

ADVOCACY DAY WRAP-UP SPECIAL EDITION 2013

ASTRO news



ADVOCATING FOR RADIATION ONCOLOGY

ADVOCACY DAY CELEBRATES 10 YEARS

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SENIOR EDITOR:	Thomas Eichler, MD
PUBLISHER	Laura I. Thevenot
EDITORIAL DIRECTOR:	Anna Arnone
MANAGING EDITOR:	Brittany Ashcroft
DESIGN/PRODUCTION:	Kimberly Kerin
ONLINE:	Benjamin Reese
ADVERTISING:	Gene Conselyea Triple Threat Media 732-598-3232 gene@triplethreatmedia.com
PHOTOGRAPHY:	Gallery D Photography
EDITORIAL BOARD:	H. Joseph Barthold, MD Tomas Dvorak, MD Dirk Rades, MD Jeanne Sixta, OCN, BSN

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MARKING ANOTHER SUCCESSFUL ADVOCACY DAY

ADVOCACY DAY 2013 marked the 10th consecutive year that ASTRO members have journeyed to the nation's capital and fanned out across the Hill to meet with members of Congress or their staff to press the radiation oncology message. Thirty-three states were represented with more than 100 members in town to volunteer their time on behalf of the Society.

The content of Advocacy Day has evolved over its 10-year life. Gone are the days of Civics 101 lectures and handholding the rookies. This year, the meeting was more focused and aimed at specific groups of attendees. Members of the Health Policy leadership team sat in on the Government Relations Commit-

tee meeting and strategized about how to work more closely and share information. Residents and first-time participants had an instructive session on what to expect during their Congressional office visits and how to present their message effectively. ASTRO Chairman Michael L. Steinberg, MD, FASTRO, delivered an especially provocative address on payment reform and how the Society fits into the long-term picture. ASTRO's Director of Government Relations Dave Adler and ASTRO's Managers of Congressional Relations Shandi Hill and Jennifer Finnegan patiently walked attendees through the three major legislative "asks" for this year and what to expect during the Hill visits the next day. Mark McClellan, MD, director of the Engelberg Center for Health Care Reform at the Brookings Institution and former administrator of the Centers for Medicare and Medicaid Services and the Food and Drug Administration, delivered the keynote address.

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If the reception our four-man Virginia delegation had was indicative of the general experience, it should be very clear that ASTRO's efforts to insert radiation oncology into the health care reform dialogue have largely succeeded.



Advocacy Day 2013 participants represented 33 states.



Monday evening was either free time or an invitation to the ASTRO PAC Donor Appreciation Dinner, held at the W hotel with its spectacular view of Washington and the adjacent White House. The dinner recognized individuals who have made ASTRO PAC, and by extension, Advocacy Day, the success they are today through their loyalty, generosity and spirit of volunteerism. It was a wonderful evening recalling our humble beginnings 10 years ago and the remarkable progress that has been made over the past decade.

On Tuesday, after breakfast and some last-minute instructions, the assembled masses were bused to the U.S. Capitol to begin a lengthy day of crisscrossing First Street. The schedules this year, however, took on a new look. Instead of meeting with our two senators and local representative, the schedules added numerous members of the state delegation. My own list ballooned from the typical three to 11 visits, which took up the entire day. Congress was not in session, so meetings were held with legislative staff.

If the reception our four-man Virginia delegation had was indicative of the general experience, it should be very clear that ASTRO's efforts to insert radiation oncology into the health care reform dia-

My somewhat biased take is that ASTRO PAC and Advocacy Day have not only kept us in the ballgame, but also have made us a respected source of ethical, realistic legislative asks.

logue have largely succeeded. Ten years ago, very few members of Congress or staff understood the concept, let alone the importance, of the Sustainable Growth Rate (SGR) or closing the in-office ancillary services (IOAS) exception (self-referral loophole) and how it negatively impacts patient care.

Repeal of the SGR, and the subsequent stabilization of physician reimbursement rates, was understood by every staffer we met. Not only did they understand the gravity of the situation, most of them felt that there was some slowly growing momentum for legislation given the U.S. Congressional Budget Office's relatively low price tag for an SGR fix. Keep in mind that this is an issue for the house of medicine as a whole, not just our specialty. Trite as it may sound, I think they get it.

Discussions regarding the closure of the self-referral loophole were equally interesting. Some staffers were aware of the loophole permitting self-referral for certain services, including radiation therapy services. Others, however, were unaware of the scope of the problem and the ethical and financial ramifications. When made aware that eliminating radiation therapy, physical therapy and diagnostic imaging services from the IOAS exception would save \$6.1 billion over 10 years (according to the President's budget), they all understood the message. Like repeal of the SGR, there is some building momentum in Congress to close the loophole, once and for all.

The third ask on the list was restoration of adequate funding for the National Institutes of Health (NIH) and the National Cancer Institute (NCI). The effects of the sequestration are beginning

to be felt in Bethesda, Md. and at most major academic centers as decreased funding will lead to job losses and a critical stall in research advances. Once again, every staffer understood the critical importance of adequate funding for NIH and NCI. It remains to be seen whether that support can translate into real dollars and cents.

