

ANCO FAX News

Association of Northern California Oncologists
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INTRODUCTION

The *ANCO FAX News* focuses on ANCO's core activities—advocacy, clinical and professional education, membership benefits, and *Association* news. While membership mailings, FAX broadcasts, and ListServ postings continue, the *ANCO FAX News* summarizes this information in a regular forum of important news to members. Contact the ANCO office for additional information regarding any item published in the *ANCO FAX News* or to contribute items.

The *ANCO FAX News* is FAXed to Individual Member practices, and e-mailed to Group, Institutional, and Corporate (contacts) Members. The next regular *ANCO FAX News* will be published on June 5th. Send your comments or contributions to ANCO, P.O. Box 151109, San Rafael, CA 94915-1109; Voice: (415) 472-3960; FAX: (415) 472-3961; execdir@anco-online.org.

ADVOCACY

[Editor's Note: ANCO meets regularly with national, regional, and statewide organizations to discuss issues of importance to hematology/oncology practices and people living with cancer. We continually seek input from members on agenda items for these meetings. Send your issues to the ANCO office.]

ACCC, ASCO, ASH, and National Legislative & Regulatory Issues

[Editor's Note: ANCO is a member of the Association of Community Cancer Centers (ACCC) and a state/regional affiliate of the American Society of Clinical Oncology (ASCO).

ANCO and the American Society of Hematology (ASH) share information with members. We regularly participate with these organizations on matters of national importance to cancer care.]

The Federal Trade Commission (FTC) has decided to delay until August 1st the implementation of its ruling that would consider physicians who regularly bill their patients (including co-payments and coinsurance) to be creditors. If implemented, this rule would compel physicians to develop and

**There is information in the
ANCO FAX News
for every member of your practice
or organization.
Pass it along!**

- Physician Members
- Nurses & Office Managers
- Office Staff
- Colleagues & Representatives

The Association of Northern California Oncologists (ANCO) is an association of hematologists/oncologists dedicated to promoting high professional standards of cancer care by providing a forum for the exchange of ideas, data, and knowledge.

The material contained in the *ANCO FAX News* is intended as general information for ANCO members. Because diagnostic, treatment, contracting, coding, and billing decisions should be made on a case-by-case basis, any such information contained in the *ANCO FAX News* may not apply in any given situation. Members are encouraged to contact their own consultants or advisors to obtain specific advice on matters relating to contracting, coding, and billing. The information contained in the *ANCO FAX News* should not be used as a substitute for such advice.

implement written identity theft prevention and detection programs for their practices in order to be in compliance with the FTC's *Red Flags Rule*. The *American Medical Association* has developed guidance material (available at www.ama-assn.org/ama/no-index/physician-resources/red-flags-rule.shtml) to help physicians comply with the *Rule*.

According to CMS and effective July 10th, claims for clinical trials with dates of service on or after January 1st, 2008, with either the modifier QV or the modifier Q1 shall be returned as unprocessable with the following messages if the diagnosis code V70.7 is not submitted on the claim:

- Claims Adjustment Reason Code 16: Claim/service lacks information that is needed for adjudication. As least one Remark Code must be provided (may be comprised of either the Remittance Advice Code or NCPDP Reject Reason Code.)
- Remittance Advice Remark Code M76: Missing/incomplete/invalid diagnosis or condition.

For more information, visit www.cms.hhs.gov/MLN MattersArticles/downloads/MM5790.pdf. Alternatively, visit [www.palmettogba.com/Palmetto/Providers.nsf/files/CR6431_clinicaltrialsbilling_rev.pdf/\\$File/CR6431_clinicaltrialsbilling_rev.pdf](http://www.palmettogba.com/Palmetto/Providers.nsf/files/CR6431_clinicaltrialsbilling_rev.pdf/$File/CR6431_clinicaltrialsbilling_rev.pdf) for Palmetto/J1MAC's billing instructions.

