ASTRO Position Statement
Radiation Oncology Benefit Managers (ROBM)s
June 2012

The American Society for Radiation Oncology (ASTRO) is concerned about the introduction of “benefit management” to radiation oncology care by Radiation Oncology Benefit Management companies (ROBM)s because of the potential for adverse impacts on the quality of patient care, the administrative burden shouldered by radiation oncologists, and the overall cost of care. ASTRO endorses professionally developed and vetted clinical practice guidelines, appropriateness of care criteria and consensus-based model policies developed in a transparent manner with peer review and input as a foundation for clinical decision making. ASTRO opposes restrictive practice guidelines that oversimplify the process of individual patient management and abrogate the professional judgments that are often only possible within the private boundaries of a direct patient-doctor relationship.

Background

Radiology Benefits Managers (RBMs) have been introduced by third-party payers and managed care organizations as a strategy to control the cost of imaging services. Emphasis has been placed on RBM preauthorization and approval of high-tech imaging modalities including CT, MRI, PET, and nuclear cardiology. RBMs regulate the utilization of diagnostic imaging procedures based on the patient’s clinical status (signs, symptoms, and/or diagnoses). These RBM activities have sometimes caused delays in the staging work-up and treatment planning for cancer patients as well as increased administrative overhead costs for providers who must navigate the tedious authorization process. The American College of Radiology (ACR) has opposed such activities and has asked Congress to legislate the use of ACR Appropriateness Criteria for such utilization review activities.

Over the past several years, some RBM companies have expanded their activities to encompass radiation oncology services in the hospital outpatient and freestanding settings. ROBM guidelines have been developed as proprietary materials to control costs for those entities by limiting utilization. ASTRO feels, however, that while cost savings in healthcare should be desired by all stakeholders - patients, physicians and payers - to sustain and improve our healthcare system, the application of these coverage policies can constitute prescriptive medical practice and could interfere with the doctor-patient relationship in cancer care. In some states, the application of these third party guidelines by insurance company medical directors could constitute the practice of medicine by an insurance company employee in the absence of a personal doctor-patient relationship. For healthcare guidelines to be properly applied they should be developed by a broad constituency of experts in the field in an open, inclusive and consensus-based manner, as well as be submitted for open peer review to assure objectivity.

This statement reflects the views of ASTRO regarding the use and practices of ROBM)s. Nothing in this statement is intended, or shall be construed, as a direction, request or solicitation to its members as regards third party payers, health plans or others with which they should or will contract, the health care benefit programs in which they should or will participate or with which they should or will cooperate, or the terms of such participation or cooperation.
Their focus must be on what is in the best interest of the patient, and not primarily on cost containment.

The extension of benefit management practices from diagnostic radiology to radiation oncology demonstrates a fundamental misunderstanding of the inherent differences between the two fields. Diagnostic radiology encompasses a broad range of imaging services employing multiple imaging modalities to facilitate the care of patients across the entire spectrum of illness or injury. Diagnostic radiology services are ordered by physicians of every specialty, and patient management is frequently not directed by a single physician but rather by multiple physicians caring for a patient simultaneously. Suboptimal coordination among different specialists and limited understanding of the appropriate imaging studies to deliver effective and efficient patient care can result in unnecessary or redundant diagnostic imaging studies.

Radiation oncology, in contrast, encompasses a broad spectrum of therapeutic services focused on the treatment of patients with malignancies or certain benign conditions. Radiation oncology services are ordered and delivered solely by radiation oncologists and are not subject to redundant, contradictory or inappropriate orders by other physicians. Accordingly, radiation oncology services are more narrowly constrained and inherently less prone to improper utilization or overutilization than those within diagnostic radiology.

ASTRO’s Position Regarding ROBMs

- **ASTRO supports the appropriate use of health care resources and actively works with both Medicare and private carriers to define medically appropriate care within radiation oncology.**

- **ASTRO Model Policies are a useful tool in determining medically appropriate radiation therapy patient management options.** Developed through a consensus process by radiation oncologists, ASTRO model policies identify the range of ICD-9 diagnoses for which given types of treatment are appropriate, and provide reasonable boundaries of practice for routine indications. ASTRO’s model policies are reviewed regularly and updated to reflect changes in technology and clinical practice. ASTRO is routinely consulted by payers to review their policies for appropriate coverage of specific disease sites.

- **ASTRO objects to the implementation of unreasonably restrictive practice guidelines that risk oversimplifying the treatment specifics for individual patients.** Such activities disregard the doctor-patient relationship, abrogate the fundamental process of care associated with radiation oncology practice, and put at risk the timely delivery of high quality patient care.

By analogy, consider such benefit management processes applied to a surgical procedure such as the resection of a rectal cancer. It is commonly accepted that it would be inappropriate for an insurance company to specify the use of a particular surgical procedure, limit the number of sponges or cautery devices used during the procedure, or prescribe a time limit for the procedure. Such requirements by an insurance entity would
be tantamount to the practice of medicine by the corporate entity and would risk reducing the quality or safety of a procedure performed for an individual patient. Likewise, it is not appropriate to risk treatment quality or safety for a patient receiving radiation therapy for cancer by micromanaging the care of an individual patient.

- The utility of ROBMs as a method of reducing costs while maintaining the quality of care for patients receiving radiation therapy remains unproven; indeed, there is a risk of increased cost and reduced quality. ROBMs can add an administrative burden that raises the cost of care for cancer patients. ROBM processes can impede access to personalized cancer care for patients who need radiation oncology services. In addition, the activities of ROBMs can devalue personal physician judgment and undermine the patient-doctor relationship.

- If a payer enlists the services of an ROBM entity to regulate the delivery of radiation oncology services, the ROBM’s interactions with the health care provider should be streamlined to minimize the administrative burden imposed on radiation oncologists and their staffs by observing certain basic “Rules of Engagement” including:
  o Limited administrative burden, with treatment plan data collection limited to the minimum required to render an opinion.
  o Timely responses to avoid delays in implementation of needed patient care.
  o Clear and specific responses (i.e., avoidance of approvals with a disclaimer of coverage).
  o Disclosure of details and source of ROBM treatment guidelines.
  o Availability of radiation oncologist-to-radiation oncologist peer review.
  o Respect for the time of the treating radiation oncologist.

Summary Statement:

ASTRO supports the appropriate use of health care resources and has actively worked with Medicare and private carriers in the development of coverage policies. ASTRO has sought to reduce unexplained clinical variations in radiation oncologist practice patterns through educational efforts that include evidence-based clinical practice guidelines, protocols and consensus statements. ASTRO maintains that patient management decisions should be made for sound medical reasons with a mindful appreciation of the cost implications of care and that physicians should avoid overutilization of medical services for financial benefit.

ASTRO opposes the imposition of restrictive external regulatory guidelines that interfere with the process of care and undermine the ability of radiation oncologists to individualize patient treatment. ASTRO remains open to communication with ROBMs to provide feedback around process issues and to receive clinical data from ROBMs highlighting unexplained radiation oncology practice pattern variability that might identify educational needs within the radiation oncology community.