State Affiliate News

Best Practices for State Societies: Working With Community and Academic Oncologists

State societies are chartered to serve all oncologists, but because of the differences between community and academic practice settings, this is easier said than done. No algorithm exists to blend the two, but no one disputes the need. Now more than ever, oncologists have to speak with one voice.

In this article, the *Journal of Oncology Practice* explores best practices for state societies. The results may surprise you.

Effective Societies Create Opportunities to Interact

The state society leaders we interviewed said that trying to bring together all members is challenging, but they said the effort is worth it. Their members find new synergies in these meetings.

Strategies varied. Michigan Society of Hematology and Oncology (Royal Oak, Michigan) has a large academic population, and when that society hosts a meeting offering clinical education, academic clinicians are invited as faculty. Northern New England Clinical Oncology Society (Sandown, New Hampshire) goes a step further, with bylaws that actually require the organization to have a representative from each of the area's academic institutions on the board of directors. The society's current president-elect is from an academic setting.

The Florida Society of Clinical Oncology (FLASCO; Tampa, Florida) hosts biannual meetings for its members that include both community oncologists and physicians from the academic centers, as well as other allied health professionals. Also, the state's major academic centers hold a Joint Cancer Conference each year. Through the state society's efforts, each meeting now offers the other complimentary exhibit space. It may seem like a small gesture, but it has helped to create and sustain dialogue. In addition, FLASCO meetings have offered presentations from experts from the major Florida academic centers.

Business of Oncology

In a changing economic climate, business issues have become more urgent to all parties. All of the societies we polled listed business as near the top of subjects of interest to all members, despite the obvious fact that the reimbursement issues that loom large for community oncologists are not the same for academic practitioners.

According to Elaine Towle, executive director of the Northern New England Clinical Oncology Society, "The reimbursement

situation is challenging for all of us. Models are shifting, and working together is more advantageous than working apart."

FLASCO's members are predominantly community oncologists. It recently took the initiative to arrange quarterly face-to-face meetings with representatives of the state's major cancer centers, representatives of the state society, and its Medicare provider. The objective was simply to talk about issues from an institutional point of view, but the meeting was so successful that the state society has been asked to take it a step further and arrange a subsequent meeting with the major cancer billers, representatives of the state society, and the Medicare provider.

FLASCO's Carrier Advisory Committee representative and the chair of its Clinical Practice Committee attended these meetings. The net result is closer ties between the community and academic practitioners.

The Florida state society also recently sponsored a 2-hour meeting on the business of oncology at the annual Joint Cancer Conference, which drew a large crowd from both settings.

Explore Issues That Cross Boundaries

Some issues actually erase the boundaries between the clinical and academic settings. For example, the high cost of living in the Northeast creates recruitment problems in all settings.

Pay for performance (P4P) is another such issue. The Massachusetts Society of Clinical Oncology looks for answers among academic physicians because of the depth of expertise in health care policy at an academic institution.

Therese M. Mulvey, MD, of the Massachusetts Society of Clinical Oncology is also the chair-elect of ASCO's Clinical Practice Committee and chair of the State Affiliate Working Group. She described the scope of the issue in her home state.

"Massachusetts is beginning to have discussions with our local payers, including Blue Cross Blue Shield, the private payers, and our HMOs, about issues regarding P4P," says Mulvey. "Our state society is trying to be proactive about P4P. . . . Our academic physicians clearly share the same concerns that the community physicians have—that this doesn't become pay for process or pay for paper—but [it] really does enhance the quality of care for patients."

State Societies Can Help Form a Clinical Trials Network

In Florida, a poll found only 5% of cancer patients were enrolled in clinical trials. A joint meeting was called between academic representatives of the state society and the state's major academic centers. This meeting spawned the idea of creating a statewide network of oncologists to attract and conduct new clinical trials. It also came to light that one large institution saw trials as a competitive advantage, while some smaller community practices, not surprisingly, saw them as being out of reach. The meeting was unexpectedly candid and yielded plans to work together for everyone's benefit, including the cancer patients'. Twenty-nine oncology practices in the state indicated a desire to participate, as did all but one of the major academic cancer centers, according to Dorothy Green Phillips, executive director of FLASCO. Thanks to a grant from ASCO, a Florida Cancer Trials Network (FCTN) advisory board was created. The board has representatives from community oncology practices and academic cancer centers. Oncologists from the FLASCO membership were identified as having an interest in developing and participating in the network. A database of contact information was created for the principal investigators representing each oncology group. The advisory board developed a policy and procedure document outlining the requirements for participation in the network. Currently, the society is in the process of collecting credentialing information.

Keep an Open Mind

Massachusetts also tries to blend reimbursement issues with the policy issues that have more global application for oncologists regardless of the practice setting. In Massachusetts, academic-based physicians tend to be more attuned to policy issues, such as clinical trials regulations, access, and payment. The society discovered that it can address these issues on a state level. Policy issues often cross practice lines. In the 1990s, access to bone marrow transplants was front and center. Today, pain issues predominate because cancer patients need access to medications at local pharmacies; however, the state of

Massachusetts has erected roadblocks around availability of oxycontin. This issue is relevant regardless of practice site.

Mary Malloy, executive director of the Michigan Society of Hematology and Oncology, urges state societies to keep the big picture in mind, even while attending to details.

"It's very important that policy makers are impressed with the number of specialists the society is representing," Malloy says. "In Michigan, the academic centers have a large number of physicians, so we worked out a special institutional membership fee for these institutions, and as a result, we now represent 95% of Michigan's practicing oncologists."

The Michigan society has found different reasons for all parties to stay involved. The academic centers design the continuing medical education (CME) curriculum and provide faculty. Apart from the obvious benefit, the society also makes community physicians aware of who is doing research locally. Michigan has worked with the academic centers to secure coverage for the routine costs associated with clinical trials and has used their physicians' expertise when other clinical trial issues must be brought before policy makers.

"We also stage a Board Review Series for oncology fellows, which is a value-add to our academic centers, and we staff this educational series with faculty from the academic centers," Malloy concludes.

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