HR1392 would remove prompt-pay discounts extended to drug wholesalers from the calculation of the *Average Sales Price* (ASP) for Medicare Part B drugs. Drug manufacturers are currently required to net out prompt-pay discounts paid by wholesale distributors before reporting ASP figures to CMS, even though the wholesaler prompt-pay discount is not passed along to physicians. Physician drug reimbursements are lowered by approximately 2% by this provision in the ASP calculation. **S717 (21st Century Cancer ALERT Act)** would improve cancer care in the United States. ALERT stands for Access to Life-saving Early Detection, Research and Treatment. The bill includes funding for a variety of programs and is intended to promote:

- Greater coordination of care through the use of registries.
- Increased access to research and clinical trials.
- Increased cancer prevention programs through access to early detection and other screening programs.
- Improvements in the coverage of cancer by Medicare and Medicaid.
- Increased funding for survivorship programs.
- Qualified patient navigation programs.

The bill also includes provisions to develop a national biorepository network for collecting tissue samples that will advance cancer research efforts. **S488 (*Access to Cancer Clinical Trials Act*)** addresses gaps in insurance coverage and economic barriers faced by cancer patients who participate in clinical trials. It would require insurance coverage in plans regulated by *Federal* and *State* law and would also set the standard for coverage in traditional insurance plans regulated by *State* law. **HR1844 (*Comprehensive Cancer Care Improvement Act of 2009*)** seeks to establish a new Medicare service for care planning, including a written care plan, treatment summary and survivor care plan that is communicated to survivors. Finally, **HR1927 (*Assuring and Improving Cancer Treatment Education and Cancer Symptom Management Act*)** would provide Medicare reimbursement for the time that registered nurses spend on educating newly diagnosed cancer patients about their disease and the effects of treatment. All members of the cancer community should contact their *Congressional* representatives to support this legislation.

CMS has announced a *National Coverage Determination* (NCD) that expands coverage for positron emission tomography (FDG-PET) scans for the management of patients with cancer. Under the NCD, Medicare will cover one FDG-PET study related to initial treatment decisions for patients with essentially all types of solid tumors that are either biopsy proven or are strongly suspected based on other diagnostic testing. Prostate cancer is excluded from this

coverage, and certain coverage limitations remain for breast and cervical cancer and melanoma. For more information, visit www.cms.hhs.gov/mcd/viewdecisionmemo.asp?from2=viewdecisionmemo.asp&id=218&.

CMS's Physician Quality Reporting Initiative (PQRI) provides a financial incentive for eligible professionals to participate in a voluntary quality-reporting program. Eligible professionals who successfully report a designated set of quality measures on claims may earn a lump sum bonus payment. There are several reporting options and incentive payments for physicians participating in the PQRI. For complete information on PQRI, including teleconference materials, qualified registries for data submission, quick reference charts, user guides, tool kits for successful reporting, updated submission methodologies, beneficiary letters, fact sheets, and FAQs, visit www.cms.hhs.gov/pqri. The "Spotlight" section on the PQRI webpage is updated frequently and alerts eligible professionals to the newest program information available on the PQRI webpage. **The American Medical Association (AMA) has posted PQRI participation tools** at www.ama-assn.org/ama/pub/physician-resources/clinical-practice-improvement/clinical-quality/participation-tools-individual.shtml. In addition, **ASCO's PQRI website (www.asco.org/pqri) includes relevant links and a table of oncology-related measures.**

The Medicare Improvements for Patients and Providers Act (MIPPA) authorizes an incentive program for eligible professionals who are successful electronic prescribers, or "e-prescribers". The incentive program, which began in January, offers bonuses for e-prescribers, including a 2% increase in Medicare payment in 2009 and 2010, a 1% increase in 2011 and 2012, and a 0.5% increase in 2013. To be eligible for the e-prescribing bonus, the services linked to e-prescribing measures must make up at least 10% of your Medicare charges for the year. After 2013, the bonus program will be phased out and penalties will be assessed for physicians who have not adopted e-prescribing, including a 1% deduction of covered Medicare Part B charges in 2012, a 1.5% deduction in 2013, and a 2% deduction in 2014 and beyond. CMS will post updates to e-prescribing quality measures, such as

