State Affiliate News

State Affiliate Grant Program

The American Society of Clinical Oncology (ASCO) designed its State Affiliate Grant Program to enable its affiliates to pursue self-chosen projects that strengthen their society, help fulfill their mission statement, and achieve their strategic goals. Launched in 2005, the program capitalizes on ASCO's strength and expertise in fundraising to allow affiliates to pursue initiatives beneficial to their members, members of other ASCO affiliates, and the oncology community at large. "In awarding grants, strong consideration is given to those projects that necessitate acquiring skills that can carry over to future endeavors," says Peter Paul Yu, MD, immediate past chair, ASCO Clinical Practice Committee. "By encouraging the submission of joint proposals, a more mature affiliate can mentor a developing society, and affiliates wishing to attempt a more ambitious project can pool grant funds."

In 2005 to 2006, the program's inaugural year, ASCO awarded more than \$50,000 to 13 affiliates. Eleven completed their projects within their proposed timelines. In this article, the first of two consecutive articles, we highlight the objectives, expected outcomes, and lessons learned related to five of the successful grant recipients.

Recognizing the convergent interests of Alaska, which lacked a state oncology association, and Washington, the Washington State Medical Oncology Society (WSMOS) proposed creating a Washington-Alaska Medical Oncology Society. "This would extend ASCO state affiliate program benefits to the significantly smaller Alaskan oncology community with minimal duplication of costs and structure," says Jonathan C. Britell, MD, immediate past president, WSMOS. "Given that we share a common Blue Cross/Blue Shield and Medicare carrier, and eventually the same MAC [Medicare Administrative Contractor], we expected a needs assessment and feasibility study would result in a joint society."

During meetings with WSMOS, administrators of the four predominant Alaskan oncology groups raised significant logistical concerns. Because the existence of an educational forum integral to the well-attended Denali Oncology Group Annual Meeting, the prospect of creating an Alaska society within the Denali Oncology Group framework was raised. ASCO provided the momentum for the transition by inviting Mary Stewart, MD, who practices with Anchorage-based Alaska Oncology and Hematology, to attend the 2006 Clinical Practice Committee meeting and State Affiliate Leadership Conference and gain firsthand knowledge of the state society process.

WSMOS, which maintains that ASCO is strengthened when it can represent and inform oncologists in every state, believes using its expertise to bring Alaska into the state affiliate program is within the spirit of its original grant proposal. "WSMOS, too, became stronger by assuming a task beyond dealing with legislative policy and reimbursement issues," says Britell. "Pursuing initiatives outside those categories demonstrates to our members and our communities our commitment to the greater good."

Britell goes on to say that as we usher in the Medicare Administrative Contractor era, state societies will need to prepare to address regional needs. "This may require additional joint efforts or possibly the consolidation of state societies into regional ones," he says.

Acknowledging the serious repercussions for many oncology patients and physicians in the aftermath of Hurricane Katrina, the Medical Oncology Association of Southern California (MOASC) proposed the Oncology Emergency Preparedness Plan (OEPP). This initiative would ensure that in the event of a disaster, cancer patients undergoing treatment have access to alternate physicians and their usual medication. "Oncologists who cared for Katrina victims reported many patients did not know their treatment protocol," says Mariana S.-B. Lamb, MS, executive director, MOASC. "Physicians began by asking patients the color of the medication and working back from there."

OEPP proposed an oncologists' support network to link displaced physicians with colleagues whose offices would accept them and their patients. Other objectives included creating a secure medical records database and patient wallet cards with a national digital record locator. "In addition to preparing Southern California-based oncologists for local and regional emergencies, OEPP would provide a model for other ASCO affiliates as well as general and subspecialty physician organizations," Lamb explains.

As the plan unfolded, it became apparent that most physicians maintain paper files. "So we backtracked from the electronic database to a wallet card for recording basic treatment information," Lamb says. "An added bonus of this manual system is that it works just as well during an emergency department visit as it does during a disaster situation." MOASC also learned that while it would not be necessary to partner with the drug industry, which already had emergency plans in place, it would be prudent to explore potential malpractice issues associated with the plan.

