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Re-thinking Cancer Care

Highlights of ACCC's 26th Annual National Meeting

by Marion Dinitz

"Re-thinking Cancer Care" was the theme of the Association of Community Cancer Center's 26th Annual National Meeting, held March 15–18, 2000, in Washington, D.C. More than 430 attendees chose from a wide array of sessions that explored innovative approaches to cancer care as well as public policy issues impacting the oncology health care community. Outgoing ACCC President Margaret A. Riley, M.N., R.N., C.N.A.A., assured attendees that the meeting program would help to prepare them to be "front and center" with the issues facing cancer programs, practices, patients, hospitals and the entire continuum of care.

INTERACTING WITH HCFA

HCFA representative John Whyte, M.D., M.P.H., medical officer in the Office of Clinical Standards and Quality, offered attendees advice on how best to interact with the agency that administers Medicare. "We do want to hear from you," he assured attendees. Those HCFA offices that would be of most interest to the cancer care community are:

- Center for Health Plans and Providers (CHPP), which deals with the physician fee schedule, coding, reimbursement, relative values, and APCs
- Center for Beneficiary Services (CBS), which handles beneficiary concerns
- Center for Medicaid and State Operations (CMSO), which deals primarily with Medicaid issues
- Office of Clinical Standards and Quality (OCSQ), which handles coverage decisions.

"The medical community too often focuses on coding and payment, which are very important issues," said Whyte, "but sometimes it's important to be cognizant of the fact that [health care providers] can be involved early on in the process [on coverage decisions]." He encouraged providers to participate in the process and "make it better." He added that the agency's web site (www.hcfa.gov) is a valuable resource for HCFA policy on coverage, program memorandum, and staff listings.

Whyte described two methods that HCFA staff use to determine coverage policy. First, Medicare contractors may develop coverage policies via local medical review, accomplished by consulting with the local Carrier Advisory Committees. Second, HCFA may develop national coverage policies. Most coverage decisions are made at the local level, said Whyte, pointing out that there are 6,000 local review policies and only 250 to 300 national coverage policies. Local coverage policies may differ from state to state due to variation in physician practice. However, local medical review policies can be overturned by administrative law judges, and "they often are," he said. Decisions on national coverage policies can be sent back only by the court to the agency for review. According to Whyte, factors considered as part of the coverage process include a medical device/procedure being safe and effective (as determined by the Food and Drug Administration), evidence of improved clinical outcomes, benefits that outweigh risks, and added value.

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>
> —Jimmie Holland, M.D.
> Memorial Sloan-Kettering Cancer Center

MANAGEMENT OF CANCER PATIENT DISTRESS

A high point of the meeting was a special session on psychosocial distress led by Jimmie Holland, M.D., a well-known expert on psycho-oncology. The psychosocial distress that affects patients with cancer is often unrecognized or untreated by health professionals, said Holland. Only a small percentage of cancer patients actually receive management of distress, while the majority go untreated. The fault lies with patients, who don't communicate their distress; with physicians, who are too pressed for time; and with institutions that would rather treat disease.

No minimum standards on psychosocial management have been established by the health care sector and no regulatory body has identified this issue, explained Holland, who is chair of the Department of Psychiatry and

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Behavioral Sciences at Memorial Sloan-Kettering Cancer Center in New York, N.Y. To remedy this lack of standards on psychosocial management, the Distress Guidelines Panel of the National Comprehensive Cancer Care Network (NCCN), which is a multidisciplinary panel of experts (clinicians, nurses, social workers, chaplains, and others), developed Guidelines for Management of Psychosocial Distress. The panel set as a goal that all patients should be screened for levels of distress at their initial visit, at appropriate intervals, and as clinically indicated. The panel proposed an evaluation and treatment model in which each new patient is rapidly assessed in the office or clinic waiting room, using a brief screening tool. (To learn more about the guidelines, visit the NCCN web site at www.nccn.org).

Central to making this model work is the primary oncology team: doctor, nurse, and social worker. Also important to these standards is the establishment of a multidisciplinary committee in each institution or office that oversees the management of distress, as well as implementation of the guidelines and of professional educational programs for staff. The American Cancer Society plans to validate and test the NCCN guidelines over the next two years, Holland added.

