



Thursday, March 20, 2014

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New Report Finds Overall Cancer Cases on the Rise

The Journal of Oncology Practice this month published the State of Cancer Care in America: 2014, a report detailing the demographic, economic, and oncology practice trends that will impact the delivery of cancer care in the United States in the years ahead. [Read below](#)

HHS Updates HIPAA Regulations

The Health Insurance Portability and Accountability Act (HIPAA) was updated on September 23, 2013 by the US Department of Health & Human Services (HHS), resulting in changes to existing privacy, security and breach notification requirements – commonly known as the HIPAA Omnibus Rule. [Read below](#)

Colon Cancer Rates Drop by 30 Percent

A new report from the American Cancer Society finds colon cancer diagnoses in the U.S. have dropped 30 percent in the last 10 years for those aged 50 years and older. [Read below](#)

House Passes SGR Repeal Bill with Delay of ACA Individual Mandate



On March 14, the US House of Representatives passed a bill to overhaul to Medicare program's Sustainable Growth Rate (SGR) physician payment structure. The bill ([H.R. 4015](#)), which passed the House by a largely partisan 238-181 vote, includes a provision to pay for the SGR repeal by delaying the Affordable Care Act's individual mandate for five years. Twelve House Democrats supported the House measure.

In addition to delaying the individual mandate, the House bill would move Medicare from the existing fee-for-service structure by phasing in new payment models to improve quality and promote value.

The Congressional Budget Office (CBO) estimates that the five-year individual mandate delay would provide approximately \$169 billion over ten years (2014-2024). The total cost of the SGR overhaul proposed in H.R. 4015 is estimated to cost \$138 billion over that same time period.

While replacement of the flawed SGR formula has bipartisan support, Democrats largely oppose the individual mandate delay; therefore the House-passed measure is not expected to pass the Democrat-controlled Senate. President Barack Obama has indicated he would veto the House bill.

The Senate Finance Committee staff has been meeting with physician groups to enlist support in securing GOP Senators to support the Senate bill ([S. 2110](#)), which closely mirrors the House-passed bill, but does not include a means to cover the \$138 billion price tag. On Wednesday, the CBO released the [score](#) for the SGR reform bill being advanced by the Senate Finance Committee, which they estimate would cost \$180.2 billion over 11 years.

If the Senate bill passes, Democrats and Republicans will have an opportunity to determine pay-fors during a House-Senate conference committee.

Unless a permanent or temporary measure to fix or extend physician payments is passed by March 31, physician payments will drop 24 percent on April 1. The Congress has stopped physician pay cuts called for by the SGR formula 17 times in the last decade.

More than 600 organizations have signed a [letter](#) to House Speaker John Boehner and House Minority Leader Nancy Pelosi asking Congress to pass legislation to permanently repeal the SGR.

The American College of Physicians this week sent a letter expressing support the Senate's SGR repeal bill, "based solely on the merits of the bill itself as it relates to the

SGR and reforming physician payments, not an expression by us of how the Senate and House should resolve their differences over budget offsets.”

Coalition for Patient Centered Imaging Urges Congress to Preserve Patient Access to Integrated Care

The Coalition for Patient Centered Imaging – of which The US Oncology Network is a member along with approximately 30 other healthcare stakeholder organizations – sent [letters](#) this week to leaders of the Senate Finance, House Energy and Commerce and House Ways and Means Committees asking lawmakers to preserve the in-office ancillary services exception (IOASE) to the “Stark” law and reject recommendations from the Administration to restrict the IOASE, which would limit patient access to advanced imaging, radiation therapy and other healthcare services.

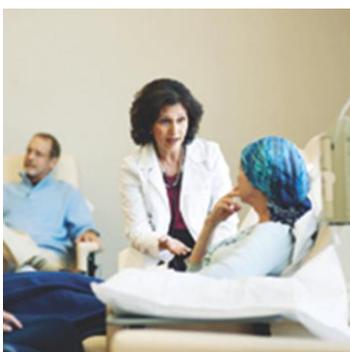
The groups warn that limiting the IOASE for these services will hinder care coordination and increase healthcare costs by making healthcare less accessible and less affordable for the patient. Without access to ancillary services at integrated practices, patients will be forced to receive services in the hospital setting where services are substantially more expensive than the same services provided in the physician office setting.

