

Musings on State Oncology Society Membership

BY W. CHARLES PENLEY, MD



Like many of today's young oncologists, in the early 1990s I was focused on building my practice, raising young children, and becoming a member of a community outside of medicine. At that point, I had not yet focused on organized medicine at all. It seemed distant and separate from my work—something that other doctors engaged in when confronted by larger issues in society and healthcare.

But about that same time, oncologists in Tennessee were faced with a Medicare carrier policy that would severely limit reimbursement for in-office-administered chemotherapeutic agents. This policy threatened the viability of our practices and our ability to care for our patients in outpatient or office settings.

At the time, Tennessee did not have an organized state oncology society. Seeing the need for a unified response to the new Medicare policy, oncology practices from around the state convened a meeting in Nashville, and the Tennessee Oncology Practice Society (TOPS) was born.

I was very fortunate to be able to represent our small practice at that meeting. TOPS's founders learned many lessons in those early years, but I believe the most important one was that we were stronger when we joined forces and spoke with one voice. On a personal level, I learned that when confronted with important tasks, oncologists should not rely on others to do the heavy lifting—we must roll up our own sleeves and get involved. I remain a proud member of TOPS today.

For nearly 30 years, TOPS has served oncologists and patients in Tennessee. The organization has focused primarily on issues related to the delivery of the highest quality cancer care, while also working to deter threats to the viability of the community practice model.

I found my work at the state level to be quite gratifying, and TOPS had early successes. Drug reimbursement and so-called off-label coverage occupied much of our time. For example, our Medicare carrier had proposed requiring oncologists to submit invoices with their billing documents. Due to the efforts of TOPS's leadership and members, this proposal never came to fruition. But we quickly realized that most Medicare policies, though administered at the state level, have their origins in Washington, D.C.

As an affiliate of the American Society of Clinical Oncology (ASCO), TOPS members have access to the advocacy efforts of a much larger organization with more funding, a larger staff, and a seat at the table during legislative discussions with members of Congress and regulatory discussions with organizations like the Centers for Medicare & Medicaid Services. State oncology society presidents are invited to become members of the ASCO Clinical Practice Committee, where issues of common interest are discussed. Though the details of policy implementation vary from state to state, overarching issues are the same.

Other organizations, such as ACCC and the Community Oncology Alliance, are likewise engaged and involved participants in our discussions about issues that affect the entire oncology community.

My participation in advocacy efforts at the state level led directly to personal opportunities to serve on the national level. While serving as TOPS's president in the late 1990s, I was appointed to the ASCO Clinical Practice Committee, ultimately serving as the committee's chair from 2008 to 2009. While on the Clinical Practice Committee, I was fortunate to be able to represent ASCO to the American Medical Association's Common Procedural Codes Editorial Panel. It

was a critical time, because the Medicare Modernization Act had required the American Medical Association to rewrite the entire series of drug infusion codes. ASCO's Drug Infusion Workgroup spent many hours restructuring these codes, culminating with the Relative Value Update (RVU) Committee assigning new RVU values to this series of codes.

From 2012 to 2013, Sandra Swain, MD, invited me to chair the ASCO Government Relations Committee during her presidency. My term on this committee gave me a front-row seat to the advocacy work carried out by ASCO and other cancer care organizations on behalf of oncologists and patients. Around that time, it became clear to me that I had become one of those "other doctors" who were doing the work of organized medicine. It also became clear that policy and advocacy work is incremental, much like cancer research. There aren't too many "Eureka!" moments, but incremental steps forward represent progress over time.

My consistent observation in my advocacy work has been that when the oncology community speaks with one voice, although our political leaders do listen, political pragmatism most often wins the day. Changing policy is less challenging than changing law, and maybe that is a good thing.

I've been fortunate to be able to serve ASCO and ACCC in many capacities, and I fully believe that none of these opportunities would have been possible if I had not chosen to involve myself with TOPS. Choosing to get involved was one of the best decisions I've made, and I strongly encourage others to do the same.

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