



The State Oncology Society: Key to Success in a Rapidly Changing Marketplace

Michelle Weiss

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The State Oncology Society: Key to Success in a Rapidly Changing Marketplace

by Michelle Weiss

Oncology practices face a number of major challenges, including increased payer scrutiny of average wholesale prices (AWPs) and delayed payments to practices by struggling HMOs and PPOs. Fortunately, a strong and innovative state oncology society in Michigan has allowed us to meet these challenges effectively and proactively.

Probably the most compelling motivation to develop Michigan's oncology network—the Michigan Society of Hematology and Oncology (MSHO)—revolved around the area of reimbursement. A major problem existed in Michigan involving an overwhelming number of rejected claims and denied payments. Oncology practices were individually statusuing claims and fighting for reimbursement. Our frustrations led to high-level meetings with Michigan's largest payer, Blue Cross and Blue Shield of Michigan (BCBSM) at their headquarters, with the medical director and members from their medical policy area. We approached BCBSM with a novel question: Could we work for the payer by streamlining oncology-related reimbursement issues? We agreed as a society to pinpoint the claims submission problems that

Michelle Weiss is director of the Michigan Society of Hematology and Oncology. She is also the administrator for Hematology Oncology Consultants, P.C. at the Rose Cancer Treatment Center, William Beaumont Hospital in Royal Oak, Mich.

were bogging down the BCBSM system and costing it valuable time and money. In return, we were promised timely action on BCBSM system corrections.

Surprisingly, by streamlining the issues through our society and not the payer, we found that our members were often their own worst enemy. Many issues were not payer system problems at all. Instead, we found that our members needed more education in billing for chemotherapy. This finding gradually evolved into a MSHO committee for reimbursement issues with all payers. Committee members were assigned individual oncology or supportive care drugs; the committee member was considered to be the "expert" on proper claims submission for that particular drug. When submitting a claim in Michigan, a new biller or an office submitting a claim for a drug used in its practice for the first time now has an expert on whom to rely. By working for payers in Michigan and by proving that our support would save them time and money, reimbursement issues are now practically nonexistent. Often, our payers now come to us for education and support!

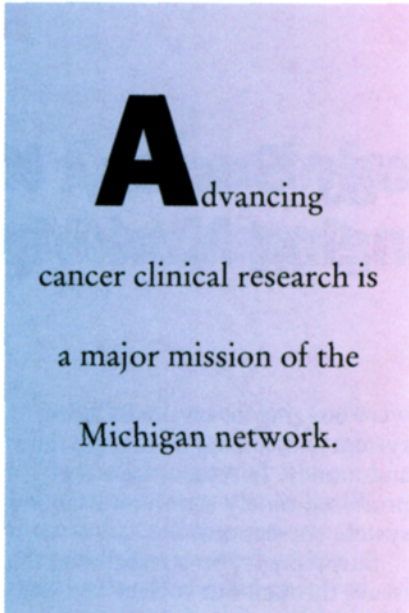
Protecting a practice from the rising costs and diminished reimbursements of chemotherapy drugs is a tremendous benefit of a strong oncology network. With drug costs in Michigan oncology offices rising more than 60 percent over the last two years, MSHO helped head off the cost spiral with a group-purchasing initiative. The objective was to combine the buying power and efforts of our members for preferred pricing from both manufacturers and distributors. By working collectively, our members benefit by the efforts of each other's optimum pricing and cost comparisons.

Single physician practices quickly learned the savings that had previously been afforded only to large group or institutional practices. Reimbursement committee members keep watch of current pricing specials and pass along the savings so that all members benefit.

A strong oncology network yields benefits that go right to the heart of improved patient care. One of our largest frustrations involves patients who are denied treatment because their particular insurance plan has not approved the prescribed chemotherapy. In Michigan, physician requests for off-label coverage are submitted immediately to the state society. Three physician requests for a new indication prompt a review by MSHO's Oncology Advisory Panel, which consists of three oncologists who review the supporting literature. The process follows a well-defined algorithm, whereby the new treatment is approved or denied usually within 75 days, often times ahead of compendia publication. This process, which started years ago with BCBSM, has grown as our society's influence has grown. Most recently, MSHO has joined with Wisconsin and Illinois to form an advisory panel to work with our joint Medicare carrier, Wisconsin Physician Services (WPS). In August 1999, our first noncompendia off-label indication was approved by using this process.

