

ANCO FAX News

Association of Northern California Oncologists
Post Office Box 151109, San Rafael, California 94915-1109
Voice: (415) 472-3960 • FAX: (415) 472-3961
execdir@anco-online.org • www.anco-online.org

Vol. 8, No. 22

December 18th, 2009

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.

This is the final *ANCO FAX News* for 2009.

**HAPPY HOLIDAYS
&
NEW YEAR TO ALL!**

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.]

Senator Arlen Specter has introduced two amendments to the Senate health reform bill that would affect your Medicare payments. One would remove the prompt pay discount from the average sales price formula; the other would delay the CMS plan to eliminate consultation codes from the CPT. Please ask your Senators to

**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.

support inclusion of these two important amendments in the final *Senate* bill. **Amendment 3175 would remove the prompt pay discounts of up to 2% from the average sales price formula.** Including prompt pay discounts in the ASP calculation threatens community oncology practices by artificially lowering the reimbursement rate for chemotherapy treatments. **Amendment 3163 would delay the elimination of consultation codes for one year.** The recently released 2010 physician fee schedule would eliminate the consultation codes effective January 1st. Instead, physicians are instructed to use new or established patient codes. The elimination of the consultation codes will disadvantage most oncologists, who must provide significant additional documentation for a consultation.

CMS released a final rule that updates payment policies and rates under the *Medicare Physician Fee Schedule* (MPFS) for calendar year 2010, beginning January 1st. Current law requires that CMS adjust the MPFS payment rates annually based on an update formula, which requires application of the *Sustainable Growth Rate* (SGR). The formula has provided negative updates every year since 2002, and each year *Congress* has averted these cuts. For 2010, Medicare payments to doctors are scheduled to drop 21.2%, resulting in an updated conversion factor of \$28.3895 unless *Congress* intervenes. CMS and the *White House* have said that they remain committed to working with *Congress* to avert the physician payment cut. (The *House of Representatives* has passed legislation to postpone physician payment cuts until March 1st; the *Senate* is expected to consider similar legislation by the end of this week.) In the final rule, CMS is also adopting several refinements to Medicare payments to physicians that will impact hematology/oncology:

- There is anticipated to be a 1% reduction in oncology services for 2010. This is part of a four-year phase-in of a 6% total cut in payment attributed to other changes in reimbursement for allocation of practice expenses.
- CMS will not use the AMA's *Physician Practice Information Survey* data to determine the practice expenses for medical oncology, but instead will

continue to use the specialty supplemental survey data. This change will help to avoid further declines in reimbursement.

- CMS is finalizing the proposal to stop making payments for consultation codes other than the G codes for telehealth services. Instead of consultation codes, hematologists/oncologists will need to rely on existing evaluation and management services. The result will most likely be less reimbursement to specialists and increased reimbursement to primary care physicians.

Read ACCC's analysis of the final 2010 MPFS at www.accc-cancer.org/advocacy/pdf/2010_physician_finaladditionalcomments.pdf; read ASH's analysis at www.hematology.org/News/2009/4528.aspx.

Visit www.cms.hhs.gov/MLN MattersArticles/downloads/MM6740.pdf for more information regarding the elimination of consultation codes as of January 1st. Highlights include:

- Effective for dates of service on or after January 1st, Medicare will no longer recognize AMA CPT consultation codes (ranges 99241-99245, and 99251-99255) for inpatient facility and office/outpatient settings where consultation codes were previously billed.
- Physicians may employ the 2009 consultation service codes, where appropriate, to bill for consultative services furnished up to and including December 31st.
- Physicians who bill a consultation after January 1st will have the claim returned with a message indicating that Medicare uses another code for the service. The physician must bill another code for the service and may not bill the patient for a non-covered service.
- Conventional medical practice is that physicians making a referral and physicians accepting a referral would document the request to provide an evaluation for the patient. In order to promote proper coordination of care,

these physicians should continue to follow appropriate medical documentation standards and communicate the results of an evaluation to the requesting physician.

