



SUMMARY
CLINICAL PRACTICE COMMITTEE MEETING OF ASCO
Washington Marriott Hotel
February 3, 2006

*NOTE: Also available for download at www.nnecos.org ~ click on meeting minutes.

- ⇒ The first order of business was a review of the ASCO and AOHA survey which is being conducted by the Lewin Group. The Lewin Group is conducting a survey to assess the full range of supportive services which oncologists provide to their patients. Based on this survey, it is anticipated that new CPT codes will be proposed to the CPT editorial panel.

The Lewin Group had sent out almost 2000 surveys. Of those, they have only thus far received 60 responses. **It is imperative that a larger number of response be received.** If you received a survey please respond. If you have not, a survey can be requested from Stephanie Cameron, associate of Lewin Group, 3130 Fairview Park Drive Suite 800, Falls Church, Virginia 22042. Ms. Cameron's email address is Stephanie.cameron@lewin.com. She can also be reached by phone at 703.269.5754. A copy of the survey can be obtained by contacting me as well, if you would like to review which questions are being asked.

- ⇒ The next order of business was a review of guidelines which are either being revised or written by the Health Services Research Committee. This committee is chaired by Dr. Christopher Desch. Our representative is Dr. Patricia Legant. The new guidelines which are being written include fertility preservation in the context of chemotherapy, survivorship issues, larynx preservation guidelines, PET scan guidelines, hospice care guidelines, and treatment of the neutropenic patient.

Guidelines which will be revised will include use of antiemetics, use of growth factors, treatment of breast cancer, treatment of GI cancers, breast cancer survivorship issues, and treatment of prostate cancer.

It should be mentioned that the guidelines created by ASCO are evidence based, and therefore are of a scholarly nature based on a review of the literature. This is in contrast with the NCCN guidelines, which are consensus based, and only take into account references that the experts feel are germane.

The guidelines subcommittee is trying to make ASCO guidelines more accessible, with summaries that can be accessed online.

- ⇒ Next, Dr. Joe Bailes reviewed legislative and regulatory issues. The reduction in the conversion factor has been reverted to 2005 levels. This change is for one year only. Further work is being done on trying to correct the problems with the Sustainable Growth Rate.

The recent Budget Reconciliation Act decreased reimbursement for office based imaging. Lastly, this piece of legislation included the Thompson Micromedex as one of the approved compendia for paying for off-label drug usage.

- ⇒ Next, Dr. Bailes reviewed the demonstration project. There was criticism that there was not enough physician input into the structuring of this demonstration project. ASCO made a concerted effort to make this project more user friendly, but ultimately was not able to convince CMS that this should be done.

- ⇒ Next, Dr. Bailes announced that there are evidently three bidders for the oncology drug Competitive Acquisition Program (CAP). It is anticipated that the program will start in July of 2006. The problems with Medicare D were reviewed. Oncologists were urged to refer patients to the Medicare website.

Dr. Bailes, Deborah Kamin, and others reminded members that ASCO has an extensive set of resource materials available for practices that wish to inaugurate the demonstration project. These include a comprehensive list of NCCN and ASCO guidelines.

Elaine Towle and I would be happy to direct a practice to appropriate references if need be.

⇒ The next topic discussed by Dr. Bailes was that of Medicare's payment for off-label indications for anti-neoplastic agents.

Dr. Bailes reminded the group that the Budget Reconciliation Act of 1993 specifically requires that Medicare reimburse providers for anti-neoplastic agents for which there is a labeled indication, for which there is an off-label indication listed in one of three drug compendia, or for which there is peer reviewed literature supporting the off-labeled use of an anti-neoplastic. The latter situation has become increasingly eroded by Medicare carriers and fiscal intermediaries over the past thirteen years. ASCO has worked on this problem in several ways. ASCO has reinvigorated the Thompson Micromedex update process for off-label use of chemotherapeutics. At this time there is about a three to six month lag between peer reviewed literature being published and a review of this topic by Thompson Micromedex. Dr. Bailes reminded the audience that any individual can request that Thompson Micromedex review a specific drug and/or specific indications for that drug. Unfortunately, Thompson Micromedex does not disclose when they are reviewing a drug, or who the reviewers are. They feel that this secrecy is needed to maintain editorial independence. One can contact Thompson Micromedex by contacting Bela Sastry at sastryb@asco.org or through the public policy department of ASCO.

Additionally ASCO has rewritten its off-label drug indications white paper. This document was reviewed by the Clinical Practice Committee and approved. It will be sent on to the ASCO Board of Directors. This document urges CMS to update its list of approved peer review journals, and to utilize those journals as well as abstracts in making drug determination decisions. CMS was reminded of its statutory requirement in that regard.

