

ADVOCACY DAY WRAP-UP SPECIAL EDITION 2014

ASTRO news



Advocating for Cancer Care

ASTRO'S 11TH ANNUAL ADVOCACY DAY

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Advocating for cancer patients

ASTRO members take part in more than 150 congressional visits during Advocacy Day

BY BRITTANY ASHCROFT, COMMUNICATIONS MANAGER, BRITTANYA@ASTRO.ORG

ASTRO CONTINUED ITS WORK

ADVOCATING on behalf of the Society's members and cancer patients during its 11th Annual Advocacy Day, held May 5-6, 2014, in Washington, D.C.

More than 75 ASTRO members, including radiation oncologists, residents, nurses and administrators, representing 32 states, spent two days learning about ASTRO's legislative priorities and meeting with more than 150 members of Congress.

"I've been coming since the first Advocacy Day, and it's great to see so many people here," said Bharat Mittal, MD, FASTRO, chair of ASTRO's Government Relations Council.

On Monday, May 5, attendees heard from several speakers on a wide range of topics that relate to ASTRO's legislative priorities, including radiation oncology Medicare payment issues, the current state of physician self-referral and an update on National Institutes of Health and National Cancer Institute research funding.

Rep. Jackie Speier (D-Calif.) addressed attendees with a taped video message, thanking them for participating and for understanding the importance of their participation in ASTRO's advocacy efforts.

ASTRO staff also helped prepare attendees for their meetings on Capitol Hill during a first-timers orientation and a federal issues briefing, emphasizing that it is an election year for many House and Senate seats and that attendees are the members' constituents.

"You are voters; it's an election year. You want members [of Congress] to be supportive of issues that are important to
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Top: Dr. Mittal welcomes attendees to ASTRO's 11th annual Advocacy Day

Bottom: Advocacy Day attendees listen to a presentation on Medicare physician payment issues by Marc Hartstein of CMS.



Advocating

you as a constituent, as a physician and as a voter,” said Whitney Warrick, manager of congressional relations at ASTRO. “Remind them that you are treating their constituents as well.”

THE LEGISLATIVE PRIORITIES

ASTRO focused on four main legislative priorities, or “asks,” this year during Advocacy Day: 1) protect patients and the integrity of the Medicare program by ending physician self-referral abuse and supporting the Promoting Integrity in Medicare Act of 2013 (H.R. 2914); 2) stabilize Medicare physician payments and protect access to radiation oncology services; 3) increase investment in radiation oncology research by supporting sustainable and predictable funding; and 4) preserve and increase funding and residency slots for Graduate Medical Education.

Physician self-referral

Closing the in-office ancillary services (IOAS) exception, or the physician self-referral loophole, has been a key legislative priority for ASTRO for several years. ASTRO, along with the Alliance for Integrity in Medicare, is urging Congress to support the Promoting Integrity in Medicare Act (PIMA), introduced by Rep. Jackie Speier (D-Calif.) and Rep. Jim McDermott (D-Wash.), which closes the IOAS exception and limits its use to integrated and collaborative multi-specialty group practices.

“If you could get across four things about PIMA in your meetings, it would be that it protects patients, reduces cost, restores trust in physicians and strengthens Medicare,” said Dave Adler, ASTRO’s director of advocacy.

In addition to supporting PIMA, ASTRO provided attendees with information on the recent reports by the Government Accountability Office (GAO) and the study by Georgetown University in *The New England Journal of Medicine*

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Top: Peter Schiff, MD, PhD, FASTRO (left), and Brandon Mancini, MD (right), pick up their Hill visit schedules to prepare for Tuesday’s meetings. **Bottom:** Terri Henning, RT, BS (left) and Mihir Naik, DO (right), compare their Hill visit schedules.



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Top: More than 75 ASTRO members representing 32 states met with more than 150 members of Congress.

that confirm that physician self-referral leads to increased utilization of services that may not be medically necessary, poses a potential risk of harm to patients and costs the health care system millions of dollars each year.

