

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 July 31st. 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 cost of cancer treatment is often identified by patients and society as one of the most pressing issues facing the cancer community. ASCO is concerned that the rising costs of health care in general, and cancer care specifically, are not sustainable. Creating a workable, realistic solution to this problem will require a major

**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.

effort by all the interested parties (i.e., physicians, government, insurers, pharmaceutical companies, patients and their families, and others). ASCO recently published its *Cost of Cancer Care Guidance Statement* in the *Journal of Clinical Oncology*. ASCO's *Cost of Care Task Force* developed this statement to raise awareness in the oncology community about the many factors at work that are driving the increasing costs of cancer care. In addition to pointing out the value of the work done by oncologists, the statement outlines the cost issues, identifies the cost drivers, and is intended to educate clinical oncologists and other stakeholders about the role that oncologists play in addressing the issue of cost in the context of quality care. ASCO's statement not only highlights the need for oncologists to address the cost issue with patients, but also makes recommendations on how to incorporate these discussions into oncology practice. The statement identifies four key areas of need:

- Patient-physician discussions regarding the cost of care are an important component of high-quality care.
- Educational and support tools for oncology providers are needed to promote effective communication about costs with patients.
- Patients need educational resources about the high cost of cancer care to help guide their decision making regarding treatment options. ASCO's *Managing the Cost of Cancer Care Booklet* (see *Publications, Resources, Services, & Surveys*, below) is an educational resource to help patients raise these issues with their doctors.
- ASCO needs to address the underlying factors contributing to the increasing cost of cancer care.

The cost of cancer care is but one of many challenges facing the oncology community. Another is to assure that as the health care system is modified, the proposed changes enhance, not limit, the ability of oncologists to continue providing quality care to people with cancer. ASCO is working with other key organizations in the cancer community and is on *Capitol Hill* representing the interests and needs

of the oncology patient and provider community to members of *Congress*. ASCO will be releasing additional tools and information on cost of care issues in the weeks and months ahead. The *Journal of Oncology Practice* will feature a series of articles starting in the July issue that further address issues related to the rising cost of cancer care. If you would like more information about ASCO's cost of care efforts, contact ASCO's *Cancer Policy & Clinical Affairs Department* at (571) 483-1670 or cancerquality@asco.org.

CMS recently released its proposed *Medicare Physician Fee Schedule for 2010* and ASCO's preliminary review is deeply concerning. An initial analysis indicates that there could be reductions in overall payments to medical oncologists in the range of 6%, with steeper cuts in payments to radiation oncologists of 10%. CMS's proposed fee schedule is based in part on the *American Medical Association's* (AMA) *Physician Practice Information* (PPI) survey conducted in conjunction with more than 30 medical specialties. However, according to the AMA, only 50 oncology practices provided data on practice expenses, substantially lower than the 245 responses yielded by the 2002 ASCO survey that Gallup conducted and that currently forms the basis for practice expense payments. CMS's actions are a serious threat to the cancer community, and ASCO is taking aggressive steps on all of the issues outlined below:

- CMS's proposed reduction is based on a survey that grossly underrepresents practicing oncologists and that in no way reflects the true costs to practices. ASCO promptly communicated with CMS on this point and will continue to advocate that this survey provides an unbalanced perspective on the full cost of providing quality care to people with cancer.
- Oncology is one of only a few medical subspecialties that have been targeted for proposed cuts and it cannot sustain further payment reductions at a time when the number of people with cancer is increasing, practice expenses are increasing, and the oncology workforce is dwindling.

- CMS estimates the overall impact of policy changes on medical oncology at negative 6%. The service level impact for chemotherapy administration is even more drastic. Payments for core chemotherapy administration services such as IV chemotherapy infusion would be cut by more than 20% if these proposals are finalized.
- CMS has proposed eliminating payments for consultation codes and instead classifying consultations as E&M visit codes without providing a full discussion of the impact of this decision on specialties like oncology.

