



FLORIDA SOCIETY OF CLINICAL ONCOLOGY FAX BLAST – January 30, 2007 – Special Report

REPORT FROM ASCO CPC COMMITTEE MEETING AND ACCC PRESIDENT'S RETREAT – (Dr. Thomas Marsland)

This past weekend the ASCO CPC Committee meeting and ACCC President's Retreat were held Arlington, VA. Dr. Gerald Robbins, Dorothy Green Phillips, FLASCO Executive Director and I attended these meetings.

..... ASCO CPC committee and ACCC Presidents retreat.....all very interesting and informative..... there were extensive reviews of the new medical issues.....

Things in Congress will change with the new Democratic Congress..... our "buddy" Pete Stark is back with a vengeance..... will be heavy into "oversight" and looking at all aspects of Medicare..... get ready for the ranting and raving on fraud and abuse.... Look for more NY Times dishing us..... he will be again looking at self referrals and in office exemptions..... will be holding to much stricter definition of group practice....

Will likely have three of our bills from last year reintroduced..... Rep Hall's bill which addresses definition of ASP (removing prompt pay discounts) will be resubmitted by a democrat..... Nancy Capp will again present her bill (chemo treatment plans) and good chance that legislation addressing the imaging cuts will again be proposed.....

There may or may not be something addressing the SGR problem..... if NO action is taken will be a 10% cut next year....(keeps going up each year they don't do a permanent fix.... Which would cost 100,-120 BILLION dollars (that's real money even for the government....)) will be no NEW initiatives will probably only pass sustaining resolutions..... this will result in a 8% cut in terms of real dollars for the NCI.... Fewer \$'s for trials..... cooperative groups have been told to DECREASE enrollment by 3000 patients next year..... Sen unlikely to pass anything and will act as a tempering body on the more radical House....

P4P will be introduced this year.... Left overs from the R's P4P not a big D program..... will be a 1.5% bonus for E&M service provided from 7/1/07 till 12/31/07 that are bill by 02/08 to be paid as a lump sum after that.... (not before 3/08 at best) to get this will need to report (voluntary physician reporting for quality) at least 3 quality measures if three available and if less than three then all the ones that apply to your specialty at least 80% of the time that code is billed.....

There are 4 oncology measures that have been developed by ASCO and NCQA three med onc and one rad onc..... the CMS guy who presented said they HAVE been adopted but Joe Bailes said not sure they have been accepted yet but expects them to be..... include: use of adjuvant chemotherapy for stage III colon ca, 2. use of hormone therapy in ER+ stage I- III breast cancers and 3. use of a chemotherapy treatment plan before chemo is administered (basically just a written order...) for radiation it is the use of post lumpectomy radiation..... unclear if the 80% rule is for individual docs or for the entire group practice..... there will be a CAP to the amount paid some in reality could work out less than 1.5% of the billed charges.....

Had a presentation by Dr Lee Newcomer one of the United Health med directors..... Lee is an oncologist although hasn't practiced med onc in 8 years..... United has a number of initiatives that they are putting in place to try and limit costs and assure quality..... some reasonable some not so..... they want to introduce

required reporting of cancer staging using the old '06 demo G codes.... Want them reported on separate form every 6 months... will pay for reporting.... Plan is this will allow them to begin to track disease treatment, costs by stage of cancer..... they want to initiate a program where doc must call and talk to a radiologist before scans will be ok'd..... said they won't deny requests but figure can talk us into less expensive studies.... (I figure trying to decrease utilization by hassle factor.... He was told that also...) they are firing Quest as one of their reference labs.... Want to look at drug payments..... they used RBC growth factors as an example.... Claims if HCT required (which they are going to do like Medicare) that usage goes down significantly... had some data to support that.... Also looks at costs of Red vs Blue..... Blue more expensive \$800 per dose... Red only \$500 with their current fee schedule doc make \$160 on blue only \$100 on red..... so... what they have suggested is the for United must use Procrit but they would keep doc whole paying \$160 for the procrit yet saving United \$240 over the Aranesp price.... Seemed willing to look at a number of these types of win-win situations....

Finally United is going to look at a quality, preferred provider program..... have suggested using these parameter..... for docs/practice that comply would get preferential listing in directories and preferred price increase over non participants..... what they are suggesting is that the practice have standard orders for a given disease stage that all the docs in the practice adhere to.... Want compliance monitoring of this by the practice (advantage to united is that it makes their payments predictable.... Didn't required any specific protocols just that the practice did have a preferred treatment plan) also would require participation in at least one outside quality audit.... ASCO's QOPI project would apply.....

Had presentations on EHRs..... ASCO had a EMR meeting for two days immediately before this meeting (several of our hard a... colleagues actually sat through that as well as out meeting....) had round table discussions of EMR/HER focus on defining terms, and the important elements need as far as data and functionality.... Docs, QA groups, NCI, payers, and vendors (11 present including a # of the big guys...) all participated..... suggested a basic treatment plan form focusing on chemo adm.... Will follow up with a vendor lab... with about 8 vendors at the annual meeting with those that come up with programs including the key elements from this meeting will present their product to the annual meeting groups for a "test drive".... Expect critique from the users there..... fill follow up Fall with a Vendor shoot out and a final ASCO white paper on EHR's..... that's most of the big things....

Several minor presentations..... on non physician providers.... ASCO to work with ONS on this..... no new changes in off label procedures..... Thomson (getting better with reviews...) and AHA still only compendia.....

ASCO reviewed and will present a number of state affiliate grants..... (Florida presented and hope for a positive result....)

ASCO to review practice guidelines.... Contact Dr Patty Legant with suggestions if you have any..... ASCO will be sponsoring MAC meetings as the process evolves..... first contract awarded district III to Meridian..... Florida in district 9 with PR.... Bid goes out this year awarded next year to begin work in '09.....

ACCC did great presentation of patient assistance programs....

Your practice should be aware of all the opportunities out there to help with copays and drug assistance..... Nancy Davenport-Ennis with the Patient Advocacy Foundation and Tracy Foster with the Lash group did the presentation..... might be a good topic for one of our Flasco meetings down the road if folks are interested..... Well thanks for reading my Epistle..... Tom

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