

OSCO News

The Voice of the Practice of Oncology in Oklahoma

Volume 1, Issue 4

FROM OUR PRESIDENT

Dear Colleagues,

I hope the summer has been a good one for you and your families. In our medical practices I know that we have all been working hard to determine the impact that the Medicare Modernization Act will have on our patients and our practices. Hopefully, you have taken the oppor-

tunity to invite your senators and representatives to visit your office and show them what it is we do in an oncology practice, and what will be potentially lost if things stay as they are planned.

You should be aware that ASCO and other organizations have been working on our behalf. It

is hoped that there may be some relief on several fronts. Legislation has been proposed that would leave reimbursement for practice expenses at the 2004 level until data from surveys mandated by the MMA are available in 2006.

In addition there may be some coding relief if the AMA approves and recom-

—————> p. 5



Cheryl Hooper
RN, MS, ARNP, OCN

MEDICARE MEETINGS SUCCESSFUL

Over 80 people attended the meetings in Tulsa and Oklahoma City earlier this month.

Guest speakers were Kim S. Gassie from Medicare Part B in Louisiana, New Mexico and Oklahoma, and Mayo D. Gilson,

MD, Medical Director for Arkansas Blue Cross/Blue Shield.

Topics covered included the top denied Oklahoma oncology procedures billed to Medicare, the top 10 denial reasons, understanding chemotherapy

administration coding, and other changes.

April 2005 is the next time these workshops will take place in Oklahoma. However, those attending the OSCO annual meeting in OKC January 28-29th will get a preview of the 2005 changes.



H. George Jumeau, MD
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MEDICARE CAC NEWS AND PAYOR ISSUES

LUPRON: This issue of least costly alternative is huge nationwide. There is apparently another drug called Trelstar that is available in some markets that is even less expensive, and some carriers around the country are now reimbursing at that level.

This, of course, is unfair because not everyone has access to this drug, and it would be inappropriate to change a patient's medication when a current med is working. There will be an open forum by our local Medicare carrier sometime during the second week in September. (No date or place announced yet.)

It is imperative that we have lots of physicians attend this meeting. As soon as I know the date, we will post it on the website and send out emails.

CERT: You may recall this issue from the last newsletter. This is a process to find errors in documentation and resultant claims paid by CMS. It seems the biggest errors have to do with inpatient billing: 99231 and 99232 which are for subsequent hospital days.

It seems that many offices are not sending in the records in a timely manner, so it gets recorded as no documentation and then there is a request for refund of services.

Just an FYI for you! Please respond to the requests or you risk being turned over to the OIG.

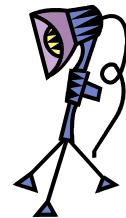
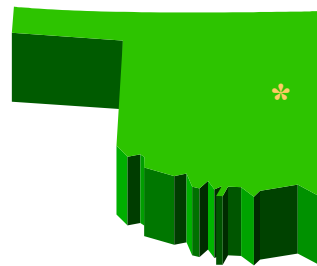
VOLUNTEERS: We are looking for volunteers to serve as alternates to the CAC meetings. The meetings are

in OKC, or Tulsa by conference call three times a year. Probably will be the first Wed of January, May and September for next year.

GYN/ONC COLLEAGUES: It has been brought to our attention that some of you are not getting paid for follow up office visits after surgery when those visits are for giving chemo (not related to the surgery or postop care). Let Mary Jo know if this is happening to you so we can track it.

OXALOPLATIN: I am getting reports of BCBS underpricing and thus underpaying Oxaloplatin. If you have this problem, pass it on to Mary Jo and we will see what can be done.

Vicki Baker, MD



SPOTLIGHT ON: H. GEORGE JUMEAN, MD

"Life is very different in Jordan. Here you can tell a patient he has cancer. There you have to tell lies – you can never tell a patient they have cancer." Dr. H. George Jumean and his wife Ferial Jumean, MD were the first medical oncologists in Jordan and started the first cancer center there, the King Hussein Medical Center.

A diagnosis of cancer meant death, and they couldn't tell people they had a terminal illness. Physicians would tell people they had a strange bug or a chronic illness that needed treatment. Even when a

breast was removed, they couldn't tell the patient she had cancer. It simply isn't talked about.