So, with feet throbbing and just a little thirsty, I hopped on the 5:50 p.m. train back to Richmond, Va. and quietly reflected on the happenings of the day (including bomb-sniffing dogs and an impressive, well-armed security presence ... sad). My somewhat biased take is that ASTRO PAC and Advocacy Day have not only kept us in the ballgame, but also have made us a respected source of ethical, realistic legislative asks. We, as a specialty Society, are thoroughly engaged in the legislative process of health care reform and are now more closely aligned with our colleagues in health policy who are responsible for the regulatory aspects of reform. Taken as a whole, the 2013 edition of Advocacy Day should be considered a success. It is far too early, however, to congratulate ourselves on a job well done. Not a single syllable of legislation has yet been passed. In an era where gridlock, finger pointing, twisting of facts and endemic distrust have become all too common in Congress, it's possible that this mighty effort may go for naught. It's up to us—all of us—to keep their feet to the fire. This could be our last best chance.

Dr. Eichler is the medical director of radiation oncology at the Thomas Johns Cancer Hospital in Richmond, Va. He welcomes comments on his editorial at astronews@astro.org.



THINKING BACK ON ADVOCACY DAY'S FIRST 10 YEARS

IN 2006, THE MCCORMICK TRIBUNE FREEDOM MUSEUM released a noteworthy study. In it the surveyors determined that while 58 percent of Americans could name at least two of the characters from the animated TV show *The Simpsons*, only 28 percent could name more than one of the five freedoms guaranteed by the First Amendment of the Constitution. In fact, 20 percent of the respondents thought that one of the freedoms included the right to drive a car. Another 20 percent thought it included the constitutional right to own and raise pets. Only one in 1,000 knew all five. One in 1,000.

In a sense, I guess this could be regarded as good news. One way to look

at it is to consider that our five basic freedoms have become so embedded into our culture that they are taken completely for granted. The only catch to this line of thought comes when you try to explain the reasoning to any active members of our armed services, thousands of whom are currently risking their lives far from home, away from family and friends, in conditions of great deprivation and hardship. Or you might try standing in front of, say, the Vietnam Memorial at night, picking a few names at random and explaining our national ignorance to them. Don't even get me started on Arlington National Cemetery. A lot of people died for those freedoms.

People often ask me why I take the time to go to Washington to talk with legislators. I explain to them that I consider it an integral part of patient care. Along with prescribing radiation doses, explaining the generalities of a course of radiation treatments, contouring at a computer, filling out forms, writing prescriptions, reading journals and returning phone calls, I also go to Washington at least once a year. I am not alone in this mindset.

Over the past 10 years, ASTRO's Advocacy Day has grown from a small cadre of 35 individuals to more than 100, and the ASTRO PAC has grown from zero dollars per year to nearly \$170,000 per year. It has been a very good thing. The first year nobody knew who we were—nobody. Some thought we interpreted X-rays; some thought we gave chemotherapy; many thought we weren't even MDs. Some of the attendees in

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People often ask me why I take the time to go to Washington to talk with legislators. I explain to them that I consider it an integral part of patient care.



Dr. Williams talks with Paul W. Sperduto, MD, MPP, a radiation oncologist at Minneapolis Radiation Oncology in Waconia, Minn., during a break at Advocacy Day 2013.

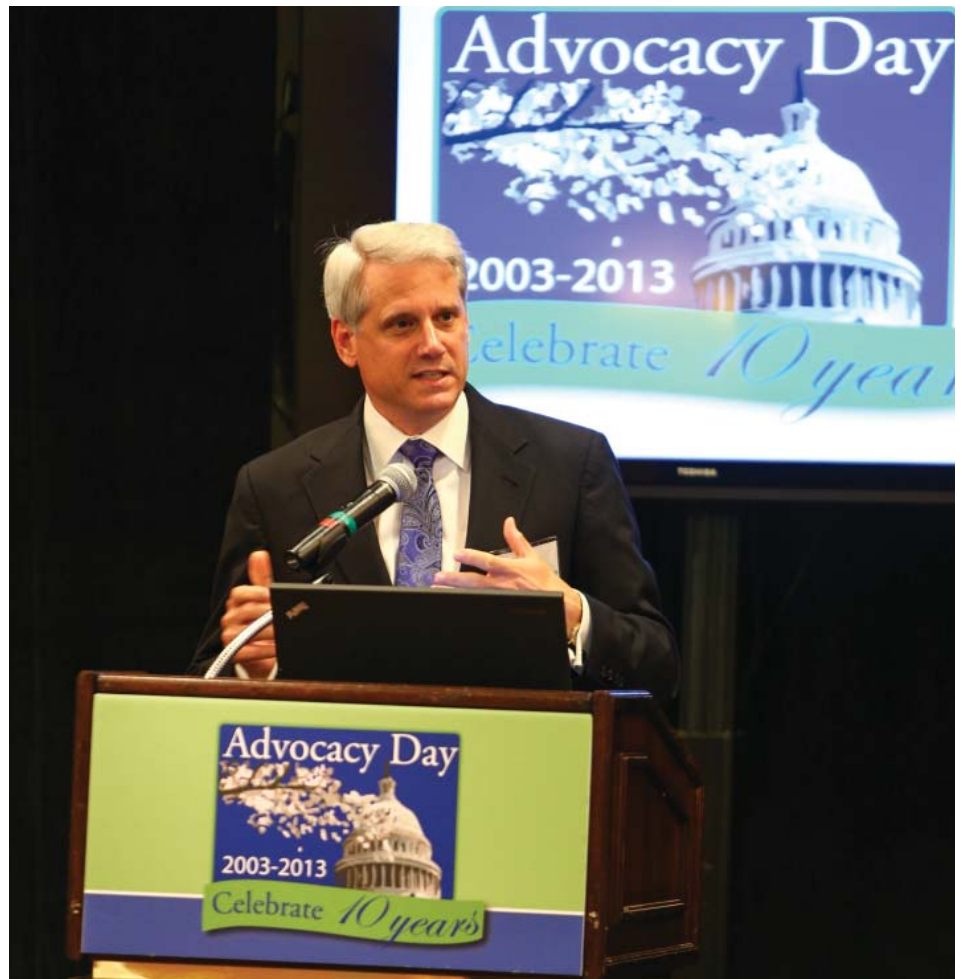
Going to Washington once a year to advocate for the specialty allows me to protect patients by informing decision makers and policy experts of the significance and value of our treatments. Nobody will do this for us.

