

ClinicalOncology

Advances in Cancer Care

news

CLINICALONCOLOGY.COM • APRIL 2007 • VOL. 2, No. 4

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EDUCATIONAL REVIEW



Three-Step Analgesic Ladder for Management of Cancer Pain

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Denileukin Diftitox: Promising in CD-, CTCL Patient Subgroups

ORLANDO, FLA.—In different subgroups of patients with cutaneous T-cell lymphoma, denileukin diftitox achieved objective response rates ranging from 31% to 47%, with complete response rates ranging from 8% to 18%. These results come from a Phase III study of 92 patients.

Denileukin diftitox (Ontak), which demonstrated activity against both CD25+ and CD25- CTCL, was associated with acceptable tolerability.

Responses were evaluated and determined by an independent drug evaluation review committee. Only 20.6% of patients in the study had progressive disease.

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Clinical Trials Suffer From Budget Woes

While Congress begins debate on the fiscal year 2008 budget, federally funded cancer researchers across the United States are waiting to learn about their 2007 budgets.

Even after Congress approved a new 2007 federal budget in February, which upped funding for the National Institutes of Health (NIH) by \$600 million over President Bush's proposed budget, cancer researchers are preparing for record cuts.

The Chopping Block

The Cancer Cooperative Group Program, which conducts almost half of the cancer trials in the country and is almost exclusively funded through the National Cancer Institute (NCI), a division of the

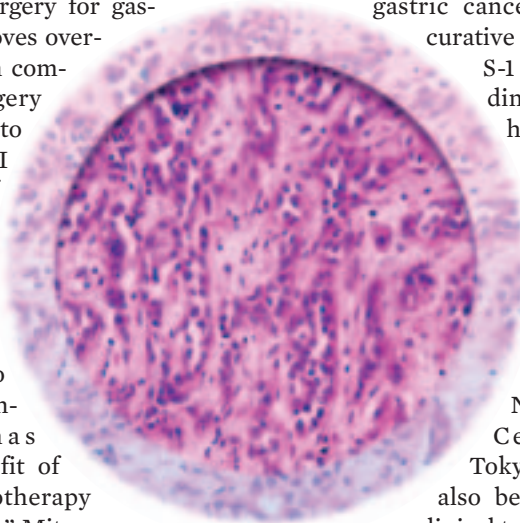
see **BUDGET CUTS**, page 22 ►

S-1 Improves Overall Survival In Gastric Cancer Patients

ORLANDO, FLA.—Administration of S-1 after curative surgery for gastric cancer improves overall survival when compared with surgery alone, according to a recent Phase III study in Japan of more than 1,000 patients. The overall survival benefit was 10% at three years.

"In the past, no large, well-organized study has shown any benefit of adjuvant chemotherapy for gastric cancer," Mitsuro Sasako, MD, PhD, told *Clinical Oncology News*.

"We have shown that adjuvant chemotherapy with S-1 is feasible and effective. We believe this regimen can be the



Adenocarcinoma of the stomach.

standard treatment for stage II or III gastric cancer patients after curative dissection."

S-1 is a fluoropyrimidine that has shown high activity as a single agent in Phase II trials of gastric cancer in Japan, said Dr. Sasako, professor of surgery and deputy director of the National Cancer Center Hospital, Tokyo. The agent is also being evaluated in clinical trials for other gastrointestinal cancers, including colorectal and pancreatic cancers.

"In the U.S., limited surgery is the

see **S-1**, page 14 ►

POLICY & MANAGEMENT

Payment Requires Detailed Info

In Oncology's Future: The Devil Is in the Details

As we look at the issues that are most pressing for today's oncologists and what looms on the horizon, we realize that *the devil is in the details*.

The National Provider Identifier (NPI) switch is imminent. It is part of the Health Insurance Portability and Accountability Act (HIPAA) require-

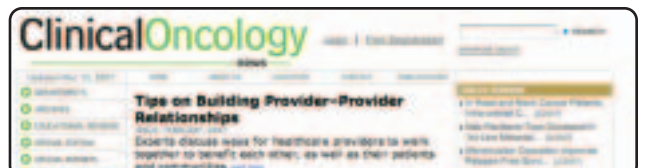
ments and will effect your payments on May 23, 2007. The Center for Medicare & Medicaid Services (CMS) believes that you should receive it earlier than the May date and that you should put your billing systems to the test for glitches, including implementing trials

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Updated Web site

Visit our newly redesigned Web site, updated daily at www.clinicaloncology.com

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DETAILS

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with your billing clearinghouses.