specifications or reporting instructions, at www.cms.hhs.gov/ERXIncentive/. Medicare's *Practical Guide to the E-Prescribing Incentive Program* is now available at www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers-Current%20News-Medicare%20Practical%20Guide%20to%20the%20E-Prescribing%20Incentive%20Program%20is%20now%20available%20online!%20pendocument. The *Guide* explains the e-prescribing incentive program, how eligible professionals can participate, and how to choose a qualified e-prescribing system. Additional information is available at *eHealth Initiative's Clinician's Guide to Electronic Prescribing* at www.ehealthinitiative.org/erx/clinicians.msp (a how-to guide to help physicians make informed decisions about how and when to transition from paper to e-prescribing systems). **For additional oncology-specific information, visit ASCO's e-prescribing website at www.asco.org/eprescribing.**

Electronic health records (EHRs) are powerful tools that can streamline practice management and reduce errors in patient care. Members of ASCO's *EHR Workgroup* have provided commentary on several EHR topics via PodCast at [www.asco.org/ASCO/Practice+Resources/Electronic+Health+Records/EHR+Events/Electronic+Health+Records+\(EHR\)+Lab+at+the+2008+Annual+Meeting?cpsectcurrchannel=1](http://www.asco.org/ASCO/Practice+Resources/Electronic+Health+Records/EHR+Events/Electronic+Health+Records+(EHR)+Lab+at+the+2008+Annual+Meeting?cpsectcurrchannel=1). In addition, **ASCO has developed *The Oncology Electronic Health Record Field Guide: Selecting and Implementing an EHR*—the only oncology-specific consumer manual designed to guide oncology practices in selecting current and future oncology-specific EHRs for clinical practice management and quality-of-care measurement and improvement.** The *Field Guide* is available in hard copy as well as PDF. Electronic users can print worksheets and forms as they go through the *Field Guide's* material. Both formats of the *Field Guide* can be purchased by e-mailing support@articleworks.com or calling (800) 804-1425. More information is available at www.asco.org/ehrfieldguide. Finally, **ASCO has developed a new EHR social networking site (ehr.ascoexchange.org/) to help oncologists and their practice staff connect and collaborate with**

other users of EHRs, as well as find information on EHRs and other health information technology tools.

With the *American Recovery and Reinvestment Act (ARRA)* signed into law, now is the time to implement electronic health records (EHR) into your practice. ASCO is hosting its 2nd *EHR Symposium: Harnessing the HER—From Incentives to Sustainability*, October 6-7th at the *San Francisco Marriott*. The *Symposium* will prepare you with the knowledge and tools for successful selection and implementation. Program highlights include:

- Budgeting for the EHR
- Personal Health Records
- Implementation and Project Management
- Incentives: Planning for the ARRA Stimulus Package
- EHRs as a Quality Tool
- ROI and Costs
- Physician Compliance

Registration is now open at www.asco.org/ehrsymposium.

ANCO and ASCO continue to work towards ensuring that people with cancer have access to quality cancer care in the community. Practice resources are available at www.anco-online.org/mma.html and www.asco.org/mma, including:

- ASCO's *Adapting to Changes in Medicare 2009 PowerPoint* presentation.
- The April 2009 quarterly update for the *Average Sales Price (ASP) Medicare Part B drugs pricing file*.

Members may also e-mail ASCO's *Coding & Reimbursement Hotline* at practice@asco.org for up-to-date information on changes in coding for drug administration services, as well as billing and payments for drugs. Please include your ASCO member ID in your e-mail.

CMA, MOASC, and State Legislative & Regulatory Issues

[*Editor's Note:* ANCO and the *Medical Oncology Association of Southern California (MOASC)* are members of the *California Medical Association's (CMA) Council on Legislation, House of Delegates*, and specialty delegation. ANCO and MOASC coordinate advocacy activities in California.]