Surveys were done by Jordanians in the mid-1970's by interviewing people on the street in three locations to see if they wanted to be told if their diagnosis was cancer. Moscow residents said "no, we don't want to be told," New Yorkers said "yes, we want to be told if we have cancer," and the people in London had mixed feelings.

Dr. Jumean came to the USA in 1976 to do hematology, then he

combined hematology/oncology and got more interested in medical oncology. As far back as 1978, the British-trained physicians and patients didn't know the meaning of medical oncology, and so the Jumeans had to fight to establish the cancer center. The people there were only familiar with radiation oncologists who had old machines which burned their skin.

He said it was difficult to watch women patients come in for treatment. At first the husband would always come with them, but Dr.

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OSCO Nursing Awards

The Oklahoma Society of Clinical Oncology established the Oklahoma Excellence in Oncology Nursing Awards in 2004, with the first ones to be awarded at our January 28, 2005 dinner meeting for the Oncology Perspectives 2005 annual conference at the OKC Museum of Art.

Criteria:

Any oncology nurse in Oklahoma is eligible for nomination

The ideal candidate(s) will:

- Currently practice in an oncology setting
- Demonstrate excellence in their position
- Serve as a role model for other nurses
- Identify needs of patients/families (as applicable to category)
- Identify needs of coworkers and/or work setting
- Demonstrate community cancer-related involvement

Award:

The recipient receives a plaque and another prize (TBD) at the OSCO Annual Conference

Procedure:

1. Anyone meeting the above criteria may be nominated
2. Nominations may be submitted by anyone
3. Completed nomination forms are to be submitted as one packet by the nominator. This packet is to be submitted no later than October 31st to the OSCO office. The packet must include:
 - a. Completed nomination form
 - b. Nominee's resume or CV
 - c. Personal statement from the nominee addressing the criteria
 - d. Two letters of recommendation addressing the criteria from any of the following:
 1. Colleague
 2. Client/significant other
 3. Employer/supervisor/mentor
 4. Community Services Organization
4. The awards review team will review all nominations and make a recommendation to the OSCO Board of Directors.
5. The award recipients will be approved by the OSCO Board of Directors. The Executive Director will notify the recipients.

OKLAHOMA SOCIETY OF CLINICAL ONCOLOGY
NURSE AWARDS
Application

Completed by the originator of the nomination. TYPED or legible please.

Person making the nomination: _____

Address: _____

City State ZIP

Telephone: (H) _____ (W) _____

All oncology nurses in the state of Oklahoma are eligible.

Please check category of nomination:

- _____ ADVOCACY
- _____ CANCER NURSING RESEARCH
- _____ ONCOLOGY NURSING - PRIVATE PRACTICE
- _____ PAIN MANAGEMENT
- _____ PATIENT/PUBLIC EDUCATION
- _____ RADIATION THERAPY
- _____ SUPPORTIVE CARE

Nominee: _____

Address: _____

City State ZIP

Telephone: (H) _____ (W) _____

Deadline: October 31, 2004.

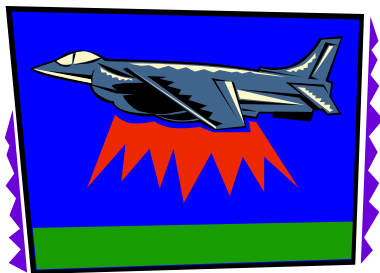
Return the completed nomination form, curriculum vitae (or resume), personal statement, and letters of support by snail mail to:

OSCO
5315 S Lewis Ave
Tulsa, OK 74105

A VERY BUSY WOMAN

Lt. Colonel, President, Nursing Chair, Faculty Member, Oncology Nurse Practitioner, Mom and Grandma are some of the hats Cheryl Hooper, RN, MS, ARNP, OCN, wears.

Recently promoted to Lt. Colonel, Cheryl has been in the Air Force Reserves for 19 years. She started out as a flight nurse, flying on the C-130 aircraft. "It sounded so exciting, and I was really into the critical care." She travels to Wichita to perform her reserve duties with the 931st Aeromedical Flight as a nurse. "The Air Force has made me a more rounded and caring person."



As President of the Oncology Nurses of Oklahoma, Cheryl has been selected for Leadership Development, ATAQ (Appropriate Treatment Assures Quality) and numerous other courses presented by the Oncology Nursing Society. She is part-way through her 2003 – 2005 term.

