

ACCC Hosts Second Annual Radiation Oncology Leadership Institute

The Second Annual Radiation Oncology Leadership Institute (ROLI), hosted by ACCC on June 7-8, 2001, in Herndon, Va., drew nearly 50 attendees. Participants represented leaders from national radiation oncology organizations, leadership from oncology nursing and patient advocacy, a representative from the Medicare APC Advisory Panel, plus others. ALZA Corporation sponsored the meeting.

Major legislative and regulatory issues currently threaten the practice and reimbursement of radiation oncology, affecting access and quality of patient care. The message conveyed: radiation oncology leaders must set aside their differences and pull together by joining a politically active coalition of medical oncologists, oncology nurses, and patient advocate groups to speak with a unified voice before legislators and regulators. Among the threats and challenges to radiation oncology are 1) fair Medicare reimbursement for new high-tech equipment under ambulatory payment classifications (APCs), 2) fair reimbursement for the use of radiopharmaceuticals under average wholesale price (AWP), and 3) staffing shortages of radiation therapists and radiation oncologists.

Hospital-based radiation oncology is reported to be losing about \$135 million a year under Medicare's APCs, primarily due to the way the Centers for Medicare and Medicaid Services (CMS, formerly HCFA) calculate payment rates. APCs generally combine low-complexity, low-cost services with high-complexity, high-cost services. When the median costs of all the individual services in the group were used to calculate a payment rate for all the services in the group, the result has

been that lower cost services tend to be overpaid and higher cost services tend to be underpaid.

Some fear private insurers will initiate similarly low payment rates for the technical component of radiation oncology services, said Lee E. Mortenson, D.P.A., ACCC executive director. In addition, while 65 percent of radiation therapy occurs in the hospital-based setting, if severe erosion of reimbursement under APCs continues, then more radiation oncology services could shift to freestanding centers, which could also become vulnerable targets for restrictive reimbursement policies, he said.

"It is better to have two fields to play on than just one," Mortenson added, noting that any shut-down of hospital-based radiation oncology services would hardly be a healthy development.

A UNITED FRONT

Radiation oncology leadership needs to find common ground with the provider community and participate in coalition building, said Mortenson. ACCC has been working on building an infrastructure to share information among all constituencies, including professionals in radiation, medical, and surgical oncology. That infrastructure includes rapid communication via the ACCC web site and the formation of a political action committee, the Committee on Quality Cancer Care.

Arve W. Gillette, M.D., president of the American College of Radiation Oncology, called on radiation oncologists at university-based, hospital-based, or freestanding facilities to set aside their turf battles and work together, particularly on changing the "incident to" rule that affects Medicare reimbursement.

"We are more alike than not," said Kathryn L. Kepes, M.D., president of the Association of Freestanding Radiation Oncology Centers (AFROC). She reported that AFROC recently moved its headquarters from Laguna Beach, Calif., to Washington, D.C., to have a stronger political presence and wants to increase its alliance with other radiation oncology organizations. AFROC hopes to resolve the "incident to" Medicare rule on the evaluation and management of services provided by staff. The Association also faces other policy issues, including the necessity for physicians to be on site during radiation treatment in freestanding centers and the shortage of radiation technologists in all facilities.

Nancy Davenport-Ennis, founding executive director of the National Patient Advocate Foundation, urged radiation oncologists and other providers of cancer care services to write members of Congress who may serve on health care committees about pressing issues, such as reimbursement for oral cancer agents.

"Your letter carries powerful influence," said Davenport-Ennis, adding that lawmakers seek physicians in their community to whom they can talk about timely, health-care related issues. She also urged providers to support advocacy organizations that help patients who need reimbursement mechanisms that don't currently exist.

SHORTAGES...AND MORE

Although radiation dosimetrists can get \$200 an hour, staff vacancies still exist in many areas of the country, said John R. Russell, M.D., president of The Cancer Center of Southern Alabama in Mobile. In addition, the shortage of radiation therapists is widespread.

