State Affiliate News

State Affiliate Grant Program

The American Society of Clinical Oncology (ASCO) State Affiliate Grant Program provides funding for affiliates to pursue self-chosen projects that strengthen their society, help fulfill their mission statement and achieve strategic goals. "Whereas the grant program affords a powerful incentive for affiliates to sponsor state and regional activities for their own benefit, the outcomes subsequently benefit other affiliates and ASCO as a whole," says Therese Mulvey, MD, chair of ASCO Clinical Practice Committee. "We've already seen programs modeled after those developed during the implementation phase of several grant recipients."

In 2005 to 2006, the program's inaugural year, ASCO awarded more than \$50,000 to 13 affiliates. In this second of two consecutive articles,¹ we highlight objectives, outcomes, and lessons learned by six of the successful grant recipients.

The **Florida Society of Clinical Oncology** (FLASCO) envisioned a Florida Clinical Trials Network (FCTN) to increase the number of clinical trials and trial sites throughout the state. The Florida Cancer Clinical Trials Cooperative Inc, created January 2004, already houses a database of all cancer trials in Florida and a matching/referral service for physicians and patients. "FLASCO leadership recognized its unique position to develop a network that would represent academic and community oncologists," says Randal Henderson, MD, project manager. "Twenty-eight practices representing 165 oncologists with a proven commitment to clinical research have expressed interest in developing and participating in the network."

FLASCO proposed using its grant to help with the development phase of the network—establishing a governing Cancer Trials Advisory Board, developing physician participation criteria, preparing a grant application for state funding of the implementation phase, and developing a 5-year plan. "In addition to serving oncologists and patients in Florida, this model will benefit other affiliates similarly interested in increasing clinical trial patient enrollment," Henderson says.

At the 6-month mark, FLASCO had created the Cancer Trials Advisory Board as well as a policy and procedure document outlining FCTN participation requirements and a database of contact information for principal investigators from each participating practice. By the 12-month mark, the database had been expanded to collect all of FCTN's credentialing information, and additional enhancements were planned. Also, commitments to participate in clinical trials had been secured from 75% of the physicians at half of the clinical trial sites that pledged to help develop the network. "We learned the importance of forming a steering committee and creating policy and procedures early on," Henderson says. "We also learned to take advantage of the Internet to disseminate the credentialing package, respond to inquiries, and provide updates."

To prepare for the reorganization from multiple carriers to regional Medicare Administrative Contractors (MACs), the

Oklahoma Society of Clinical Oncology (OSCO) and the **Texas Society of Medical Oncology** (TSMO) jointly proposed a meeting of the four ASCO affiliates that comprise Region 4. Leaders from the **New Mexico Oncology Society** and the **Rocky Mountain Oncology Society**, representing Colorado, agreed to help plan and promote the meeting. "Although there are many unknowns, it is inevitable that MACs will significantly change the practitioner-carrier relationship," says Mary Jo Wichers, executive director, OSCO. "Therefore, it behooves state oncology societies to fully understand the MAC process and develop effective partnerships to represent the interests of their members and the patients they serve."

As part of a proposed collaborative structure, OSCO and TSMO anticipated an electronic list-serve for communicating coverage issues; an off-label committee to facilitate advocacy with the MAC; and a regular meeting of the Region 4 state affiliates. "Other affiliates stand to benefit from a road map to a successful meeting focused on the MAC process," says Marci Cali, executive director, TSMO. "Even more so, they can model processes and actions based on our outcomes."

By the 6-month mark, OSCO and TSMO had achieved their goals of establishing a secure list-serve for reimbursement issues as well as a MAC page on the OSCO Web site. However, the meeting, held November 17 to 18, 2006, in San Antonio, Texas, was not well attended by New Mexico Oncology Society and Rocky Mountain Oncology Society members. "We learned that it's difficult to get inactive or marginally involved affiliates to participate, so we expect additional challenges as we seek to establish a coordinated voice," the executive directors acknowledge.

Louisiana Oncology Society hoped to encourage at least 10% of the state's oncology practices to embrace ASCO's Quality Oncology Practice Initiative (QOPI) by sponsoring two instructional meetings for project coordinators from each participating practice. Successful incorporation and maintenance of QOPI in a minimum number of practices would likely encourage others to join. High-scoring practices could share their self-improvement strategies with others who could, in turn, refine and improve on those techniques. Large-scale adoption of QOPI, the only organized effort to establish easily reproducible evaluation criteria, could dissuade payers from tailoring quality assurance parameters to individual practices.