those early years were frustrated because they thought there was no sense in talking to people who didn't have any idea who we were. There was so much work to do. Over the ensuing years radiation oncologists have held thousands of meetings with legislative aids, members of Congress and health policy experts.

It has paid off. Now they all know who we are. They would have anyway because of IMRT. So when the legislators read articles about the "overutilization" of IMRT (Jacobs B, Zhang Y, Skolarus T, Hollenbeck B. Growth Of High-Cost Intensity-Modulated Radiotherapy For Prostate Cancer Raises Concerns About Overuse. *Health Aff* April 2012 31:750-759), they at least know that physicians are delivering the treatments. And more importantly, they know they can use ASTRO as a resource for information and reaction to the article, and most importantly, at least some of them know they can contact a local radiation oncologist in their district for comments.

As a specialty, radiation oncology is small, highly technical, very expensive and vulnerable. Going to Washington once a year to advocate for the specialty allows me to protect patients by informing decision makers and policy experts of the significance and value of our treatments. Nobody will do this for us. It can only be done by people like me, that is to say people like us, people like you.

It is also a lot of fun. This comes as a surprise to many people. I have never heard a person say that after attending Advocacy Day they felt like they didn't discover something about our government, enjoy their conversations with



Dr. Williams speaks about the importance of donating to the ASTRO PAC and why he continually supports the PAC during the luncheon session at Advocacy Day 2013 on Monday, April 29. He presented his check to ASTRO PAC at the end of his address.

legislators and their staff and learn something valuable about health care policy.

The five freedoms are freedom of speech, religion, press, assembly and petition. I exercise three of them (speech, assembly and petition) every time I go to Washington. You should, too. The five Simpsons characters are Homer, Marge,

Bart, Lisa and Maggie. But then you probably already knew that.

Dr. Williams is the medical director of radiation oncology at Lynn Cancer Institute at Boca Raton Regional Hospital in Boca Raton, Fla. He welcomes comments on this column at astronews@astro.org.

ASTRO members advocate for cancer patients

10th Annual Advocacy Day provides opportunity for focused effort on legislative priorities

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

ASTRO MARKED A DECADE OF ADVOCATING on behalf of the Society's members and patients during Advocacy Day, held April 29-30 in Washington.

More than 100 members representing 33 states attended the 10th annual event and focused their efforts on advocating on behalf of their patients and radiation oncology.

"I'm proud to see how far we have come in 10 years," said Laura Thevenot, ASTRO's chief executive officer. "Each year more offices get to know us, and staffers reach out to you (members) for your expertise."

Many speakers and attendees commented on the evolution of Advocacy Day and what it means for the field throughout the two-day event.

"It really took effort over several years to get people to understand what radiation oncology is," said Bharat B. Mittal, MD, FASTRO, chairman of ASTRO's Government Relations Council and a professor of radiation oncology at Northwestern University in Chicago. "Every year Advocacy Day has become more important and makes a bigger difference."

ASTRO's Director of Government Relations Dave Adler also reminded attendees that everyone involved understood what it means for medical professionals to make time in their schedule to work on advocacy efforts.

"It is not insignificant to leave your practice and do this work," he said. "We believe you will find value in it."

Attendees spent the first day learning about ASTRO's current legislative

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Top: Dr. Mittal welcomes Advocacy Day attendees during the luncheon and state roll call.

Bottom: The group of ASTRO members from Massachusetts prepares their talking points and strategies for their Tuesday visits on the Hill.



Top: Dr. Keole moderates the federal issues briefing as ASTRO staff highlighted talking points for the three key “asks.”

Bottom: Jennifer Finnegan answers questions from attendees during the federal issues briefing



“Our responsibility doesn’t end at the clinic door,” Patel said. “We must advocate for patients.”

of the White House, Senate and House remained the same.

“Tailoring your message is key, especially because of the number of new members of Congress,” said Shandi Hill, manager of congressional relations for ASTRO.

Building relationships

While Advocacy Day attendees were working on ASTRO’s three legislative priorities during their visits with senators and representatives, they were also encouraged by many to build relationships with their members of Congress.

