

# OSCO NEWS

The Voice of the Practice of Oncology in Oklahoma

Volume 3, Number 4



## From Our President

When faced with the current Oklahoma heat, I am almost glad that time seems to move quickly. As we face the end of summer, there are several items for the OSCO membership to consider.

First, we will have biannual elections very soon. Thoughtfully consider any nomination for office. Strong physician leadership should be a requirement as more and more changes are presented to oncology practices and patients.

Second, in conjunction with the Texas society (TSMO), OSCO will sponsor a meeting in San Antonio in November to discuss the upcoming regional change in our CMS district. We will meet with representatives from Colorado and New Mexico and representatives from bidding vendors to discuss concerns with the system that is set to begin in 2007.

If you would like to either voice concerns or get a better understanding, then I would encourage your attendance. It is important that our concerns are heard and potentially incorporated at the origination of the system rather than try to catch up as we suffer over the next several years.

Third, the annual conference is once again around the corner. As this is written, we are writing to potential speakers and requesting grants. Your involvement as membership is always appreciated and encouraged. I can only address requested topics and speakers if I am informed about them.

Next year, we will meet in January in Oklahoma City at the downtown Cox Convention Center. Physicians, oncology nurses, practice managers, social workers and interested pharmacists will all have distinct tracks

to attend within the conference.

Fourth, unless you desire a decrease in remuneration, membership should stay in close contact with elected officials and pay close attention to the upcoming elections.

Just this last week, CMS released information recommending an even greater pay cut than was scheduled thus compounding already planned cuts specifically for oncology. **It is imperative that clinics verbalize to Congress the full impact of change upon practices and patients.**

Mary Jo and I will be attending the ASCO CPC meeting in October and the MAC meeting in November. Should you have any questions or concerns please let us know.

*Todd M Kliever MD*

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**Note:**  
**Physician Interviews will return in next month's issue of OSCO News.**

# Oklahoma Central Cancer Registry

The Oklahoma Central Cancer Registry (OCCR) is a statewide, population based system for the collection, management, and analysis of information on incidence and treatment of cancer cases among Oklahoma residents. Oklahoma State law (Oklahoma Statute 63 OS 1-551) requires all health care providers in Oklahoma to report information on all cases of cancer they diagnose or treat within the state.

In 1994, the Oklahoma State Department of Health entered into a cooperative agreement with the Centers for Disease Control and Prevention to participate in the National Program of Cancer Registries (NPCR). Data collection began on January 1, 1997. OCCR uses this data to justify funding requests for cancer screening, diagnosis and treatment, to focus services on populations at greatest risk or with highest incidence, to track trends in cancer incidence, diagnosis and treatment, and to assure that media reporting on cancer topics is as accurate.

***OCCR currently has a staff of 12. This is an increase of 4-fold from 3 years ago.***

OCCR submits de-identified data to the North American Association of Central Cancer Registries, the Centers for Disease Control and Prevention, and the International Association of Cancer Registries for use in their publication and research efforts.

While cancers are identified primarily through reports from hospitals, pathology laboratories, mammography centers, radiation oncology centers, ambulatory surgical centers, cancer treatment centers, and physi-

cians, any health care professional who diagnoses or treats a cancer case must also submit information on that case. Once the case is identified, an abstract of cancer information is required to be completed by the provider and submitted to the OCCR within six months.

This can be done in various ways, the provider's vendor-purchased software or Rocky Mountain Cancer Data Systems (RMCDS - software provided free of charge to the cancer reporter) which can then any be uploaded to OCCR via a Web-based upload system, or direct entry into the Oklahoma Cancer Reporting on the Web (OCROW) system, a web-based data entry system for facilities and groups with fewer than 25 cases each year. OCCR is responsible for consolidating the data and finalizing the statewide data set, as well as overall data quality assurance in accordance with national standards.

OCCR is dedicated to improving cancer reporting in Oklahoma, to ensuring the data is useful and to responding to requests for cancer data from policy makers, researchers, planners, health care professionals and the general public. OCCR currently has a staff of 12. This is an increase of four-fold from three years ago. Because of this increase in staffing, OCCR is now capable of providing improved services to those healthcare professionals, facilities, and laboratories that submit cancer abstracts, and to conduct in-depth studies to determine quality and completeness of cancer reporting in Oklahoma.

