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To cite this article: (1999) State Oncology Society Leaders Gather in Chicago, *Oncology Issues*, 14:6, 8-8, DOI: [10.1080/10463356.1999.11905266](https://doi.org/10.1080/10463356.1999.11905266)

To link to this article: <https://doi.org/10.1080/10463356.1999.11905266>



Published online: 17 Oct 2017.



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## STATE ONCOLOGY SOCIETY LEADERS GATHER IN CHICAGO

"The juggernaut of managed care has receded," said James L. Wade III, M.D., F.A.C.P., chairman of the American Society of Clinical Oncology's Clinical Practice Committee. "It is federal regulatory restrictions that are today's threats to quality cancer care."

Wade was speaking to representatives from forty-five state oncology societies who attended ACCC's first Oncology Presidents' Institute, held October 8-9, 1999, in Chicago, Ill. These state society presidents and members examined how to respond to implementation of the Ambulatory Payment Classification system and the proposal in Congress to reimburse for drugs at the Federal Supply Schedule. Joining in the discussion were representatives from a number of national organizations, including the American Hospital Association, the Oncology Nursing Society, the American Society of Clinical Oncology, the American College of Radiology, the American Society for Therapeutic Radiology and Oncology, and the American Society of Hematology, among others. Numerous patient advocacy organizations also participated, including the Alliance for Lung Cancer Advocacy, the Center for Patient Advocacy, and the National Coalition for Cancer Survivorship. The Oncology Presidents' Institute was sponsored by Immunex Corporation and Novartis Pharmaceuticals.

Consensus was that state oncology societies must play a more aggressive role in relating to Medicare, particularly at the state level, and should work together to build a strong coalition. "HCFA is very happy to see us fragmented," said Ralph Levitt, M.D., president of the Dakotas Oncology Society. "One [state] doesn't know what the other is doing, and therefore the agency can get by with whatever it wants to." Levitt and others stressed the need for oncologists

to build a strong state network that can respond to carrier medical directors, as well as to proposed state legislation that is unfavorable to oncology professionals and cancer patients.

A strong state oncology society, in partnership with patient advocacy groups, can score legislative victories. One such victory was reported by the Honorable Kathleen Parker of the Illinois State Senate, who told meeting attendees of the tenacious advocacy efforts of the Illinois Medical Oncology Society (IMOS) to navigate a cancer clinical trials bill through the state legislature. IMOS mobilized its members and worked closely with the American Cancer Society, patient advocacy groups, and insurance organizations. Senator Parker and Speaker Michael Madigan bolstered their efforts. After years of hard work by society members, patients, nurses, administrators, and patient advocates, a bill was passed. Insurers in Illinois must now pay for the routine patient care costs of clinical trials.

Even Gerald N. Rogan, M.D., F.A.C.E.P., carrier medical director, Medicare Part B, NHIC Northern California, spoke to the need for a strong state oncology society. "Your specialty society should work with your carrier medical director...inform your carrier medical director...advise your carrier medical director where reviews are needed, appropriate, or need a change of focus. The carrier medical director has the authority to expand coverage for off-label use of anticancer drugs."

### QUALITY OF CANCER CARE

"For many Americans with cancer, there is a wide gulf between the ideal and the reality, between what is known and the health care they receive," said Joseph V. Simone, M.D., medical director, Huntsman Cancer Institute, Salt Lake City, Utah. He was quoting

the "Institute of Medicine Report on Cancer Care: The Implications for the Oncology Community." The recent report highlights serious problems in cancer care quality.

"Based on the best available evidence, some individuals with cancer do not receive care known to be effective for their condition. The magnitude of the problem is not known, but the National Cancer Policy Board believes it is substantial," said Simone, again quoting the report. The "problem" includes underuse of screening tests, lack of adherence to standards for diagnosis (inadequate biopsies, poor reporting of pathology studies), inadequate patient counseling regarding treatment options, and underuse of radiation therapy and adjuvant chemotherapy after surgery. The full report can be found on the Internet at: [www2.nas.edu/cancerbd/cancerbd@nas.edu](http://www2.nas.edu/cancerbd/cancerbd@nas.edu).

Simone reviewed a series of recommendations by the National Cancer Policy Board to improve the quality of cancer care in the United States. Among the recommendations:

- Use systematically developed guidelines based on the best available evidence for prevention, diagnosis, treatment, and palliative care.
- Measure and monitor the quality of care using a core set of quality measures.
- Ensure quality of care at the end of life.

Many participants voiced concerns about the need to define quality cancer care and to ensure that patients have access to the full complement of resources—including oncology nursing and psychosocial support services—necessary to implement their care plan. Attendees also agreed that active, well-organized state oncology societies have a vital role to play as advocates and implementers of quality cancer care. ■