

Oncology at a Turning Point

by Marion Dinitz

The Association of Community Cancer Centers' 17th National Oncology Economics Conference, held October 4-7 in Long Beach, Calif., drew nearly 400 oncology professionals. The conference offered a wide variety of timely topics—from reimbursement issues to e-health care to reducing medical errors.

A high point of the meeting was the presentation of ACCC's Clinical Research Award to Saul E. Rivkin, M.D., long-time cancer researcher and medical oncologist at Swedish Cancer Institute, Seattle, Wash. Rivkin was recognized for his long-standing dedication to cancer clinical research in the community.

"I would like to accept this award in honor of others like myself who participate in clinical trials," said Rivkin. "Without clinical research, progress in cancer therapy would not be where it is today."

THE BOTTOM LINE ON APCS

This year's implementation of the APC system is changing how hospitals operate their oncology service line. To survive, hospitals and cancer centers must change their coding and billing practices to ensure payment for cancer therapies, said presenter Mary Lou Bowers, M.B.A., L.C.S.W., managing director, Consulting Division of ELM Services, Inc., in Rockville, Md.

If Medicare is more than 20 percent of a cancer center's business, said Bowers, the center director must become extremely familiar with the description of charges and fees (on the charge-master). In addition, hospitals must know how

Medicare will reimburse, the cost-to-charge ratio, the reimbursement figures to expect, how the institution's information system department operates, and how the billing process works. "If you don't know these facts and figures, your chances of being reimbursed adequately for that business are zero," she said.

E-HEALTH CARE

"Today, more than 20,000 health-related web sites can be found in cyberspace, and the number of e-health web sites is increasing by approximately 1,000 a month," said Michael L. Blau, Esq., of McDermott, Will & Emery's Boston office. The biggest challenge that health care institutions face are how to bring these new Internet technologies into the workplace, train staff with new computer skills, and change workflow processes. "None of this is easy to do at Internet speed," said Blau, adding that health care will require a more measured "e-evolution."

With regard to physician users of the Internet, said Blau, 85 percent of physicians are online, 63 percent of them use e-mail, and only 33 percent communicate online with their patients. The number one reason why physicians do not communicate more online with patients, said Blau, is because physicians are not reimbursed for their time. Security issues are another reason physicians are hesitant to communicate online with patients.

Blau noted that only about \$4 billion of claims are generated from physician offices through electronic automated transmission from a potential pool of \$250 billion of office claims. By 2004, about \$87 billion worth of physician claims will be done electronically, according to industry estimates he cited, resulting in significant reductions in claims

processing and possibly accelerating physician reimbursement.

According to Blau, the health care system can be improved with e-health care tools that 1) empower consumers with instantaneous information, 2) connect providers, payers, suppliers, and patients to create a seamless well of information so data can move to point of decision, and 3) advance the science of medicine through mining of databases of clinical and financial information that can be used to determine best clinical practices and most cost-effective outcomes.

MEDICAL ERRORS AND THE NEED FOR DOCUMENTATION

Today's focus on accountability in health care has given rise to increased interest in and concern for medical errors, said John R. Combes, M.D., senior medical advisor at the American Hospital Association in Harrisburg, Pa. His message was clear: "We need to be more open about medical errors so we can learn about their causes and how they affect the systems in which we operate."

Studies show that adverse events occur in nearly 3 percent of hospitalizations, and more than 50 percent are preventable. The Institute of Medicine report concluded that 44,000 to 98,000 deaths occur annually due to medical errors—a figure that may be too low. Although these numbers may generate controversy, said Combes, the numbers are not as important as our ability to learn from these errors.

One of the more common errors are "slips," which may be due to habit, interruptions, hurry, fatigue, anger, anxiety, boredom, or fear. He noted some of these are common stresses and emotions in everyday delivery of health care.

Combes also pointed out the

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importance of identifying the "holes" in a complex medical delivery system. To prevent medical errors all systems must be examined, including patient information, communication, drug information, and drug labeling.

