American College of Radiation Oncology

by Arve W. Gillette, M.D.

WHO WE ARE

The American College of Radiation Oncology (ACRO) was founded in 1989 to address the professional needs of radiation oncologists. With a current membership of approximately 1,700, ACRO's mission is to promote the education and science of radiation oncology, improve oncologic service to the patient (particularly at community hospitals), study the socioeconomic aspects of the practice of radiation oncology, and encourage improved and continuing education in radiation oncology and its allied professional fields.

TOP PRIORITIES IN 2001

Review the impact of APCs on our members' practicesProvide professional practice

review and accreditation to our member groups

 Provide continuing support in the basics of practice management

 Facilitate the introduction of new technology into private practice

 Ensure that the medical uses of ionizing radiation are supervised by adequately trained physicians

A new era of radiation oncology is bringing ever-increasing technological advances. At the same time, the field is confronted with the challenge of "selling" our needs to a multitude of regulators, health care payers, and legislators who have the power to determine what technology we may offer our patients. This juggernaut has the potential to greatly impact our professional lives and the health of our patients. Although the role may be unfamiliar to many of us, we must all become advocates in educating our legislators, regulators, and insurance executives about the medical and financial necessities of our practices.

Currently, ACRO is working with the Health Care Financing Administration (HCFA) to obtain relief from its mandated practice of paying a single, one-tier technical fee for all external beam equipment, regardless of the cost of the equipment or the technology used to verify the treatment.

Keeping current about legislative and regulatory issues is critical. ACRO continues to educate its members about a variety of issues, including:

 Medicare compliance and possible solutions

Perspectives and enforcement policies from the Office of the Inspector General in the Department of Health and Human Services

• "Whistle blower" or qui tam issues

Coding initiative advice

 Nuclear Regulatory Commission policies

Emerging technologies, such as vascular brachytherapy to treat arterial restenosis

 Residency training and radiation oncology manpower. Currently, we are studying a problem affecting radiation oncologists that may require action at the national level. As a result of changes to reimbursement under ambulatory payment classifications (APCs), hospitals are seeking ways to recoup projected lost radiation technical income. As a condition for continued access to hospitalowned radiation equipment, we have reports that some hospitals are mandating that independent radiation oncologists become employees of the hospital.

ACRO has developed a process by which practice accreditation can be obtained efficiently and costeffectively. This accreditation process also recognizes technical excellence in the delivery of radiation therapy.

ACRO continues to sponsor radiation oncology residents by offering financial support that allows them to receive training at locations away from their primary residencies. ACRO has also started a mentor system, which uses a pool of experienced radiation oncologists in different practice situations and geographic locations to counsel residents about job opportunities across the country.

As physicians in radiation oncology, we have chosen a profession that is both fascinating and vital to the health of cancer patients. Access to technology, ability to deliver appropriate patient care, and regional as well as national clout are certainly issues that should be important to each of us. Our continued success as cancer specialists will rest on our ability to keep abreast of the larger issues facing us. To tell ourselves that if we take care of our patients the rest will eventually sort itself out is shortsighted. 🞕

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