At the University of Phoenix campus in OKC, Cheryl is the Nursing Chair and teaches BSN and MSN level courses, including: management and leadership, assessment, community and family, and the capstone project course. She has taught there for over two years and teaches "onground and online." She says "It is nice to be able to encourage others in life-long learning skills."

Cheryl began her career with the Veteran's Administration in Leavenworth, Kansas, in 1979. She received her BSN in 1984 from Northwest Missouri State University and her MSN in 1990 from OU – Norman.



She was able to get her Nurse Practitioner in Family Health from State University of New York in Stony Brook through the VA's upward mobility program. The VA gave her a partial sabbatical to attend the nurse practitioner program after being told she "was going to be promised to Dr. James George at OU to assist the fellows with managing the VA patients, as the clinic was growing so quickly. That happened in 1997, and I have developed the role and been here ever since."

She reports, "Dr. Robert Epstein was my mentor, and was key in my loving the oncology field and understanding the oncology patients." "The VA has great benefits for nurses. I am able to practice very independently as a Nurse Practitioner, and am well respected in the VA. Many doctors call to consult me on the care of the cancer patients."

A trend Cheryl sees is people afflicted with cancer are younger. She has started to see an increase in patients with head and neck cancer at the VA, and also, younger people, especially black males, with colon cancer.

"I like to work for the VA. I think the VA offers a great and needed service to the veterans. We are able to provide cancer treatment to many who would not be eligible for treatment if they were not veterans (too young for Medicare, waiting to qualify for Medicaid, or have health insurance with limited coverage)."

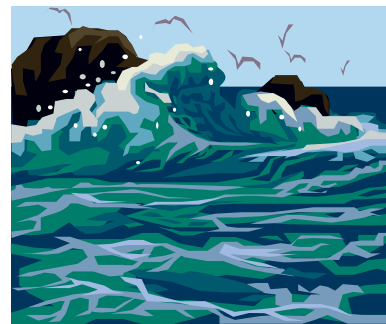
She says the "best part of my job, and the worst, is the autonomy. I really get to know and understand the patients, as I have to assure all of their tests, x-rays, CT scans and port placements are scheduled in a timely manner. I also manage most of their medications, and am responsible to assure they have needed medication post-chemotherapy and hospitalization."

"The patients are really appreciative of the care they receive. This is a very satisfying part of the job – to improve their quality of life."

Cheryl has two sons, Michael and Jeffrey, who live in Oklahoma. Daughter Trish and her husband Richard are the parents of Bryson – 9, and Tatelyn – 3.

Cheryl grew up on a farm in rural northern Kansas and wanted to be a veterinarian. The nearest town was called Easton. Her parents and sister still live in that area. Cheryl transferred from the VA in Leavenworth, Kansas, to the Oklahoma City VA in 1987.

In her spare time, Cheryl likes to garden, both flowers and vegetables, read fiction, watch comedies, and swim. "I like to be anywhere near water, as long as the weather is warm! Just give me a beach where I can relax and listen to the waves."



You can reach her at cheryl.hooper@med.va.gov.

Mary Jo Wichers



IMPORTANT DATES

BEST OF ASCO

August 27–28
Hyatt Regency Denver

COUNTDOWN TO ASP

September 11
St. Louis

OSCO BUSINESS MEETINGS

(Both same agenda)

Sept 16th	Sept 21st
Tulsa	OKC

ACCC's Life in the New Medicare Era: Coding, Billing & Management for Medical Oncology Practices

October 27
Tulsa Marriott Southern Hills

OSCO ANNUAL MEETING

January 28 & 29, 2005
Oklahoma City

CORPORATE SPONSORS

Platinum

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Pfizer
Sanofi~Synthelabo

Gold

Amgen
Bristol-Myers Squibb
Genentech BioOncology

Silver

Lilly Oncology
Novartis
Pharmion (new)
Schering-Plough Oncology

www.oscoOK.org

COA UPDATE

Time is running out to affect the Medicare changes which we all know will occur next January 1, and which we are all dreading.

A bill has been introduced in the Senate to avoid the drastic cuts in the practice expense reimbursement, but it does not appear that there has been much progress concerning the ASP situation.

Medicare has calculated the reimbursement decrease to be in the neighborhood of \$500 million nationwide which equates to an 8.5% decrease.

COA has revised its Medicare analyzer tool to allow individual practices

to get a handle on the impact for their individual practices. Utilizing this method and realizing that we only have first quarter data from pharmaceutical manufacturers, it appears that the actual reimbursement decrease will be in the neighborhood of \$969 million or 17.8%.

