WSMOS
Washington State
Medical Oncology Society

Update

May 2012

A Publication of the Washington State Medical Oncology Society

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President's Update

Vincent J. Picozzi, Jr., M.D., MMM

To all of our valued oncology colleagues:
As 2012 unfolds, the practice of oncology seems to face ever- increasing uncertainty and challenge. These uncertainties begin with the future of the Affordable Care Act, and include issues of physician reimbursement and payment reform, drug availability and reimbursement, the deployment of "electronic" medicine, and progressive "insertion" of third party interests in medical decision –making. The only certainty is that medicine in general, and oncology in particular, will be asked to reduce cost without sacrifice of access or quality.

As a sign of our changing times, more than 70% of the over 250 medical oncologists now practicing within the state of Washington characterize their practice as hospital –based (as opposed to community- based)----the exact opposite percentage of ten years ago when I previously held the title of President of our state society. Although providing a certain degree of protection from economic vicissitude, our increasing existence as hospital-based practitioners also presents new challenges with respect to visibility and advocacy for the needs of cancer patients and practitioners.

Now more than ever, it is imperative that we, as oncology practitioners of the state of Washington, come together to speak on behalf of the cancer community throughout the state. In response to this need, your state medical oncology society, -featuring the most impressive Board of Directors in its 20 year history- has re-invented itself over the past year. Our goal is to insure each and every oncologist in our state is a society member and has access to the collective strength and resources our society possesses. And, you are responding!!!! WSMOS now boasts over 200 medical oncology members from across the state, by far the highest percentage participation in its history.

We invite you to further share your interests and concerns with us at our next state society meeting, to be held May 11, 2012 at the Cedarbrook Lodge in SeaTac. Our special guest at that meeting will be Dr. Sandra Swain, current ASCO President. There, you will learn more about what both ASCO and WSMOS can offer you and your practice, confront some of the practice challenges cited above (e.g. drug shortages), learn about some exciting developments in breast and ovarian cancer) and most importantly, have an opportunity to network with fellow oncology stakeholders from across the state. It should be an exciting, informative meeting, and we look forward to seeing you there!

The very best in 2012

Vince
Vincent J. Picozzi MD MMM
WSMOS President

Corporate Members

In Appreciation to Our Corporate Members

WSMOS is appreciative of the following Corporate Members for their continued support of our society and our mission to provide advocacy for cancer patients and to promote standards of excellence for high-quality cancer care:

Diamond Members
Amgen
Celgene
Genentech
Genomic Health
Lilly
Millenium
Novartis
Onyx
Pfizer
Sanofi Aventis
Teva

Gold Members
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Seattle Genetics
Spectrum Pharmaceuticals

Silver Members
Allos Therapeutics
GlaxoSmithKline

Corporate Membership

WSMOS offers Corporate Membership opportunities for those industry professionals working in the field of oncology. With the support of our corporate sponsors, WSMOS will continue to be the leading professional organization for oncologists in the state of Washington and a resource for the oncology community through professional education, and information dissemination.

A Corporate Membership application and information is available on the WSMOS website at *www.WSMOS.org* on the Membership page, or for more information contact Liz at: 360.258.0443

Washington Creates First in the Nation Niosh Enforcement for Chemotherapy

Jonathan C. Britell, MD

During the 2011 Legislative session, the Washington State House and Senate passed ESSB 5594. This bill empowered the Department of Labor and Industries to formulate rules in accordance with the National Institutes of Occupational Safety and Health (NIOSH) regarding the handling of hazardous drugs-specifically chemotherapy. The intention of this legislation was to make Washington the first state in the nation to make NIOSH chemotherapy recommendations enforceable by the State Department of Labor and Industries (L&I). All chemotherapy agents and all personnel who come into contact with these agents are covered by this law.

From July to December 2011, WSMOS actively participated in stakeholder meetings in an effort to make these rules manageable and realistic. Other stakeholders included individual hospitals and hospital systems, the Washington State Medical, Hospital and Pharmaceutical Associations, labor unions, and representatives from psychiatric facilities, nursing homes, and veterinary groups. No group achieved all their goals. We were able to put a moratorium on medical surveillance of personnel and make the implementation schedule more realistic.