⇒ The next agenda item was that Elaine Towle and Erin Matthews from ASCO reviewed the Health Information Technology in Practice, Practice Management Curriculum syllabus. Discussion and comments were made about this syllabus. It was emphasized by many speakers including myself, that it frequently is possible and desirable to implement an electronic health record in incremental pieces rather than as a whole. Changing practice work patterns is often the most difficult and most important step in an electronic medical record. Updating the practice management system as well as laboratory system may well have to be done independently. The advantages of having separate components by separate vendors are that one is not tied indefinitely to one vendor. It was also mentioned that hiring an information technology individual or individuals needs to be done very carefully, since these people will know all of the intimate details of one's practice. The Health Information Technology module is available for presentation to state societies free of charge to the state society. Elaine Towle is the prime mover in this area.

⇒ The next agenda item was a review of a new service which is being initiated by the CPC Committee. This is a subcommittee specifically to review practice issues of hospital-based oncologists and oncology clinics. Dr. Thomas Purcel spoke on this issue. The topic areas that this group will focus on will be:

1. pay and mechanisms of pay for oncologists;
2. the outpatient perspective payment system;
3. the importance of an oncology clinic in a hospital system, "flagship oncology";
4. leadership skills and responsibilities of an oncology medical director;
5. review of clinic productivity;
6. review of clinic infrastructure.

Obviously other topics may be covered as the need arises.

⇒ The next issue discovered was the state and regional affiliate program. Dr. Peter Yu reviewed this subject. The state and regional affiliate subcommittee reviewed the ASCO grant proposals. Eleven grant proposals were approved. Some of the grant proposals were felt to enhance the ASCO mission. Others were felt to be strong because they would enhance the viability of the state societies which were requesting funding.

⇒ Next Dr. Bailes reviewed the PET registry system which CMS is imposing. This will allow oncologists to obtain PET scans for non-covered indications as long as the registry information is completed. There are many flaws and problems with this system, including the fact that post procedure results must be reported back to CMS before the vendor will receive payment. This puts the vendor at risk of the providers not following through with the registry requirements. OPRP questioned whether this is in fact a clinical trial, and whether IRB approval and patient consent should be obtained. The information is still unclear about the status of this project.

⇒ Next Dr. Michael Goldstein reported on the oncology workforce study. This is a joint project of ASCO and the Association of American Medical Colleges. Many practices will receive a survey. It is very important that this survey be completed. At this point we know that there are about 456 new oncology fellows graduated each year. Of that

group, about 250 have expressed interest in going into clinical practice. How many of those fellows are actually eligible by virtue of their immigration status, etc, is unclear. An informal poll was taken at the meeting as to how many practices represented by the physicians at the CPC Committee were actively recruiting for new associates. Everyone in the room raised their hands. Quantifying the workforce deficit is an urgent issue. Most oncology fellow program directors stated that they were not really interested in training community oncologists. Additionally, they did not feel they could expand their programs without a significant increase in financial support.

There followed a discussion of the use of midlevel providers in oncology, and whether ASCO should try to get involved in creating a certificate program to certify the knowledge base and qualifications of an oncology certified midlevel provider. There was some interest in this.

Sean Bowen, MD is the physician liaison to the Career Development Committee. The Career Development Committee is developing a career resource guide. This should help fellows entering practice to consider what they should look at in terms of either an academic practice, a laboratory practice, a private practice, or an industry based practice. Additionally career development will continue with the sessions at the annual meeting targeted to fellows. This year these include negotiating contracts, debt management, and career choices.

Dr. Bowen suggested that state societies consider offering free membership to their state societies for their local fellows. Additionally Dr. Bowen and Elaine Towle mentioned a series of articles which will appear in JOP in this issue and related issues. Topics in JOP will include:

- a) how to find and select a new associate;
- b) the nuts and bolts of oncology clinical practice;
- c) utilizing volunteers in your oncology practice.

We will make sure that JOP is being sent free to the fellows as well.

Additional topics from the clinical practice steering subcommittee meeting of Thursday February 2, 2006.

- ⇒ The quality initiatives ASCO subcommittee reviewed the quality oncology practice initiative. Kristen McNiff is the ASCO liaison. Additionally, it was noted that NCQA, which now accredits health plans, is looking at becoming the accrediting agency for oncology clinical practices, and will probably use QOPI as their practice platform.
- ⇒ New practice initiatives will be brought forward in combined quality indicators for breast and colon cancer from NCCN and ASCO.
- ⇒ Lastly, dates of upcoming meetings were reviewed. These include the Clinical Practice Steering Subcommittee meeting which will be held on April 26, 2006. Dr. Hammond will be attending that meeting. This is in conjunction with the Legislative Meeting. There will also be a Steering Subcommittee Meeting in July held in conjunction with the CAC Meeting which will be on July 14th and 15th. A CPC meeting will be held at the annual meeting on June 4th.
- ⇒ There will also be a state affiliate leadership conference on October 20th and 21st. All of these meetings except the annual meeting will be in Washington, DC.

Respectfully submitted,
Denis B. Hammond, M.D.