"There is overwhelming political force on the other side that is motivated to preserve this exception, but they do not have the data to support their arguments," Adler said. "We have the data in the GAO reports and the study in *The New England Journal of Medicine*. We need to match the political force that is out there, and part of that is you being here."

Closing the self-referral loophole is also a way to produce savings for the Medicare program and to help offset the cost of fixing the sustainable growth rate formula (SGR), another legislative prior-

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PAC HELPS ASTRO'S LEGISLATIVE EFFORTS

ASTRO's Political Action Committee (PAC), created in 2003, helps ASTRO more actively participate in government and helps ensure members' issues are heard by policymakers.

ASTRO members continue to see the benefit in ASTRO PAC, with 326 contributors donating \$140,873 in 2013.

During Advocacy day alone, ASTRO PAC received more than \$30,000 in contributions. ASTRO PAC contributions are donated, in a bipartisan way, to senators and representatives who are supporters of ASTRO's legislative issues, including closing the self-referral loophole, stabilizing Medicare physician payments, and increasing funding for cancer research and the Graduate Medical Education program.

ASTRO PAC recognized radiation oncologist donors of \$1,000 or more in 2014 and resident, nurse and administrator donors of \$100 or more in 2014 at a donor appreciation dinner during Advocacy Day on Monday, May 5.

Rep. Xavier Becerra (D-Calif.) spoke to the donors about the overall political climate in Washington and specific health care legislative issues.

For more information about ASTRO PAC, visit www.astro.org/astropac.



Rep. Becerra speaks to attendees at the ASTRO PAC appreciation dinner about the current climate in Washington and the legislative issues facing health care.

Advocating

SEEKING COMMON GROUND

BY GERALDINE JACOBSON, MD, MBA, MPH, FASTRO, VICE-CHAIR OF
ASTRO'S GOVERNMENT RELATIONS COUNCIL

During the Advocacy Day general session, a radiation oncologist asked the speaker how he would approach visiting a representative who did not support or was opposed to ASTRO's advocacy issues.

My approach to planning my Hill visits is to look for areas of common interest. I start with the premise that we live in the same state, maybe even the same community, and that we are likely to have areas of mutual concern. I think about the selected ASTRO issues in terms of my patients, institution, community, state and country. Then I'm ready to present them in a way that's meaningful to my members of Congress.

This Advocacy Day, I was able to gain a statement of support for at least one ASTRO issue during each visit. All expressed support for an SGR fix, though the parties had different ideas about the "pay for." In my state (West Virginia), self-referral is not a hot topic, but the concepts that it impacts care and wastes Medicare dollars were heard. One senator's office strongly supported GME funding and offered to sign a support letter. In the next office, there was strong support for clinical trials and cancer research, and the staff also offered to sign a support letter. In the second senator's office, the staff offered ASTRO the opportunity to submit a question concerning cancer research at an upcoming hearing. My overall experience was positive; I felt that our state representatives shared a common interest in promoting health care in our state and in solving the wider health care issues in the country.



Left: John Marvel, MD, asks a question during a presentation. **Right:** ASTRO staff Whitney Warrick, Dave Adler and Shandi Barney speak about ASTRO's legislative priorities prior to attendees' congressional visits.

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ity for ASTRO. The president's Fiscal Year (FY) 2015 budget estimated more than \$6 billion in savings over 10 years by closing the loophole, and the Congressional Budget Office estimated the savings at approximately \$3.4 billion over 10 years.

Stabilizing Medicare physician payments

ASTRO continues to advocate for a permanent fix to the SGR in order to stabilize Medicare physician payments.

"The latest SGR patch was a great frustration for the entire physician community," said Shandi Barney, manager of congressional relations at ASTRO. "This has caused instability because of the unpredictability of the cuts."