"With the advances of technology, the different ways to record and deliver patient records often give rise to patient confidentiality concerns," said Marilyn L. Frank-Stromborg, Ed.D., J.D., F.A.A.N., chair of the School of Nursing and presidential research professor at Northern Illinois University. She discussed the importance of documentation and risk reduction principles.

"Not only must we be concerned with how and what we document into the patient chart, but also who sees that documentation. Wrongful disclosure of confidential information is actionable in a court of law," she said. "Unfortunately, technology has moved faster than our ability

ACCC President-Elect Teresa D. Smith, R.N., M.S.N., presents Saul E. Rivkin, M.D., with the Association's Clinical Research Award for 2000.



to establish policies and procedures to protect patients," she said.

Still, the future of cancer control looks bright.

"The promise of research into chemo prevention and cancer control is alive with hope like never before," said Helene G. Brown. "Of all the major killing diseases, cancer

has the greatest opportunity for real control," she said.

Brown, director of Community Applications of Research at the UCLA Jonsson Comprehensive Cancer Center in Los Angeles, said the reduction in cancer mortality in the U.S. is the ultimate measure of success in the fight against cancer. ☐

Special Interest Group Round-up

Nursing SIG. "Legal and Documentation Issues in Oncology Nursing" was presented by Marilyn L. Frank-Stromborg, Ed.D., J.D., F.A.A.N., chair and presidential research professor, Northern Illinois University School of Nursing, DeKalb, Ill. She discussed the nursing professional's legal obligations in the delivery of cancer care. Nursing professionals must be aware of what constitutes negligence, failure to diagnose, or failure to communicate findings.

Medical Director SIG. "Integrating a Complementary Medicine Program into Your Cancer Center" was the topic discussed by Patrick W. McLaughlin, M.D., director of radiation oncology, Providence Hospital Cancer Center, Southfield, Mich., and director of the Michael and Rose Assarian Cancer Center in Novi. McLaughlin described the steps necessary to build a complementary medicine program into the bricks and mortar of a cancer center. He focused on the importance of meeting the spiritual needs of cancer patients and their families.

Administrator SIG. Three sessions were offered.

■ "Re-engineering Medical Practices" was led by Craig Kishaba, M.B.A., administrator, Scripps Clinic Medical Group, Inc., San Diego, Calif. He focused on creative scheduling, speeding up the prescription refill process, using e-mail with patients, and group cancer education sessions.

■ "Running a Profitable Exercise and Wellness Program" was presented by Eric P. Durak, M.Sc., president, Medical and Health Fitness, Santa Barbara, Calif. The session highlighted working with third-party payers, managed care contracts, sponsorships, and other ways of creating a profitable program in a hospital or health center.

■ "Measuring Financial and Quality Outcomes" was presented by Patti A. Jamieson-Baker, M.S.S.W., M.B.A., administrative director, Oncology Services, The Cancer Institute at Alexian Brothers, Alexian Brothers Medical Center, Elk Grove Village, Ill., and E. Strode Weaver, F.A.C.H.E., M.B.A., administrative director, Oncology Services, Swedish Cancer Institute, Seattle, Wash.

Community Research/CCOP SIG. "Costs of Conducting Cancer Clinical Trials" was the topic of the presentation by Leslie G. Ford, M.D., associate director, Clinical Research, Division of Cancer Prevention, National Cancer Institute, Bethesda, Md. She discussed the latest updates at the NCI's program on clinical trials. Dana P. Goldman, Ph.D., senior economist, RAND, Santa Monica, Calif., reviewed in depth the design and rationale for the Cost of Cancer Treatment Study, a nationwide effort to estimate the incremental costs associated with clinical trial participation.

Radiation Oncology SIG. "The Economics of Operating a Prostate Seed Implant Program" was led by Brian J. Moran, M.D., director, Chicago Prostate Cancer Center, Westmont, Ill. Moran examined a physician-owned, freestanding facility that is focused only on prostate brachytherapy. He discussed the intricacies of the facility's operations. Patients are in and out within 110 minutes, and rarely have post-op pain. Urologists are an important part of the team.