of members of allied organizations, are helping to tear down the walls of the regulatory box." He told meeting attendees that he believed HCFA would, based on ACCC and ONS recommendations, seriously reconsider key items within the proposed regulations.

THE REGULATORY BOX

As expected, much discussion focused on increased government scrutiny and restrictions on provider referrals, discounts, and equipment leasing that the federal government interprets as contrary to the various anti-kickback and self-referral laws enacted to reduce fraud and abuse. Many oncologists contend that HCFA's latest interpretations of the Stark law dictate practice patterns and will make structuring of relationships with physicians, equipment leasing, and drug procurement increasingly difficult for hospitals and oncologists to manage. If implemented, HCFA's proposed regulations could require significant changes in existing modes of practice, according to Thomas N. Bulleit, Jr., a partner with Hogan & Hartson in Washington, D.C. Even those activities that are not obviously abusive, such as the leasing of infusion pumps by physicians, are being interpreted as restricted under the Stark law, Bulleit explained.

Scrutiny of claims processing by Medicare, as well as other payers, will certainly continue in this regulatory environment. Complete and accurate documentation is now more important than ever for providers in all settings, according to Carl R. Bogardus, Jr., M.D.,

Cara Egan is ACCC associate editor, and Donald Jewler is publications director.

Photographs ©James Tkatch

Andrew Shore (far left), senior legislative assistant to Rep. Bill Archer (R-Tex.), was the keynote speaker at ACCC's annual Governmental Affairs Forum. Shore praised the oncology community's letter-writing campaign to respond to proposed HCFA regulations reducing chemotherapy reimbursement. He also advised meeting attendees how to educate their legislators about this complicated issue. Many attendees visited their congressional representatives on Capitol Hill after the Forum.

Meeting attendees were able to visit with representatives from thirty-two companies in the Exhibit Hall.

Robert Wittes, M.D. (at right), listens to a colleague after Friday's General Session entitled, "What's Happening with Research in the Community." Wittes is NCI's director of the Division of Cancer Treatment and Diagnosis and deputy director for Extramural Science.

At the Governmental Affairs Forum, attendees voiced concerns about how Congress is overseeing actions by the Health Care Financing Administration. Alan S. Weinstein, M.D., (above) makes his point during a question-and-answer period.

F.A.C.R., a radiation oncologist and president of Cancer Care Network in Midwest City, Okla. Physicians must ensure that their patients' medical records accurately reflect the type and level of services, including site of service, medical necessity, and appropriateness of service, provided to patients. Inattention to detail could prompt a federal investigation.

Alluding to current coding requirements, which can often be complicated and time-consuming, Bogardus offered this frank advice to physicians: "Documentation is the absolute key to getting paid [and] to staying out of trouble when you do get paid," he said. In this business, neatness counts. "If Medicare can't read it, it didn't happen." Bogardus advised physicians to look at more detailed documentation as an opportunity to make the most of the reimbursement owed to them for services performed.

On January 1, 1999, all hospital outpatient service codes will be grouped into more than 300 ambulatory payment classification codes (APCs). Outpatient departments will receive a payment for those APCs the fiscal intermediary converted from the HCPCS/CPT-4 codes submitted by the hospital on the UB-92 claim form. While many particulars of how this outpatient prospective payment system will operate have yet to be released by HCFA, hospitals can and should prepare for the arrival of APCs, according to James E. Hugh III, M.H.A., executive vice president of American Medical Accounting and Consulting in Marietta, Ga. New outpatient edits that will be used in processing these new APCs will begin July 1998. The APC outpatient prospective payment system has its roots in the traditional HCPCS and CPT-4 outpatient reimbursement coding. Hospitals must take action to ensure that these coding procedures are performed accurately. "If your institution has not been proficient in using CPT-4 codes, you will be devastated by APCs," Hugh warned.

ONCOLOGY NURSING: THE CHALLENGES AHEAD

Changes in today's health care environment are affecting nearly every segment of oncology practice.

Special Interest Group (SIG) Round-Up

Administrator SIG. Three sessions were offered.

- "Does Strategic Planning Make a Difference?" was presented by Robert T. Clarke, M.H.A., president and chief executive officer of Memorial Health System Regional Cancer Center in Springfield, Ill. The strategic plan is an opportunity to outline an organization's goals, facilitate growth, and foster change. If an organization cannot define how its goals will be accomplished, then they are not likely to be achieved.
- "Controversies in Patient Care," was led by Robert A. Milch, M.D., medical director, Hospice Buffalo, Buffalo, N.Y. He presented an eloquent overview of the philosophy, ethics, and organization of a model hospice and palliative care program. Comments were made by Edward L. Middleman, M.D., M.P.H., medical director for Methodist Hospitals of Dallas Cancer Center in Dallas, Tex.
- "Developing a Research Program" was presented by Jo. A. Scott, R.N., B.S.N., O.C.N., director of clinical research at Decatur Memorial Hospital's Cancer Care Institute in Decatur, Ill. Scott outlined steps that community hospitals can take to initiate quality research programs. (See accompanying article.)