- In the inpatient hospital setting and nursing facility setting, any physicians and qualified NPPs who perform an initial evaluation may bill an initial hospital care visit code (CPT code 99221-99223) or nursing facility care visit code (CPT 99304-99306), where appropriate.
- The principal physician of record (the admitting physician) will append modifier –AI, Principal Physician of Record, to the E/M code when billed. This modifier will identify the physician who oversees the patient’s care from all other physicians who may be furnishing specialty care. However, claims that include the -AI modifier on codes other than the initial hospital and nursing home visit codes (i.e., subsequent care codes or outpatient codes) will not be rejected and returned to the physician or provider.
- In all cases, physicians will bill the available code that most appropriately describes the level of the services provided.
- A new patient is a patient who has not received any professional services (E/M or other face-to-face service) from the provider or a member of their specialty in the practice within the previous three years. This means that a provider may not bill a new visit for a consultation/evaluation of a new problem.

The Federal Trade Commission (FTC) has once again extended its enforcement date (to June 1st) for its ruling that would consider physicians who regularly bill their patients (including co-payments and coinsurance) to be creditors. Physicians must develop and implement written identity theft prevention and detection programs for their practices in order to be in compliance with the FTC’s *Red Flag 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*. **The California Medical Association (CMA) has published a tool kit to help physicians and their staffs understand the scope and requirements of the *Red Flag Rule*.** The tool kit provides guidance on designing and implementing an identity theft detection and prevention program for the physician practice. CMA’s *Red Flag Rule Tool Kit* is free to members at the members-only website. **For a primer on the FTC’s *Red Flag Rule*, please see the article at www.anco-online.org/RedFlagRule.pdf.** ANCO has also arranged for *Risk Mitigation Solutions* to offer compliance services to members (visit www.anco-online.org/RiskMitigationSolutions.pdf).

CMS has begun distribution of 2008 PQRI payments. These payments will be issued to the tax ID number by Medicare carrier via paper check or electronically. For those eligible professionals who were initially found unsuccessful under the 2007 program, 2007 PQRI re-run payments are also being distributed. CMS has created an alternative process that individual eligible professionals may use to request 2007 re-run and 2008 PQRI feedback reports based on their NPI. This additional option is not applicable to group practices. Individual PQRI participants can call their respective Medicare Provider Contact Center to request 2007 re-run and 2008 PQRI feedback reports that will contain data based on their individual NPI. For additional information regarding this alternative PQRI feedback report request process, please read www.cms.hhs.gov/MLN MattersArticles/downloads/SE0922.pdf. CMS has posted two educational guides on understanding the PQRI incentive payments for the 2007 re-run and for 2008. To access *A Guide for Understanding the 2007 Re-Run PQRI Incentive Payment*, visit www.cms.hhs.gov/PQRI and click on the *2007 PQRI Program* link. To access *A Guide for Understanding the 2008 PQRI Incentive Payment*, visit www.cms.hhs.gov/PQRI and click on the *2008 PQRI Program* link.

CMS has announced the posting of 2010 PQRI educational products to the PQRI webpage at www.cms.hhs.gov/PQRI. They include:

- 2010 PQRI Quality Measure List

- 2010 PQRI Measure Specifications Manual for Claims and Registry; Reporting of Individual Measures and Release Notes
- 2010 PQRI Implementation Guide
- Getting Started with 2010 PQRI Reporting of Measures Groups
- Group Practice Reporting Option (GPRO) Requirements for Submission of 2010 PQRI Data

A new measure has been added for 2010 on oncology disease staging.

CMS has announced the posting of 2010 Electronic Prescribing Incentive (eRx) Program educational products to the eRx webpage at www.cms.hhs.gov/ERxIncentive. They include:

- 2010 eRx Measure Specifications and Release Notes
- Claims-Based Reporting Principles for the 2010 eRx Incentive Program
- 2010 EHR Measure Specifications for eRx and Release Notes
- Group Practice Reporting Option (GPRO) Requirements for Submission of 2010 eRx Data

CMS has developed a number of on-line tools surrounding PQRI and ERx, including a web-based training course on the two programs. The course provides information on the completion, submission, and maintenance of the documentation that is required to successfully participate in the PQRI and ERx programs. To access the on-line tools, visit www.cms.hhs.gov/MLNGenInfo, scroll down to “Related Links Inside CMS,” select “Web Based Training (WBT) Modules,” and then select the “Physician Quality Reporting Initiative and Electronic Prescribing Incentive Program” from the list provided.

Electronic health records (EHRs) are powerful tools that can streamline practice management and reduce errors in patient care. 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. In addition, 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. **Materials from ASCO's 2009 EHR Symposium are now available, including video and slides from all the sessions.** Please call (888) 273-3508 or (703) 519-1430 to place your order. Finally, a CMS website (www.cms.hhs.gov/Recovery/11_HealthIT.asp) is now available where you can find information pertaining to the Medicare and Medicaid incentives for EHR adoption.