Clearly this kind of a reimbursement change is going to severely impact the community oncologist's ability to provide quality care, if they are able to provide any care at all.

Now that we have first quarter manufacturer's estimates for ASP, I urge everyone to go to the COA webpage and download the revised ana-

lyzer tool if you have not already done so. With that in hand, you should be able to develop data for your own practice.

It is important now to meet with our representatives to show them the anticipated impact upon our practices and our ability to care for patients. I will be happy to assist anyone in getting appointments with the representatives and/or their aides.

COA is planning another Washington rally for September 14th, and I urge all of you to plan to attend and possibly take a nurse and a patient with you.

Lance Miller, MD

ADVOCACY

Watch your email and mail for a new "FACES OF CANCER" form for you to have your patients fill at while they are at your office. You'll also be asked to take their pictures for them to attach. This way we can put a face on cancer patients — the picture is taken with their consent, *they* write their story and provide their contact information. The completed forms can be then either sent to the OSCO office, delivered to the patients' legislators, or given to them when you have the elected officials visiting at your office.

OKLAHOMA CONTACT INFORMATION

District 1

Rep. John Sullivan
2424 E 21st St #510
Tulsa, OK 74114
918-749-0014
918-749-0781 (fax)

District 2

Rep. Brad Carson
215 State St, Suite 815
Muskogee, OK 74401
918-687-2533
918-687-2532 (fax)

District 3

Rep. Frank Lucas
10952 Northwest Expy,
Suite B
Yukon, OK 73099
405-373-1958
405-373-2046 (fax)

District 4

Rep. Tom Cole
2420 Springer Drive,
Suite 120
Norman, OK 73069
405-329-6500
405-321-7369 (fax)

District 5

Rep. Frank Istook
120 N. Robinson, Ste 100
OKC, OK 73102
405-234-9900
405-234-9909 (fax)

Sen. James Inhofe
1924 S Utica Ave, Ste 530
Tulsa, OK 74104
918-748-5111
918-748-5119 (fax)

Sen. Don Nickles
3310 Mid-Continent Tower
409 S Boston
Tulsa, OK 74103-4007
918-581-7651
918-581-7195 (fax)

PRESIDENT'S LETTER (Cont'd)

mends additional codes to CMS, including the ability to charge for multiple infusions on the same day, port flushes and catheter maintenance, and possibly other codes.

In your communications with legislators and the media it is important to emphasize the following:

- 80% of cancer care is delivered in the community setting
- 60% of cancer patients are Medicare patients (800,000 per year in US)

Oncology practices have been able to provide quality care and support services, including specially trained nurses, pharmacists, dietary counseling, support groups and individual counseling, because of the way that chemotherapy has been traditionally reimbursed. Although we recognize the need for reform, we believe that these services are still needed and will need to be paid for by Medicare. This will require Medicare to reimburse directly for services that were indirectly provided for previously.

The concern of oncologists is that they continue to be able to provide the kind of care that the American public expects and deserves. As it now stands, we may have to close rural satellites, and shift some services to less convenient and sometimes more costly locations, or not provide them at all.

If you read the New York Times or other newspapers out there, you are probably aware that some view these issues are primarily related to our individual incomes, and that we as a profession have preyed on the fears of our patients in discussing these issues with them. In

my medical school class there were students who chose a specialty based on how lucrative they thought it was. NO ONE chooses Oncology for that reason!!! If you are asked, remind the interviewer that the issue is "access to and quality care for Oncology patients" and tell them why you do what you do.

ASCO has provided written guidelines for talking with media and legislators, and their staff are happy to help you if you have questions or concerns. Contact ASCO's Cancer Policy and Clinical Affairs Department at 703-299-1050 or at publicpolicy@asco.org.

If you do have a senator or congressman visit your office, or are interviewed by the media, please notify ASCO, Mary Jo at OSCO or me at vikki.canfield@usoncology.com. I am happy to talk with anyone about these issues. Also, please notify me if there are documented instances where one of your patients has a problem with access to care related to Medicare changes.

OSCO will have two business meetings this fall, one in Tulsa on September 16th, and one in Oklahoma City on September 21st.

There are several **upcoming meetings** of interest: our region's Best of ASCO meeting will be August 27 and 28 in Denver. Hope to see you there!