Some of the new or improved services include: contacting physician groups to ensure that cancer cases are being reported; completing studies to determine patterns of care in Oklahoma; assuring that all treatment information is included in the abstract reported to OCCR; yearly follow-up on each cancer case re-

ported, thus enabling us to have survival data for the state of Oklahoma; and assuring that all cancer data for Oklahoma is secure, confidential and accessible. For those interested in learning more about cancer in Oklahoma, OCCR has placed county specific, statewide data on the Internet for your use via the link at [www.health.ok.gov/stats/cancer](http://www.health.ok.gov/stats/cancer).



OCCR staff is responsible for collecting and maintaining cancer data for the state of Oklahoma and we cannot succeed without the support and assistance of all of the health care professionals who diagnose and treat cancer in the state. Our goal is to assist health care professionals with reporting as needed, to make the reporting as economical and simple as possible while maintaining Oklahoma's registry as one of the premier registries in the United States.

In order for Oklahoma Cancer Case Reporters to know how best to direct questions for the Oklahoma Central Cancer Registry (1-888-669-5934 or 405-271-4072), please reference the following listing:

- Hospital specific cancer case reporting questions, (for example, coding, reportability, timeliness, edits) - Bonnie Connelly, x57124 and Delores Greene, x57103;
- Urologists, physician groups, ambulatory surgery centers - Gwen Filler, x57120;
- Laboratory reporting and dermatologists - Judy Hanna, x57118;
- Follow-up reporting questions - Darla Dennis, x57125;

## CANCER REGISTRY (con't)

- Treatment reporting and patterns of care questions - Dana Lloyd, x57151;
- Technical RMCDS and OCROW application questions - Paula Marshall, x57121;
- Completeness of reporting (compliance) - Cheryl Lucas, x57122;
- Incidence investigation questions - Anne Bliss, x57111;
- OCCR program questions - Charlotte Russell, x57119;
- Basic Registry Training registration (RMCDS or OCROW): Leslie Dill, x57106; Principal Investigator, Janis Campbell, x57129.

Please send your questions about the Oklahoma Central Cancer Registry to OSCO to be shared with the OCCR and addressed at the Oncology Perspectives 2007 Conference.

*Janis E. Campbell*

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## Marathon Legislative Session Produces Funding, Reform

Oklahoma City - Dust continues to settle as the Oklahoma Health Care Authority reviews the impact of the last meeting of the 50<sup>th</sup> Legislature. Thousands of ideas resulted in nearly 400 bills signed by Governor Brad Henry. Four of those bills will have a profound impact on the future activities of this agency and the more than 700,000 people we expect to serve this year.

**House Bill 1071xx** – This is the agency's appropriation bill which was approved in June's special session. For state fiscal year 2007, the agency's budget will reach a record \$702 million in state funds.

This appropriation funds our projected enrollment growth and utilization increases of five percent or \$40 million. In addition to annualization and maintenance needs, this budget provides \$622,806 for enhanced services to high risk OB patients; \$13,171,229 to increase hospital provider rates to the upper payment limit beginning Jan. 1, 2007; and \$5,269,296 for the provisions of the Medicaid Reform Act of 2006 (HB 2842) including authorization for 31 new full time employees. This bill also provides \$22,594,707 to increase rates for nursing home and ICF/MR providers effective July 1, 2006. Regular nursing facility rates will range from \$113 to \$119 per patient day based on the facility's ratio of direct care staff.

Efficiencies by the agency also allowed the legislature to use almost \$50 million in state dollar savings toward

this year's appropriation. This includes a \$12.5 million reduction in the agency's budget due to ongoing savings and \$35 million in carryover savings earned by agency efforts during the past few years including increased drug rebates and money saved after dissolution of the **SoonerCare** Plus program.