Since 2003, Congress has passed 16 short-term "doc fixes" to stabilize payments. To-date, Congress has spent \$171 billion in short-term fixes, while the cost of a permanent fix presented in legislation earlier this year was \$170 billion.

ASTRO staff urged attendees to encourage Congress to not lose momen-

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NEW YORK DELEGATION GETS POSITIVE FEEDBACK

BY RON ENNIS, MD

Eric Deeble, VMD, is the dapper, incisive and scientifically knowledgeable health aide for Sen. Kirsten Gillibrand (D-N.Y.). The ASTRO delegation from New York (Dr. Ennis, Peter Schiff, MD, PhD, FASTRO, and Sewit Teckie, MD) met with him in the senator's office on Advocacy Day.

A veterinarian by training, Dr. Deeble already had a multifaceted understanding of radiation oncology, something rare on Capitol Hill. Encouraged by this, ASTRO's New York delegation vigorously explained the problem of exploitation of the in-office ancillary services exception and ASTRO's proposal to close this loophole as per the House bill introduced by Rep. Speier (D-Calif.) and Rep. Jim McDermott (D-Wash.), the Promoting Integrity in Medicare Act of 2013 (H.R. 2914). The group explained how the savings could also be used as a "pay for" for the SGR fix and asked that he speak to Senate Finance Committee Chair Ron Wyden's (D-Ore.) office to express Sen. Gillibrand's support for this proposal.

Dr. Deeble appreciated the problem and asked insightful questions about alternative solutions. He noted that a corporate research and development tax break, costing about the same as the SGR fix, passed without any "pay for" at all, thus making the point that when there is the political will, there is a political way. Along these lines, he also advised that, as a small specialty, ASTRO needs to continue to engage with him and with others on Capitol Hill on an ongoing basis, so that our needs, such as radiation oncology research funding, clinical trials funding and increased Graduate Medical Education funding, can break through the cacophony of voices that he hears on a daily basis.



Left: Whitney Warrick, ASTRO's manager of congressional relations, provides information about ASTRO's four main legislative priorities during Advocacy Day. **Right:** Dr. Ennis (center) and Dr. Schiff (right) discuss ASTRO's legislative priorities with Dr. Deeble in Sen. Gillibrand's office.

Advocating

tum on a permanent fix to the SGR and to emphasize the savings garnered from closing the self-referral loophole could offset costs to fix the SGR.

“There is a lot of congressional staff and member fatigue on the SGR because they’ve worked really hard to try to fix this,” Barney added. “It may be ‘on clearance’ at this point, but it’s still a lot of money.”

Increased funding for radiation oncology research

The third legislative priority attendees focused on during their visits was the need for increased funding for radiation oncology research.

Although two-thirds of cancer patients receive radiation therapy as part of their treatment, the National Institutes of Health (NIH) and the National Cancer Institute (NCI) acknowledged in a 2012 report to Congress that less than 1 percent of the total NIH budget in FY 2010 and 2011 and just over 4 percent of NCI’s budget in FY 2010 and 2011 was awarded to radiation oncology-specific projects.

In 2013, sequestration cut NIH funding by approximately 5.1 percent (\$1.5 billion), including more than \$450 million from cancer research funding. The FY 2014 omnibus spending bill did not fully restore the original funding levels, allocating only \$29.93 billion to NIH for the next year. As a result of the cuts in NCI funding, National Clinical Trials Network studies will be reduced by 30 percent in FY 2014, which directly impacts the progress of ongoing trials and the development of new treatments and cures.

“These cuts disincentivize physicians from doing research because the cuts and the funding are so unpredictable,” Warrick said.

Graduate Medical Education funding

The final legislative priority that Advocacy Day attendees focused on was the need to preserve and increase funding for Graduate Medical Education (GME).



John Mignano, MD, PhD (left), and Bruce Bornstein, MD, MBA (center) take a break during their congressional visits with Whitney Warrick, ASTRO’s manager of congressional relations.