The Missouri, Arkansas and Louisiana Oncology Societies are sponsoring a meeting in St. Louis on 9/11/04 titled "After ASP" to discuss how to deal with Medicare changes. To register contact Mary Jo or look on our website: www.oscoOK.org

Our annual state society meeting will be in Oklahoma City January 28 and 29, 2005—mark your calendars NOW.

I am proud of our profession and the work we do, and happy to have great colleagues and friends in Oklahoma. Thanks for all that you do to make the lives of cancer patients better every day, and for the extra mile many of you have gone to try to ensure that their future will be bright.

Sincerely,

Vikki Canfield MD

**WELCOME,
NEW AFFILIATE
MEMBERS!**

Tulsa

Catherine Anderson, RN

Laura Bales, RN

Jennifer Curry, LPN

Rick Miller, RN

Anna Bell Schlichting, LPN

**Marcy Story-Kreigh, BSN,
MS**

Oklahoma City

Sherry Martin, MSW, LCSW

ClinicalTrials.Gov

There are 350 clinical trials listed for Oklahoma at the ClinicalTrials.gov website, of those, 333 are currently recruiting patients. In Oklahoma City there are 326 trials listed which are recruiting, 153 in Tulsa, 2 in Muskogee, 1 in Bartlesville and 1 in Ponca City. None are currently recruiting in Ardmore, Claremore, Enid, McAlester, or Stillwater..

Some of the categories include:

Anal — 2	Bladder —13	Bone —48	Brain —23	Breast —39
Children—144	Cervical — 13	Colon —7	Endometrial —9	Esophageal —4
Ewing's Sarcoma —7	GI — 20	Head/Neck —5	Kidney —16	Leukemia —96
Lung —31	Lymphoma —96	Melanoma —7	Mesothelioma —2	Mult. Myeloma —6
NSCLC —14	Ovarian —20	Prostate —25	Stomach —2	Testicular —4

The information on the website is very comprehensive, as you'll see in this example:

Diagnostic Procedures in Women With Locally Advanced Breast Cancer Who Are Receiving Chemotherapy Before Breast Cancer Surgery

This study is currently recruiting patients.

Sponsored by
Cancer and Leukemia Group B
National Cancer Institute (NCI)

▶ Purpose

RATIONALE: Comparing results of diagnostic procedures performed before, during, and after chemotherapy may help doctors predict a patient's response to treatment and help plan the most effective treatment.

PURPOSE: Diagnostic trial to study magnetic resonance imaging (MRI) and biomarkers in women who are receiving chemotherapy before surgery for locally advanced breast cancer.

Condition

stage II breast cancer
stage IV breast cancer
stage IIIA breast cancer
stage IIIB breast cancer
stage IIIC breast cancer
inflammatory breast cancer

Treatment or Intervention

Drug: gadopentetate dimeglumine
Procedure: biological markers
Procedure: biopsies
Procedure: diagnostic test
Procedure: immunohistochemistry
Procedure: magnetic resonance imaging
Procedure: mammography
Procedure: ultrasonography

[MedlinePlus](#) related topics: [Breast Cancer](#)
[Genetics Home Reference](#) related topics: [breast cancer](#)

Study Type: Interventional
Study Design: Diagnostic

Official Title: Diagnostic Study of Contrast-Enhanced Magnetic Resonance Imaging and Correlative Molecular Studies in Women With Locally Advanced Breast Cancer Who Are Receiving Neoadjuvant Chemotherapy

FURTHER STUDY DETAILS:

OBJECTIVES:

- Support accrual to the ACRIN-6657/CALGB-150012 magnetic resonance imaging (MRI) correlative science study.
- Determine whether molecular markers, alone or in combination with MRI, at the time of diagnosis or early in the course of therapy, predict 3-year disease-free survival (DFS) in women with locally advanced breast cancer who are receiving neoadjuvant chemotherapy.
- Identify two groups of participants who have statistically different 3-year DFS, based on 1 or more biomarkers, including MRI.
- Determine whether biomarkers, in combination with MRI, early in the course of chemotherapy, improve the prediction of 3-year DFS and are at least as good of a predictor of DFS as residual disease at the time of surgery in these patients.
- Determine whether molecular markers are associated with specific imaging patterns seen on MRI of these patients.
- Predict response with MRI results and marker data from cell cycle check points, proliferation, angiogenesis, hormone receptors, and molecular profiles in these patients.