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.]

Sacramento can be a dangerous place for doctors. Many bills impacting medicine wind their way through the *Capitol* on their journey to the *Governor's* desk. And, many of these bills threaten the medical profession with the backing of powerful lobbyists and PACs. It's critical that **physicians have an advocate at work for them every day and who knows how to speak on their behalf.** That advocate is the *California Medical Association* (CMA). While physicians keep a close eye on their patients, CMA is keeping a close eye on those bills...and more. **Got payment delays? Feeling victimized by payors and overwhelmed by the process? Don't let the health plans mistreat you.** The CMA's *Center for Economic Services* has a team of reimbursement specialists available to assist ANCO's CMA members experiencing payment problems with third-party

payors. For membership, contact Ron Lopp at (916) 551-2042 or rlopp@cmanet.org; for reimbursement assistance, call CMA's *Reimbursement Helpline* at (888) 401-5911.

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. CMA members are invited to participate in the *EHR Best Practice Series*. Please call (800) 786-4262 for your unique coupon code to use when registering if a coupon code has not already been provided to you from your county medical society. Visit www.ehrbestpractice.com/register/regWebinar_CMA.php for more information and to register.

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 recently conducted an operational change that resulted in a "front loading" of payments in December. On Wednesday, December 9, the waiting period for claims payment was reduced to zero days (normally 14 days for electronic claims and 30 days for paper claims). All claims that had been cleared were paid immediately. The temporary elimination of the claims payment floor was part of Palmetto/J1MAC's transition to a new financial accounting system. This may have given the appearance that your cash revenues had increased, when in fact payments for some of your claims may have simply been made earlier than normal. Physicians are encouraged to monitor their payments and make adjustments as necessary to prevent cash flow problems later in the month. No payments were issued from December 10th through December 15th while the accounting systems were being switched. Normal payment cycles were scheduled to resume on December 16th. For more information, visit www.palmettogba.com/Palmetto/Providers.nsf/docsCat/Jurisdiction%201%20Part%20B~Articles~Healthcare%20Integrated%20General%20Ledger%20Accounting%20System%20%28HIGLAS%29~HIGLAS%20Transition%20Impact%20on%20J1%20Part%20B%20Medicare%20Providers?open&Expand=1; FAQs and answers are available at [www.palmettogba.com/palmetto/providers.nsf/DocsCat/Jurisdiction%201%20Part%20B~Articles~Healthcare%20Integrated%20General%20Ledger%20Accounting%20System%20\(HIGLAS\)~8525746A00550AA385257685004AC46D](http://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Jurisdiction%201%20Part%20B~Articles~Healthcare%20Integrated%20General%20Ledger%20Accounting%20System%20(HIGLAS)~8525746A00550AA385257685004AC46D).

Palmetto/J1MAC mailed 2010 Medicare participation enrollment and fee schedule

information in November. For more information, visit www.palmettogba.com/palmetto/providers.nsf/vMasterDID/7X2L3Y4207?opendocument. CMS has extended the 2010 *Annual Participation Enrollment Program* end date from December 31st to January 31st. The 2010 Palmetto/J1MAC Part B fee schedules for California are now available (at www.palmettogba.com/palmetto/providers.nsf/DocsCat/Jurisdiction%201%20Part%20B-Publications-Fee%20Schedules-Medicare%20Physician%20Fee%20Schedules%20and%20Updates-8525746A00550AA38525768100694D43) and are effective January 1st.

The Medicare Modernization Act of 2003 established the Medicare Recovery Audit Contractor (RAC) program to identify fraud and waste in the Medicare system. Audit contractors are expected to focus on companies and individuals whose billings for specific Medicare services are higher than the majority of providers in their communities. Auditors cannot request more than 10 patient records from a practice in any 45-day period. The *California Medical Association* (CMA) has developed a tool kit to help physicians understand the program and, if necessary, navigate the audit process. The tool kit is available free to CMA members. Palmetto/J1MAC has published an article entitled *Recovery Audit Contractor (RAC) Program* and added a new RAC category under *Articles* on the Palmetto/J1MAC website. Visit www.palmettogba.com/palmetto/providers.nsf/vMasterDID/7T6K7W3608?opendocument or www.anco-online.org/MedicareRACs.pdf for more information on the RAC program. **HealthDataInsights (HDI), the Medicare RAC for Region D (that includes California), has posted the first group of CMS-approved audit issues for RAC review at racinfo.healthdatainsights.com, including:**

- Pegfilgrastim claims not billed with the 6mg unit of service
- Excessive units (IV hydration)

Palmetto/J1MAC's December Medicare Advisory is available at www.palmettogba.com/palmetto/providers.nsf/docsCat/Providers-Jurisdiction%201%20Part%20B-Publications-Medicare

%20Advisory?open&expand=1.