“The overall ask is to invite members and staff to visit your center,” said Shilpen A. Patel, MD, a member of ASTRO’s Government Relations Committee and a radiation oncologist at the University of Washington in Seattle. “Those efforts make a big difference, and it helps solidify relationships.”

Those relationships are important beyond Advocacy Day so that the member of Congress looks to ASTRO members as experts in the field.

“Relationships matter,” Hill said. “If they know and trust you, they will come to you and call on your expertise.”

The three “asks”

ASTRO’s legislative priorities for this year included three key “asks” during Advocacy Day: protect patients and the integrity of the Medicare program by ending physician self-referral abuse; stabilize Medicare physician payments and protect access to radiation oncology services; and increase investment in radiation oncology research by supporting sustainable and predictable funding.

Self-referral

Closing the self-referral loophole, also known as the in-office ancillary services (IOAS) exception in the physician self-referral law—the Ethics in Patient Referrals Act, is one of ASTRO’s main priorities. The issue has also gotten the recent attention of the President and Congress as President Obama recommended excluding radiation therapy, advanced imaging and physical therapy services from the IOAS exception in his fiscal year (FY) 2014 budget, issued in mid-April, for a savings of \$6.1 billion over 10 years.

“Being in the President’s budget is no small feat,” said Sameer R. Keole, MD, ASTRO’s Government Relations Committee chairman and a radiation oncologist at the Mayo Clinic in Phoenix.

ASTRO’s self-referral fix also has been endorsed by the Bipartisan Policy Center, led by former Senate Majority Leaders Tom Daschle (D-S.D.) and Bill Frist (R-Tenn.), in the report, “A Bipartisan Rx for Patient-Centered Care and System-Wide Cost Containment,” which recommends policymakers “limit the in-office exception to the Stark Law to providers who meet accountability standards.”

Also, the Moment of Truth Project, co-chaired by Erksine Bowles and former Senator Alan Simpson (R-Wyo.) released “A Bipartisan Path Forward to Securing America’s Future,” which states “physician self-referrals should be further restricted and better monitored, including narrowing the ancillary service exception.”

ASTRO staff encouraged members to ask their representatives to contact Representative Jackie Speier’s (D-Calif.) office to become an original co-sponsor of

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ASTRO-supported legislation that will be introduced in the House later this year to close the self-referral loophole. For meetings with their senators, members encouraged them to contact Senate leadership, including Finance Committee Chairman Max Baucus (D-Mont.) and Ranking Member Orrin Hatch (R-Utah), to support legislation to close the loophole.

“The keyword is ‘preserve patient choice,’” Patel said. “That resonates with Congress for closing the self-referral loophole.”

Physician payment stability

Payment reform, stabilizing Medicare physician payments and a fix to the Sustainable Growth Rate (SGR) are also a priority for ASTRO that members addressed during their congressional visits.

As Jennifer Finnegan, manager of congressional relations for ASTRO, explained during the federal issues briefing, Medicare physician payments are facing a 24 percent SGR cut at the end of this year. Currently, there is a cost of \$139 billion to repeal and freeze rates at current levels for 10 years.

“The cost to fix it is going back up, so we need to fix it now,” she said.

She also encouraged members to explain to their senators and representatives that “you want to do this in a meaningful way” and to help Congress understand how payment cuts to a center affect patient treatment.

“The SGR formula is flawed because it attempts to limit spending for services by restraining payment rates without limiting growth in volume and complexity of services,” Patel said.

ASTRO is currently working on a proactive payment reform plan that moves radiation oncology toward a reimbursement system that incentivizes quality and enhances value.

Increased research funding

The third priority members addressed during Advocacy Day was support for increased radiation oncology research funding.

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CULTIVATING CONGRESSIONAL RELATIONSHIPS

One of the main messages from ASTRO staff to Advocacy Day attendees was the importance of building relationships outside of these visits with their senators and representatives. Members were encouraged to invite their congressmen and staff to visit their facility during the congressmen’s next trip back to the state or district.

Ajay Bhatnagar, MD, MBA, a radiation oncologist at Cancer Treatment Services Arizona in Casa Grande, Ariz., is a good example of how a successful relationship with his member of Congress helped support radiation oncology’s legislative efforts.

Dr. Bhatnagar, through his work with ASTRO PAC and Advocacy Day, believed it was important for him to develop a relationship with Representative Paul Gosar, DDS (R-Ariz.). Dr. Bhatnagar’s time working with Rep. Gosar’s health legislative assistant served as the catalyst to him getting to know Rep. Gosar, both professionally and personally.

Through his work with Rep. Gosar’s office, Dr. Bhatnagar has twice hosted Rep. Gosar at his facility, first in September 2011 and again in July 2012. During the September visit, Rep. Gosar spent nearly three hours with Dr. Bhatnagar and his staff, touring the facility as a patient would experience it, starting in the waiting room and ending in the treatment area.

“He saw our facility, including the linac and CT simulator, and he met with our staff, including physicists, therapists and nurses,” Dr. Bhatnagar said. “This visit allowed him to appreciate the level of complexity and financial resources it requires to operate a quality cancer center.”

