

Leadership Perspectives

Bringing the Community Oncologist Perspective to the Board: Dr. Robert Miller Discusses ASCO's Efforts to Address Clinical Practice Challenges

In the interview that follows, Robert S.

Miller, MD, a private oncology practitioner at the Sacramento Center for Hematology and Medical



Oncology, provides a frank assessment of the obstacles encountered by community oncologists as they treat patients with cancer in an era of diminishing resources and stringent government regulations. Dr. Miller also outlines ASCO's efforts to safeguard the ability of its community oncology-based members to provide the highest quality care possible in an efficient and worthwhile manner.

AN&F: As an oncologist in private practice, what challenges do you face in providing high-quality cancer care to patients?

Dr. Miller: An oncologist in community practice faces many challenges in providing high-quality cancer care to patients in 2008. These include:

A broken reimbursement process—Our health care system continues to pay physicians based on the quantity of services delivered—in particular, the drugs adminis-

tered—and not on the basis of any cognitive efforts, the time spent with patients, or the overall quality of the care delivered. As a result, physicians must diligently guard against the perverse incentives created by this system on a daily basis.

Lack of time—There is often not enough time in the day to spend with patients, to read journals, or to focus on administrative functions in practice, especially the “fun” ones such as practice growth, development of new services, or implementation of new technologies.

Knowledge and information deficits—Too often when I see patients, I am missing key lab, pathology, or hospital reports, in part because my practice still uses a paper medical record. Also, despite Internet availability and access to PubMed and Google, I often find that I lack knowledge regarding a certain practice guideline, best practice, or recent clinical trial result, because it is still difficult to extract the needed data from the medical literature quickly and efficiently at the point of care.

Psychosocial issues—Every day I face the stark realities of the limitations of our current cancer therapies, and it is difficult to transition patients from active therapy directed against their malignancies to active therapy directed at their symptoms.

I always find it challenging when practice guidelines and my clinical judgment say that additional chemotherapy would not be helpful, but the patient or family is insistent that multiple lines of therapy be applied to an incurable disease.

Business pressures—Even a small, community-based medical oncology practice may be comparable to a medium-sized business, with revenues and expenses exceeding many retail stores and manufacturers. With that comes the importance of developing budgets, managing human resources, and complying with local and state laws. Even though a physician's primary focus should always be patients' well being, these business concerns may be at odds with patient welfare, so they need to be addressed thoughtfully but efficiently. As a practice president, my job is to shield my partners from some of these pressures, or at least to make sure that they interfere minimally with their daily practice.

AN&F: What unique practice perspectives do you bring to the ASCO Board of Directors?

Dr. Miller: As the president of a moderately large practice in the competitive environment of northern California, I have a lot of experience dealing with the pressures of managed care and hospital-based competition, as well as with trying to maintain

high-quality cancer care in the community. Our practice is also a member of the US Oncology network, so I have had the opportunity to interact with a large number of oncologists, both in the clinical and the administrative setting. I have learned a lot about the pressures faced by practice presidents in other communities and the solutions they have created. In addition, I serve on the Finance Committee of the ASCO Board, and although I would never pretend to be an expert, dealing with budgets, profit and loss statements, and balance sheets at the practice level has made me pretty comfortable with financial tools and priorities.

The other perspective I bring to the Board is in the area of information technology (IT). I have always loved computers and gadgets, and I have served on the ASCO Information Technology Committee for two terms, currently as Board Liaison. I am pursuing additional postgraduate training in biomedical informatics through Oregon Health Sciences University, and I just completed the American Medical Informatics Association “10 x 10” program, an introductory course in medical informatics.

It is unfortunate that medicine is still mired in paper-based records and processes that seem incredibly inefficient compared with the digital solutions commonplace in industries such as banking and the airlines. Obviously, health care is more complicated, but I believe that the wider implementation of IT solutions and electronic health records (EHRs) in oncology practices will improve the quality of cancer care, the adherence to clinical practice guidelines, and patient safety. Also, it

may be one solution to the looming oncology workforce shortage issue.

AN&F: How does the Board address such critical practice issues as reimbursement?

Dr. Miller: The ASCO Board has a long history of involvement with reimbursement-related issues that affect practicing oncologists, in both the academic and community settings. A recent example is the 2007 changes to Medicare reimbursement for erythropoietin-stimulating agents (ESAs), a situation in which ASCO advocated on behalf of oncologists and their patients through the efforts of its Government Relations Council and of staff in its Cancer Policy & Clinical Affairs Department. At our Board meetings, we receive regular updates from the Government Relations Council and have an opportunity to discuss the development of organizational positions on these critical issues.

Issues of reimbursement also creep into our discussions about several other ASCO programs and resources—including Clinical Practice Guidelines and the Quality Oncology Practice Initiative (QOPI™)—as the successful adoption or implementation of the recommendations contained therein can be contingent on physicians’ ability to receive appropriate reimbursement.

AN&F: What are your goals during your term of service on the Board?

Dr. Miller: I was elected to fill one of the Community Oncologist seats, so I strive to represent the interests of my fellow community practitioners and to reflect to the Board their concerns and priorities about delivering the best possible cancer care to patients in the face of escalating financial pressures. My experience on the Board to

date has reaffirmed for me how many of the same pressures face academic oncologists as well. Certainly their goals in providing quality patient care are analogous to those of community physicians.

My most important goal is to advance ASCO’s initiatives in the area of IT and to promote the widespread adoption of EHRs in oncology practices. Given the Society’s reputation and stature as a professional organization, we have a great opportunity to create policy and to influence the development of a core set of elements for oncology EHRs that reflect the complexity and interdisciplinary nature of cancer care. Already we have evidence provided by the ASCO EHR Workgroup that EHR vendors are very interested in incorporating our tools and guidelines. I would hope that oncology could be one subspecialty in medicine that successfully makes the leap to the digital age, and I would like to see ASCO at the forefront of those efforts.

AN&F: How do the multidisciplinary members of the Board work together to address challenges to the provision of high-quality care to patients?

Dr. Miller: The ASCO Board is a remarkably energetic and engaged group of physicians, and the members bring practical insights to the issues facing our Society from a multitude of perspectives. The Board always tries to advance ASCO’s mission to provide professional education and to promote translational research in a fiscally responsible manner when examining current or proposed programs and initiatives. We want to make certain that each initiative will ultimately improve the care that oncologists deliver to their patients. [AN&F](#)