Anthem Blue Cross has notified physicians of changes to its *Prudent Buyer* physician fee schedule that will take effect January 1st. In a letter to physicians, *Blue Cross* informed physicians that it would be modifying payment levels for many CPT codes, some being decreased and others being increased. The new fee schedule also incorporates a site of service rate differential. Physicians are reminded that before accepting a new health plan contract or a material change to an existing contract, it is important to know what value it will bring to their practice. You do not have to accept contracts that are not mutually beneficial. If you have questions about the new contract terms, contact *Blue Cross Provider Relations* at (800) 933-6633. Physicians are urged to calculate the financial impact the fee schedule changes will have on their practices. The new rates are available at www.anthem.com/ca/ (log in to *ProviderAccess* and select the "Prudent Buyer Fee Schedule Update Effective 1/1/2010" link under the "What's New" section). You can also request the new rates via FAX (visit www.cmanet.org/upload/pricing_request_form.pdf for the request form or call *Blue Cross Provider Relations*). To help physicians understand the impact these changes will have on their practices, CMA has published a *Blue Cross* tool kit containing information on each of these changes, including important dates and links to important documents and sample letters. The tool kit is available free to CMA members at the members-only website.

***United Healthcare* has revised and updated its drug coverage policies for bevacizumab, natalizumab, and omalizumab; has new drug coverage policies for octreotide; and, has retired its drug coverage policy for tositumomab and ibritumomab.**

Did you know that the California has a quick, easy, and free way for physicians to get help with claims payment problems? The *Department of Managed Health Care's* (DMHC) *Provider Complaint Unit* (PCU) has recovered more than \$16M in additional payments owed by health plans to physicians since it was created in 2005. The DMHC PCU was created as an alternative way for physicians to resolve claims payment

issues without having to go to court. An online *Provider Complaint System* evaluates claim reimbursement disputes such as timely submission and payment of claims, failure to pay according to contracts, coding disputes, and enforcement of the provider bill of rights. The PCU investigates and addresses individual claims problems and also systemic unfair payment or billing patterns among health plans. The DMHC is the *State* agency that regulates all California HMOs, and *Anthem Blue Cross* and *Blue Shield* PPOs. If you are a physician and would like to report a problem regarding claims payment, please contact DMHC at (877) 525-1295 or visit www.healthhelp.ca.gov. DMHC is especially interested in current preauthorization/certification, claims processing, and payment problems facing the hematology/oncology community. Visit www.anco-online.org/Resources.pdf for specific instructions on how to report your issues to DMHC.

EDUCATION

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

Adapting to Changes in Medicare for 2010

ASCO will offer the *Adapting to Changes in Medicare for 2010* teleconference on Thursday, January 7th at 1PM. Discussion topics will include:

- Overview of Medicare's 2010 *Physician Fee Schedule*
- Review of the 2010 PQRI program and oncology-related measures
- Review of the 2010 e-prescribing program
- Oncology coding update

Register at https://jsp.premiereglobal.com/webrsvp/register?conf_id=9048327 by Wednesday, January 6th.

Oncology Reimbursement 2010

ANCO's annual Medicare update programs have been expanded. *Oncology Reimbursement 2010* will present the latest information impacting oncology reimbursement in 2010. Roberta Buell, M.B.A., will provide a complete update of

changes for Medicare reimbursement—fee schedule, coding/billing, PQRI, ERx. Sandra Siddall, R.N., M.S.N., *Palmetto/J1MAC*, will review the Palmetto/J1MAC medical review/appeals process. Her objectives will be to differentiate between reopenings and redeterminations; develop an understanding of the Medicare appeals process; present the requirements for filing each level of appeal; and, describe what to submit with appeals. CMA's advocacy staff will review the rules and regulations governing claims processing and payment from third-party payers and resources available to ANCO CMA members to help resolve issues between practices and third-party payers. Drew Brereton, *Department of Managed Health Care*, will review how to use DMHC resources and processes to help resolve issues between third-party payers, patients, and practices. These meetings will take place in San José on January 12th, Sacramento on January 13th, and Fresno on January 14th. Meeting announcements were mailed the week of November 30th; visit www.anco-online.org/OncReimb2010.html for more information and to download a meeting registration form.