This legislation was initiated in large part based on perceptions of chemotherapy administration and handling that harken back to the 1970s and '80s. The vast majority of oncology practices now conform to most Oncology Nursing Society and American Society of Clinical Oncology guidelines. WSMOS and the Washington State Medical Association were the only groups to oppose this legislation. Nevertheless, the new rules, which are effective January 1, 2014, will be phased in through the end of 2014. These rules will require any facility that administers chemotherapy to be compliant with all their provisions. Specifically, the rules are summarized below:

> **SCOPE:** All employers that have employees with occupational exposure to hazardous drugs.
> This includes MDs, PAs, ARNPs, RNs, nurses' aides, pharmacists, environmental services employees, and employees involved in shipping and receiving drugs.

HAZARDOUS DRUG CONTROL PROGRAM: Each facility must develop and implement a program which includes:

A ***hazard assessment of each chemotherapeutic or hazardous drug*** used in the facility – completed annually with input from involved employees;

A ***written inventory of hazardous drugs*** specific to each facility;

A description of the facility's ***hazardous drug training program*** for all affected employees.

Policies and procedures including:

Personal protective equipment: gloves, gowns, respiratory devices and masks
Engineering controls: Closed system transfer devices, safer sharps devices, safety interlocks, and ventilated cabinets
Safe handling practices
Cleaning and housekeeping procedures
Spill control
Personnel procedures (such as exposure for pregnant workers)
Training
Recordkeeping

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Although NIOSH had extensive recommendations regarding medical surveillance for all covered personnel, Labor and Industries listened to our concerns about the lack of any scientific or medical data to support such rules. Therefore, the current rules do not include any medical surveillance items. However, L&I has reserved the right to institute such rules if NIOSH revises its surveillance recommendations.

WSMOS' input during the stakeholders meetings was vital to moving the implementation dates back from the originally expected January 1, 2012 date. The challenge for all medical oncology practices today is to initiate the development or refinement of their policies and procedures to be in compliance regarding their hazardous drugs control program by January 1, 2014, to have completed their training programs by July 1, 2014, and to have installed appropriate ventilated cabinets by January 1, 2015.

Currently, WSMOS and stakeholders are working with L&I to create an advisory panel to oversee procedures related to implementation of these rules AND to help develop models which can be adopted by individual practices or hospital systems as "Best Policies and Procedures" so that practices do not have to "reinvent the wheel". We encourage practices to come forward and share with us their policies and procedures as we attempt to assemble this library for the use of everyone. Although this process has begun, there is no guarantee that the results of this process will be applicable to every practice or be comprehensive. Therefore, it is imperative that practices begin their own needs assessment. Twenty-one months is a relatively short time to accomplish these tasks.

We will provide an update of the implementation plan at the WSMOS Spring meeting. Please plan on attending.

WSMOS Welcomes Our New Group Members

Columbia Basin Hematology/Oncology
Multicare Regional Cancer Center
North Star Lodge
Northwest Medical Specialties, PLLC
Providence Regional Cancer Partnership
Providence Western Washington Oncology
Puget Sound Cancer Centers
Seattle Cancer Care Alliance
University of Washington
Wenatchee Valley Medical Center

Welcome!

Musings of ASCO's CPC Chair Elect

Jeff Ward, MD

As the Supreme Court contemplates sending healthcare reform back to square one and a Congress that has demonstrated itself entirely unable to overcome partisan gamesmanship, the practicing oncologist cannot help but see more of the rollercoaster we have experienced over the past 8 years.

In addition, it seems apparent that though the "Super Committee" went away that the national debt has not, and that further cuts to Medicare and thence to ASP will happen. We feel certain that as much as Congress professes to want to fix the error they made in tying Medicare physician reimbursement to the Sustainable Growth Rate (SGR), now projected to cut payments to physicians by more than 30%, that they will do more finger pointing and last minute extensions (7 of them in just the past two years) than fixing. Moreover, we would bet a fare wager that if they ever do fix it, they will want a pound of flesh from docs in order to show a pretense of fiscal responsibility.

Of course, it would be nice to blame all our woes on Government, but the real elephant in the room is the runaway cost of the care that America's healthcare system provides. And as is adroitly illustrated in the following campaign picture from Blue Cross Blue Shield, identifying a scapegoat isn't easy. Rather than look for scapegoats, perhaps we should seek to understand the problems and strive for solutions.