Noteware Government Relations represents ANCO (and MOASC) in Sacramento. They report:

- AB1201 would prohibit an insurer from requiring a physician to assume financial risk for childhood immunizations and requires the insurer to reimburse a physician the entire cost of acquiring, storing, and administering the vaccine, and prohibits the insurer from requiring cost-sharing for immunizations. ANCO, MOASC, and CMA support this bill that has been stalled in the *Assembly Appropriations Committee*. Due to the State's economic condition, all legislation costing more than \$50,000 are being held in *Committee*.

The 2009 *Federal* economic stimulus package includes \$19B for health information technology (HIT), the vast majority of which will be directed to physicians to subsidize the purchase and usage of electronic health record (EHR) systems. Beginning in 2011, qualifying Medicare providers stand to gain up to \$44,000 under the program; qualifying MediCal providers stand to receive as much as \$64,000. CMA advises physicians to begin the process of assessing their EHR needs, with an eye on what will work best for their specialty, the size of their practice, the stage in their career, and their comfort level with technology. CMA has established a *Health Information Technology (HIT) Resource Center* on the CMA website designed to educate physicians about the HIT subsidies for physicians in the recent *Federal* stimulus package. Visit www.cmanet.org/hit/ for the latest information focusing on materials to help physicians assess their HIT needs and begin the process of choosing an EHR system that works best for their practices and qualifies them to receive the *Federal* funds. CMA will also provide materials for physicians and practices that currently use

EHR systems to help them know how to qualify for the funds as well.

To help physicians negotiate and manage complex third-party payor agreements, CMA has published a contracting tool kit entitled *Taking Charge: Steps to Evaluating Relationships and Preparing for Negotiations—A Focus on Payor Contracting* that is available free to CMA members at the members-only website. Nonmembers can purchase the tool kit for \$100 in the CMA bookstore (call (800) 882-1262). This tool kit joins several other CMA tool kits (i.e., *Back to Basics: A Step-by-Step Guide to Maximizing Your Cash Flow, Getting Paid: Strategies to Maximize Reimbursement*) aimed at empowering physician practices vis-à-vis their relationships with private payors.

Palmetto/J1MAC, DHCS/MediCal, & Private Payors

[Editor's Note: ANCO communicates regularly with Palmetto/J1MAC that administers the J1MAC (Medicare) in California, and the Department of Health Care Services (DHCS) that administers DHCS/MediCal in California.]

The May edition of the **Palmetto/J1MAC Medicare Advisory** is now available at [\\$File/J1_MedAd_May09.pdf](http://www.palmettogba.com/Palmetto/Providers.nsf/files/J1_MedAd_May09.pdf).

DHCS/MediCal's eTAR is an easy, effective, fast and free way to submit TARs. Providers that utilize the eTAR application are generally more successful when submitting TARs. Most DHCS/MediCal providers have been activated to use eTAR. To verify access, go to www.medi-cal.ca.gov, select the Transactions tab, and log in with your NPI and PIN. An eTAR tab with options for DHCS/MediCal TARs will be available. If you do not have access or only see options for Inquire only, please contact DHCS/MediCal at (800) 541-5555 and follow the prompts for eTAR to request access. The eTAR training team would like to extend an invitation to access the free learning tools available to all DHCS/MediCal providers. Tutorials are available online to provide step by step instructions on how to submit eTARs and attachments, update eTARs, as well as inquire on previously submitted TARs. These tutorials can

be viewed at pro.medi-cal.ca.gov/wct/etar/etarms05/etarms05default.asp or on the DHCS/MediCal website under "eLearning" and "eTAR Medical Services Tutorial." In addition, free DHCS/MediCal seminars where eTAR will be taught are scheduled for San José (July 14-16) and Santa Rosa (September 10-11). For more information about Training seminars, please visit the DHCS/MediCal website.

EDUCATION

[Editor's Note: ANCO organizes clinical and professional education meetings throughout the year and throughout Northern California.]

ASCO Annual Meeting

Registration and housing reservations for the 2009 ASCO *Annual Meeting* that takes place May 29th to June 2nd in Orlando, Florida is available at www.asco.org/ASCO+Annual+Meeting.