ASCO is undertaking an in-depth technical analysis of all of the provisions of the proposed fee schedule and will be providing more detailed information in the near future.

CMS has reportedly received questions with regard to billing aprepitant when used as a complete replacement for intravenous therapy or as a completion of a 48-hour regimen where IV aprepitant is given the day of chemotherapy and the oral medication is given days 2-3 of therapy. In response, CMS published a *Medlearn Matters* article SE0190 to clarify this issue (at www.cms.hhs.gov/MLNMArticles/downloads/SE0910.pdf).

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 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/MLNMArticles/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.

S1221, a companion bill to HR1392, has been introduced in the *Senate* and would remove prompt-pay discounts extended to wholesalers from the calculation of the *Average Sales Price* (ASP) for Medicare Part B drugs. Including prompt pay discounts in the ASP calculation threatens community oncology practices by artificially lowering the reimbursement rate for chemotherapy treatments. ASCO, along with a broad coalition within the cancer community, supports this legislation. Significant support of this legislation is critical to its consideration and passage. ANCO and ASCO urge you to contact your *Senators* today and ask them to co-sponsor S1221.

Palmetto/J1MAC will host an ACT Call to discuss the *Recovery Audit Contractor* (RAC; appeals process and recoupment) on July 14th at 12:30PM. Visit www.palmettogba.com/palmetto/Providers.nsf/vMasterDID/7T2KU95544?opendocument for more information.

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!?opendocument. 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 of 2009* (ARRA) signed into law, now is the time to implement electronic health records (EHR) into your practice. A new website (www.cms.hhs.gov/Recovery/11_HealthIT.asp) is now available from CMS where you can find information pertaining to the Medicare and Medicaid incentives for EHR adoption, including:

- a CMS fact sheet and questions/answers pertaining to the incentive programs.
- a link to the press release pertaining to the process of defining meaningful use.
- resources on health IT and privacy & security (HIPAA).

ASCO is hosting its 2nd EHR Symposium: Harnessing the EHR—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 July 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.]

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.]

Palmetto/J1MAC has revised its Local Coverage Determination (LCD) for Oncotype Dx. The revised LCD was effective June 25th and extends coverage for patients with 1-3 positive nodes and recognizes coverage for two tests in appropriate circumstances. The revised LCD is available at www.cms.hhs.gov/mcd/viewlcd.asp?lcd_id=28287&lcd_version=18&show=all.

Palmetto/J1MAC reports that from April 1st through May 9th there was an error in the EDI system that may have caused claims for ESAs (J0881, J0885; modifier EA) for the treatment of anemia unrelated to dialysis submitted with a HCT and/or HGB level to process incorrectly. The system may have been erroneously rounding the levels to the nearest whole number (i.e., claims with .4 or below were rounded down and claims with .5 or higher were rounded up). If the levels were rounded too high (i.e. if the HGB was rounded to 10.0 or the HCT was rounded to 30.0) then the service may have been denied in error. Denied services brought to our attention by affected providers will be adjusted. If you feel that you have claims that have been denied inappropriately, then please contact the *Telephone Reopening Line* at (866) 669-5543 to have your claims reopened. For more information, please visit www.palmettogba.com/palmetto/Providers.nsf/DocsCat/ViewAMALicense?OpenDocument&url=/palmetto/Providers.nsf/vMasterDID/7SAL6P2226?opendocument.

CMS recently issued updated instructions to Palmetto/J1MAC to follow when providers on EFT have failed to respond with a completed EFT application as requested. To comply with these new instructions, Palmetto/J1MAC has taken the listing of those that are on EFT and compared it to their database of ones that completed and returned the EFT applications as requested. Providers who have not returned a

new completed EFT application were recently mailed a letter indicating that they must respond to Palmetto/1MAC by July 24th or their provider number will be placed on DNF. If they fail to respond 90 days after the DNF has been placed, their number will be deactivated.