CMS is right! You will not get paid appropriately once the new numbers go into effect if you haven't worked out the details and ensured that your critical relationships and supports are ready in advance. You must give your NPI to referring physicians and obtain their numbers in preparation for the change. This may be the *most critical* detail that you need to manage in order to obtain appropriate and timely payment for your services. You must report your numbers to all payers and be assured that they have them accurately in their systems. It is a tedious and mind-numbing process for your administrative staff to complete ... and it is completely *necessary!*

Stay Abreast of Detailed Changes To Clinical Trials Requirements

CMS also released its final update on clinical trials in March. The news is generally helpful, just slightly different. You need to familiarize yourself with the new language and parameters. The goal of CMS is to offer more opportunity for Medicare participants to take part in clinical studies. CMS clarified what are considered routine costs for coverage, expanded the trials available by registration changes with the National Institutes of Health, and moved to open more opportunities to study diseases with fewer restrictions on expected outcome.

The clinical trials information is important for oncology practices. The update will most likely result in detailed change requirements that must be met in order for providers to be paid. A thorough review of the rule changes and an eye on detail is required by your office staff to ensure that you receive reimbursement for your services.

Look to Alternative Sources For Detailed Information

CMS is reviewing average sales price (ASP) for several drugs and making changes in favor of raising ASP rates. It will be important that you stay up to date on these activities and the changes. Actions will not necessarily occur simultaneously with the quarter changes; rather some changes are scheduled now.

Typically, practices count on their purchasing organizations to identify change information for them. It is not known yet whether the changes will only apply to past claims and what if any, rebilling information may be required. Don't expect to learn everything you need to know from your group purchasing organization. Look for critical detailed information from CMS's working groups.

Provide Details To Improve Payer Relationships

Many oncology practices have expanded their service offerings to include diagnostic imaging only to experience flattening prices and significant reductions in reimbursement this year. Don't just put the new Medicare reimbursement amounts in your fee schedule.

Look at each of your insurance contracts. Many will tie reimbursement to Medicare—standard practice

for technical service contracting. Call these insurers to see if you can develop a fee schedule for your service codes that more closely reflects your 2006 rates. The answer is always "no" unless you ask!

During discussions with payers, address the unique needs of your cancer patients. Communicate your track record. Provide details of how you are in a different league from other specialists who may inappropriately order laboratory and diagnostic tests to minimize liability and/or simply "rule out" diagnoses. Stress that your services are targeted because of your expertise in oncology care.



CMS is right! You will not get paid appropriately once the new numbers go into effect if you haven't worked out the details and ensured that your critical relationships and supports are ready in advance.

Details, Details and More Details

Drug administration code payments are flat or decreased in 2007, whereas the cognitive codes used most frequently for office exams (99212, 99213, 99214 and 99215) along with other physician cognitive codes for hospital and consultative visits increased significantly. The one-year quality reporting is no longer paid.

It is important that office personnel and physicians review the new relative value unit (RVU)

structure and ensure that everyone who is billing for services is doing it properly. This seems like yet another tedious process, but it is one with rewards! Most oncologists tend to under-code. It is important to stop and review the rules carefully, noting the details. Providers should continually work toward improving their documentation and accurately coding and billing to optimize reimbursement and comply with CMS requirements.

Detailed Data Collection And Quality Outcomes

Looking ahead gives evidence that providers will not continue to see payment based on *volume* of services; rather reimbursement will be based on *results*. The Physician Quality Reporting Initiative (PQRI) is a 2007 reality. Detailed quality measure data is being collected by providers that are enrolled in the program. Participating physicians could receive 1.5% bonus at the end of the year. This program is the beginning of an era that will redirect payment to *preferred* providers and place practitioners who are unable to produce consistent individual results in a struggle to survive.

Technology Investments With an Eye On Detail

If you are considering adding equipment-based services to your practice as a strategic move to increase your revenues, stop and think carefully about today's facts as well as consider forecasts of likely future trends. Don't assume that you will receive adequate compensation in the years ahead for the technical component of care to cover the full cost of your technology investment.

Practice is at the precipice of change. Making wise investments today requires that you look closely at what will actually be paid for tomorrow. Study the details. What receives optimal reimbursement today may be evaluated differently tomorrow. Payers are looking for both *quality and efficiency* in determining reimbursement rates. They are moving toward rewarding providers for doing more for less; those that produce optimal results with increased efficiency will benefit the most.

The provider who has quality outcomes, efficiently uses resources, and has the volume of business necessary to support the provided service will experience improved profit margins. For example, investing wisely in biotherapeutic treatment will require practices to measure results throughout the patient treatment course and make slight modifications to maximize outcomes for the individual. Practices that manage the details and monitor results will be the preferred provider.

It is critical that you and your team constantly evaluate the changes taking place that impact your business and that you consistently look at your practices and your processes and implement necessary improvements on a regular basis. Your success tomorrow is reliant on your ability to manage the details today.

—Mary Lou Bowers MBA and Rhonda M. Gold RN, MSN

Ms. Bowers and Ms. Gold represent The Pritchard Group. For more information visit www.thepritchardgroup.net.