**House Bill 2842** – This bill may have the greatest impact on Medicaid policy since the legislature expanded the program to cover more children in 1997. The bill endorses many policy changes found in the agency's strategic plan including e-prescribing, disease management, payment error rate reductions, emergency room utilization management, alternatives to long-term care and long-term care reimbursement changes.

In addition, this bill has two primary waivers requiring policy development. The waivers focus on patient empowerment initiatives and expanding coverage to college students. The bill also expands the premium assistance program to allow employers of 50 employees or less to participate and potentially expands coverage to parents of children on **SoonerCare**.

**House Bill 2102** – An agency request bill, this legislation altered the responsibilities of the person who represents the pharmaceutical manufacturers on the agency's drug utili-

zation review board (DUR). This member will no longer be able to vote on action items involving prescription drugs to avoid any potential conflict of interest. This change is effective Nov. 1, 2006.

**Senate Bill 2017** – Known as the "Opportunities for Independent Living Act", the legislature established a three-year pilot program to transition individuals out of institutional care into a community care setting. In coordination with the Department of Human Services Aging Division, this pilot will identify 30 people who have requested to receive their services in a community setting. Subject to the availability of funding, the agency will assist qualified individuals with disabilities who live in institutions to transition into the community.

OHCA will contract with consumer-controlled, non-residence-based, community-based, nonprofit organizations with experience in transitioning persons with disabilities into community settings. The program will use available funding to assist eligible persons in this pilot to pay rent deposits, pay utility deposits, purchase initial household supplies, purchase basic initial household appliances and purchase initial furniture and pay moving expenses. The transition is estimated to cost \$2500 per person.

*Nico Gomez*

## COA Update

Since the beginning of the current Congress, Representative Nancy Johnson, of Connecticut, has been telling your COA team in Washington that she planned to hold a hearing of the Subcommittee on Health of the House Ways and Means Committee. Representative Johnson has been COA's strongest supporter, although, due to the hard work of our team in Washington, multiple other Congressmen and Senators have been slowly adding their support to our cause.

Representative Johnson is the chairman of the Subcommittee on Health and was able to hold that hearing on the 13<sup>th</sup> of July.

The overall consensus of COA, including board members who were present and the staff, is that this hearing was a big win for our cause.

Among the many people who testified were officials of CMS and other government agencies, and their testimonies contained many misstatements, false generalities, and, in our opinion, misinterpretation of data. All of this was strongly rebutted, especially by COA current president Fred Schnell, who did a

marvelous job.

Also rebutting and actually challenging CMS and other government officials were other Members of the Subcommittee, and in many instances the challenges made to CMS officials were quite aggressive. All in all, it is felt that this is the biggest win we have had on Capitol Hill, but, unfortunately, considering the way things get done on the Hill, we still have a big fight ahead of us.

COA still desperately needs financial support, not only for its general fund, but also for the PAC.



There is certainly no guarantee that we will be able to achieve significant relief this year, especially with the mid-term elections looming, but certainly we have more allies in Congress than we have ever had. We do not expect that either one of the bills which we have been able to introduce in both Houses will be acted upon, but it is possible at this point that amendments to other bills which won't be passed until the very end of the session could be achieved.

It is very clear that having success for a given issue in Congress requires a

long-term effort, and officers of COA still feel that persistence and continuing effort are necessary.

Members of Congress are now back in their districts, and COA urges all medical oncologists to contact their Senators and Representatives. They need to urge them to correct the reimbursement problems by removing prompt-pay discounts from calculation of the ASP and by removing the six-month reimbursement lag for drugs. We also need them to write CMS and urge that the regulatory aspects be fixed, including adding codes for treatment planning and a pharmacy facilities fee and also reestablishing the administration codes.

Contact information for your Representatives and Senators can be found on the COA website, [www.communityoncology.com](http://www.communityoncology.com). If you need help in making contact with any one member, Mary Jo would be more than happy to help you.

