

# NewsLine



ONCOLOGY STATE SOCIETY NETWORK

## Missouri Cancer Coalition

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

March 30, 2009



### MCC to Host Dinner Program for Practice Managers/Administrators on April 29

The Missouri Cancer Coalition is pleased to announce a special dinner program for practice managers, office administrators, and other interested oncology staff, which will take place on Wednesday, April 29, 2009, from 5:00-8:00 pm, at the Marriott St. Louis West; 660 Maryville Centre Drive; St. Louis, MO (314.878.2747).

A terrific program is planned that includes a reception with exhibitors, networking opportunities, and two well-known, knowledgeable speakers:

- **John Akscin**, VP, Government Relations, McKesson Specialty Care Solutions, presenting on “The Impact of Medicare Reform on Community Oncology,” and
- **Tom Barr**, MBA, Oncology Metrics, speaking on “The Financial Management of Oncology Practice”

Register online at [www.mocancercoalition.org](http://www.mocancercoalition.org) by Monday, April 20, 2009. For further information, contact Sharon Atterbury at 301.984.9496, ext. 218 or by email at [satterbury@acc-cancer.org](mailto:satterbury@acc-cancer.org).

### President's Message

I have no need to belabor how difficult 2009 will be for our country, including oncology. While the Obama administration has high hopes for health care, I believe that nothing will be more important than wringing every extra dollar out of all federal programs. We will see activation of plans that save money and few moves to increase reimbursement. While oncology will continue, value will be the watchword.

Medicare Advantage programs will see significant cuts. There is a strong push to change the SGR formula that demands a 5-10% cut in physician reimbursement yearly, and we may see a 1% increase overall in physician payments. Oncology, however, will likely see a 1% overall decrease. I see little practical hope, despite the push from ASCO,

for chemotherapy management or treatment planning fees. I suspect there will be movement toward allowing Medicare to negotiate prices with PBMs for Medicare Part D.

Drug reimbursement, now at ASP+6% for offices and ASP+4% for hospital OP departments, will probably remain the same. ASCO wants the distributors' prompt-pay discounts removed from the calculations since oncologists don't receive this. *I encourage you to write personal letters to your representative in Congress to support HR 1392.* You can find a template letter at [http://www.acc-cancer.org/public\\_policy/publicpolicy\\_legislativeaction.asp](http://www.acc-cancer.org/public_policy/publicpolicy_legislativeaction.asp) and simply enter your zip code to take action. For hospitals, all supportive drugs less than \$60 will be bundled, with the exception of antiemetics. If you work in a hospital, though, you should track these drugs since ultimately they will affect the cost reports or at least contribute to the data of possible losses.

The Compendia situation has become difficult. The excellent summary from ACCC is on hold now that there are other Compendia that are not “yes or no” but need interpretation. In addition, many Medicare contractors are not even buying all the Compendia because they are too expensive! The burden for the proof may fall back to us. Given all of this, there is a significant trend among oncologists to decrease off-label use.

Already on the books are incentives for health IT, and this will remain, especially given President Obama's conviction that increased use of IT will lead to improved efficiency and decreased costs. There will be increased reimbursement for E-prescribing, but it appears that few if any existing systems are compliant, and the clock is already running! Adding to the problem, the DEA still will not allow electronic prescribing of class II narcotics.

Expect more activity from the Recovery Audit Contractors (RACs). They will have a few more restrictions than originally planned, but there will be great pressure to recover money for Medicare. They get a percentage of all the money they collect. As of March 1, the RACs are up and running.

Last, there are issues of workforce or the number of physicians opting for oncology. I suspect the above



paragraphs have already scared several away! I see concern, but little activity here. Docs will likely go into fields where they get day-to-day satisfaction. The patients are great, but the climate is tough.

I'm sorry if I had to make this a "read this and weep" report at the start of the year, but it will be a challenge for all of us. The good news? Only one way to go now!

Sincerely,  
Joseph (Joe) Muscato, MD

## Drugs in the News from the MCC Corporate Members

Novartis (Basel, Switzerland) announced that **Gleevec® (imatinib mesylate) tablets** have been approved by the FDA for the post-surgery treatment of adult patients following complete surgical removal of Kit(CD117)-positive gastrointestinal stromal tumors (GIST). For more information, go to: <http://www.novartis oncology.com/products/index.jsp>. (Reprinted from Jan/Feb 2009 *Oncology Issues TOOLS*.)

Amgen Inc. (Thousand Oaks, Calif.) announced that the FDA has approved **Nplate™ (romiplostim)**, the first and only platelet producer for the treatment of thrombocytopenia in splenectomized and non-splenectomized adults with chronic immune thrombocytopenic purpura. Nplate works by raising and sustaining platelet counts, representing a novel approach for the long-term treatment of this chronic disease. For more information, go to: <http://www.amgen.com/>. (Reprinted from Nov/Dec 2008 *Oncology Issues TOOLS*.)

The Food and Drug Administration (FDA) has approved Eli Lilly and Company's (Indianapolis, Ind.) **Alimta® (pemetrexed for injection)** for use, in combination with cisplatin, in the first-line treatment of locally advanced and metastatic non-small cell lung cancer (NSCLC) for patients with nonsquamous histology. Alimta is *not* indicated for treatment of patients with squamous NSCLC. For more information go to: [http://www.lillypatientone.com/professional\\_resources/reimbursement.jsp](http://www.lillypatientone.com/professional_resources/reimbursement.jsp). (Reprinted from Nov/Dec 2008 *Oncology Issues TOOLS*.)

### MCC Corporate Members (as of 3/17/09)

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## Upcoming MCC Events— Mark the Dates

- DINNER PROGRAM FOR PRACTICE MANAGERS/OFFICE ADMINISTRATORS:  
*Wednesday, April 29, 2009;*  
Marriott St. Louis West;  
St. Louis, MO
- ANNUAL MCC MEMBERSHIP CONFERENCE:  
*Friday, November 6, 2009;*  
Hilton Garden Inn,  
Columbia, MO

For more information about  
**Missouri Cancer Coalition**  
go to: [www.mocancercoalition.org](http://www.mocancercoalition.org)  
or call: 301-984-9496, ext. 218