Best of ASCO

Those who will wish to revisit or initially view the cutting-edge science presented at the 2009 ASCO *Annual Meeting* can now register and reserve housing for the upcoming *Best of ASCO* meeting in Los Angeles. This meeting will feature high-impact abstracts on scientific findings in primary disease sites, as well as practice-changing advances in cancer prevention and treatment. *Best of ASCO* takes place in Los Angeles on June 19-20th, at the *Hyatt Regency Century Plaza*. Visit www.asco.org/ASCO/Meetings/ASCO+Symposia+%26+Workshops/Best+of+ASCO+Meetings/Best+of+ASCO+Los+Angeles for more information and to register. MOASC will host a reception on Friday, June 19th at ASCO's *Best of ASCO*. Please RSVP via e-mail to neast@moasc.org by June 15th.

SAVE THE DATE

ASCO/ONS Highlights 2009

ANCO's *ASCO/ONS Highlights 2009* will summarize the major research and treatment advancements presented at this year's *ONS Congress* and *ASCO Annual Meeting*. The program will focus on breast, gastrointestinal, genitourinary, gynecologic, and lung cancers as

well as hematological malignancies. The faculty will place these developments in context as to their immediate clinical utility. A plenary talk on immunotherapy will also be presented.

ASCO/ONS Highlights 2009 will take place on Saturday morning, August 29th, at *The Claremont Resort* in Oakland. Meeting announcements and registration forms will be disseminated in early July.

5th Annual Oncology Congress



The 5th Annual Oncology Congress will take place September 24-26th at the *Hilton San Francisco*. This event is an interactive CME conference providing practicing oncologists with the latest clinical data, best practices, and new technologies that are directly applicable to the practice of oncology today. The *Congress* agenda and registration information will be posted over the next few weeks. Please visit www.oncologycongress.com for more information

Additional Education Meetings

Other meetings of possible interest to ANCO member practices are:

June 9th

Breast Cancer and Hispanic Women
CancerCare

Telephone Education Workshop

June 10th

Emerging Treatments for Non-Hodgkin Lymphoma
CancerCare

Telephone Education Workshop

June 11-14th

CancerGuides II: Cutting-Edge Cancer Care Professional Training Program
&

Food as Medicine: Professional Training Program
Center for Mind-Body Medicine
Washington, D.C.

June 17th

Medical Update on Lung Cancer from the 2009

American Society of Clinical Oncology (ASCO) Annual Meeting

CancerCare

Telephone Education Workshop

June 18th

Medical Update on Breast Cancer from the 2009 American Society of Clinical Oncology (ASCO) Annual Meeting

CancerCare

Telephone Education Workshop

June 19-20th

Great Debates and Updates in Breast Cancer

Imedex

San Francisco

June 23rd

The 7th Annual Cancer Survivorship Series—Living With, Through, and Beyond Cancer Part 3: Survivors, Too, Family, Friends, and Loved Ones

Managing the Fatigue of Caregiving

CancerCare

Telephone Education Workshop

June 24-25th

10th Annual Patient Congress

Patient Advocate Foundation

Washington, D.C.

June 25th

Living with Metastatic Colorectal Cancer

CancerCare

Telephone Education Workshop

June 26th

When the Diagnosis is Cancer of Unknown

Primary: Guidelines for Care

CancerCare

Telephone Education Workshop

July 16th

Understanding Peripheral Neuropathy

CancerCare

Telephone Education Workshop

July 23rd

What's New in Head and Neck Cancer: Knowing Your Health Care Team

CancerCare

Telephone Education Workshop

Please contact the ANCO office for more information about these meetings.

MEMBERSHIP RESOURCES & BENEFITS

ANCO Online

ANCO's website, www.anco-online.org, features:

- a general description and introduction to the *Association*, its activities, leadership, and membership benefits.
- advocacy information (including ANCO and ASCO Medicare resources).
- clinical and professional education meeting announcements and distributed materials.
- survey reports, publications, ListServ, and Weblog.
- clinical trials information.
- links to affiliated organizations.
- updated physician, nurse, manager, and patient resources.

