

# OFFICE PRACTICE MANAGERS SPEAK THEIR MINDS

OBR decided to explore the changes in the ongoing relationships with industry representatives and oncology office practice managers. We conducted a survey in order to discuss these changes and the impact they are having on the community oncology office.



## by Don Sharpe

**W**e've all heard about the changes in reimbursement and the impact it is having on the community oncology office. As evidenced in the passionate exchanges between oncologists, practice managers, CMS, legislators, and industry, this topic touches everyone's nerves. At all the oncology meetings taking place today, the sheer volume of time dedicated to this topic highlights the emotional entanglements associated with it. And, like any relationship, when there is an emotional component, feelings are going to get heightened and charged. Consider how the changes at CMS are affecting the relationships between industry and office practice managers. Ladies and gentlemen, it's not just about the money.

For many years I've had the opportunity to participate on the industry side of oncology and I can safely say that when an industry representative walks into an oncologist's office or has the opportunity to interact at a meeting, "things ain't what they used to be." Whether selling shoes, tires, medical services, or clinical studies, the notion of offering value has to be provided when taking someone's time. All of us involved in the oncology business are accountable for providing something of value which causes others to get interested enough to spend their resources and time on. Marketing folks call this a "value proposition."

Not very long ago there seemed to be a collaborative spirit between industry and the oncology office—the manufacturer developed novel compounds and profited on the purchase of those compounds while the office delivered the therapy, extended lives, and profited from the drug. More and more effective cancer drugs were developed and patient outcomes were incrementally, but effectively

improved. In turn, industry gave back with educational symposia, sponsorships, and promotional efforts.

Today, however, the interests of industry and oncology practices are diverging. Rising drug expenses don't equate to increasing profits, but can instead result in a decrease due to waste, bad debt, and uncaptured charges. As drug costs increase at CMS, less money becomes available for the providers and the value proposition at drug companies suddenly comes under scrutiny.

As we all know, drug companies report that the high cost of drug development and clinical studies, and the number of products that fail create a risky business environment with a need for a higher than average profit margin. But then Oncologists want to know, with all this investment why are NDA submissions down? Out in the field, many industry representatives feel a growing animosity as evidenced by restricted or even no access. Where once there were open doors and an atmosphere of collaboration, the new environment feels more antagonistic.

OBR decided to explore the changes in this relationship by conducting interviews with two oncology office practice managers. We felt we had to do this anonymously in order to get their true feelings without the risk of jeopardizing any existing relationships. The goal of the interviews was to be able to provide a forum for constructive feedback to stakeholders and perhaps provoke an opportunity for discussion.

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## OPM SURVEY RESULTS

Question	Answers from a practice of 12 hem/oncs at 7 sites and 18 FTEs RNs	Answers from a practice of 7 hem/oncs at 4 sites and 3 FTEs RNs
<p><b>Describe your relationship with drug companies 3-4 years ago. What value did they bring? Are there any products or services they were able to provide you back then that they don't provide today?</b></p>	<p>There were fewer treatment options 3-4 years ago so in one sense the situation has improved. The main change I see today is the inability to obtain "unrestricted educational grant/funding" that we would have been able to use to provide support groups for patients.</p> <p>The relationship with oncology pharmaceutical representatives has and continues to be pretty good in regards to having educational materials for their products and support items such as blankets, support bags with items such as skin care and things like that.</p> <p>Another area that is particularly worthwhile is supporting a nurse or physician educator to come to our area and present educational information.</p>	<p>Pharma has always been my friend and, in fact, has sought more information from me than I from them. If I needed drug replacement, got denied on an insurance claim or required compendia to support off-label use, they were always there for me.</p> <p>I was also able to secure sponsorship from manufacturers for the Race For The Cure for the ACS, funding for patient education, funding for my education/meetings. I found grants far easier to come by when we wanted to bring patients to Washington to discuss cancer cuts...even a bus rental to bring them there!</p> <p>Advisory boards came fast and furious, but are now becoming extinct. Support for our state society was rich. Give-a-ways always in abundance.</p>
<p><b>In your mind, what is the main difference between the good old days and today? Please direct your comments at the drug companies providing the cancer drugs and not CMS and MMA.</b></p>	<p>The main difference is that we have awakened to the costs of cancer treatment and the impact it is having on individuals, tax payers, and society at large.</p>	<p>The main difference is that pharma cannot answer any questions or provide any direct help. Everything is channeled through websites, lawyers, and designated departments. They are forbidden to talk about the very thing we need help with.</p>
<p><b>Most of your interactions are with oncology company sales forces. What would you like to say to the oncology sales forces out there to improve their relationships with you and provide better value on each office visit?</b></p>	<p>They need to find out what in fact would be of value to the individual practice instead of making assumptions. Multiple reps for the same company is confusing and felt to be another area where the pharmaceutical company is charging more for the drug to pay for the sales force and convince themselves that this is what we want and need.</p> <p>The reps who are brief, know their product (not just repeating what they were taught) and are sincerely sensitive to how busy we are, and sincerely want to contribute to patient care are the reps I am happy to make time for in my day.</p> <p>I think pharmaceutical companies that arrange for "working advisory board" meetings and use these groups as focus groups to plan business strategies and customer service strategies is one way for them to go about their business. When Genentech made their distribution decision I asked at least 6 people within Genentech to just put me in touch with one member of an advisory board of physician practice administrators who they were able to successfully sell this idea to. If they could convince an advisory board then they should be able to convince me.</p>	<p>Get real! Get educated! Be informed about what is happening legislatively, locally with the payers. Understand how the oncology office operates and what the day-to-day challenges are. Understand that just because an insurance company paid you for something does not mean they won't take it back if you billed erroneously.</p>