After the successful coordination of the plan's operational components and recruitment of 24 physicians to distribute wallet cards to their patients, MOASC envisions completing its remaining objectives during the program's phase II.

The complex issues surrounding pay for performance (P4P) or quality initiatives in the medical oncology community provided the impetus for grant programs developed by two ASCO affiliates.

The Michigan Society of Hematology and Oncology (MSHO) and the Ohio/West Virginia Hematology Oncology Society (OWVHOS) believe oncologists and regional payers should be able to rely on the state society to be an informed advocate for evolving oncology P4P or quality initiative criteria that promote best clinical practice and access to care. To that end, they collaborated on providing affiliate leadership with a concise updatable manual containing background and resource material germane to payer issues and strategies for response. The manual also would encourage the evaluation and implementation of electronic medical records. "We chose to compile current respected resources, expert commentary and practical tools to help position the state society as the local voice of oncology," says Mary Malloy, executive director, MSHO. "The resource was not designed to advise affiliates on creating or approving a P4P program since that would violate antitrust laws."

MSHO and OWVHOS anticipated that the manual would be ready for distribution to state and regional leadership before the June 2007 ASCO Annual Meeting. Affiliates who utilize this resource can expect significant benefits:

- Validate their position as the local voice of oncology for all payer issues;
- Provide expertise to payers developing P4P programs;
- Demonstrate value of affiliate membership to current and potential members.

Because the project could become unwieldy due to the complexity of P4P issues, the two affiliates agreed to avoid issues irrelevant to society leadership. "Mary and I have worked well together in the past and had a similar vision for this project," says Dave Dillahun, executive director, OWVHOS. "The successful outcome was due in great measure to our ability to split the project along the lines of our individual strengths."

Educational initiatives are vital components of ASCO affiliate activities.

The Annual Meeting of the Northern New England Clinical Oncology Society (NNECOS) is an accredited educational activity that features recognized and well-received speakers. To enhance medical caregiver involvement and the exchange of information, NNECOS proposed recruiting fellows, nurse

Eligibility for the annual grant program is determined through the application process outlined at www.asco.org. Grants do not exceed \$10,000 and may be awarded for a lesser amount than requested. The grant seed money and ASCO's support help affiliates become more effective in securing additional funding to fully implement their proposals. Recipients must submit a 6-month progress report as well as a final report within 30 days of the end of the grant period.

practitioners, physician assistants, nurses, and junior faculty from academic medical institutions and private practices to prepare abstracts regarding novel therapies, recent developments in patient care, and clinical trials. Ultimately, four abstracts would be presented along with poster sessions highlighting the topics.

NNECOS anticipated using ASCO abstract solicitation guidelines as a template and working with ASCO staff in developing the skills and policies needed to create a meetings proceedings publication to distribute to those not in attendance.

The first abstract solicitation resulted in 23 abstract submissions. As a result of its popularity at the 2006 Annual Meeting, the Academic Enhancement of Annual Meeting project is now a regular part of the agenda. "We envisioned our project serving as a model for other affiliates," says Lori Aubrey, executive director, NNECOS. "Therefore we were delighted to be asked to share project materials with affiliates who plan to implement a similar session at their 2007 educational meeting."

Aubrey encourages other affiliates to take the leap and apply for a grant. "It's a terrific opportunity to explore new ideas and pursue initiatives you might not otherwise," she says. "ASCO stands ready and willing to support any affiliate that requests its help."

Affiliates who are considering a grant application will want to heed the advice of past recipients:

- Collaborate with another affiliate that shares your vision.
- Confine your project to a reasonable number of objectives.
- Establish a strong core team to guide the project toward board approval.
- Stay on task.
- Be flexible and remain sensitive to other parties' needs.
- Overestimate the time expected to complete the project.
- Secure additional financial support from interested parties.

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