The **July edition of the Palmetto/J1MAC Medicare Advisory is now available** at [www.palmettogba.com/Palmetto/Providers.nsf/files/July_J1_Medicare_Advisory.pdf/\\$File/July_J1_Medicare_Advisory.pdf](http://www.palmettogba.com/Palmetto/Providers.nsf/files/July_J1_Medicare_Advisory.pdf/$File/July_J1_Medicare_Advisory.pdf). Of specific relevance to oncology, this edition features:

- Billing Routine Costs of **Clinical Trials**
- Quarterly Update to **Correct Coding Initiative (CCI) Edits**
- New Drug/Biological HCPCS Codes for July 2009 Update
- Part B LCD Updates
- **Physician Signature Requirements** for Diagnostic Tests

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/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. Download the meeting announcement and registration form at www.anco-online.org/ASCOHL2009.html.

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, faculty, and registration information are available at www.oncologycongress.com. ANCO members can use registration code ANCO09 to activate a special discounted registration rate of \$100.

Additional Education Meetings

Other meetings of possible interest to ANCO member practices are:

July 16th

Understanding Peripheral Neuropathy
CancerCare

Telephone Education Workshop

July 22nd

Current Developments in the World of Cutaneous Lymphoma
CancerCare

Telephone Education Workshop

July 23rd

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

Telephone Education Workshop

August 13th

What's New in Lung Cancer: Report from the 2009 Annual Meeting of the American Society of Clinical Oncology
CancerCare

Telephone Education Workshop

August 18th

Medical Update on Colorectal Cancer from the American Society of Clinical Oncology 2009 Annual Meeting
CancerCare

Telephone Education Workshop

August 26th

Coping with Nausea and Vomiting from Chemotherapy
CancerCare

Telephone Education Workshop

September 22nd-25th

26th National Oncology Economics Conference
Association of Community Cancer Centers
(www.accc-cancer.org/meetings/meetings_noec2009.asp)
Minneapolis

October 8-10th

Breast Cancer Symposium
American Society of Clinical Oncology
(www.asco.org/ASCOv2/Meetings/Breast+Cancer+Symposium)
San Francisco

December 2nd-8th

51st Annual Meeting
American Society of Hematology
(www.hematology.org/meetings/2009/program/index.cfm)
New Orleans

Please contact the ANCO office for more

information about these meetings.

ASSOCIATION NEWS

Board of Directors

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 22nd. 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.

UCD's *10th Annual Advances in Oncology* takes place at the *Hyatt Regency* in Sacramento on September 12th. Visit www.cancerlearning.com/index.cfm/fuseaction/conference.showOverview/id/5/conference_id/343 for more information.

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 new Corporate Members in 2009.

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

***Genentech BioOncology* has informed ANCO that the FDA has approved Avastin for the treatment of glioblastoma with progressive disease following prior therapy as a single agent.**

Publications, Resources, Services, & Surveys

ASCO invites you to participate in a *Study of Collaborative Practice Arrangements*, funded by *Susan G. Komen for the Cure. Oncology Metrics* has been commissioned by ASCO and is conducting a survey to inform the study. This study builds on the ASCO report published in the March 2007 *Journal of Oncology Practice* that projected a significant shortage of medical oncologists in the United States by 2020. The study aims to address the workforce shortage by exploring collaborative practice models between oncologists and non-physician practitioners (NPPs). It will examine the impact of these models on practice efficiency and quality of care, and explore the satisfaction of physicians, NPPs and their patients with collaborative practice models. During the first phase of this project, a

brief survey will be administered to collect data about your practice and the services provided by NPPs in your office, as well as the oncologist/NPP collaboration style. If your practice does not employ NPPs, please answer the survey with that information. This survey should take your practice administrator or lead physician 20-30 minutes to complete. All survey responses must be submitted electronically. To complete the survey, go to www.surveymonkey.com/s.aspx?sm=mUFMdcthVymqtS9m8JUc1Q_3d_3d. Please submit only one survey per practice. If you have questions, please contact Elaine Towle at etowle@oncomet.com or (603) 887-8433.