“This is a new issue for ASTRO, and we added it to our priorities because we know how important it is for the future of radiation oncology,” Warrick said.


The GME program, which supports graduating medical students’ progress to become competent medical practitioners, plays an important role in addressing the nation’s physician workforce needs. Currently, the federal government contributes approximately \$10 billion in Medicare funds to support the GME program.

The need to preserve and increase funding is particularly important because the president’s FY 2015 budget proposes to cut the GME program’s funding by roughly \$14.6 billion over the next 10 years. This will impact hospitals’ ability to fund residents, not only in radiation oncology, but also across medicine.

ASTRO is also advocating for an increase in the number of GME training positions available. The president’s FY 2015 budget proposes a new workforce

initiative that would expand training; however, there are existing caps on the number of Medicare-funded GME positions, and that hinders the creation of more positions to help meet the current workforce need.

“The problem is that there are not enough GME spots in this country. This is an issue that is going to affect us all very quickly,” said Shilpen Patel, MD, a member of ASTRO’s Government Relations Committee.

The Association of American Medical Colleges and others predict a shortage of 91,500 doctors (including 46,100 specialists) by 2020. That number is expected to grow to 130,600 physician (including 64,800 specialists) by 2025. There are several pieces of legislation in the House and Senate (S. 577, H.R. 1180 and H.R. 1201) that would create approximately 15,000 new GME positions for medical residents and require at least 50 percent of those new positions to be allocated to specialties. 

Chair's address focuses on ASTRO's quality initiatives

BY BRITTANY ASHCROFT, COMMUNICATIONS MANAGER, BRITTANYA@ASTRO.ORG

ASTRO CHAIR COLLEEN A.F. LAWTON, MD, FASTRO, spoke to Advocacy Day attendees about ASTRO's quality initiatives during a session on Monday, May 5.

Dr. Lawton's address focused on various ASTRO activities, including the radiation oncology incident learning system, the practice accreditation program and the National Radiation Oncology Registry (NROR), as well as the need for advocacy.

She explained the new patient safety initiative, RO-ILS: Radiation Oncology Incident Learning System™, which was developed by ASTRO and the American Association of Physicists in Medicine. RO-ILS, which launched on June 19, 2014, is administered by Clarity PSO, a federally listed patient safety organization (PSO).

Dr. Lawton summarized how RO-ILS works, from contract signing to data analysis and report generation. She emphasized that the Patient Safety and Quality Improvement Act of 2005 offers legal and confidentiality protections when information is submitted to a PSO, allowing providers to participate in patient safety activities and share sensitive information to improve quality without fear of liability.

"RO-ILS is a protected space, and we really need to emphasize that because I think this is what makes people nervous," Dr. Lawton said. "We want to learn from each other and gather as much data as possible. The idea of a PSO is to report that a near-miss or safety incident occurred, whether it reached the patient or not. We need the data so that we can learn from one another."

She also spoke about the ASTRO



Dr. Lawton highlights ASTRO's quality initiatives during her Chair's Address at Advocacy Day.

Accreditation Program for Excellence (APEX), which integrates knowledge gained from several of ASTRO's quality initiatives.

ASTRO's goals for APEX are for it to be meaningful to the community, efficient, objective and scalable," Dr. Lawton said.

She explained the development of the APEX standards, which are based

on *Safety is No Accident: A Framework for Quality Radiation Oncology and Care*, and are designed to translate the goals of the program into objective standards with supporting evidence indicators. APEX is currently accepting surveyor applications. During ASTRO's 56th Annual Meeting, it will be announced when facilities can start applying for APEX.

There are so many challenges facing our field. It is so critically important that we engage in advocacy.

Chair's address

Dr. Lawton also spoke to attendees about the NROR, a radiation oncology registry sponsored by ASTRO and the Radiation Oncology Institute, which supports research in radiation oncology to help ensure the future of the specialty.