EDUCATING OUR MEMBERS

With the many recently approved new treatments for the oncology patient, communicating the subtle changes of drug use and regularly educating the physician and non-physician members had been a major stumbling block. With the advent of our society's web site



(www.msho.com), members can receive reimbursement changes as they happen rather than wait months for a newsletter to be published. Educating our membership is a full-time activity at MSHO. Physician education consists of three continuing medical education (CME) programs per year, a review by the American Society of Clinical Oncology (ASCO), an American Society of Hematology (ASH) update, and our annual conference. With the blessing of the Michigan chapters of the Oncology Nursing Society, MSHO sponsors two oncology nurse-networking retreats that are designed specifically for educational and professional growth for nurses in the outpatient setting. We encourage our oncology nurses to become an oncology certified nurse (OCN) by offering OCN exam reviews at multiple times and locations throughout the state. MSHO sponsors 10 office manager/reimbursement meetings annually. Roundtable meetings allow Michigan managers to work together on management and reimbursement issues and network on accomplishments and concerns. The speaker portion provides Michigan managers with professional growth and education at no cost to an individual practice. Reimbursement meetings allow updates on current reimbursement issues affecting our own oncology practices. Nationally recognized speakers address the latest reimbursement changes throughout the country.

With so many programs and services being offered to our members, it is not surprising that our membership has enjoyed a substantial growth. Michigan's oncology society has grown to nearly 200 physician members, 80 percent of whom are community-based. Dues are \$400 annually per physician

and include practice managers, nurses, and billing staff at no additional charge. Our networking of oncology expertise allows our staff to be comparatively small. Administratively, we have only one full-time and two part-time staff. The strength of our organization truly lies in the talent in our collective offices. Early successes in the reimbursement arena gave needed confidence to oncology practices that they too should be part of the growing oncology network. Helping to underwrite much of our educational and reimbursement efforts, we now have 15 corporate members from our friends in the pharmaceutical industry.

Advancing cancer clinical research is a major mission of the Michigan network. As part of the Michigan Cancer Consortium Action Planning Initiative, MSHO co-convened a Clinical Trials Action Plan Group with the University of Michigan Comprehensive Cancer Center. The result was a series of strategies and a work plan to double the number of patients enrolled in cancer clinical trials in Michigan by 2005. Spearheaded by Phillip Stella, M.D., past president of MSHO, the Michigan Working Group to Improve Cancer Outcomes is assembling representatives from the provider, patient advocate, and payer communities to draft a non-mandated consensus document that would ensure coverage of routine patient care costs for those enrolled in clinical trials. Other

collaborative initiatives are in process to pinpoint and overcome the barriers when enrolling patients in clinical trials. Even small practices can realize the rewards of answering today's treatment questions by clinical trial participation.

Additionally, our network is addressing the dispensing and billing of oral chemotherapy agents. It has been suggested that the next decade will bring multiple new oral agents into the marketplace, because as many as 300 oral agents are currently under investigation.

Managed care and its ancillary reimbursement concerns remain a challenge for oncology offices. By networking with our managed care organizations in Michigan, MSHO has learned that sometimes it's simply a case of understanding the complicated specialty of oncology. Having payers and providers work together will reduce the number of reimbursement issues and ultimately enhance patient care.

FINAL THOUGHTS

The oncology network is an excellent way to tackle some of the greatest challenges facing the oncology practice today. By staying focused and selectively choosing our battles, significant progress can indeed be realized. When physicians, nurses, managers, reimbursement personnel, pharmaceutical representatives, and payers work together, cancer patients ultimately benefit.

Consider the oncology network that exists in your area. Is it meeting your needs in the areas of reimbursement, education, research, and patient advocacy? If not, become involved. Start small, pick a battle, and network as a team. Let your network become the voice of oncology in your state. ■