When you look to the drivers of our Nation's out of control health costs, cancer care stands out in a most ignominious way. Simply put, we have a target on our back, and when you look at the medical and drug cost curves compared with medicine as a whole, it isn't difficult to understand why some would try to make us the scapegoat.

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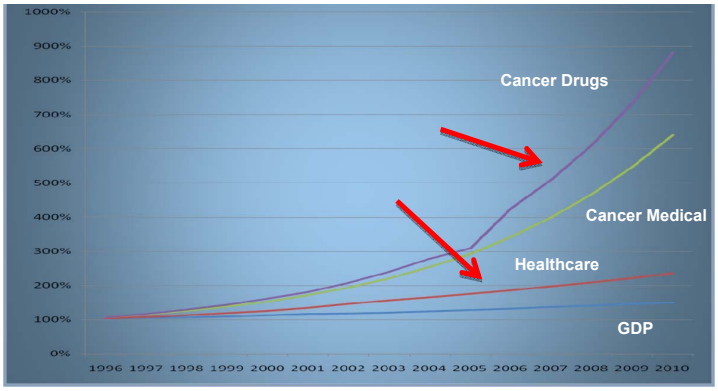

When ASCO looks to and beyond the horizon it sees a future in which policymakers and payers try to bend our cost curve back towards the general costs of the rest of healthcare and GDP through a greater demand for evidence based medicine and a demonstration of quality. We will be expected to be more efficient; translate that as do more with less. Pre-authorizations will become increasingly onerous until rigorous pathway adherence replaces them. Then will follow audits and accountability measures by payers, scrubbing claims and records in order to take back payments for care off pathway or not documented. The days when "oncology is special" prompted sympathy and a pass on cost restraint is over, evidenced to physicians and patients alike via increasingly restricted formularies, specialty pharmacies, tiered co-pays, and ever more paperwork. Finally, we can expect a heavy emphasis on the exploration of new payment models that will replace fee for service medicine and the incentive to do more and spend more that is inherent in it.

The effect on our practices will, in our state, feel like more of the same. It will be increasingly difficult for small independent practices to survive. Hospital and corporate acquisition of practices is already sweeping the country. Before the Medicare Modernization Act of 2003, over 80% of chemotherapy given to cancer patients was administered in physician's offices. Today that number is less than 50%, with dramatic shifts to hospital-based practices. Oncology has resisted the trend, rampant in many other specialties and especially in primary care, to limit Medicare and Medicaid patients in practices, but it may become imperative, and it certainly is true that the uninsured and underinsured are commonly shunted from private practice to hospital setting for infusion services. Nevertheless, none of these measures bend the cost curve downwards and it is believed by many that it is cost counterproductive.

I liken this "bending the cost curve" to "herding cows." Growing up spending summers on a cattle ranch, I learned that herding cows was easy as long as you didn't ask the herd to change directions. You could just sit in the dust at the back of the herd and holler every so often. But if you wanted to turn a cow, and more particularly a herd of cows, you had to get out in front of the herd. That took a lively horse or a sharp set of spurs, some fancy riding or a good hold on the saddle horn, a whole lot of hollering, some waving of your hat or your rope, and usually some cussing to boot. ASCO believes that if oncology is going to control its own destiny it needs to get out in front of the herd and change its course such that not only do our practices remain whole, but at lower costs to the system and with higher quality of care. Sitting at the back of the heard, eating dust, hollering and complaining in hopes that the herd will be transported back to "the good old days" before 2003 will accomplish nothing.

HEADING EM OFF by Jess Lee

The good old days depended on drug revenue. Buy and bill represented 75% of practice revenues. But it has always been an uncomfortable income stream, rewarding practices that could buy in bulk at lower prices, and providing a perverse incentive to use drugs with the largest margin as opposed to therapies that might be most efficacious, less toxic, or least costly. Oncologists should be eager to find a payment model for both pharmaceuticals and medical services that will even the economic playing field between small and large practices and incentivize therapies that are both medically and economically sound.

United Healthcare has piloted a payment model that utilizes invoice pricing for drugs, adherence to pathways chosen by the physicians, and a pharmaceutical management fee predetermined by a calculation of what 6% of ASP should be if pathways are followed. Payment increases in the management fee are based on meeting mutually agreed upon performance goals. By so doing, they hope to maintain practice profits while lowering overall pharmaceutical utilization and costs.

