



## Annual Oncology Presidents' Retreat—A Forum for Dialogue and Collaboration

Marion M. Dinitz

To cite this article: Marion M. Dinitz (2000) Annual Oncology Presidents' Retreat—A Forum for Dialogue and Collaboration, *Oncology Issues*, 15:2, 32-33, DOI: [10.1080/10463356.2000.11905119](https://doi.org/10.1080/10463356.2000.11905119)

To link to this article: <https://doi.org/10.1080/10463356.2000.11905119>



Published online: 17 Oct 2017.



Submit your article to this journal [↗](#)



Article views: 1



View related articles [↗](#)

# Annual Oncology Presidents' Retreat— A Forum for Dialogue and Collaboration

by Marion M. Dinitz

**A**CCC's eighth Annual Oncology Presidents' Retreat drew almost 100 attendees: presidents of state oncology societies, national oncology leaders, federal officials, representatives of patient advocacy organizations, and members of industry. The message conveyed by ACCC Executive Director Lee E. Mortenson, D.P.A., was clear: leaders in the cancer care community must communicate *and* collaborate to help change pressing legislative and regulatory issues that threaten cancer care.

The Oncology Presidents' Retreat has traditionally served as a forum for consensus building across the oncology provider leadership. This year, leaders from 35 state oncology societies attended the retreat, held February 4-5 in McLean, Va. National organizations represented included: the American Society of Clinical Oncology, the American Society of Hematology, the Association of Oncology Social Work, the American College of Surgeons, the American Society of Therapeutic Radiology and Oncology, the American Cancer Society, the Oncology Nursing Society, the American College of Radiation Oncology, and the Council of Affiliated Regional Radiation Oncology Societies. Several patient advocacy organizations, including Cancer Care, Inc.; the National Patient Advocate Foundation; the National Coalition for Cancer Survivorship; the Alliance for Lung Cancer Advocacy, Support, and Education; and the Center for Patient Advocacy also were represented. Sponsors of this

*Marion M. Dinitz is associate editor of Oncology Issues.*

year's retreat were Eli Lilly and Company and Ortho Biotech Inc.

## **PRESSING FEDERAL ISSUES**

In his presentation, ACCC Executive Director Mortenson pointed out several federal legislative and regulatory issues capturing the attention of the cancer community. Among these are:

- Final regulations to be issued by the Health Care Financing Administration (HCFA) on changes to Ambulatory Payment Classifications (APCs)
- Proposed medical privacy regulations by the Department of Health and Human Services
- Proposed restrictions to Medicare coverage of injectable drugs
- Proposed legislation or HCFA regulation on the Federal Supply Schedule pricing that would affect Medicare drug reimbursement.

To more effectively respond to new as well as ongoing federal policies that impact cancer care, ACCC is planning ahead. Several new projects are in the pipeline:

- A contract with the research firm The Lewin Group to study the impact of Federal Supply Schedule pricing on Medicare beneficiary access to cancer care
- Development of a rapid communications system through e-mail and fax addresses to oncologists, oncology nursing leaders, cancer program administrators, and others concerned about cancer policy issues
- An enhanced ACCC web site with new information for state medical oncology societies and on national policies
- Development of a network of cancer care advocates to contact members of Congress
- An online *Oncology DI* to provide immediate information on new off-label uses. In addition, a group of individuals is forming a cancer community political action committee (PAC).

Last year ACCC commissioned The Lewin Group to perform a study on the impact of the proposed APC system on cancer centers. The study was key in advocacy efforts to convince HCFA to review the APC system. ACCC representatives presented the study to congressional staff, demonstrating the profound financial losses to cancer centers. At the same time the study was distributed, ACCC was working closely with patient advocates, professional organizations, and industry leaders to coordinate and refine the message on APCs. This cooperation was unprecedented in ACCC's advocacy efforts, Mortenson said. In November 1999, President Clinton signed an omnibus budget bill that addressed the issue of APCs. While not a complete fix, the language that ACCC suggested and Congress adopted changed certain provisions of the proposal for APCs to include appropriate compensation for new chemotherapeutic agents, supportive care and radiopharmaceutical drugs, and brachytherapy. HCFA was to issue a proposed final rule on APCs in February with implementation in July 2000. ACCC plans to monitor the proposed rule to assure that HCFA follows the intent of Congress.