The letters also cite recommendations from the Government Accountability Office (GAO) and Medicare Payment Advisory Commission (MedPAC), neither of which has supported limiting the IOASE to the Stark law.

The groups further support the establishment of “appropriate use criteria” to ensure appropriate utilization of advanced medical imaging services across care settings, as proposed in legislation to repeal the SGR (H.R. 4015/S. 2000).

To download The US Oncology Network’s issue brief on the in-office ancillary services exception (IOASE), [click here](#).

New Report Finds Overall Cancer Cases on the Rise



The Journal of Oncology Practice this month published the “[State of Cancer Care in America: 2014](#),” a report detailing the demographic, economic, and oncology practice trends that will impact the delivery of cancer care in the United States in the years ahead. The report, compiled by The American Society of Clinical Oncology (ASCO), finds that while there are a record number of cancer survivors (13.7 million) living in the US today, the number of new cancer cases will increase by as much as 42 percent by 2025.

ASCO attributes this projected growth primarily to a rapidly aging population and lifestyle changes.

The report warns the US healthcare system is facing a decline in oncologists to treat a growing cancer patient population. The number of oncologists in the US is projected to only grow by 28 percent over the next decade, leaving a projected deficit of 1,487 physicians. The ASCO report finds a significant shortfall of oncologists in rural areas.

According to the ASCO press release, “ASCO’s workforce analysis has already found that oncologists are in short supply in many rural communities. Only three percent of oncologists practice in rural areas, where nearly one in five Americans lives. More than 70 percent of U.S. counties analyzed by ASCO have no medical oncologists at all.”

The report further estimates the total annual cost of cancer care is projected to reach \$175 billion by 2020, an increase of 40 percent from 2010.

To read ASCO’s press release, [click here](#).

To download ASCO’s infographic in the state of cancer care, [click here](#).

HHS Updates HIPAA Regulations



The Health Insurance Portability and Accountability Act (HIPAA) was updated on September 23, 2013 by the US Department of Health & Human Services (HHS), resulting in changes to existing privacy, security and breach notification requirements – commonly known as the HIPAA Omnibus Rule. As a result, all practices must update their HIPAA policies and procedures, Business Associate Agreements (BAAs) and Notices of Privacy Practices (NPPs), and implement the changes required by these regulations.

McKesson Specialty Health has compiled a variety of [resources](#) to assist practices in the process of updating the policies and procedures to meet the updated regulation.

Colon Cancer Rates Drop by 30 Percent

A [new report](#) entitled “Colorectal cancer statistics, 2014” from the American Cancer Society published in *CA: A Cancer Journal for Clinicians* finds colon cancer diagnoses in the US have dropped 30 percent in the last 10 years for those aged 50 years and older. According to the report, this decline is a result of increased screening levels for the disease.

In the decade ranging 2000 to 2010, the report estimates that screening levels for colon cancer increased from 19 percent to 55 percent for adults between the ages of 50 and 75.

According to the report, “Larger declines [in colorectal cancer incidence] among Medicare-eligible seniors likely reflect higher rates of screening because of universal insurance coverage. In 2010, 55 percent of adults aged 50 to 64 years reported having undergone a recent colorectal cancer screening test, compared with 64 percent of those aged 65 years and older.”

The researchers attribute the drop in colon cancer rates as well as colon cancer deaths to increased screening levels. Colonoscopies can reduce mortality by allowing doctors to find tumors when they're smaller and more curable.

Despite positive gains, screening rates remain low among poor and uninsured populations. Significant ethnic and racial disparities also remain in both diagnoses and death rates. African-Americans have a 25 percent higher risk and Asian-Americans have a 50 percent higher risk level for colon cancer than white patients.

The [National Colorectal Cancer Roundtable](#), a coalition of more than 70 stakeholder organizations established by the American Cancer Society (ACS) and the Centers for Disease Control and Prevention (CDC), is working together with the goal of increasing screening rates in the US to 80 percent by 2018.

Colon cancer is the third most commonly diagnosed cancer and the third leading cause of cancer death among both men and women in the US. The report estimates that 136,830 people will be diagnosed with colon cancer and 50,310 people will die from the disease this year.