The second visit last July had Rep. Gosar spending nearly two hours discussing the Supreme Court decision the previous month regarding the Affordable Care Act. Dr. Bhatnagar’s relationship with Rep. Gosar has had a positive impact on radiation oncology health policy.

“He signed the letter to support stopping the radiation oncology cuts in 2012,” Dr. Bhatnagar said. “He is also an advocate for closing the self-referral loophole.”

Dr. Bhatnagar’s willingness to develop a relationship with his representative has allowed him to personalize the legislative issues in radiation oncology, sharing patient experiences and his expertise as a radiation oncologist on various health care issues.



Rep. Gosar (left) holds one of Dr. Bhatnagar’s (right) twins during a visit to his facility.

Although two-thirds of cancer patients receive radiation therapy as part of their treatment, funding levels for radiation oncology research are not keeping pace.

According to a 2012 report to Congress urged by ASTRO, the National Institutes of Health (NIH) stated that less than 1 percent of the total NIH budget in FY 2010 and 2011 went to radiation oncology research. In turn, slightly more than 4 percent of the National Cancer Institute's (NCI) budget supported radiation oncology-specific projects during that same time period.

"This is a huge gap in funding," Hill said.

Recent sequestration also played a role in the decrease as NIH funding was cut by \$1.5 billion (5.1 percent), with more than \$450 million from cancer research. This led to approximately 2,300 fewer research grants.

ASTRO encouraged members to ask their senators and representatives to support including report language in the Labor-HHS-Education bill that directs funds for radiation oncology research

and to allocate \$32.6 billion for NIH and \$5.35 billion for NCI in an effort to provide sustainable and predictable funding in FY 2014.

"Explain how the lack of funding impacts the science and what it allows you to do," Hill said, adding that it is key for members of Congress to understand how their constituents are affected by these cuts in cancer research funding.

"Our responsibility doesn't end at the clinic door," Patel said. "We must advocate for patients." 

ASTRO PRESENTS ADVOCACY DAY AND PAC AWARDS

10-year Advocacy Day participation awards

As ASTRO marked the 10th Annual Advocacy Day, the Society honored members who have participated in Advocacy Day every year for 10 years.

The following members received the Advocacy Day awards:

Geraldine M. Jacobson, MD, MBA, MPH
Bharat B. Mittal, MD, FASTRO
C. Leland Rogers, MD
Timothy R. Williams, MD, FASTRO



10-year ASTRO PAC donor awards

ASTRO also thanked members that have donated to the ASTRO PAC each year for 10 years.

The following members received the PAC awards:

David C. Beyer, MD, FASTRO
Albert L. Blumberg, MD
Thomas J. Eichler, MD
Ronald D. Ennis, MD
Geoffrey S. Ibbott, PhD, FASTRO
Maria D. Kelly, MB, BCh, FASTRO
Mark P. McLaughlin, MD
Bharat B. Mittal, MD
Louis Potters, MD, FASTRO
Terry J. Wall, MD, JD, FASTRO



Dr. Williams receives an award from ASTRO CEO Laura Thevenot for his 10 years of participation in Advocacy Day.



Dr. Mittal receives an award from ASTRO CEO Laura Thevenot for his 10 years of participation in Advocacy Day.



ADVOCACY DAY PROVIDES MULTIPLE LESSONS FOR FIRST-TIME ATTENDEE

A FEW WEEKS AGO, I HAD THE OPPORTUNITY to participate in ASTRO's 2013 Advocacy Day. As a first-time attendee, it was exciting to see what Advocacy Day was all about. What I found was an experience that was not only enjoyable and educational, but one that opened my eyes to several key issues that the radiation oncology community faces—and what ASTRO is doing to address them. Most importantly, it gave me an idea of what I could do to help.

One of the greatest things about Advocacy Day was the chance to have a full day of presentations and discussions devoted to explaining the key issues affecting radiation oncology and the effect of these issues on patient care and health care cost.

The first issue, on which we spent the bulk of our time, was the self-referral loophole that allows for physicians in other specialties to buy linear accelerators and deliver radiation therapy to patients while collecting the payments for these treatments. The staff at ASTRO did a phenomenal job of putting together the data to support closing the loophole, which show that this practice leads to excess spending and the inappropriate treatment of some patients. In fact, the President's Fiscal Year 2014 budget describes that

closing the loophole would help contribute to a \$6.1 billion savings over 10 years.

The second issue dealt with the recent Medicare payment cuts over the last few months. These cuts have created instability and uncertainty amongst practicing radiation oncologists.

The third issue is the sparse federal funding for radiation oncology research. Less than 1 percent of National Institutes of Health funding and just over 4 percent of National Cancer Institute funding go toward radiation oncology studies, even though two-thirds of cancer patients receive radiation therapy. Hearing the leaders in our field, including several physicians and ASTRO staff, discuss these important issues helped me create a framework that I will build upon for the rest of my career.

While the first day laid the groundwork, the second day was all about action. I spent most of the day with the other participants from my home state of Illinois. We met with staffers from several Illinois senators' and representatives' offices. Meeting with the staffers and advocating on Capitol Hill was unlike any experience I've ever had. I feel that speaking with policymakers and their staff requires a completely different approach than talking with patients or other physicians.