Peter Bach, M.D, is a pulmonologist at Memorial Sloan Kettering, was a senior advisor to CMS during the Bush administration, and recently blogged for the New York Times of his experience as the husband of a cancer patient. Uniquely an oncology insider and outsider, he has widely published and spoken on a reimbursement scheme that

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would pay the median cost of NCCN guideline approved regimens for any particular disease stage and line of therapy. His example is in first line therapy for metastatic non-small cell lung cancer, where the cost of regimens ranges from $1300 to $7000 per month. He proposes that a bundled payment of $4000 a month in this clinical scenario would change both physician regimen choices and pharmaceutical prices towards cheaper healthcare without impacting quality.

A grander and all-encompassing vision is the Oncology Patent Centered Medical Home. In this model, complete coordination of cancer care to include survivorship up and until care is handed back to the PCP is managed by the oncology clinic and the clinic/physician is paid a global episodic fee for the care of the patient as it pertains to their cancer. This necessitates the use of pathways, aggressive pre-emptive symptom management, proactive telephone contact, and is highly dependent on sophisticated use of EMR. Most models envision tiered fees based on shared savings coupled with meeting quality benchmarks. John Sprandio, M.D., President of Consultants in Medical Oncology and Hematology (CMOH), a nine physician Pennsylvania practice spanning four offices and three healthcare systems, has published and spoken of the CMOH experience as the nations first oncology practice to be certified by the National Committee of Quality Assurance (NCQA) as a level III medical home. They have demonstrated impressive savings in decreased ER and hospital utilization. Unfortunately, payers have not yet lined up to reward him for his efforts.

Each of these models has obvious issues as stand-alone solutions. And none of them adequately address demographics and work force issues, interfacing with Accountable Care Organizations, the current caps on Medicare Part B funding that mean that increased funding for someone means decreased funding for someone else, absurd drug pricing, drug shortages that often limit access to the least costly, let alone most effective, therapy, and the politicization of end of life care. But they are the beginning of a conversation that is long overdue.

We are in the process of revamping ASCO's Clinical Practice Committee in an effort to make it more fleet and sure of foot, capable of carrying us forward to change the course of oncology care for the better. We will have four subcommittees – 1) Payment Reform, 2) Coding Billing and Reimbursement, 3) Practice Trends and Economics, and 4) Practice Policy and Emerging Issues – to tackle taking us beyond conversation and pilot projects to bold proposals. We will oppose cuts to ASP until a better model can be developed, call for an SGR fix that is not punitive to practices and patients, pursue policies that move resources and reimbursement from drugs into patient services, develop and test payment reform proposals that can be proactively brought to the table, and be prepared to understand and anticipate the consequences of the proposals of others. ASCO with its expertise in guidelines, QOPI, and education, a unique position of respect from Capitol Hill and commercial payers, and with a legitimate claim to represent all of oncology, is well placed to lead this effort.

It is my invitation to members of WSMOS to get involved. Our membership has grown tremendously in the last year. Now, we need you at our meetings. We need to continue to replenish and refresh our leadership with new people and new ideas. We need you to be the masses that ASCO can listen to for guidance and utilize for strength. Pay attention to the emails, especially those that ask you to contact members of Congress. Consider being involved on one of the CPC subcommittees (just drop me an email or give me a call). Know what ASCO's State Affiliate Council is and who represents WSMOS on it, then put them on your contact list. Get out front and turn the herd.

Join Your Colleagues in WSMOS Membership

The Board of Directors for the Washington State Medical Oncology Society (WSMOS) would like to invite your group to become members of WSMOS!