Another proposed HCFA rule on medical record privacy, mandated by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, compels hospitals to reconfigure patient records into a uniform electronic format. Implementing the proposed privacy regulation could cost hospitals triple what they paid to prepare for Y2K, said Joseph S. Bailes, M.D., F.A.C.P., president of the American Society of Clinical Oncology.

The comment period for the proposed medical record privacy rule ended in mid-February. After HCFA releases a final rule, the

regulation would go into effect in two years. At this time, possible congressional hearings on medical information privacy in general are under consideration. It is not clear if legislation amending the regulation will be offered this year.

Bailes said that ASCO and other medical societies will seek to soften the burdens of compliance through training guidelines and other assistance.

At another session, attendees received advice on Medicare coverage policy determinations, appeals process and denials, and documentation required for reimbursement. Bailes advised attendees to become familiar with their Medicare carrier, their Medicare medical director, and their Carrier Advisory Committee, which all have critical roles in determining provider reimbursement.

#### STATE SOCIETY INITIATIVES

At a session on issues affecting state oncology societies, Edward L. Braud, M.D., past president of the

Illinois Medical Oncology Society, urged cancer care advocates to be active at both the federal and state levels. He advised state society leaders to hire a lobbyist who will serve their "cause."

Kurt H. Neumann, M.D., president of the Michigan Society of Hematology & Oncology, and Michelle Weiss, the society's director, explained in detail how the multi-components of the society's infrastructure have greatly enhanced state oncologists' payer relationships with Medicare, Blue Cross and Blue Shield of Michigan, and possibly soon managed care plans.

"It's a win, win situation" for oncologists and for insurers, said Weiss, emphasizing that ongoing dialogue among providers, insurers, and administrators is a key tool for success.

#### ENHANCING STATE AFFILIATE PROGRAMS

James L. Wade, M.D., F.A.C.P., former ACCC president and chairman of ASCO's Clinical

Practice Committee, shared the results of an ASCO survey on its state/regional affiliate program. According to the survey's results, the state/regional program must provide members with solutions to reimbursement under managed care, enhanced communications via the Internet, e-mail, faxes, and personal communication with the national office's leadership.

National radiation oncology organizations are focusing on new directives that will enhance their relations with their state/regional affiliates.

Harvey Wolkov, M.D., president of the Council of Affiliated Regional Radiation Oncology Societies (CARROS), pointed out key issues of concern to the society's state and regional affiliates. Among these are: coding and reimbursement, how to survive with decreasing revenues under managed care, and improved communications (internal and external) and coordination of efforts among various national societies.

"We need to work as a team" on national legislative and regulatory issues impacting on radiation oncologists, emphasized Wolkov, adding "united we stand, divided we fall."

#### CRITERIA FOR EFFECTIVE LEADERSHIP

Physician leaders today are torn between the heart of medicine—the profession—and the enterprise of medicine—the business, said Gary J. Bien, M.B.A., M.S.H.A., president of Administrators in Oncology Hematology Assembly. "Without vision, the practice perishes," he said.

He offered seven core qualities of leadership:

- Do what you say you will do.
- Stay focused on the mission.
- Pay attention to your operating environment by listening effectively.
- Speak and act consistently; trust matters.
- Focus on process and not function; mission accomplishment is the outcome.
- Collaborate, don't compromise.
- Be personally accountable.

Organizations with effective leadership, said Bien, have shown to be far more successful. ☐



Patient advocates gathered at ACCC's Public Policy Forum just prior to the Oncology Presidents' Retreat, which they also attended. Sharing thoughts are (left) Elizabeth Layne, D.D.S., M.S.D., director, national planning and policy, Alliance for Lung Cancer Advocacy, Support and Education, and Nancy Davenport-Ennis, founding executive director, National Patient Advocate Foundation.



Greeting one another are (left) Peter R. Graze, M.D., president of the Maryland Society of Clinical Oncology, and Thomas A. Bensinger, M.D., from the American Society of Hematology. Dan L. Curtis, M.D., president of the Nevada Oncology Society, looks on.