Community Research/CCOP SIG. Leslie G. Ford, M.D., associate director of NCI's Early Detection and Community Oncology Program, reviewed new initiatives in cancer prevention that are slated to begin next year, including breast cancer prevention trials involving the drug raloxifene as a primary prevention in high-risk postmenopausal women and pilot studies with selenium as a primary preventive in prostate cancer. Also presenting were Lori Minasian, M.D., director and chief of NCI's Community Oncology and Rehabilitation Branch, Division of Cancer Prevention, and outgoing ACCC President James L. Wade III, M.D., F.A.C.P., member of the NCI Clinical Trials Implementation Committee.

Medical Director SIG. "Hospital and Hospice: An Equitable Solution for Integrating Care" was the topic of a presentation by Edward L. Middleman, M.D., M.P.H., medical director for Methodist Hospitals of Dallas Cancer Center in Dallas, Tex., and Robert A. Milch, M.D., medical director, Hospice Buffalo, Buffalo, N.Y.

Nursing SIG. "Is the Role of the Oncology Nurse in Peril?" Kathi H. Mooney, R.N., Ph.D., A.O.C.N., professor of oncology nursing at the University of Utah in Salt Lake City, Utah, and immediate past president of the Oncology Nursing Society, called on oncology nurses to overcome the uncertainties in the specialty of oncology nursing by devising inventive ways to incorporate their skills into a variety of clinical and educational settings. (See accompanying article.)

Radiation Oncology SIG. "Evaluation and Management Coding." Carl R. Bogardus, M.D., F.A.C.R., a radiation oncologist and president of Cancer Care Network in Midwest City, Okla., reviewed the typical errors that radiation oncologists make in documenting E&M codes. By taking the time to document properly, physicians can often improve their level of reimbursement, and, more importantly, avoid the costly penalties incurred by even the most innocent mistakes. (See accompanying article for more information.)

SIGN UP NOW!

The Association of Community Cancer Centers currently recognizes five Special Interest Groups (SIGs): Administrator,

Within the specialty of oncology nursing, the changes are particularly overwhelming, according to Kathi Mooney, R.N., Ph.D., A.O.C.N., professor of oncology nursing at the University of Utah in Salt Lake City, Utah, and immediate past president of the Oncology Nursing Society. "The downsizing of hospitals, the closing of inpatient oncology units, the altering of patient-nurse ratios, and the overall de-skilling of nursing care are negatively affecting the morale of oncology nurses," said Mooney.

Increasingly oncology nurses are being transferred to more generalized care settings where they are less likely to use their specialized skills, Mooney explained. With less chemotherapy being administered on inpatient units, maintaining a cadre of skilled nurses with oncology experience becomes more difficult. The increased use of unlicensed assistive personnel leaves many oncology nurses wondering where they belong in the new oncology care paradigm.

While Mooney conceded that this atmosphere may be unsettling, she stated her belief that nurses have an opportunity to use their oncology experience in new ways. "The role of the oncology nurse is in peril only if we let it be in peril," Mooney said. An ONS survey of its members did reveal that new roles are being created for nurses within the specialty of oncology, including clinical educator, case manager, and home care liaison.

Community Research/CCOP, Medical Director, Nursing, and Radiation Oncology. The SIGs provide a forum for members to discuss ongoing ACCC activities, including the annual meetings, *Oncology Issues*, strategic planning, and other critical issues. Joining a SIG is a membership benefit for all ACCC institutional members. There is no additional charge. For a SIG membership form or more information, please contact Steve Chan, ACCC SIG Membership, 301-984-9496.

MARK YOUR CALENDARS!

ACCC's 15th National Oncology Economics Conference will be held September 16-19, 1998, at the Sheraton Seattle in downtown Seattle, Wash. Come join us in the emerald city of the Northwest.

Courtesy of the Seattle-King County Convention Visitors Bureau

Mooney called on nurses to devise initiatives for using their skills in areas such as symptom management, supportive care, and end-of-life care.