OTHER ACCC PROJECTS AND ACTIONS

The restrictive health care payment system and the impending nursing shortage are serious threats to quality cancer care that affect us all, according to Paula Rieger, R.N., M.S.N., C.S., AOCN, FAAN, president of the Oncology Nursing Society. "This problem requires a multi-prong effort to address the challenge," she said. The ONS and other leading provider organizations have been actively developing policy strategies and lobbying lawmakers to try and resolve the severe nursing shortage expected in the coming years.

Paul E. Wallner, D.O., F.A.C.R., a radiation oncologist with a two-year term on the CMS APC Advisory Panel, pointed out that the panel is "moving forward" on several issues pertaining to radiation oncology. The panel plans to review the issue of single unit versus multiple unit service charges in radiation oncology. Most radiation oncology charges are for multiple services. The agency initially reviewed only the 2 to 3 percent of radiation oncology services that referred to single services.

He noted that the panel has recently acted "very favorably," increasing payments for IMRT delivery and planning as well as initiating weekly treatment management codes and weekly review codes for physicists, for example. However, the panel has rejected raising reimbursement for the gamma knife.

Wallner said the 15-member panel, which meets periodically or works through conference calls, deals directly with staff at CMS. He is "optimistic" that the panel's recommendations will be followed by the agency. Wallner was nominated by ASTRO to serve on the panel and was then selected by the former HCFA. ■

CALL FOR CRITICAL PATHWAYS

ACCC is looking for critical pathways related to 1) integrating nutrition into your cancer program and 2) radiopharmaceutical use and the nuclear medicine team. Does your community oncology program or hospital have critical pathways, instruction sheets, or guidelines related to any aspect of nutrition and the oncology team or diagnostic/therapeutic uses of radiopharmaceuticals, nuclear medicine, radiation safety, or patient safety? If so, please send a copy to ACCC, Attn: Marion Dinitz, 11600 Nebel Street, Suite 201, Rockville MD 20852 (phone: 301-984-9496, ext. 206; fax: 301-770-1949).

CALL FOR AMENDMENTS TO BYLAWS

Any delegate representative who would like to suggest a Bylaws change must inform the ACCC Executive Office of that intent no later than November 16, 2001, for consideration by the House of Delegates in March 2002. According to the ACCC Bylaws, adopted in March 1984 by the House of Delegates, "Bylaws may be amended by the vote or written assent of two-thirds of the delegate representatives voting. Written notice of proposed Bylaws amendments must be sent to voting members at least 30 days prior to the meeting at which they are to be acted on."

All suggested amendments should be sent to: ACCC, Attn: Donna Henry Wright, 11600 Nebel Street, Suite 201, Rockville, MD 20852 (phone: 301-984-9496, ext. 218; fax: 301-770-1949).

CALL FOR NOMINATIONS

The ACCC Nominating Committee is soliciting nominations for the following 2002-2003 Board positions:

- President-Elect
- Secretary
- Five Board of Trustee members

The term of President-Elect is one year. The Secretary and Trustee positions are two-year terms. Although nominees are not required to be the voting representative, they must represent an ACCC Active member institution or chapter.

Letters of nomination should be sent to the ACCC Executive Office, citing the nominee's name and his/her respective membership affiliation (institution/chapter), along with a copy of his/her curriculum vitae. Nominations must be received no later than November 30, 2001.

For more information about the nomination process, contact Donna Henry Wright at the ACCC Executive Office (as noted above).

CLINICAL RESEARCH AWARD

The Association of Community Cancer Centers (ACCC) is soliciting nominations for its annual Clinical Research Award. This award will be presented to one or more individuals whose research has significantly and positively impacted the oncology patient, family, and/or community. A special award luncheon is held at ACCC's fall national meeting to honor the award recipient(s), who will receive a cash award and a plaque commemorating the event.

To submit a nomination, please send a letter (minimum two paragraphs, maximum two pages), with your name and telephone number, stating why you believe the individual is qualified to receive this award. Submit nominations to the ACCC Executive Office, 11600 Nebel Street, Suite 201, Rockville, MD 20852-2557, (fax: 301-770-1949) no later than November 30, 2001. ■