*G. Lance Miller MD*

## Cherokee Nation Cancer Programs 1<sup>st</sup> Annual Cancer Summit

More and more emphasis is being placed on cancer control in the United States as efforts are being made to decrease the mortality rates of this once devastating disease. National statistics indicate an increasing incidence of cancer in the American Indian and Alaska Native population. With this new emerging pattern, mortality rates are also increasing. Based on a combination of current data sources, which include the Cherokee Nation Cancer Registry, the Indian Health Services, and the Oklahoma Central Cancer Registry, the unequal burden of cancer upon Indians residing within the

Cherokee Nation is also evident.

A comprehensive examination of cancer in the Cherokee Nation tribal jurisdictional service area (CNTJSA) has helped to guide understanding of how and why these patterns are developing. These answers have helped to develop strategies that will address the cancer needs in Cherokee Nation.

To address many of these needs, the Cherokee Nation Comprehensive Cancer Program will hold its 1<sup>st</sup> Annual Cherokee Nation Cancer Summit. **This event will be held at the University of Oklahoma Schusterman Center, at 4502 East 41<sup>st</sup> Street, in**

**Tulsa on Friday, October 20th.**

This is a free event that is open to community members, health professionals, tribal leaders, cancer survivors, policy makers, legislators, as well as insurance providers and others with an interest in cancer.

To obtain information about the summit and to get a copy of the registration form please log on to the Cherokee Nation Comprehensive Cancer Control website at <http://www.cherokee.org/services/health/cancer/>, or you may request a copy from Chris Stilwell at 918-458-4491, extension 34.

*Ruth Hummingbird, BBA*

## OSCO Payor Advisory Committee Activities

Over the last quarter, the OSCO Payor Advisory Committee has been up to many activities benefiting the offices of OSCO physician members.

During the month of May, OSCO hosted a luncheon with invited guests from Pinnacle Business Solutions' Dr. Mayo Gilson, M.D. and Teresa Bolden, CMS Field Representative. They delivered the CMS Annual Spring Update. The topics of discussion included among many items, the 2006 reimbursement update, the status of the Competitive Acquisition Program and the quarterly Oncology Data Analysis. The 2006 physician reimbursement was originally cut, however in February President Bush signed the Deficit Reduction Act, which replaced the estimated 4.4% reduction with a 0% increase. Pinnacle was going to automatically adjust claims processed prior to the approval of the Act.

Teresa Bolden reported on the status of the Competitive Acquisition Program ("CAP"). It is due to be implemented in July 2006. CMS is struggling to understand the reasons why oncologists do not favor the CAP concept. Shawn Morrison volunteered to talk with Teresa to improve her understanding of the problematic nature of CAP when compared to the integrated delivery system that so efficiently and safely operates in oncology practices today. The Oncology Data Analysis is split out by specialty: hema-

tology, medical, surgical, radiation and gynecologic oncology. It has been particularly helpful to mirror between Pinnacle and oncologist's billing offices trends in billing practices for swift resolution.

The Payor Advisory Committee is drafting a letter to Blue Cross and Blue Shield asking BCBS to create and implement a worksheet for use in reporting medical information regarding the use of Aranesp and Procrit. The idea is to reduce BCBS's multiple requests for medical records to substantiate the use of these drugs by submitting the info on one form. Additionally the PAC is submitting a letter to Community Care HMO to address its clinical criteria for the use of Aranesp and Procrit. While we don't suspect that CCHMO is adhering to its' criteria, we would like to see a correction in the guidelines suggesting that anemia is corrected at 10g/dl.



Mary Jo attended the House Ways & Means Committee Hearing in Washington DC on July 13<sup>th</sup>. Over 400 people attended the hearing, and Mary Jo reported that Dr. Fred Schnell, president of COA,

represented community oncologists very well. She said that the participating congressmen and women really seemed to understand our issues. In addition, Mary Jo, after doing some lobbying at the Capitol, joined Dr. Todd Kliewer and Dr. Vicki Baker at the national CAC meeting in Washington DC on July 14 & 15.