SABCS Highlights 2009

ANCO's annual *SABCS Highlights* will take place on January 20th at *The Claremont Resort* in Oakland. Faculty from *Stanford University*, *UC Davis*, and *UC San Francisco* will present and review the clinically most relevant results presented at December's *San Antonio Breast Cancer Symposium*. Meeting announcements were mailed the week of December 7th; visit www.anco-online.org/sabcs.html for more information and to download a meeting registration form.

Highlights of ASH 2009

ANCO's annual *ASH Highlights* will be superseded in 2010 by ASH's *Highlights of ASH*. ANCO is pleased to partner with ASH to bring *Highlights of ASH* to the *Westin San Francisco Market Street* on February 5-6th. This exceptional educational opportunity will feature leading hematology experts who will present unbiased analysis from the 2009 *ASH Annual Meeting*

abstracts and sessions, evolving therapies, and the latest treatment options and their clinical applications. ASH is accredited by the *Accreditation Council for Continuing Medical Education* to provide continuing medical education for physicians and has designated this educational activity for a maximum of 10.5 AMA PRA Category 1 Credits™. As a member of ANCO you receive a special discounted registration rate to attend this meeting by using ANCOHOA10 (all upper case) as your registration code. Visit www.hematology.org/Meetings/Highlights/4310.aspx for more information and to register. Or, download the meeting brochure and registration at www.anco-online.org/HOA2010.pdf. ANCO encourages all members to attend this highly informative meeting.

SAVE THE DATE **ASCO Annual Meeting**

ASCO's *Annual Meeting* will take place June 4-8th in Chicago. You may now reserve your room and register at www.asco.org/annualmeeting.

Forthcoming ANCO Meetings

ANCO's *ASCO/ONS Highlights 2010* is being superseded in July 2010 by ASCO's *Best of ASCO* (San Francisco, July 16-17th). Watch for an ANCO event at ASCO's *Best of ASCO*.

Additional Education Meetings

Other meetings of possible interest to ANCO member practices are:

January 14th
Update on Peripheral T-Cell Lymphoma
CancerCare
Telephone Education Workshop

January 15th
Understanding Adjuvant Therapy for Early-Stage Lung Cancer
CancerCare
Telephone Education Workshop

January 20th
Current Trends in Managing Chemotherapy-Related Nausea and Vomiting
CancerCare

Telephone Education Workshop
February 5-6th
Community Oncology Conference
Community Oncology Alliance
Scottsdale
(www.communityonc.com/en/Home/?campaignid=61537599&iusercampaignid=58225281)

February 10th
Advances in the Treatment of Chronic Lymphocytic Leukemia (CLL)
CancerCare
Telephone Education Workshop

February 11th
Advances in the Treatment of Breast Cancer
CancerCare
Telephone Education Workshop

February 13-16th
30th Annual Conference: Clinical Hematology & Oncology
Scripps Cancer Center
San Diego

February 19-20th
16th Annual Conference
NOCR
Las Vegas
(www.nocrannualmeeting.com)

February 24th
Progress in the Treatment of Multiple Myeloma
CancerCare
Telephone Education Workshop

March 3rd
Emerging Treatments for Colorectal Cancer: What's New?
CancerCare
Telephone Education Workshop

March 10th
Medical Update on Ovarian Cancer
CancerCare
Telephone Education Workshop

March 10-14th
15th Annual National Conference: Clinical Guidelines & Quality Cancer Care
National Comprehensive Cancer Network
Hollywood, FL
(www.nccn.org/professionals/meetings/15thannual/default.asp)

March 17-20th
 36th Annual National Meeting:
Efficiency & Excellence in the New Economic Reality
 Association of Community Cancer Centers
 Baltimore

MEMBERSHIP RESOURCES

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.
- updated Corporate Member drug reimbursement and patient assistance program information.

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. To subscribe to the ANCO *Online ListServ*, send an e-mail to ListServ@anco-online.org.

