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Radiation therapy equipment use rates are far less than the 90 percent proposed by Medicare, according to new survey

Fairfax, Va., August 14, 2009 – Actual utilization rates for radiation therapy equipment used in freestanding cancer treatment centers are closer to the current assumed rate of 50 percent, not 90 percent as proposed by the Centers for Medicare and Medicaid Services (CMS) in the Medicare physician fee schedule proposed rule for 2010. The actual rates were revealed in a new survey by dmrkynetec that was commissioned by the American Society for Radiation Oncology (ASTRO).

“Our study, conducted by a respected research group, shows that Medicare’s proposed equipment utilization rate for freestanding radiation therapy centers is inappropriate for radiation therapy,” Patricia Eifel, M.D., FASTRO, Chairman of ASTRO and a professor of radiation oncology at M.D. Anderson Cancer Center in Houston, said. “We are presenting this data to CMS this week and encouraging the agency to maintain the current rate of 50 percent for radiation therapy equipment. We are hopeful CMS will accept the findings of this independent research study and change its course regarding proposed cuts to radiation oncology. Otherwise, we are extremely fearful that these wrongful cuts will contribute to causing many cancer clinics to close or stop treating Medicare patients, denying many patients access to the care they need to fight cancer.”

On July 13, 2009, CMS announced proposed changes to the Medicare policies and payment rates for physician services including radiation oncology that would cut radiation therapy by nearly 20 percent. Currently, CMS pays for radiation therapy services based on an equipment utilization rate of 50 percent. The utilization rate refers to the percent of time that the cancer clinic is open and that the equipment, such as linear accelerators, is in use. Radiation therapy is due to receive extreme cuts due in part to CMS increasing the assumed utilization rate for equipment costing more than \$1 million from 50 to 90 percent. By increasing the utilization rate, the payment for each service is reduced significantly. CMS did not reference any actual utilization rate data for radiation therapy equipment in proposing to increase the rate to 90 percent.

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ASTRO believes CMS misapplied a Medicare Payment Advisory Commission recommendation to increase the assumed equipment utilization rate for diagnostic imaging equipment. Reps. Lois Capps (D-Calif.), Sue Myrick (R-N.C.), Mike Rogers (R-Mich.) and Parker Griffith (D-Ala.) and 58 other House members have written a letter to Health and Human Services Secretary Kathleen Sebelius clarifying the difference between radiation therapy and diagnostic imaging and asking her to reconsider the cuts. A similar letter is circulating in the Senate, with 10 senators already committing to sign on to a letter led by Sens. Blanche Lincoln (D-Ark.) and Richard Burr (R-N.C.). ASTRO deeply appreciates the commitment and leadership of these lawmakers for protecting cancer patient access to radiation therapy.

ASTRO, along with researchers at dmrkynetec, began a research project to create a database detailing the 2008 equipment utilization rates at freestanding cancer centers providing radiation therapy services. Data on the daily utilization rates was collected for six different treatment modality categories, depending upon the services and equipment used at each individual center. These treatment modalities included 3D conformal radiation therapy (3D-CRT), intensity modulated radiation therapy (IMRT), image guided radiation therapy (IGRT), stereotactic radiation therapy (SRT), brachytherapy, and hyperthermia.

This study was designed to determine how many treatment modality categories (among the six most common) that each cancer clinic center is providing, determine what type of equipment each center is using, identify the number of pieces of equipment of each type that centers have available, and determine how many hours per day each piece of equipment is typically in use.

Interviews were conducted between July 7, 2009, and July 23, 2009. Completed questionnaires were obtained from centers in 29 states and covered all major geographic areas of the country. Primary targets for this study were center business managers, radiation oncologists, or other staff members with knowledge of the equipment and usage patterns at their center. The sample pool for the study consisted of 2,844 radiation oncologists provided by ASTRO. More than 100 questionnaires were used in this analysis.

Equipment Utilization; Prorated to a 10 Hour Day

	Mean Hrs in Use/Day (Original)	Mean Hrs in Use/Day (Prorated)	CMS Center Hrs/Day	Equipment Usage
SRS system, Linac	4.0	4.2	10.0	42.0%
SRS system, SBRT, six systems, average	3.2	3.3	10.0	33.0%
Gammaknife	2.0	1.8	10.0	18.0%
Accelerator, 6-18 MV	4.7	5.1	10.0	51.0%
Accelerator, 4-6 MV	5.6	6.3	10.0	63.0%
Room, CT	4.0	4.3	10.0	43.0%
IMRT CT-based simulator	3.2	3.5	10.0	35.0%

To read the full study, as well as learn more about the proposed cuts and their impact, visit www.astro.org/medicarecuts.

ASTRO is the largest radiation oncology society in the world, with more than 10,000 members who specialize in treating patients with radiation therapies. As the leading organization in radiation oncology, biology and physics, the Society is dedicated to improving patient care through education, clinical practice, advancement of science and advocacy. For more information on radiation therapy, visit www.rtanswers.org. To learn more about ASTRO, visit www.astro.org.

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