

Association of Freestanding Radiation Oncology Centers

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WHO WE ARE

The Association of Freestanding Radiation Oncology Centers (AFROC) is a professional association of radiation oncologists, physicists, radiation technologists, and other health care professionals dedicated to the delivery of high-quality radiation oncology in non-hospital settings. The radiation oncology centers operated by AFROC members are generally owned wholly or in substantial part by the radiation oncologists who provide services there.

TOP PRIORITIES IN 2001

- Ensure that payment rates are sufficient to cover the costs of providing high-quality care
- Provide operational assistance to radiation oncologists interested in establishing freestanding centers
- Promote quality through accreditation of freestanding radiation oncology centers

Of major concern again this year is ensuring that Medicare and other third-party payers reimburse sufficiently for radiation oncology technical component services so that radiation oncology centers can afford state-of-the-art equipment and highly trained and qualified personnel. Indeed, the future economic viability of all radiation oncology centers—whether

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freestanding or hospital-based—depends largely on Medicare payment and coverage policy.

While AFROC's members are *not* hospital-based, AFROC strongly supports the initiatives taken by the American Society for Therapeutic Radiology and Oncology (ASTRO) and other organizations to ensure that the payment classifications and rates for services rendered in hospital outpatient departments under Medicare's new hospital outpatient prospective payment system (HOPPS) are reasonable and adequate. AFROC firmly believes that if the radiation oncology community does not remain united, the possibility exists that both freestanding and hospital-based facilities will be unable to maintain the level of capital investment necessary to provide state-of-the-art radiation oncology technology to Medicare patients.

With the inception of HOPPS, Medicare has abandoned the prior cost-based system for reimbursing hospitals for their capital costs. Because of the capital-intensive nature of the specialty, this development may have a disproportionate impact on radiation oncology. While Congress has provided for cost "pass through" payments for certain new technologies under the new system, many of the capital improvements associated with new technology in the radiation oncology arena will probably not qualify for these special exceptions. This factor, along with tight hospital budgets caused by payment reductions enacted by Congress in 1997, may make it increasingly difficult for manufacturers to launch new technologies in the radiopharmaceutical field unless such technologies are explicitly recognized by HCFA, as was conformal radiation treatment.

These difficulties are compounded by the increased emphasis that the Medicare program and other payers are placing on reviewing health and economic outcome data before they are willing to pay for new technologies. Methodologies for conducting health and economic outcome studies remain in their infancy, and study results are easily dismissed on technical grounds. In fact, some demands by third-party payers for outcome data have been known to be no more than thinly veiled attempts to delay or deny payment for new technologies that may have significant cost or utilization implications.

In this regard, AFROC looks forward to working with other concerned professional associations to ensure that cancer patients maintain access to new technology, despite the growing economic pressures imposed by HOPPS and other prospective payment methodologies. Such technologies should be equally available in hospital and non-hospital settings.

Promoting quality through accreditation of freestanding radiation oncology centers remains important. For several years, AFROC has been a member of the Accreditation Association for Ambulatory Health Care (AAAHC), which focuses specifically on the accreditation of non-hospital facilities. As a member of AAAHC, AFROC established the Radiation Therapy Standard used by AAAHC to accredit radiation oncology centers. We encourage all members to become accredited.

Our patients demand that we work together to ensure that they receive the highest quality services and access to the most effective, clinically proven technologies. We cannot—and need not—fail them. ☐