OUTLINE:

- This is a diagnostic, multicenter study conducted concurrently with CALGB-150012/ACRIN-6657 imaging protocol and concurrently with neoadjuvant anthracycline-based chemotherapy.
- Patients receive an injection of gadopentetate dimeglumine and undergo magnetic resonance imaging (MRI) of the breast before initiation, 2 weeks after initiation, and then after completion of neoadjuvant anthracycline-based chemotherapy and prior to surgery. Patients who previously received a taxane also undergo an additional contrast-enhanced MRI scan.
- Patients undergo biopsies before initiation, 1-4 days after initiation, after completion of neoadjuvant anthracycline-based chemotherapy, at the time of surgery, and at the beginning of taxane chemotherapy (if applicable). Patients also undergo blood draws at the time of the first biopsy and 2-4 days after initiation of anthracycline therapy. Serum and tissue samples are used to assess biomarkers of genetic instability, cell cycle progression and cellular proliferation as predictors for anthracycline responsiveness, markers of apoptotic potential as predictors for taxane responsiveness in vivo, angiogenesis, hormone receptors, and molecular profiles using immunohistochemical methods.
- Mammograms and possibly ultrasounds are performed prior to and after chemotherapy (before surgery).
- Patients are followed every 6 months for 5 years and then annually for up to 10 years.

PROJECTED ACCRUAL: A total of 244 patients will be accrued for this study within 3 years.

▶ Eligibility

Location and Contact Information — Oklahoma *(I left out all the other state locations and contact info)*
Oklahoma University Medical Center, Oklahoma City, Oklahoma, 73104
Howard Ozer, MD, PhD 405-271-4022

Study ID Numbers CDR0000069280; CALGB-150007
Record last reviewed March 2004
NLM Identifier [NCT00033397](https://clinicaltrials.gov/ct2/show/study/NCT00033397)
ClinicalTrials.gov processed this record on 2004-08-12

www.ClinicalTrials.gov



www.osco.org

Email: maryjo@oscoOK.org

Fax: 918-743-0336

Phone: 918-743-6184

5315 S Lewis Ave
Tulsa OK 74105

Oklahoma Society of Clinical Oncology

EXECUTIVE DIRECTOR PLACES 3rd AT NATIONALS

Mary Jo Wichers represented the state of Oklahoma at the National Business & Professional Women's Conference in Ft. Lauderdale for a week in July. She competed in the Individual Development category with a prepared speech, "Well-Behaved Women Rarely Make History" about the women who have influenced American history, and also in impromptu speaking, interview, and community service. She placed third overall.

In December of 2003 Mary Jo began working two new "half-time" positions: with OSCO and with Tulsa County Medical Society. As Director of Community & Specialty Society Development, her TCMS duties include: providing CME for various organizations and groups, working with the Medical Reserve Corps, the Golden Oldies (retired physicians and spouses), the Council on Concerns of Older Tulsans (COOTS), Tulsa Interagency Council,

Tulsa Mayor's Family Violence Task Force, Tips Exchange Network, and marketing meeting rooms.

As Executive Director of OSCO, Mary Jo is chairing the Detection and Treatment Workgroup for the Oklahoma Comprehensive Cancer Control Network, which is putting together a 5-year plan for Oklahoma. She is also a member of both Oncology Nurses of Central Oklahoma and NEOONS.

Prior to coming to OSCO and TCMS, Mary Jo spent almost three years working for the American Cancer Society in Prevention/Tobacco Control, and was a diversity trainer for the four-state Heartland Division. As Director of Volunteer Services for a hospice, she was over both the volunteer and companion care programs. She hired and trained companion care workers to ensure no patient died alone.

Prior to working for ACS, she spent a number of years working with severely emotionally disturbed adolescents. Her degree from the University of Denver is in Mass Communications and English.

In other activities, Mary Jo has been a boy scout leader since 1998, but lately hasn't been able to camp and hike as much as she would like. She serves as president of Owasso Business & Professional Women and chairs a state committee for OK/BPW.

The mother of two sons: Josh – almost 17 and Jeremiah – 14, Mary Jo will become stepmother to Garrett – 11, Maddi – 14 ½ and Ashleigh – 17 ½ next spring. "It's a good thing my favorite kind of kids are teenagers."

You may reach her at the OSCO office at 918-743-6184 or by email at Maryjo@oscoOK.org.