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. Recent issues featured:

- ASCO's 3rd EHR Vendor Lab
- ASCO Announces New QOPI Certification Program
- Some Physicians Cutting Fees and Offering Payment Plans During Economic Downturn
- Billing and Coding Q & A

ASCO released a new guide to help patients and doctors better communicate about the costs associated with cancer care. The booklet, available at www.cancer.net/managingcostofcare, includes:

- A list of questions that patients can ask their doctors about health care costs, including costs associated with medication and treatment, doctor visits, and associated expenses such as transportation, other living expenses, and long-term care.
- Information on resources for patients who have employment or health insurance problems related to their cancer treatment.
- Tips for organizing bills and expenses related to the cost of cancer treatment.
- A list of financial resources available to people with cancer.

- A glossary of cancer treatment and financial terms.

The patient guide is one element of ASCO's effort to address the burden of high cancer care costs on patients and doctors through its *Cost of Care Task Force* that is developing guidance on actions that physicians can take to address the problem and recommendations for potential policy solutions.

The **Quality Oncology Practice Initiative (QOPI)** is a practice-based quality improvement program developed by ASCO volunteers. QOPI includes a set of quality measures, a specified chart selection methodology, a secure system for data entry, automated data analysis and reporting, and a network of resources for improvement. Twice a year, staff at participating practices conduct a retrospective review of patient charts. Following every data collection period, the QOPI system generates a report for each practice. QOPI data can be used to satisfy the practice performance improvement requirement for ABIM *Maintenance of Certification*. Register for QOPI at www.asco.org/QOPI.

The July/August (Vol. 24, No. 4) issue of ACCC's *Oncology Issues* features articles entitled *Emerging Role of Pharmacists in Private Practice*, *Implementing EHRs in Community Oncology Practices*, and *Is Your Practice Getting the Most from HER?*. Visit www.accc-cancer.org/oncology_issues/ for more information.

NCCN has updated their *Clinical Practice Guidelines in Oncology*, as follows:

- **for Central Nervous System Cancers** to include bevacizumab as a single agent without irinotecan for recurrence/salvage therapy in glioblastoma.
- **for Chronic Myelogenous Leukemia** to include the addition of PEG-interferon as an alternative to interferon in specified circumstances.
- **for Kidney Cancer** to include the addition of everolimus as a second-line therapy after a tyrosine kinase inhibitor and the change to a category 1 recommendation for bevacizumab and interferon for first-line therapy for clear cell histologies.

- **for Multiple Myeloma** to include bortezomib plus doxorubicin and dexamethasone as a category 1 option for induction therapy for transplant patients.
- **for Neuroendocrine Tumors** to include octreotide therapy for asymptomatic patients with recurrent, unresectable carcinoid tumors.
- **for Testicular Cancer** to include the addition of doses for single-agent carboplatin for seminoma and changes to category 1 for recommendations on radiotherapy and surveillance.

Visit www.nccn.org for the latest NCCN guidelines. In addition, NCCN is reaching out to oncology professionals to determine how useful the NCCN *Clinical Practice Guidelines in Oncology* are to you in informing your treatment decisions. Your responses will help NCCN make the *Guidelines* even more accessible. Please complete the short survey. At www.surveymonkey.com/s.aspx?sm=VffEQquxjmW2KnWkwVU08w_3d_3d.

NCCN is developing a library of chemotherapy order templates to improve the safe and effective use of drugs and biologics in cancer care. The information contained in the NCCN *Templates* is based on their *Clinical Practice Guidelines in Oncology* and their *Drugs & Biologics Compendium* and include chemotherapy, immunotherapy, supportive care agents, monitoring parameters, and safety instructions. Special instructions for self-administered chemotherapeutic agents are also provided. *Templates* are now available for anal, bladder, breast, cervical, colon, hepatobiliary, kidney, non-melanoma skin, non-small cell lung, ovarian, prostate, small cell lung, and testicular cancers; chronic myelogenous leukemia; and, uterine neoplasms. Access the latest updates at www.nccn.org.