"We expected some lack of interest because no Louisiana payer currently requires quality certification, and practices often lack resources to devote to gathering the necessary data," says John Rainey, MD, the Louisiana Oncology Society founder who served as its president for 13 years. "The only real incentive at this time is ABIM [American Board of Internal Medicine] recertification."

Before the project, two practices were already participating in QOPI. Of the two additional practices recruited during the

Lessons Learned

Recognizing that partnering organizations may have limitations on lending financial support is just one of the lessons learned that can benefit future grant recipients. Others include:

- Designate a lead when applying jointly or coordinating a meeting of several affiliates.
- Consider the impact of less active or inactive affiliates on achieving joint goals.
- Delineate roles early in the process.
- Overestimate the number of meetings needed with partnering organizations.
- Consider potential impact from the weather when choosing an event date.
- Know your target audience when marketing an event to the public.

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.

project, one has committed to continue. "The active involvement of three practices with a total of 12 physicians has allowed us to meet our modest goal," Rainey says. "However, the overall response was very disappointing."

Compounding the issue is the fact that hurricanes Katrina and Rita affected one third of Louisiana oncologists. Those practicing in the New Orleans area still are seeing only about half of their pre-Katrina volume. "Falling reimbursement, whatever the cause, tends to make physicians reactive rather than proactive," Rainey explains. "However, projects such as the recently implemented PQRI (Physician Quality Reporting Initiative) will push the quality agenda, and when private payers follow CMS' lead, physicians will have to participate."

Some of the 27 oncologists who are members of the **Nebraska Oncology Society** (NOS) practice far away from the Omaha-Lincoln region. In applying for a grant, NOS sought to enhance its educational programs and increase attendance by both rural and academic-based oncologists at their state society meetings. "Bringing programs closer to the less densely populated areas will allow us to involve more physicians and serve them better," says Peter Townley, MD, NOS president.

Reference

State affiliate grant program. *J Oncol Pract* 3:215-216, 2007

During the grant year, NOS held five membership meetings and sponsored a statewide ASCO Review. In 2007, three additional meetings were attended by record numbers. Another success was achieving the participation of formerly inactive oncologists by adding an educational component and hot issues, such as national legislative activities, to the agendas. "It was instructive to bring together people who rarely interact . . . and see the similarity of their goals," Townley says.

The **Maryland and the District of Columbia Society of Clinical Oncology** (MDCSCO) proposed a free public event to raise awareness of cancer statistics, prevention, treatment, and services. The Anne Arundel Cancer Forum, scheduled for April 21, 2007, was named for a Maryland county with above-average cancer rates as well as a strong community interest. "Our objective was to make the forum successful and relevant, and establish the sponsorship and infrastructure to render it self-sustaining on a continuing basis," says Peter R. Graze, MD, president of MDCSCO. "At the same time, we could promote MDCSCO as a source of expertise and community service to the public and cancer-related organizations, and use our heightened visibility and relevance to encourage new and renewing memberships."

Turning over event development, marketing, and public relations functions of the forum to an organization management firm would allow MDCSCO to simultaneously assess the feasibility of outsourcing certain ongoing administrative functions. "A successful conversion from our prior ineffective arrangement will complete a demonstration project that could serve as a model for other small ASCO affiliates struggling to find consistent and competent administrative support," Graze says. "ASCO would subsequently benefit if these affiliates were capable of expanding membership and services."

Postevent evaluations indicate the worth of the forum to the public, MDCSCO, and its partners. Also, relationships established between local community cancer organizations and vendors ensure the infrastructure to continue the program on an annual basis. Pending the availability of local physician leadership and partnering organizations, such as the American Cancer Society and the National Coalition for Cancer Survivorship, similar events also may be offered in other areas MDCSCO serves. A vital lesson learned concerns funding. "Whereas pharmaceutical companies earmark funds for educational purposes, they are reluctant to give them to a 501(c)(6) organization," Graze says. "We are seriously considering establishing an allied 501(c)(3) foundation for educational purposes."

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