Michael H. Levy, M.D., Ph.D., director of the Supportive Oncology Program, at Fox Chase Cancer Center in Philadelphia, Pa., cited potential benefits of applying these patient distress guidelines. These include:

- more effective and efficient relief of patient/family distress
- better adherence to treatment protocols

ACCC Honors Senator Mack for His Long-standing Dedication to Patients with Cancer

Senator Connie Mack (R-Fla.) was honored with ACCC's Annual Achievement Award for Outstanding Contributions to Cancer Care at a special award ceremony on March 17 at the ACCC annual meeting in Washington, D.C.

"Our honoree today has diligently listened and advocated for cancer care," said outgoing ACCC President Margaret A. Riley, M.N., R.N., C.N.A.A. "Throughout his career in Congress, Sen. Mack has made patient access to state-of-the-art cancer care, prevention, screening, early detection, patient rights, and cancer research top priorities in Washington, D.C. For all of his professional commitments to ensuring excellent cancer care, we at ACCC are deeply grateful."

Although unable to attend the award ceremony, Sen. Mack expressed his thanks for the award via a videotaped presentation.

PHOTO BY JAMES TKATCH

Mark Smith, legislative assistant to Sen. Connie Mack, accepts the ACCC Annual Achievement Award for Outstanding Contributions to Cancer Care on behalf of the senator. The award was presented by outgoing ACCC president Margaret A. Riley.

- improved quality of life and prolonged survival
- reduced staff distress.

Management of patient distress must include pastoral care, according to Diane S. Blum and Rev. George Handzo, M.Div., M.A. Blum is a social worker and executive director of Cancer Care, Inc., in New York, N.Y. Handzo is director of Chaplaincy Service at Memorial Sloan-Kettering.

In a study at the Memorial Sloan-Kettering Cancer Center, 75 percent of respondents noted that religion and spirituality were a strength in coping with cancer. Spirituality, however, has not been integrated into cancer care, because of myths on how to deal professionally with spirituality and religion, said Handzo. Data suggest that patients who are in spiritual distress are "least likely to ask" for help. These patients "must be assessed," Handzo said. Pastoral care practice can be systematized and integrated with multidisciplines, and chaplains need to be a member of the team.

ONCOLOGY NETWORKS

Hospitals and physician practices re-thinking the direction of cancer care may want to consider joining oncology networks. These networks, which are rapidly growing in numbers, can offer providers a host of benefits: capital, valuable group purchasing, skilled management expertise, problem-solving techniques plus lots more, without putting providers at financial risk or losing their autonomy in practice decision-making. So, said a panel of experts on the subject.

David S. Chernow, president of the Physician Services Group at US Oncology, Inc., in Houston, Tex., said the network is looking to forge relationships with hospitals and physician practices in local markets. Last year, the network entered into three joint ventures with hospital systems, and plans to develop 12 new comprehensive cancer centers with integrated services by the end of 2000. To date, US Oncology manages 820 physicians in its network, representing 70 practices in 25 states. The network sees about 150,000 new cancer patients per year, which represents about 15 percent of new cancer cases in the U.S.

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> Director, Michigan Society of Hematology and Oncology

Jeffrey A. Scott, M.D., national medical director of International Oncology Network (ION), based in Baltimore, Md., and Orlando, Fla., emphasized that physician practices that join ION are offered the option of participating in any of its initiatives. These include group purchasing of pharmaceuticals, education programs, formulary management, managed care contracts, national clinical trials, reimbursement assistance, an electronic medical record (a national database of oncology care), and more. Currently, ION has 1,700 oncologists, representing 500 practices in 46 states.

State oncology societies also offer oncologists a wealth of expertise on education, practice management and reimbursement assistance. "Networking, in all facets of practice management and reimbursement, is the key component of the Michigan society," said Michelle Weiss, director of the Michigan Society of Hematology and Oncology as well as director and founder of the MSHO Group Purchasing Organization and founder of the National Oncology Society Networking Group. MSHO's current membership is comprised of 186 physicians, approximately from 40 academic centers, and the remainder from community-based practice. Practice administrators, billers, and nurses are included in the membership of their physician. The society offers education and networking opportunities in management, nursing, and reimbursement in addition to their ASCO and ASH Updates and the annual CME medical program. Its comprehensive infrastructure includes committees on drug reimbursement, average wholesale pricing (AWP), managed care, education, legislation, clinical trials and group purchasing. The state society offers group purchasing for preferred pricing from both manufacturers and distributors. As a result of the outstanding achievements shown by the Michigan society, it is serving as a role model to assist other state oncology societies in re-thinking their organizational structure.