She highlighted the NROR's objectives, which include: elucidate national patterns of care, provide benchmark data for comparative effectiveness and produce information for clinicians and patients at the point of care to support informed decision-making.

"The NROR is unique because it is the first discipline-wide, vendor-independent, central data registry," Dr. Lawton said.


The NROR is launching a prostate cancer pilot at 25 sites this year.

In addition to ASTRO's quality initiatives, Dr. Lawton stressed the need for advocacy to help address the challenges in


radiation oncology practices.

"There are so many challenges facing our field. It is so critically important that we engage in advocacy," she said. "We have had a lot of wins, but if we're not out there advocating for our specialty, we cannot be surprised when we lose the battle."

Dr. Lawton highlighted some of the changes forecast for radiation oncology coding and payment, as well as ASTRO's advocacy achievement in closing the self-referral loophole with the inclusion in the president's budget, a report from the Government Accountability Office and a study in *The New England Journal of Medicine* that showed the abuse of the loophole.

"Congress is making decisions today that affect us today and in the future," she said. "At the end of the day, policymakers want to hear from you, the doctors." 





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CMS leader discusses payment issues

BY BRITTANY ASHCROFT, COMMUNICATIONS MANAGER, BRITTANYA@ASTRO.ORG

MARC HARTSTEIN, DIRECTOR OF THE HOSPITAL AND AMBULATORY PAYMENT GROUP AT THE CENTERS FOR MEDICARE AND MEDICAID (CMS), spoke about various radiation oncology Medicare payment issues during ASTRO's 11th Annual Advocacy Day on Monday, May 5.

With more than 24 years of experience with CMS, including work on the original Medicare Physician Fee Schedule, Hartstein provided attendees with an overview of the Medicare program, Medicare's role in the sustainable growth rate (SGR) formula and CMS' misvalued codes initiative.

Hartstein outlined Medicare benefit categories, the coverage determination process and the Medicare physician payment formula.

"For many provisions that deal with Medicare payment, we are talking about the Physician Fee Schedule," Hartstein said. "Approximately one million physicians, providers and other suppliers, including independent diagnostic testing facilities and radiation treatment centers, are paid under the Medicare Physician Fee Schedule."

Continuing the discussion about payment, Hartstein focused on the SGR and the payment reductions that have taken effect over the past 10 years.

"Payment rates set under the SGR have been an issue for Medicare since 1997," he said. "The system has led to [scheduled] payment reductions every year since 2003."

Congressional action has averted payment cuts 17 times in the last decade. He explained that in 2003 Medicare spending was higher than the cumulative target and the difference needed to be recouped with larger payment reductions than were expected. Hartstein added that he fields numerous questions about why CMS does not fix the SGR.



Marc Hartstein discusses Medicare payment issues with Advocacy Day attendees.

"CMS has taken a number of actions to try and reduce the costs of an SGR fix, but the problem was Congress didn't want to spend the money to fix the system," he said. "CMS made changes to reduce the cost of fixing the SGR."


Medicare spending from 2010 to 2012 was lower than it had been previously, which has resulted in the lower cost to fix the SGR, currently at \$170 billion.

Hartstein also discussed CMS' misvalued codes initiative, which has led to decreases in physician payments, and is part of CMS' work to increase payment accuracy. The initiative began in 2009 and since then, CMS and the American Medical Association's RVU Update Committee have identified and reviewed a number of potentially misvalued codes. Additionally, the Affordable Care Act (ACA) asked CMS to identify possible code changes. A number of high-volume radiation therapy codes were identified

through this initiative. ASTRO worked with CMS and the RUC of the American Medical Association to address these issues.

"The ACA asked us to identify and to implement more accurate, independent ways of estimating resources used for particular services, and CMS is working on that with some outside consultants," Hartstein said. "It gave some impetus to the misvalued codes initiative."

As changes continue in the health care system, Hartstein does see a move toward payment models based on episodes of care and bundled payments.