## OPM SURVEY RESULTS (continued)

Question	Answers from a practice of 12 hem/oncs at 7 sites and 18 FTEs RNs	Answers from a practice of 7 hem/oncs at 4 sites and 3 FTEs RNs
<p><b>Drug companies often state that they “give back” in the form of co-pay foundations, patient assistance programs, and now in two cases a “cap” on how much a patient will have to pay in a given year. Do you feel as though they are giving back? What are some examples of this generosity that made an impression on you?</b></p>	<p>I don't think enough is being done in this area. Frankly, if the drugs didn't cost such a prohibitive amount patients wouldn't need the assistance. There are still many patients that fall through the cracks of qualifying for the assistance. For example, the income limits patients have to meet to qualify are not at all appropriate to geographic areas in the country.</p> <p>Co-pay foundations run out of money too quickly and it is a hassle each and every month for people. Co-pay foundations need to be set up to cover the patient for at least one year (or less if they don't take the drug that long).</p> <p>Rather than referring to the millions of dollars being donated to co-pay foundations, I'd like to know what percent of their profit on the drug is going to co-pay foundations.</p>	<p>Oh, they are giving alright, but the funds are not unlimited and the diagnoses specific. There is also no such thing as one-stop shopping. Regimens today are multi-faceted; i.e., an army of drugs vs. a single agent. With the advent of Part D, the giving well dried up to an extent. We now see some resurgence of help but again, it is product specific and/or diagnosis specific and very time consuming to employ or monitor.</p>
<p><b>Do you have any specific examples you would like to share with industry of how not to do business with you? What examples do you have of recent interactions with industry which left you feeling like you don't want them back in the office?</b></p>	<p>A decision on the industry's end that negatively impacts us at the front lines is so incredibly frustrating. For example, limiting who can distribute their product (Genentech). Clearly, this decision had major financial reasons for the company and they completely disregarded the impact it would have on us at the front lines. This impact was not a one-time impact, but on-going, day-in and day-out due to the processes we have in place for ordering and controlling inventory. What made it a thousand times worse was the dishonesty from the company and the failure on their part to acknowledge after the fact that they had made a mistake. This has done tremendous damage to the relationship between oncology practices and industry. For 3 years now we have suffered the impact of MMA, which for the most part is meant to eventually pressure pharmaceutical industry. And now this from industry! It comes across as arrogant to say the least.</p>	<p>Don't come into my office and show me an Explanation of Benefits showing how your drug was paid by XXX insurance company for an FDA approved or off-label use with or without a valid J code. It means nothing.</p>
<p><b>And on the flip side, do you have any specific examples you would like to share with industry of how to do business with you? What examples do you have of recent interactions with industry that you would like to share with industry as a “best practices” example?</b></p>	<p>Oncology practices are now following national guidelines such as ASCO and NCCN so I think industry needs to rethink the role of the local representatives. It is a mistake to believe that they are impacting choices by oncologists. The published literature is what impacts oncologists choices. Providing expert physician colleagues to present the data is much more credible.</p> <p>Perhaps the thing pharma could do right now that would be the most valuable to us is to figure out a way to lessen the 2 quarter impact of a price increase before ASP catches up.</p> <p>The pharmaceutical industry must get costs down and needs to become more transparent about their costs to do business. There is growing mistrust and disgust.</p> <p>The MMA changes have certainly made us, as oncology practices, pay much closer attention to the “business” aspects of caring for cancer patients and so we can no longer have a blind eye to how the pharmaceutical industry does business. The more transparent and ethical you become the more we will be able to trust and consider you a partner in caring for cancer patients.</p>	<p>I was given the opportunity to share with a new group of “graduate” sales reps how to navigate the oncology practice. I explained to them the meaning of a policy guideline, a J code, a diagnosis code. We talked about the financial process, the paperwork and the fact that theirs is not the only drug we give. We talked about the various and sundry rules individual to each and every private payer. We talked about credentialing, referrals, precertifications and preauthorizations, patient foundations and more. Basically, a day-in-the-life of the staff of an oncology practice. And then, an education about CPT, ASCO, COA and current legislative efforts and movement.</p> <p>A new fondness and understanding was gained by the rep for his customer. We are not just another lunch, pen or sticky pad!</p>

As you can see, the relationship between industry and the oncologist's office has some mending to do. Our small sample provides examples of the type of constructive feedback that is needed to identify what has worked historically, where problems exist, and gives suggestions as to what

could make these relationships more effective. My bet is that any good divorce lawyer would say that the relationship between the oncology office and industry is strained, but easily salvageable if both sides work together. **DS**