ANCO Online ListServ & Weblog

The ANCO *Online ListServ* is available to all ANCO physician members, nurses, practice managers, and Corporate Member representatives. It is a source for the latest ANCO news and other information impacting hematology/oncology practices. These postings are digested in the ANCO *Online Weblog* at anco-online.blogspot.com (see below). To subscribe to the ANCO *Online ListServ*, visit www.anco-online.org and follow the links or visit www.anco-online.org/ListServ/mail.cgi/list/anco.

The ANCO *Online Weblog* posts and archives important news sent on the *ListServ* for hematology/oncology practices on an almost daily basis. ANCO urges its members to bookmark anco-online.blogspot.com (or subscribe to anco-online.blogspot.com/feeds/posts/default using your favorite news reader software; e.g., RssReader for Windows or NetNewsWire for Macintosh) and refer to it often.

ASSOCIATION NEWS

Board of Directors

The ANCO *Board of Directors* teleconferenced on May 12th to discuss and/or act upon the following issues:

- California legislation (AB52, SB161, SJR7)
- ANCO's *ASCO/ONS Highlights 2009*
- FY2009 YTD
- Financial health of ANCO member practices

Contact the ANCO office for additional information on any of these items.

The ANCO *Board of Directors* meets regularly by teleconference and occasionally in person to discuss issues affecting the *Association*, clinical and professional education, and ways to better serve the membership. *Board* meetings are open to individual physician members. The next regularly scheduled ANCO *Board of Directors* teleconference will take place on July 16th. Please call José Luis González, ANCO Executive Director, at (415) 472-3960 if you wish to participate in a future meeting.

Individual Member News

The ANCO *Directory of Members 2008* was mailed to ANCO physician members; nurse and office manager contacts; and, Corporate Member representatives the week of July 7th, 2008. Additional copies are available from the ANCO office upon request. A regularly updated online (.pdf) edition is available at www.anco-online.org/pubs.html. Please verify your *Directory* entry and contact the ANCO office with any corrections, additions, and/or deletions. The next *Directory* will be published in July 2009.

Group Member News

ANCO initiated a **Group Membership** in 2008 based on a mutual set of perceived values and benefits and a mutual set of interests. The ANCO *Board* believes that the *Association* and *The Permanente Medical Group* (TPMG) will each receive value from Group Membership.

ANCO thanks *The Permanente Medical Group* for joining ANCO.

Kaiser Permanente's cancer trial program in Northern California is a full-fledged member the *Southwest Oncology Group*, one of the largest cancer clinical-trial cooperative groups in the nation. *Kaiser* has participated in the SWOG cooperative for the last 17 years as an affiliate of *UC Davis*, providing its members with access to clinical trial through SWOG.

Institutional Member News

ANCO initiated an institutional membership in 2002. *Department(s) of Hematology and/or Oncology* of accredited, degree-granting teaching universities or research institutions are eligible for institutional membership. ANCO thanks the following **Institutional Members** for their support:

- *Stanford University Medical Oncology*
- *University of California, Davis, Cancer Center*
- *University of California, San Francisco*

For information on **continuing medical education meetings organized by our Institutional Members**, please visit:

- med.stanford.edu/seminars/cmecalendar.do
- www.ucdmc.ucdavis.edu/cme/conferences
- www.cme.ucsf.edu/cme

Stanford's 3rd Annual GI Cancers meeting takes place July 31st-August 2nd at the *Mauna Lani Bay Resort* in Hawaii. Visit www.cme.stanfordhospital.com for more information and to register.