"There is a lot of interest on the Hill in bundling and packaging [codes] for radiation oncology," he said. "I think it is a good idea for you [radiation oncology] to come up with an episode of care for a patient that receives radiation therapy, so that the package addresses all of the needs of the patient and can potentially lead to more coordinated care." 

Examining the current state of self-referral

BY BRITTANY ASHCROFT, COMMUNICATIONS MANAGER, BRITTANYA@ASTRO.ORG

PHYSICIAN SELF-REFERRAL IS ONE OF ASTRO'S TOP LEGISLATIVE PRIORITIES, and there was additional focus on the issue during Advocacy Day with a presentation on the current state of self-referral by Troy Barsky, a partner at Crowell and Moring LLC and an expert on health care fraud and abuse, on Monday, May 5.

Barsky provided attendees with a unique perspective on the self-referral issue given his extensive health care government experience at the U.S. Department of Health and Human Services from 2002 to 2013. He was the director of the division of technical payment policy at the Centers for Medicare and Medicaid Services (CMS) from 2009 to 2013, where he was responsible for Stark Law (self-referral) policy and other Medicare payment issues.

"I think ASTRO's made a lot of progress on this really tough issue," Barsky said.

Barsky explained that CMS determined that the self-referral issue needs to be solved by Congress. He added that while the Stark Law is "very straightforward and simple," the exceptions are where the complications arise.

"The in-office ancillary services exception is, in my view, an exception that has really lost its way," Barsky said. "I think now it's become the most abused exception in the Stark Law."

He outlined several statutory and regulatory challenges facing CMS if the agency tried to fix the self-referral issue, which include: 1) CMS can relax Stark Law standards if there is no risk of program or patient abuse; 2) CMS cannot



Troy Barsky and Dave Adler, ASTRO's director of advocacy, answer questions after a session updating attendees on the current state of self-referral.

make the law more strict without explicit authority; 3) CMS does not have the authority to define or limit types of services; 4) CMS can impose additional terms and conditions if they do not present a risk of program or patient abuse; and 5) CMS can impose additional regulatory restrictions on ownership or investment

of the billing entity in order to protect against program or patient abuse.

"We've seen activity on the Hill with the president's budget and the Promoting Integrity in Medicare Act (PIMA), and CMS will take a back seat and give advice behind the scenes on how to make the Stark Law better," Barsky said. "CMS,

(continued on Page 13)

CMS, along with the Affordable Care Act, is really focused on fraud, waste and abuse issues, which is helpful when it comes to ASTRO's efforts on self-referral.


Self-referral

It's an incredibly compelling argument when you can say self-referral abuse is leading to unnecessary care.

along with the Affordable Care Act, is really focused on fraud, waste and abuse issues, which is helpful when it comes to ASTRO's efforts on self-referral."

He noted that the challenge in fixing the physician self-referral loophole is to place the discussion in the context of health care reform, adding that overutilization from physician self-referral runs counter to the goals of health care reform.

Barsky emphasized that the argument to close the self-referral loophole needs to focus on the abuse of the system and its impact on patients.

"It's an incredibly compelling argument when you can say self-referral abuse is leading to unnecessary care," he said. "There is also a lot of potential savings that the Congressional Budget Office and the president's budget have recognized. It's a rare situation when we can point out that this change will save money and benefit patients." 



Troy Barsky provides his expert insight on the current state of self-referral.



NRG Oncology executive addresses cancer research funding situation

BY BRITTANY ASHCROFT, COMMUNICATIONS MANAGER, BRITTANYA@ASTRO.ORG

ONE OF ASTRO'S LEGISLATIVE PRIORITIES is an increase in investment in radiation oncology research by supporting sustainable and predictable funding. Sharon Hartson Stine, executive director of NRG Oncology-Philadelphia West, spoke to Advocacy Day attendees on Monday, May 5, to provide insight into the current cancer research funding situation.

