Your Clinical Practice Committee

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Two years ago, Dr. Jack Keech (my friend and a former CPC chair) challenged me with a series of rhetorical questions: Why should an ASCO member belong to his or her state society? Why do you think the state societies matter? Doesn't the national organization really do all the heavy lifting? Why do you waste your time with Texas Society of Medical Oncology (my state society)?

It does matter now. And it is going to matter more in the future.

ASCO's State/Regional Affiliate Program was created in 1993 to establish a formal link between ASCO and the state societies, many of which already existed. The organizations gained footing during the late 80's and early 90's. Managed care was gaining strength. Practice reimbursement issues included growing off-label denials, prompting many oncology practices to join efforts to effect change in local carriers and legislatures. State by state, local and national organizations pressed legislatures to pass laws that addressed managed care and off-label use. The off-label coverage efforts culminated in a national effort, coordinated by ASCO and the Association of Community Cancer Centers (ACCC), that led to the Rockefeller-Levin Act. This law mandated coverage for off-label uses that met certain criteria (compendia listing, supportive literature, common use) that CMS still follows today. State oncology societies were key in this effort. Local Medicare intermediaries were required to form Carrier Advisory Committees, composed of representatives of state medical specialty societies. Organized state oncology societies played a critical role in obtaining a seat at this policy-making table for oncology.

Today we face new challenges. Health care will be a central focus of policy debate over the next decade. Inflation in health care costs, disparities in access to care, shifting priorities in state legislatures affecting Medicaid funding, growing concern over the costs of pharmaceuticals, and greater shift in costs to patients, paying for services provided to patients who are participating in research all drive this debate. Cancer is the leading cause of morbidity and mortality in our country—oncology needs to be an informed and integral voice in this debate. More than ever this debate will occur locally within state legislatures, as well as in Washington, DC. Clearly the need for an effective grass-roots organization that can address local issues and be mobilized to speak to national questions is in our best interests.

ASCO recognizes this. ASCO's strategic plan lists as Goal 1 that the organization "will improve the quality of and access to the full spectrum of cancer care services" for our patients. To do that, ASCO acknowledges the importance of a distinct voice that arises from our state and regional organizations. One of the explicit undertakings by ASCO to support this goal is to increase collaboration with state societies.

A working group of ASCO's Clinical Practice Committee is charged with overseeing activities of the State/Regional Affiliate Program. Over the past years, services to the state societies have been enhanced to include an annual State Affiliate Leadership Conference and complementary handbook to help societies with initial formation, ongoing management, and program development. Additionally, educational support has been augmented to include CME accreditation for state society meetings, enhanced speaker identification assistance, a new practice management curriculum, and regional "Best of ASCO" sessions planned collaboratively with state societies. Other activities include Web site development, an expanded grass-roots network and advocacy support, and an exhibit booth and reception to honor the state society presidents at ASCO's Annual Meeting.

ASCO's Board of Directors also recently approved the development of a new State Affiliate Grant Program that will provide funding support for state societies to carry out certain activities. One of the programs will leverage the expertise of one society to assist another. Elsewhere in this issue you will see the Michigan Society profiled. This highly effective state affiliate has clearly improved access to care for cancer patients by providing its members with an array of services to support their practice. We hope to capitalize on Michigan's success by teaching what they have learned to other societies. Hopefully funding will allow these programs to be initiated this year.

Whatever form of practice you are in—an academic practice, a community-based cancer program, or in private practice—large or small, if you care for oncology patients, you should belong to your state society. If you are not a member of your state organization or have ever turned down involvement, I urge you to reconsider. The state organizations need your voice and support. You improve ASCO's ability to represent you by being a member. Where do you turn when you have an issue in your office with your state's Medicare carrier? To whom do you direct questions about a new state legislative action that will affect your practice? You should call your state society.

For information about your society or the services ASCO provides to its State/Regional Affiliates, contact Kara Garten at 703-299-1055, or email gartenk@asco.org.

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