Corporate Member News

ANCO thanks the following **Corporate Members** for their generous support that enables ANCO to provide services to the hematology/oncology community in Northern California, and to provide its members and their patients with substantial benefits in the areas of advocacy, education, and information dissemination:

*Abraxis Oncology • Alaven
Alexion Pharmaceuticals • AMGEN
AstraZeneca
Bayer Healthcare Pharmaceuticals/
Onyx Pharmaceuticals
biogenIDEC
Bristol-Myers Squibb Oncology
Celgene • Cephalon Oncology • Eisai
Enzon Pharmaceuticals
Genentech BioOncology
Genomic Health • Genzyme Oncology
GlaxoSmithKline Oncology • Hospira
ImClone Systems
Lash Group Healthcare Consultants
Lilly Oncology • Merck • Millennium
Novartis Oncology
Oncology Supply/ION • OneOncology
Ortho Biotech • OSI Pharmaceuticals
Onmark,
a McKesson Specialty Care Solutions Company
Pfizer Oncology • Response Genetics
Roche Oncology • Sanofi Aventis Oncology
Spectrum Pharmaceuticals
US Oncology Physician Services
Wyeth Pharmaceuticals • Vidacare*

We especially wish to thank and welcome *Merck* and *Response Genetics* as a new Corporate Member in 2009.

Please visit www.anco-online.org/assistance.html for Corporate Member drug reimbursement and patient assistance program information.

US Oncology Physician Services will host *Transitioning for the Future: Shifting Incentives from Drug Margins to Physician-Directed Cancer Care Management* on Saturday, May 30th at 6:30PM at the 2009 ASCO *Annual Meeting* (Orlando, Florida). Please RSVP by Thursday, May 28th by calling (866) 216-5053 or e-mailing tps@usoncology.com.

Clinical Trial News

Stanford seeks patients for two new clinical trials, as follows:

- A clinical trial of XL184, a c-MET and VEGF inhibitor in subjects with unresectable, locally advanced, or metastatic medullary thyroid cancer.

Stanford Cancer Center is the only Northern California site for this trial.

- A phase 2 study of docetaxel, cisplatin, fluorouracil, bevacizumab, and radiation therapy for patients with advanced **nasopharyngeal carcinoma** (NPC). This trial is building upon the backbone of INT 0099 and RTOG 0615. New components to the treatment plan include the use of induction rather than adjuvant chemotherapy, adding docetaxel and research hypoxia imaging.

Contact A. Dimitrios Colevas, M.D., or Ruth Lira at (650) 724-9707 for more information.

UCSF seeks patients for a phase I dose-escalation study of the safety, tolerability and maximally tolerated dose of AP24534 in subjects with BCR-ABL-positive leukemias.

AP24534 is a potent, orally-administered ATP-competitive and reversible inhibitor of drug-resistant forms of BCR-ABL, including the highly resistant T315I mutation. This first human study is aimed at patients with BCR-ABL-associated leukemias that are refractory or intolerant to standard therapies. Four cohorts have been evaluated to date with no evidence of dose-limiting toxicity. Eligible patients must be at least 18 years of age and have chronic myeloid leukemia or Philadelphia chromosome-associated acute lymphoblastic leukemia that is relapsed, refractory, or intolerant of standard therapy. The drug is given as an oral formulation once daily. If you have a potentially eligible patient, please contact Dr. Neil Shah's research coordinator, Patty Olszynski, at (415) 502-1564.

Publications, Resources, Services, & Surveys

A new national survey of physician practices finds that physicians on average are spending the equivalent of three work weeks annually on administrative tasks required by health plans. According to the study by Lawrence P. Casalino, M.D., Ph.D., of *Weill Cornell Medical College* and colleagues, physician practices report that overall the costs of interacting with insurance plans is \$31B annually and 6.9% of all U.S. expenditures

for physician and clinical services. The study, published in *Health Affairs*, was co-funded by *The Commonwealth Fund* and the *Robert Wood Johnson Foundation's Changes in Health Care Financing and Organization (HCFO) Initiative*. The survey of physician practices across the U.S. inquired about time spent by all practice staff on specific activities, including prior authorization, pharmaceutical formularies, claims and billing, credentialing, contracting, and collecting and reporting quality data. This national survey is the first to ask directly about time spent by non-physician staff on interaction with health plans, and the first to provide data by the type of interaction, type of staff, specialty, and practice size. On average, physicians spent three hours a week or nearly three weeks per year on these activities, while nursing staff spent more than 23 weeks per physician per year, and clerical staff spent 44 weeks per physician per year interacting with health plans. More than three in four respondents said the costs of interacting with health plans have increased over the past two years. Other study findings include:

- Physicians in solo or two-person practices spent significantly more hours interacting with health plans than physicians in practices with 10 or more physicians.
- Across practices, physicians and their staffs spent substantially more time on authorization, formularies, claims and billing, and credentialing than they did on submitting quality data or reviewing quality data provided by health plans.