Nurses should also be aware of their potential contributions to cost issues. Mooney cited a study conducted by Marcia Grant, R.N., D.N.Sc., Betty Ferrell, R.N., Ph.D., and colleagues at City of Hope Medical Center in Duarte, Calif., which found that patients readmitted for cancer pain—4.4 percent of admissions —cost the hospital more than $5 million. They also discovered that the hospital was under-reimbursed for services provided to these patients by nearly $3 million. Ferrell and staff at the City of Hope implemented a quality improvement initiative that centered on nursing efforts to improve pain management for inpatients. One year later unscheduled admissions for cancer pain dropped to 3 percent of admissions, with costs decreased to $2.5 million. "This is an excellent example of an area where nursing can have a tremendous impact on not only doing a better job of relieving cancer pain...but also of decreasing cost," Mooney stated.

WILL CLINICAL TRIALS SURVIVE?

Apocalyptic predictions that restraints imposed by managed care may mean an end to cancer research were countered by Robert Wittes, M.D., director, Division of Cancer Treatment and Diagnosis, and deputy director for Extramural Science at the National Cancer Institute. Wittes offered meeting attendees insights into NCI's efforts to assure access to quality cancer trials as well as to reevaluate and streamline the clinical trials process and design more cost-efficient trials.

"Clinical trials are in some ways one of the most difficult propositions to rethink—and one of the most necessary," said Wittes. "Clinical trials exist in the real world of medicine and the real world of health care delivery, a world that is shifting under our feet... . We are concerned about

the intersection of the clinical trials enterprise with the rest of the world—with costs and the practicalities of doing this in the trenches." Over the past few years, NCI has been reevaluating the clinical trials program and has made a number of specific implementation recommendations, starting with simplification of trials. "A large number of Phase III trials are too complicated; they have too much data collection, too many eligibility requirements, too many disqualifications for entry," said Wittes. NCI has asked the cooperative groups to pay much more attention to eliminating all unnecessary eligibility and monitoring requirements. The goal is to make a "study absolutely as simple as you can to answer the question that it poses."

According to Wittes, NCI is taking another look at the entire funding process of the clinical trials program. "We know we are underfunding what you do," he said. "We figure we are low by several tens of millions of dollars." Although Wittes did not offer specific solutions to this fundamental problem, he did note that NCI continues to look at partnerships with payers and health care organizations in covering the patient care costs for clinical trials research. He also pointed out that NCI is aware that what it funds is heavily cost shared and subsidized by other sources of funding from institutions, pharmaceutical companies, philanthropy, and "sometimes from your own pockets."

The complexity of clinical trials can be daunting to smaller community programs, many of which are participating in clinical research for the first time. Enticed by the marketing advantage gained by offering cutting-edge treatment, coupled with the new American College of Surgeons' requirement that 2 percent of patients be enrolled in clinical trials, many programs are eager to become involved in clinical research but are not sure how to begin.

Jo A. Scott, R.N., B.S.N., O.C.N., director of clinical research at Decatur Memorial Hospital's Cancer Care Institute in Decatur, Ill., encouraged hospitals to first conduct a detailed assessment of their environment. "It's important to know your patient population to determine how it can best be served by clinical trials," Scott recommended. From there, hospitals should map out a strategy for the type of research conducted, whether as a CCOP or CGOP or through industry-sponsored trials. Scott advocated an assessment process to examine each type of trial offered by these groups and its benefit to the community.

The decision to initiate a clinical trials program should not be entered into lightly, Scott cautioned. A serious financial commitment from the hospital leadership is required, along with steadfast support for the goals the program aims to achieve.

ACCC PAYS TRIBUTE TO AN ONCOLOGY LEADER

ACCC's National Achievement Award for Outstanding Contributions to Cancer Care was presented to Joseph S. Bailes, M.D., F.A.C.P., president-elect of the American Society of Clinical Oncology and chairman of ASCO's Clinical Practice Committee. Bailes has been a leader in the oncology community's challenge to efforts by Congress and HCFA to cut reimbursement for outpatient drugs. Outgoing ACCC President James L. Wade III, M.D., F.A.C.P., is shown at right.

Bailes was instrumental in garnering the oncology community's support during negotiations surrounding the Balanced Budget Act of 1997 and its original provision to limit physician reimbursement for chemotherapy to acquisition cost.

"Unfortunately, the issue of drug reimbursement is not going to go away," stated Bailes, who expects the Clinton Administration to reintroduce its proposal to eliminate the margin on chemotherapy. Assuming that drug reimbursement will remain a target of legislators, the issue then becomes one of appropriate reimbursement for practice expense, said Bailes. "Our friends in Congress agree with us on this issue. HCFA's own data support this." Until the practice expense issue is resolved, he added, it is inappropriate to further restrict reimbursement for drugs.

In accepting the award Bailes expressed his appreciation to ACCC and to the entire oncology community for its work in helping to ensure patient access to quality care. "It is very humbling to be so honored by your colleagues," he said. "We are an extremely fortunate group, and everyone here and in our memberships should be extremely proud of what has been done."