The ANCO *Online Weblog* posts and archives important news sent on the *ListServ* for hematology/oncology practices on a regular basis. Among the additional news topics covered at anco-online.blogspot.com are:

- ACCC Alerts
- ANCO Meeting Announcements

- ASCO e-News and Cancer Policy Today
- ASH Practice Updates
- CMA Alerts
- CMS/Medicare Website Updates
- DHCS/MediCal Updates
- Palmetto/J1MAC Website Updates

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 December 9th to discuss and/or act upon the following issues:

- National regulatory actions
- Educational programming
- FY2009 results
- *Executive Director's* contract renewal
- ANCO responses to member economic challenges

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 meeting** will take place on January 20th. 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 2009 was mailed to ANCO physician members; nurse and office manager contacts; and, Corporate Member representatives the week of August 3rd. 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 2010.

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

UCSF's **9th Annual UCSF Clinical Cancer Update** takes place in North Lake Tahoe on January 29-30th. Visit www.cme.ucsf.edu/cme/CourseDetail.aspx?coursenumber=MSU10006 for more information.

Stanford's 12th Annual Multidisciplinary Management of Cancers: A Case-based Approach will be presented on March 19-20th at *Stanford University*. For more information, contact Jennifer Schafer at (650) 724-2288 or schafer@stanford.edu.

For information on **Institutional Member clinical trials** (also see below), please visit:

- cancertrials.stanford.edu/
- ccresources.ucdmc.ucdavis.edu/csr/content/clinicaltrialspublicreport.csr
- clinical-trials.ucsf.edu:8000/trials/index.php

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 • Agendia • Alaven
Alexion Pharmaceuticals • Allos Therapeutics
AMGEN • AstraZeneca
Bayer Healthcare/Onyx Pharmaceuticals
biogenIDEc
Bristol-Myers Squibb Oncology
Celgene • Centocor Ortho Biotech
Cephalon Oncology • Eisai
Enzon Pharmaceuticals
Genentech BioOncology
Genomic Health • Genzyme Oncology
GlaxoSmithKline Oncology • ImClone Systems
Lash Group Healthcare Consultants
Lilly Oncology • Merck • Millennium
Novartis Oncology
Oncology Supply/ION • OSI Pharmaceuticals
Onmark,
a McKesson Specialty Care Solutions Company
Pathwork Diagnostics • 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 *Allos Therapeutics, Merck, Pathwork Diagnostics, and Response Genetics* as new Corporate Members in 2009. *Hospira* and *OneOncology* did not renew their Corporate Memberships for 2009.

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

Genentech BioOncology is supporting *Metastatic Colorectal Cancer: Sound Strategies for Selecting First-Line Therapies* with Neal P. Christiansen, M.D., *Medical University of South Carolina*. For more information, visit centerofexmedia.com/ACE01.asp.

Clinical Trial News

UCSF's Neil Shah, M.D., and Catherine Smith, M.D. are conducting a study involving AC220, a potent, orally-administered ATP-competitive and reversible inhibitor of FLT3. This phase II study follows a promising phase I study in which complete remissions were observed in a substantial proportion of patients. Eligible patients must be at least 18 years of age and have acute myeloid leukemia that has relapsed or is refractory after one salvage regimen or hematopoietic stem cell transplantation. Patients at least 60 years of age who are relapsed after one induction chemotherapy regimen, or are primary refractory to chemotherapy are also eligible. Documentation of FLT3-ITD will be performed centrally, and prior knowledge of FLT3 mutation status is not required for screening, but only patients who have FLT3-ITD mutations at the time of study entry will be dosed with AC220. The drug is given as an oral formulation once daily. If you have a potentially eligible patient, please contact Dr. Shah's research coordinator, Adrienne Schroeder, at (415) 502-1564.

Publications, Resources, Services, & Surveys

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.

NCCN has updated their *Clinical Practice Guidelines in Oncology* and/or *Drugs & Biologics Compendium* for breast cancer screening and diagnosis; and, colon, rectal, non-small cell lung, and small cell lung cancers. Visit www.nccn.org for the latest information.

Individual Membership Dues for 2010

Membership renewal notices for 2010 were mailed to all members in early December 2009. Accompanying the membership renewal notices were the 2009 *Annual Election* materials and 2009 *Annual Report* (visit www.anco-online.org/AR2009.pdf). 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.

ANCO seeks new members. **All members of a practice should join ANCO.** And, ANCO seeks to enroll radiation oncologists as members, so please send us contact information for the radiation oncologists within your practice and/or to whom you refer patients.

Remember, a larger ANCO is a stronger ANCO!