Participating in Advocacy Day helped make me more comfortable in this type of scenario and taught me how to modify my approach. The educational materials ASTRO provided for us to prepare for the meetings and to give to the staffers were invaluable in facilitating our discussions about the above issues. What I found

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By far the most valuable lesson I learned from Advocacy Day was how important it is for radiation oncologists to be involved in health care policy and to have a voice on Capitol Hill.

With our training and expertise, we can be powerful educators to help create policies that allow us to best treat our patients.

particularly amazing about my meetings with the staffers was how knowledgeable they were about the details of the issues radiation oncologists are concerned about and how engaged they were in our discussions. Many of them asked very poignant and thoughtful questions, making the experience all the more fulfilling.

Over the course of the day, the topic that the staffers seemed most interested in was what ASTRO is doing to improve the value in health care as it pertains to radiation oncology. We were able to discuss the numerous initiatives created by ASTRO to address this, including a national practice accreditation program, a national data registry and the development of new payment models that emphasize value-based reimbursement. As someone who is still in training, payment reform will

likely play a major role in my career, and it was very encouraging to see that ASTRO is being proactive in trying to create a system that allows for radiation oncologists to continue providing excellent care for patients.

By far the most valuable lesson I learned from Advocacy Day was how important it is for radiation oncologists to be involved in health care policy and to have a voice on Capitol Hill. Over the course of my career, it's likely that the issues that radiation oncologists face will change and health care policies will come and go. Yet, even though the landscape will be dynamic, radiation therapy is such a unique clinical intervention that radiation oncologists will always need to be involved in educating policymakers on the specific issues and challenges we face

in providing care to cancer patients. With our training and expertise, we can be powerful educators to help create policies that allow us to best treat our patients.

Participating in ASTRO Advocacy Day was an outstanding experience—one that will likely have lasting effects on my career. It has motivated me to become more involved in advocating for my profession and to gain a deeper understanding of the policies, and the changes in policy, that govern our field. I look forward to participating in Advocacy Day next year and in the years to come.

Dr. Solanki is a PGY4 resident in the department of radiation and cellular oncology at the University of Chicago. He welcomes comments on this column at astronews@astro.org.



Dr. Solanki (fourth from right) meets with his fellow members from Illinois to strategize for their Hill visits.

Examining payment reform in radiation oncology

ASTRO chairman highlights current and upcoming initiatives

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

ASTRO CHAIRMAN MICHAEL L. STEINBERG, MD, FASTRO, addressed Advocacy Day attendees on “Payment Reform and a Sustainable Future for Radiation Oncology” during a session on Monday, April 29.

Dr. Steinberg’s address focused on current and future Medicare payment reform initiatives related to radiation oncology and ASTRO’s efforts to lead payment reform initiatives in radiation oncology.

He highlighted where radiation oncology is now with respect to the current fee-for-service model, unstable Medicare payment rates and at risk for arbitrary cuts.

“We are a target because of the growth of the specialty,” Dr. Steinberg said.

He pointed out that the substantial increase in the use of technology, particularly intensity modulated radiation therapy, has helped place a target on radiation oncology.

“We have expensive technology, in fact, we have one of the most expensive piece of technology in health care,” he said. “We are seen as drivers of cost.”

One of the problems with a fee-for-service model, Steinberg pointed out, is that it “fosters a lack of accountability when volume is rewarded over value.”

He noted that the Centers for Medicare and Medicaid Services (CMS) wants an improved patient experience and a link between quality and care. To that end, CMS has created initiatives to meet those efforts in improved patient



Dr. Steinberg speaks to Advocacy Day attendees about the need for payment reform in radiation oncology and ASTRO’s initiatives to address this issue.

care quality, including the physician quality reporting system (PQRS) and e-prescribing.

Dr. Steinberg also pointed out that CMS has stated they are looking for episodes of care to bundle and for bundles that are more about the process of care, with an episode defined as after diagnosis to survivorship.

The questions, he said, are how do you structure and value this, and how do we factor in patient choice when there are multiple options for treatment.

“In radiation oncology, payment reform should look for opportunities to show value, decrease cost and improve quality and safety,” Dr. Steinberg said.

While no one is sure how payment reform will work, Dr. Steinberg noted that it would be a slow process, possibly not occurring in two years, but over the next 10 years.

“There will be a transition from fee-for-service to episode- and population-based care,” he said. “Value will be there.”

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“In radiation oncology, payment reform should look for opportunities to show value, decrease cost and improve quality and safety.”



Dr. Steinberg answers questions from the audience regarding his address on payment reform and the impact on radiation oncology.

The transition from fee-for-service will not be linear. We will need to collaborate with other specialties.”

In this move to a value-based payment system, Dr. Steinberg identified four principles of accountable care: improve patient experience, incentivize value over volume, improve care coordination and keep costs down.


He also highlighted the issues that radiation oncology needs to address, including: technology evaluation, new technological development and performance measures of quality, outcomes, cost and access.

As part of the discussions regarding payment reform, Dr. Steinberg discussed ASTRO’s payment reform action plan.

ASTRO provided Advocacy Day attendees with “leave-behind” materials in printed and in tablet form (at right), discussing the Society’s 2013 legislative priorities.