ASCO's Practical Tips for the Oncology Practice (5th edition) is now available. *Practical Tips* is a fully-indexed and spiral-bound reference guide to Medicare coverage, coding, and billing for the oncology practice. Order the latest edition at www.asco.org/practicaltips.

ASCO's Oncology Practice Insider is an interactive biweekly communication specifically devoted to oncology practice management issues and for practice managers. Subscribe to the *Oncology Practice Insider* via e-mail to practice@asco.org. The latest issue features:

- Drug Shortage Updates

- FDA Reverses Action to Pull Unapproved Liquid Morphine Off Market
- CIGNA Modifier Policy
- Medicare Announces Sites for Pilot Program to Improve Quality as Patients Move Across Care Settings
- Q&A with Sue Bowman of AHIMA: ICD-10-CM Diagnosis and ICD-10-CM PCS Transition

The March (Vol. 5, Issue 2) issue of ASCO's *Journal of Oncology Practice* features articles entitled *Physician-Related Factors Involved in Patient Decisions to Enroll Onto Cancer Clinical Trials*, *ASCO Provisional Clinical Opinion: KRAS, Cetuximab, and Panitumumab—Clinical Implications in Colorectal Cancer*, and *Comparative Effectiveness: Its Origin, Evolution, and Influence on Health Care*. Visit www.jopasco.org for more information.

ASCO began publishing the *Journal of Oncology Practice* (JOP) in mid-2005. Although focusing on physician needs, JOP has increased its coverage of topics that are equally of interest and value to practice administrators. **ASCO is offering six (6) months of complimentary online access to JOP (at jop.ascopubs.org) to practice administrators associated with ANCO member practices.** Visit jop.ascopubs.org (use username JGONZALEZ and password J001_001).

The May/June (Vol. 24, No. 3) issue of ACCC's *Oncology Issues* features articles entitled *Hospital Outpatient versus Office Outpatient: Venus and Mars?*, *Translating Scientific Advances into the Community Setting—The National Cancer Institute Community Cancer Centers Program Pilot*, *Integrating Hospital-based Pharmacists in Private Medical Oncology Office*, and *Keeping Pace with Oral Chemotherapy*. Visit www.accc-cancer.org/oncology_issues/ for more information.

The Journal of the National Comprehensive Cancer Network (Volume 7, Number 5) features the updated NCCN *Clinical Practice Guidelines in Oncology: Uterine Neoplasms* and *Antiemesis*. Updates of the uterine neoplasms guidelines for 2009 include expanded recommendations for

systemic therapy and new principles of radiation therapy in both endometrial carcinoma and uterine sarcoma. These updated 2009 antiemesis guidelines explore the prevention, treatment, and management of cancer-related emesis and include updated dosing recommendations for several antiemetic drugs. Visit www.nccn.org/JNCCN/toc/2009may.asp for more information.

The May issue of *Oncology Business Review* features articles entitled *Adoption of e-Prescribing Yields Surprising Benefits to Practices* and *Competing for Image Leadership*. Visit www.oncbiz.com for more information.

Individual Membership Dues for 2009

Final notices of membership renewal were mailed in late April. If you have not yet done so, then please return your 2009 membership dues to ANCO now to ensure your inclusion in *The ANCO Directory of Members 2009*. Be sure to provide ANCO with your e-mail address and the name(s) and e-mail address(es) of office and/or nurse manager contact(s). Those not renewing their membership by July 1st will be deleted from the *Directory of Members*, and will no longer be eligible for any ANCO benefits. Contact the ANCO office if you did not receive or misplaced your membership dues renewal notice.

Please Note: The ANCO Office will be closed from June 11th through June 27th while the *Executive Director* is out of the country.