

**THE SOCIETY OF RI CLINICAL ONCOLOGISTS, INC.
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**The Society of Rhode Island Clinical Oncologists
Minutes of Meeting October 24, 2007**

Vincent Armenio, M.D.

Raymond Chaquette, M.D.

Playkil Joseph, M.D.

Robert Knisley, M.D.

Robert Legare, M.D.

Thomas Myers, M.D.

John Przygoda, M.D.

Peter Quesenberry, M.D.

Vishram Rege, M.D.

Peter Rintels, M.D.

Sundaresan Sambandam, M.D.

Fred Schiffman, M.D.

David Stoll, M.D.

Anthony Testa, M.D.

Anthony Thomas, D.O.

Tarek Wehbe, M.D.

Alan Weitberg, M.D.

Edward Wittels, M.D.

1. Dr. Smythe gave the Treasurer's report and indicated that the Society has a balance of approximately \$19,000.
2. Dr. DiBenedetto indicated that a congressional resolution to prevent a Medicare cut of 10% had been vetoed by the President.
3. The Centers for Medicare and Medicaid services issued an NCD on the use of erythropoietic stimulating agents (ESAs) that were a topic of considerable debate.
 - New guidelines reject payment for ESAs unless hemoglobin is less than 10 grams or hematocrit is less than 30.
 - Guidelines as written did not apply to patients with myelodysplasia.
 - All other malignancies, including myeloma, are covered by the guidelines.
 - ASCO and ASH have opposed the policy. Dr. DiBenedetto reported that an ASCO/ASH position paper had suggested "a hemoglobin of approaching 10" is more appropriate. Other concerns are the anemia of myeloma off therapy and the timing of CBCs.
 - A major concern was that the use of ESAs may be determined by an insurance carrier with an effective two-tier system evolving. Members were clearly uncomfortable with this prospect. At this point, other third party payers have not issued specific guidelines but it is noted that they typically follow CMS Medicare guidelines.
4. Dr. DiBenedetto reported that legislation restricting reimbursement for therapy given in clinical trials had been defeated. A coding modifier may be needed for clinical trials however.
5. Hospital reimbursement of infusions may be revised again from an average selling price (ASP) of ASP+6 to an ASP+5.
6. The Leukemia and Lymphoma Society of Rhode Island has announced that Dr. Fred Schiffman is now a member of its Board of Directors.
7. Dr. DiBenedetto indicated that discussions were taking place regarding reimbursement for treatment planning which is acknowledged to be a large component of physician time in oncology practices that is generally reimbursed through cost shifting. While under discussion, no current legislation is pending.

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8. PQRI: This has been offered to practices for reimbursement for quality measures in hematology and oncology. Physicians filling out the appropriate work on 80% of the qualifying cases will get a 1.5% bonus payment in 2008.
9. Dr. DiBenedetto announced that national legislation requiring physicians to have tamperproof prescription pads will be effective October 2008. The guidelines for “tamperproof” were distributed.
10. The Specialty Advisory Committee (SAC) of Blue Cross needs an additional member. Dr. Sambandam stated that he would like to become a member.
11. A new anti-emetic policy from Blue Cross was distributed which increases limits of common oral anti-emetics that can be prescribed, essentially doubling the current limits on written prescriptions.
12. Dr. DiBenedetto distributed information regarding the planned Blue Cross specialty pharmacy network, whose use will be mandatory for certain high-cost medications, including oral targeted oncology drugs. This initiative may also include infusions. The second quarter of 2008 is the anticipated date.
13. The ACCC Regional Oncology Symposium is scheduled for November 13, 2007 in Providence.
14. A \$500 contribution to the ASCO Young Investigator Award was approved.
15. Discussion was held about pre-authorization requirements by Blue Cross for CT scans, PET scans and MRI scans mandated in January 2008. We anticipate further discussion of this when it becomes a reality, but concerns were expressed that it may be overly burdensome.

Peter Rintels, M.D.