"The bottom line right now is that the cooperative groups do not have enough funding to sustain their current activities," she said. "Without additional funding, accrual to ongoing trials will have to be suspended, or new trials that are already approved by NCI [National Cancer Institute] cannot be activated."

Stine added that NCI is working to find supplemental funding to support ongoing and new trials, but there is no guarantee.

She stressed that public funding is vital to support cancer research because the private sector has little incentive to support research that compares treatment options that are already approved for use; combines novel therapies developed by different sponsors; tests radiation therapy, surgery or imaging approaches to cancer; develops therapies for rare diseases; or examines screening and prevention strategies focused on rehabilitation and quality of life following therapy.

Stine emphasized the important role that national cooperative groups play in cancer research and explained the recent change in NRG Oncology merging three groups (the National Surgical Adjuvant Breast and Bowel Project, the Radiation Therapy Oncology Group and the Gynecologic Oncology Group) into one group.



Sharon Hartson Stine updates Advocacy Day attendees on the current situation with NCI funding for cancer research.

cologic Oncology Group) into one group.


"National cooperative groups are the only mechanism with the infrastructure to quickly activate and manage large-scale, multicenter trials," she said. "Groups are also able to involve academic and community centers in defining research. It is not just big medical teaching hospitals or cancer centers."

Stine explained that the changes in the merged group organization were motivated by a 2010 Institute of Medicine report, "A National Cancer Clinical Trials System for the 21st Century: Reinvigorating the NCI Cooperative Group Program."

"What NCI heard from the report was that the cooperative groups needed to be reorganized," she said. "NCI decided

to recombine the cooperative groups to encourage cost savings in operations by decreasing the number of groups, increase enrollment by rewarding high-performing academic centers and standardize reporting and accessibility through better NCI tools."

Stine emphasized the importance of the attendees' visits on Capitol Hill the following day.

"What you are doing tomorrow [congressional visits] is vitally important to what you do in your 'day job,'" she said. "The work we do really matters, and it should matter to Congress and the population as a whole. I want to thank you for the continued support of cancer research and for bringing this message to Congress." 

SCAROP Annual Meeting provides forum for academic radiation oncology program chairs

BY BRITTANY ASHCROFT, COMMUNICATIONS MANAGER, BRITTANYA@ASTRO.ORG

THE SOCIETY OF CHAIRS OF ACADEMIC RADIATION ONCOLOGY PROGRAMS (SCAROP) held its Annual Meeting on Sunday, May 4 in Washington. SCAROP provides a forum for academic radiation oncology program chairs to discuss issues and fosters an exchange of ideas through informal discussions. This year's SCAROP Annual Meeting covered topics including global medicine and international outreach, participation in Maintenance of Certification (MOC) and how to prepare for program reviews.

CANCER CARE FOR THE UNDERSERVED

C. Norman Coleman, MD, FASTRO, associate director of the Radiation Research Program at the National Cancer Institute, provided an update to attendees on The International Cancer Expert Corps (ICEC), a nongovernmental organization that is working to “reduce mortality and improve the quality of life for populations with cancer in low- and middle income countries (LMICs) and regions worldwide.”

“The ICEC will address this mission through a mentoring network of professionals who will work with local and regional in-country groups to develop and sustain expertise for better cancer care,” Dr. Coleman said.

The ICEC has four main goals, which include: 1) build capacity and capability to reduce the burden of cancer through mentoring local champions so they can conduct stage- and region-appropriate protocols; 2) mentoring through some on-site visits and mostly



Left: Dr. Thomas speaks about conducting and preparing for program reviews.
Right: Dr. Coleman explains the path forward for the ICEC.



through weekly teleconferencing using “bottom up/top down” multi-year plans so centers in LMICs could join the international community of clinical and translational research; 3) implementation science: innovative approaches to cancer health disparities built on person-to-person sustainable mentoring and shared among projects; and 4) cultural change, big vision and sustainable accomplishments: multi-national partnership would create a critical mass and spectrum of experts, increase the likelihood of success,

allow rapid response to opportunities and demonstrate the value of altruistic service. Dr. Coleman explained the evolution of the project, which is currently working to generate interest in the mission and engage possible mentors.