ASTRO’s plan contains three main elements: redesign key radiation therapy codes; implement quality-based incentive payments; and engage the value proposition and incentivize cost-effective cancer care. There is currently an ASTRO

Payment Reform Task Force working on this effort.

“This is not managed care version two,” Dr. Steinberg said. “There is a patient piece to this that I think was missing last time.” 



Identifying the path to health care reform

Health policy expert addresses trends and need for clinician input

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

MARK B. MCCLELLAN, MD, PHD, director of the Engelberg Center for Health Care Reform at the Brookings Institution and former administrator for the Centers for Medicare and Medicaid Services and the Food and Drug Administration, delivered the keynote address during ASTRO's 10th Annual Advocacy Day on Monday, April 29.

With a background in health care and economics, Dr. McClellan provided an expert opinion on the fundamentals of health care reform, which he defined as cost control and personalized care.

"The pathway to real health care reform is policy reforms to support health care changes for better quality at lower cost," he said.

The big trend over the past 30 years, Dr. McClellan said, is a steadily increasing share of spending to health care. "When we've tried to control costs just by focusing on costs, it doesn't work," he said.

Dr. McClellan identified two ways to move forward and address costs: a traditional approach of squeezing payment rates or delaying access to innovative coverage, which may reduce access and quality, and an alternative approach that identifies ways to reduce overall costs while improving outcomes.

"There is pressure to improve the quality of health care while addressing rising health care costs," he said.

Dr. McClellan highlighted four upcoming federal health care reform issues: no delay in Affordable Care act implementation, Medicaid expansions, "grand bargain" vs. continued sequestration and Medicare physician payment reform.

He also noted that the cost of a



Dr. McClellan examines the upcoming issues in health care reform during his keynote address at ASTRO's 10th Annual Advocacy Day.

permanent Sustainable Growth Rate fix has come down, and that is one of the reasons why this year is the best year to get payment reform.

"If we can continue to make progress and find ways to share data with providers, if we can do a better job of evaluating what's working, then we can get to better health care reform," Dr. McClellan said. "We need to recognize opportunities for quality that can lead to cost reduction and better outcomes for patients."

Overall, McClellan identified four key elements of real health care reform: data, measurement and evidence; provider

payment; benefit design; and insurance choice.

While Dr. McClellan thinks changes in health care reform will happen faster than people might think, he stressed the necessity for physicians, clinicians and other health care professionals to be involved in the conversation.

"Clinical leadership is required in knowing what policy changes are needed to support reforms in care as people who know best about where the gaps are," Dr. McClellan said. "Thank goodness you are here trying to make a difference in health care reform." 

"The pathway to real health care reform is policy reforms to support health care changes for better quality at lower cost."

ASTRO PAC celebrates 10-year anniversary

Record-level of members contributed in 2012



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

ASTRO'S POLITICAL ACTION COMMITTEE (ASTRO PAC) MARKS ITS 10TH ANNIVERSARY THIS YEAR. Created by the Board of Directors in 2003 after members expressed that the Society should be more involved in the political process, ASTRO PAC allows ASTRO to more actively participate in government to ensure members' issues are heard by policymakers in Washington.

In 2012, ASTRO PAC had a record number of contributors with 480 members raising more than \$168,000.

Members continue to see the value in contributing to ASTRO PAC as more than \$43,000 was raised during 2013's Advocacy Day alone.

Contributions to ASTRO PAC are provided, in a bipartisan way, to senators and representatives that are supporters of radiation oncology's legislative issues and concerns, such as closing the self-referral loophole, increasing cancer research funding and stabilizing Medicare physician payments.

ASTRO PAC recognized radiation oncologist donors of \$1,000 or more in 2013 and resident, nurse and administrator donors of \$100 or more in 2013 during a donor appreciation dinner during Advocacy Day on Monday, April 29.

David A. Castagnetti, partner at Mehlman Vogel Castagnetti Inc, ASTRO's lobbying consultants, addressed dinner attendees, speaking about what the new Congress looks like, the issues Congress is confronting and how those issues relate to radiation oncology.



David A. Castagnetti speaks to ASTRO PAC donor appreciation dinner attendees on the new Congress and issues facing radiation oncology.

"We have to be prepared to move in an environment that may be a dealmaker or dealbreaker for us," he said.


Castagnetti also commented on the upcoming retirement of Max Baucus (D-Mont.), who serves as chairman of the Senate Finance Committee.

"The person that helped write Obamacare is stepping away at the next step of the Affordable Care Act," he said. "We are going to see different things

come out of that committee."

Castagnetti echoed ASTRO staff in encouraging members to develop relationships and to localize the issues as they meet with their members of Congress.

"Learn to make that local connection, and let them know how you are making it better for their constituents," he said.

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

"Learn to make that local connection, and let them know how you are making it better for their constituents."

Meeting addresses issues facing academic radiation oncology programs

SCAROP's Annual Meeting fosters communication among 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, April 28 in Washington. SCAROP serves as an avenue for academic radiation oncology program chairs to discuss various issues, including how to cultivate leadership, program funding, promoting research and reviewing standards for residency programs, among other topics. This year's SCAROP Annual Meeting covered topics including managing transitions, survey results on mentorship, and cancer care and mentoring in low and middle income countries.