OnCare, Inc., in Rosewell, Ga., currently has collected clinical outcomes on 30,000 patients in radiation therapy and medical oncology over five years, and is accruing

about 5,000 patients per year, said the firm's president and CEO Louis F. Stripling, J.D.

"Better information for patients, clinicians, and payers results in better care," said Stripling. Focusing on lessons learned from his experiences in the industry as a problem-solver, he maintains that physicians need tools to streamline the interface between clinical practice and the administrative tasks of the practice, namely billing and cash flow. He also firmly believes the use of electronic technology, namely the Internet, can greatly enhance practice management.

Special Interest Group (SIG) Round-Up

Administrator SIG. Three sessions were offered:

- "Exercise Rehabilitation and Cancer Survivorship" was presented by Eric P. Durak, M.Sc., director of Medical Health and Fitness, Santa Barbara, Calif. This program provided a look at the power of exercise rehabilitation in cancer survivorship.

- "NCI Patient Education Guidelines" was led by Nora B. Beidler, M.P.H., health education specialist, National Cancer Institute, Bethesda, Md., and Annette Mercurio, M.P.H., C.H.E.S., manager, Health Education Services, City of Hope National Medical Center, Duarte, Calif. They discussed the National Cancer Institute's guidelines for establishing comprehensive cancer patient education services.

- "Update from the American College of Surgeons (ACoS) Commission on Cancer" was presented by Frederick L. Greene, M.D., F.A.C.S., chairman, Department of General Surgery, Carolinas Medical Center, Charlotte, N.C. Greene discussed new issues at the Commission on Cancer and at the hospital cancer department and how these relate to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Community Research/CCOP SIG. "Restructuring Clinical Trials at the National Cancer Institute" was the topic of a presentation by Jeffrey Abrams, M.D., coordinator, Phase III Implementation Pilot Project, DCTOC/CTEP, National Cancer Institute (NCI), National Institutes of Health (NIH), Bethesda, Md.; and Mary McCabe, R.N., director, Office of Clinical Research Promotion, Division of Cancer Treatment and Diagnosis, NCI, NIH, Bethesda, Md. They discussed the restructuring of the NCI's clinical trials system, which has taken place over the past five years.

Medical Directors SIG. The question: "Oncology Networks: Where Are They Going?" as addressed by David S. Chernow, chief development officer, US Oncology, Houston, Tex.; Michelle Weiss, administrator, Hematology Oncology Consultants, Royal Oak, Mich.; Jeffrey A. Scott, M.D., national medical director of International Oncology Network (ION) in Decatur, Ga.; and Louis F. Stripling, J.D., president and chief operating officer, OnCare Inc., Roswell, Ga. Presentations included a description of US Oncology's management approach; how a state society can be beneficial to oncologists; ION, a voluntary network; and lessons learned about the development of freestanding cancer centers and physician practices.

Nursing SIG. "Nursing Care Delivery Systems: Then and Now" was led by Linda R. Campbell, R.N., M.S., C.N.A.A., vice president, Patient Care Services/Chief Nursing Officer, H. Lee Moffitt Cancer Center and Research Institute, Tampa, Fla. Campbell pointed out that nurses today need to be aware of current trends in health care, including cost control, managed care, integrated health delivery networks, population-focused care, ambulatory care, patient/family self-care, care delivery by interdisciplinary teams, outcome analysis, and provider information database systems.

Radiation Oncology SIG. "Advanced Radiation Therapy Coding & Reimbursement Issues" was presented by James E. Hugh, M.H.A., executive vice president, American Medical Accounting and Consulting, Marietta, Ga. He provided a detailed explanation of the key components of the coding process and included identification of specific documentation issues and recommendations.