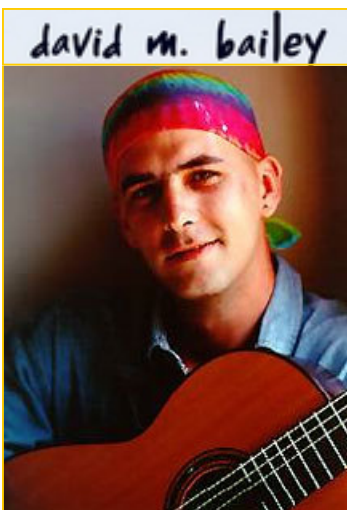
Mary Jo has been invited to participate in the Oklahoma Health Care Authority board meeting/retreat August 17 & 18. She asked the PAC for topics to share with OHCA at the meeting. The PAC suggested the Cervical Cancer Program better identify to specialists and patients the "screeners" to diagnose the presence of cervical cancer. It appears that not only are there insufficient numbers of "screeners" to provide care, but participating screeners are not well publicized which would help direct patients to obtain necessary medical services.

Going forward, the PAC is suggesting that OSCO physician members send representatives from their practices to the Regional MAC meeting scheduled for this November in San Antonio.



Shawn Morrison

## Special Guest David M. Bailey to be Keynote Speaker for Oncology Perspectives 2007!



The son of Presbyterian missionaries, David spent his childhood in Beirut, Lebanon. He began his guitar days playing on the streets throughout Central Europe. In college, he played extensively in an original acoustic duo, but then put his guitar away and entered corporate America.

Ten years later, doctors told David he had a malignant brain tumor and would be dead in a few months. David left his corporate job and returned to his first love of songwriting and performing. Since then, he has shared his hope and music with thousands of listeners: Ten years, 12 albums, & 41 states later, David and his music are

*"And the sun is coming up again  
Kinda like a long-lost friend  
I cannot remember when I've felt so  
alive"*

alive and well, challenging all of us to live passionately and to treasure the beauty of each new day.

Come and enjoy David's inspirational music and story at our next Oncology Perspectives Conference in 2007. Hope to see you there!

## Regional MAC Meeting

(For new Medicare area: OK, TX, CO, NM)

CAC Members, Oncology Society Board and Physician Members, Practice Managers, and Medicare Billing Staff should attend

**November 17 & 18, 2006**

**Sheraton Gunter Hotel**

**San Antonio, TX**

**1-210-227-3241**

(ask for OSCO rate of \$125/night)

**Registration Deadline: Friday, Nov. 10th**

### Questions?

Mary Jo Wichers at 866-791-OSCO or [maryjo@oscoOK.org](mailto:maryjo@oscoOK.org) or

Marci Cali at 301-984-9496 ext. 238 or [mcali@acc-cancer.org](mailto:mcali@acc-cancer.org)

Registration forms can be found at [www.oscoOK.org](http://www.oscoOK.org)

### AGENDA

#### Friday, Nov 17th

6-6:45pm Reception  
6:45-8pm Dinner and keynote speaker, Bill Rogers (CMS)

#### Saturday, Nov 18th

8-8:30am Breakfast  
8:30-9:30am Sue Lathroum (CMS) with MAC update  
9:30-10:30am Carrier Panel (Noridian, Trailblazer, EDS/NHIC)  
10:30-10:45am Break  
10:45-11:14am MACs from a Larger Perspective  
11:45-12:30pm Networking Lunch  
12:30-2:30pm Adjourn and go into closing session for action planning for representatives of the 4 states (how we we'll work to gether, joint state listserv, newsletters, common LCD's ,etc.)



## ONCOLOGY PERSPECTIVES 2007

**SAVE THE DATE!**

**January 27 & 28**

**Renaissance Hotel/Cox Convention Center  
Oklahoma City**



- 50+ speakers
- Special guest, 10 year brain cancer survivor **David M. Bailey**, for our keynote speaker/concert
- 5 tracks: physician, nursing, pharmacist, social work, practice management/staff
- Accreditation: CME, CE for nurses and social workers, ACPE for pharmacists, CTR

**Details and registration forms coming soon!!**

You can start making reservations at the Renaissance Hotel NOW and take advantage of the special OSCO rate of \$129/night.