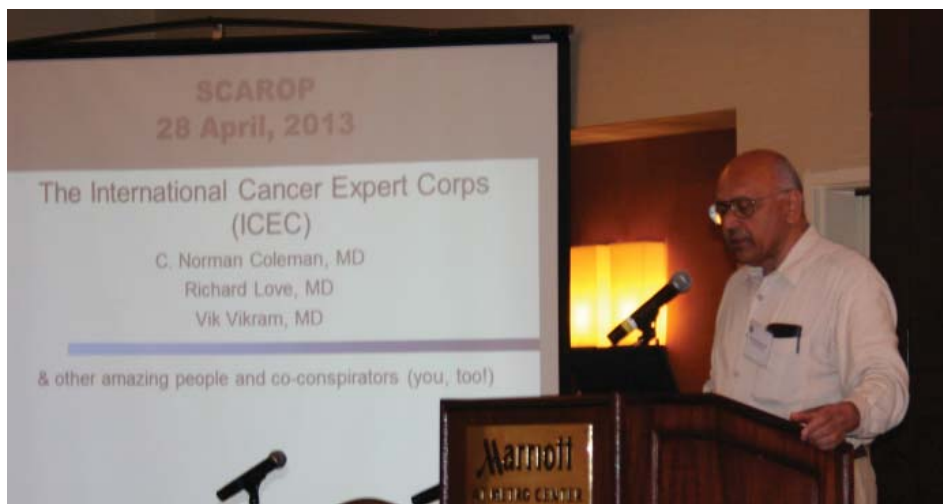
Sharing expertise internationally

Bhadrasain Vikram, MD, chief of the clinical radiation oncology branch at the National Cancer Institute (NCI), delivered the keynote address on the International Cancer Expert Corps (ICEC), an idea he has worked on since 2000 with Norman Coleman, MD, associate director of the Radiation Research Program at NCI.

The ICEC's mission is to "reduce mortality and improve the quality of life for populations with cancer in low and middle income countries (LMICs) and regions worldwide."

Dr. Vikram said the ICEC will use a mentoring network of cancer professionals that will work with local and regional groups to develop expertise for improved cancer care in LMICs.

"The objective is to create centers of excellence in health disparities," he said. "The idea is that some groups, like



Top: Bhadrasain Vikram, MD, delivers the keynote address during SCAROP's Annual Meeting.

Bottom: Charles R. Thomas Jr, MD, presents the results of the ROADMAP survey during SCAROP's Annual Meeting.

SCAROP, already have relationships with countries in the developing world, and the ICEC could build on those and would serve as a central hub."

Through mentoring, the ICEC is looking to connect health care profession-

als to cancer care providers and researchers in the developing world for mentor relationships, in addition to assisting clinicians and researchers interested in establishing programs in LMICs.

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“The most important issue is the patient. Keep the patient at the center of the discussion (during transitions).”

While the ICEC is still in its initial stages, Dr. Vikram encouraged SCAROP to get involved and for chairs to urge residents to take an interest as well.

“Involving senior residents in this is a good thing,” he said. “Involve them young and they will hopefully have lifelong involvement.”

Importance of mentoring

Charles R. Thomas Jr, MD, professor and chairman of the department of radiation medicine at Oregon Health and Science University in Portland, Ore., presented the initial results from the Radiation Oncology Academic Development and Mentorship Assessment Project (ROADMAP).

The purpose of ROADMAP is to

“assess, for the first time, survey information regarding mentorship practices among academic radiation oncologists at U.S. Accreditation Council for Graduate Medical Education (ACGME)-accredited residency training programs.” The project also seeks to cross-correlate the result with objective academic productivity metrics.

To conduct the study, an institutional review board-approved survey was sent to radiation oncologists with an academic affiliation to ACGME-accredited residency training programs in the U.S., according to the 2010 Association of Residents in Radiation Oncology directory.

Survey questions, Dr. Thomas said, included demographic information; details about mentoring relationships,

including ease of establishing the relationship, length of relationship and proximity to mentor; and interest in the mentorship program.

The study found that those with a mentor were more likely to have a PhD and were more likely to have an increased amount of time protected for research. Additionally, the study concluded that “mentorship is important to career development and academic productivity,” Dr. Thomas said. “It is also important to identify and overcome potential barriers to effective mentorship.”

Dr. Thomas authored the study with Emma Holliday, MD, Reshma Jaggi, MD, DPhil, Dave Fuller, MD, PhD, and Lynn D. Wilson, MD, MPH, FASTRO.

Managing transitions

Richard A. Grossi, MBA, senior vice president and chief financial officer at Johns Hopkins Medicine in Baltimore, offered advice on managing transitions while maintaining a positive environment.


“Within the organization, to keep the mindset positive, you need to talk about the problem and the solution,” he said.

In addition to “framing” the transition by identifying the problem, the process and the solution, maintaining focus on the patient is imperative, Grossi added.

“The most important issue is the patient,” he said. “Keep the patient at the center of the discussion.”

As leaders, Grossi advised attendees against making assumptions at any point in the process.

“Don’t expect because you understand and may have said things multiple times that everyone understands,” he said.

Overall, Grossi recommended using transparent processes accompanied by regular communication with all parties involved to ensure smooth transitions. 

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