“The most important thing is to get people to make this happen,” Dr. Coleman said. “We are trying to solve the people problem and trying to build capacity for sustainable health initiatives with world-class, region-appropriate quality care and research.” *(continued on Page 16)*

We are trying to solve the people problem and trying to build capacity for sustainable health initiatives with world-class, region-appropriate quality care and research.

SCAROP

The ICEC will begin with initial “hubs,” which will include academic centers, professional societies and clinical cancer centers that will provide infrastructure and personnel as part of the hub network, and the identification of mentors. It will focus on a few diseases and expert panels in the beginning.

“The ICEC could be a new career path for a medical career in global health and service to the underserved,” Dr. Coleman said. “The ICEC will work to help develop affordable treatments, new care delivery paradigms and a model of social business.”

MAINTENANCE OF CERTIFICATION

Paul Wallner, DO, FASTRO, associate executive director for radiation oncology at the American Board of Radiology (ABR), spoke to attendees on the how and why of Maintenance of Certification (MOC).

“All 24 Member Boards of the American Board of Medical Specialties are committed to MOC,” Dr. Wallner said. “MOC is a paradigm shift in board certification. It’s a shift from knowledge and skill set at the completion of residency to maintenance of competency.”

He explained that the rationale of MOC comes from the desire for public transparency and proof of continued competency in the movement toward value and quality care, in addition to pressure from Congress, regulatory and payment agencies, payers, hospitals and state licensing boards.

Dr. Wallner outlined the four parts of MOC, adding that “self-assessment is the way of the future in education.”

He highlighted several reasons why physicians should participate in MOC, including payer panel participation, benefit manager specifications, maintenance of licensure, practice accreditation and public expectations, among others.

“There is a significant and grow-



Left: Dr. Wallner talks about the importance of MOC. **Right:** Dr. Lawton speaks about opportunities for SCAROP and ASTRO to collaborate on quality initiatives.

ing body of evidence that this [MOC] improves practice,” Dr. Wallner said. “In medicine, we don’t do a good job of self-regulating. This is an attempt to fix that.”

PREPARING FOR PROGRAM REVIEWS

Silvia Formenti, MD, FASTRO, and Charles R. Thomas Jr., MD, presented a session on conducting and preparing for program reviews.

“The purpose of external reviews is to evaluate a department on a routine basis, typically prior to reappointment of a chair or recruitment of a new chair,” said Dr. Thomas.

Dr. Thomas outlined 10 goals of department reviews, which include: 1) document milestones and progress; 2) assess gaps, opportunities and strengths as part of strategic planning; 3) facilitate goal setting and priorities; 4) facilitate continuous improvement programs; 5) provide feedback on performance and alignment

with hospital/cancer center and national benchmarks; 6) educate institutional stakeholders on the status, direction and needs of the department; 7) provide expert outside advice to the institution and the department; 8) provide a mechanism for department personnel to express their views of chair competence and/or responsiveness; 9) facilitate a dialogue between the chair, dean, cancer center director and hospital administration; and 10) allow for unofficial and unstated expectations from various stakeholders to be expressed.

Dr. Formenti expressed a need to educate outside reviewers and to ensure guidelines that will aid in fair reviews.

“The idea is that we all should be assessed for quality, and I think there are opportunities to use reviews as a way to enhance the department,” she said. “There is a need to educate who reviews us and a need for continuous updates for benchmark data. The more structured the parameters are, the fairer the review is.”

There is a significant and growing body of evidence that this [MOC] improves practice. In medicine, we don’t do a good job of self-regulating. This is an attempt to fix that.