**1-405-228-8000**

## ASH Update

### **Save the Date**

The [ASH Annual Meeting](#) will include a Practice Forum and Reception for practicing hematologists on Saturday, December 9, 2006, at 6:00pm in Orlando, Florida. Dr. Rodger Winn from the National Quality Forum along with representatives from hematology/oncology state societies and the ASH Pay-for-Performance Task Force will discuss what Congress, the states, and private plans are developing; what this will mean for hematologists; and how it may affect reimbursement. More information will be coming soon.

### **Review of Medicare Rule on Physician Reimbursement Continues**

ASH continues to analyze the Medicare proposed rule on the Five-Year Review and Practice Expense Methodology. Comments are under development. Please e-mail questions or comments on the rule to [pfer-raro@hematology.org](mailto:pfer-raro@hematology.org). The Medicare Physician Fee Schedule is expected to be released very shortly and ASH will update you with additional information as it becomes available.

### **Senators Make Effort to Prevent Medicare Physician Fee Cuts**

Eighty Senators urged leaders to prevent the scheduled cuts to 2007 Medicare payments. If Congress does not take action, the Medicare Sustainable Growth Rate (SGR) formula will cut payment to physicians by almost 5 percent. ASH continues to work with the Congress to avoid the scheduled 2007 cuts. You can assist in preventing the Medicare payment cuts by taking part in the ASH ad-

vocacy campaign.

### **Development of Hematology Quality Metrics Continues**

ASH continues work with the AMA Physician Consortium and Medicare on the ASH hematology-specific quality metrics. The metrics are available for review on the ASH Web site and ASH is interested in your feedback.

### **Health Subcommittee Holds Hearing on Part B Drug Pricing**

The House Ways & Means Health Subcommittee held a hearing on July 13 regarding Physician-Administered Part B Drug Pricing. While there was general agreement that the Average Sales Price (ASP) plus six percent methodology is superior to previous methodology used for calculating Part B reimbursement; it was also noted that the ASP system still needs improvement. Panelists also urged continued oversight.

### **Medicare Payment Advisory Commission (MedPAC) Releases Data Book**

MedPAC released its 2006 version of "A Data Book: Healthcare Spending and the Medicare Program." The data book provides brief discussion with tables and charts utilized by MedPAC in decision-making regarding recommendations and findings for the Medicare program.

### **Medicaid Integrity Plan (MIP) Introduced**

MIP is a national fraud and abuse program monitoring Medicaid. The two main activities of this new program will be conducting audits and supporting the program integrity efforts of individual states. The MIP has a five-year implementation plan.

### **Insurer Launches New Program – Michigan**

Members of the Blue Care Network, an affiliate of Blue Cross Blue Shield of Michigan, are being offered a new program called "Healthy Blue Living". The optional program offers participants reduced copayments and deductibles for following healthy regimens. Employers must offer a smoke-free workplace, healthy choices in vending machines, and encourage physical activity at work.

For more information please contact ASH Practice Advocacy Manager Pamela Ferraro at [pfer-raro@hematology.org](mailto:pfer-raro@hematology.org).

*Pamela Ferraro*

## Don't Forget!!

### **Hematological Malignancies: Recent Advances in Therapy**

**An ASH State-of-the-Art  
Symposium**

**Bellagio Hotel and Casino  
September 15-16, 2005  
Las Vegas NV**

**For more details go to  
[www.hematology.org](http://www.hematology.org), meetings,  
State-of-the-art symposia**

Editor: Mary Jo Withers

E-mail: [maryjo@oscook.org](mailto:maryjo@oscook.org)

Fax: 918.274.8354

Phone: 918.274.8374

[www.oscook.org](http://www.oscook.org)

Owasso OK 74055

8805 N 145th E Ave, Suite 203



## **OSCO Corporate Members**

### **PLATINUM**

**Genomic Health, Sanofi-Aventis, Pfizer Oncology**

### **GOLD**

**Amgen, Bayer/Onyx, Biogen Idec, Genentech, Lilly, MGI Pharma,  
Millenium, Novartis, Ortho Biotech, OSI Oncology, Pharmion,  
Imclone Systems, Varian**

### **SILVER**

**Abraxis, AmerOnc, Roche, Schering-Plough, Sigma-Tau, Bristol-Myers Squibb**