WSMOS is striving to become a stronger organization so collectively we can tackle the tough issues headed our way. There is no denying, there is strength in numbers! WSMOS spent the better part of 2011 restructuring our membership levels so we could offer you a group membership to give your institution a huge savings! Joining or renewing membership is easier than ever! To join online go to www.WSMOS.org click 'Join Now' or simply fill out the application and mail it along with your dues check to:

WSMOS
113 W 7th Street, Suite 205
Vancouver, WA 98660

Our goal for 2012 is to have 100% of the oncology community as members! We have increased our membership to over 270 members already this year. To see which colleagues and WA groups have joined and make sure your group is on the list go to www.wsmos.org/members

Hope to see you at the spring meeting May 11, 2012! There is no cost to attend, to register and view the agenda, go to www.wsmos.org/events

Get Involved – ASCO CPC Workgroups

The Clinical Practice Committee (CPC) leadership is seeking your input as workgroups are being created to discuss/address the four areas bulleted below. (Specific topics within each area are noted.) Please contact Monica Tan (contact information below) if you have experience, knowledge, and/or interest in any of the following areas or topics and would like to be considered for a workgroup:

- Payment Reform – Includes issues like SGR, developing payment proposals, analysis of data, Rapid Learning System initiative, oncology patient-centered medical homes
- Coding, Billing, Reimbursement – Includes issues like RUC, CPT, 2012/2013 code review, physician fee schedule and ICD-10
- Practice Trends and Economics – Includes Assessment of Evolution and Status of Oncology Practice (AESOP) and the Cancer Center Business Summit
- Practice Policy and Emerging Issues – Includes Provider-Payer Initiative (PPI), non-physician providers (training, standards, etc.), work with Government Relations (drug shortages and oral chemotherapy parity), and AMA House of Delegates

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WSMOS Website Updates

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www.WSMOS.org

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AGENDA May 11, 2012
Cedarbrook Lodge, SeaTac

7:45-8:30am	Breakfast with Exhibitors
8:30-9:15am	**Welcome & Introductions** - **What WSMOS Is Doing For You & Hazardous Drug Bill Update** *Vince Picozzi, MD, MMM President, Jon Britell, MD* *Risë Cleland, WSMOS*
9:15-10:15am	**ASCO & You** *Sandra Swain, MD ASCO, Jeffery Ward, MD, WSMOS*
10:15-10:30am	Break with Exhibitors
10:30-11:45pm	**Best of San Antonio Breast Conference – HER 2 Pathways** *Sandra Swain, MD*
11:45-12:45pm	Lunch with Exhibitors
12:45-1:45pm	**Preparing for ICD-10** *Michelle Lott, CPC & Bob Perna, WSMA*
1:45pm-2:45pm	**Ovarian Translational Research** *Liz Swisher, MD*
2:45-3:45pm	**Coping with Drug Shortages – Panel Discussion** Jeff Ward, MD, Annie Lambert, PharmD, MultiCare Regional Cancer Center, Renee Curtis, PharmD, Everett Clinic
3:45- 4:30pm	**Medicare Refunds and Reporting Overpayments** *David Glaser, JD, Fredrickson and Byron*
4:30-6:00pm	**Networking Cocktail Reception** Diamond Member Recognition

WSMOS
Washington State
Medical Oncology Society

An Affiliate of the American Society of Clinical Oncology (ASCO)
&
Chapter Member of the Association of Community Cancer Centers (ACCC)

APPLICATION FOR WSMOS MEMBERSHIP

PROVIDER INFORMATION			
First Name:	Middle Initial:	Last Name:	
Suffix:	Degree:	Title:	
Institution:		Department:	
Address:			
Address:			
City:		State:	ZIP Code:
Phone (with area code):		Fax (with area code)	
Email:		Specialty:	

ADMINISTRATOR/MANAGER INFORMATION		
Practice Administrator/Manager Name:		
Email:	Phone (with area code):	
Address:		
City:	State:	ZIP Code:

PRACTICE TYPE

Check One: ☐ Academic ☐ Hospital Based ☐ Office Based

MEMBERSHIP TYPE

☐ Emeritus (free membership) ☐ Individual Physician ($200 Dues) ☐ Office Manager, Pharmacist, RN, NP, PA ($50 Dues)

☐ *Group of 20 or less ($1000.00) ☐ *Group of 21 or more ($2000.00) *Please fill out a separate application for each physician*

* Group memberships will receive one voting right for each two-hundred dollars of membership dues.

Questions?
Contact Liz Cleland at 360-258-0443 or WSMOS@comcast.net

To join online go to www.WSMOS.org and click on the "Join Now" button

PLEASE INCLUDE ANNUAL MEMBERSHIP DUES WITH APPLICATION

MAKE CHECK PAYABLE TO:
WSMOS

MAIL CHECK & COMPLETED APPLICATION FORM TO:

WSMOS
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