

Society for Radiation Oncology Administrators

32ND ANNUAL MEETING

a river of knowledge



Final Program **OCTOBER 18-21, 2015**

Hyatt Regency San Antonio Riverwalk ↪ San Antonio, Texas

2015 SROA Leadership

SROA 2015 Board of Directors



Front row, L to R: *Barry Asch, Bev Cusano, Katina Holden, Teena Adkins, Jan Dragotta, Rose Damaskos, Mark H. Epstein, and Giles C. Toole III.*
Second row, L to R: *Gary S. Webster, Tim Laugh, and Carolyn Gilleland*
Not pictured: *Kelli Gress, Karen Munyon, and Doug Satterfield.*

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2014-2015 SROA Committee Chairs

Awards Committee

Oversees the granting of awards and other recognition to Society members, and the public at large, for special recognition, such as service and leadership awards.
Barry Asch, Chair

Communications Committee

Guides the direction of the Society's newsletter, reviews and solicits quality content.
Ray Poston, Chair

Membership Committee

Studies the members' applications and reports its recommendations to the Board of Directors.
Steve Meisner, Chair
Michael Peters, Co-Chair

Program Committee

Develops and conducts the program for the Annual Meeting.
Teena Adkins, Chair
Beverly Cusano, Co-Chair

Reimbursement and Economics

Provides input on the relative value scale reimbursement for radiation therapy and requirements for CPT-IV.
Brenda Marie Palo, Chair
Gary Webster, Vice Chair

Welcome Letter

Dear Colleagues

Welcome and thank you for attending the 2015 Annual Meeting of the Society for Radiation Oncology Administrators (SROA). Since 1983, SROA's annual meeting has been dedicated to providing education, advocacy and information on a variety of issues related to radiation oncology operations.

This year's meeting includes a distinctive blend of invited speakers, workshops and plenary sessions. **Dave Fleming**, developer of *Tribal Alchemy: Turning Lesser Into Better, Together*, will give this year's keynote address. Other highlights for this year include, **Andrew Lee, MD, MPH**, Texas Center for Proton Therapy, will discuss Proton Therapy in the Modern Era; **Tom Mulroy**, will return to SROA's Annual Meeting to discuss Quality and Safety; **Regina Franco, MSN, ANP-C**, Greenville Health System Cancer Institute, will discuss building a Survivorship program; **Timothy Remus, Sg2**, will discuss the oncology landscape with its challenges and opportunities; **Diane Thielhold, The Learning Cafe**, will discuss Workforce 5.0, the fifth generation of employees entering the workforce, and how to understand, communicate and work effectively with them. She will follow her general session with a workshop; **William F. Hartsell, MD** and **Michael Kuettel, MD, MBA, PhD.**, will update attendees with the latest reimbursement and advocacy information from ASTRO... and much more!

New this year, we are pleased to offer SROA attendees workshop and general session presentations online in SROA's learning module. Now, you will be able to view the valuable content offered through SROA's workshops and relive the sessions you attended. Attendees will be emailed approximately two weeks following the meeting a link to this online content.

SROA Past Presidents

2014-2015 Teena Adkins	1998 - 1999 Michael A. Franklin
2013-2014 Jan Dragotta	1997 - 1998 William F. Harriger
2012-2013 Barry Asch	1996 - 1997 Lisa F. Edelstein
2011-2012 Carolyn Gilleland	1995 - 1996 Theodore Fantl
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2009 - 2010 Gail L. Satterfield	1993 - 1994 Mary Anne T. Kwon
2008 - 2009 R. Scott Krewson	1992 - 1993 A.R. Threet
2007 - 2008 Joan Kines	1991 - 1992 Michael H. Martin
2006 - 2007 Darrin Kistler	1990 - 1991 Sharon K. Murphy
2005 - 2006 Tim Laugh	1989 - 1990 Teresa M. McKay
2004 - 2005 Kathryn Wall	1988 - 1989 Chester T. Szerlag
2003 - 2004 R. Alan Burns	1987 - 1988 Kathy C. Van Camp
2002 - 2003 Susan Vannoni	1986 - 1987 Richard F. Roberts
2001 - 2002 Marilyn Gannon	1985 - 1986 Frederick W. Thomas
2000 - 2001 John Felton	1984 - 1985 Beverly J. Kobeissi
1999 - 2000 Ed Mercado	

We know that networking is important to our attendees, so we have incorporated ample time to catch up with old friends and make new ones. And you don't want to miss the Mariachi Los Soberanos Mariachi Band and Ballet Folklorico Mestizo that will perform during the Quality Luncheon. Plan to dance the night away with Gunpowder Soup at the President's Party in the historic Briscoe Art Museum.

We invite you to take a few minutes during the meeting to acknowledge the generous support of our sponsors and exhibitors. Your personal relationships with these organizations play a huge role in their continued support of SROA and our annual meeting. Participate in "Vendor Bingo" - you may win a terrific prize.

The 2015 Annual Meeting promises to be another in the series of stimulating, diverse and enjoyable SROA educational programs. Thank you for taking time from your busy schedules to participate in the 2015 Annual Meeting of the Society of Radiation Oncology Administrators. Plan to be with us next year in Boston; reserve these dates September 25-28, 2016 for SROA.

Sincerely,

Teena Adkins

SROA President
Co-Chair, SROA 2015
Program Committee

Beverly Cusano

SROA President - Elect
Co-Chair, SROA 2015
Program Committee

General Information

ASTRO

Please allow time during the SROA meeting to visit the ASTRO Exhibit Hall at the Henry B. Gonzalez Convention Center, San Antonio. Your SROA badge will provide admittance to the ASTRO Exhibit Hall only. The Henry B. Gonzalez Convention Center is a short walk from the Hyatt Regency; there will not be shuttle buses between the Center and the Hyatt.

Cell Phones

Please be considerate of your colleagues and remember to turn off all electronic devices during the sessions.

Continuing Education Credit

The program has been accredited by the ASRT and MDCB. Credit assignments are stated next to the course abstract.

For those seeking CE credit. Your meeting badge includes a unique barcode. This barcode will be used to track your entrance to, and exit from, each continuing education (CE) credit eligible course. You must be scanned BOTH into a course and out of a course by a session greeter to receive CE credit. After the meeting, you will receive an email with your certificate attached. Participants seeking CE credit must send a copy of the certificate to ASRT. Email sroa@paimgmt.com for MDCB Credits

Lost and Found

Check with the Hyatt Regency security for any lost items. SROA will neither accept, nor store, lost items

Meal Events

- A continental breakfast is offered each morning for those who are registered for the full SROA meeting. Breakfast will be available in the Rio Grande Ballroom by the exhibitors.
- All SROA members are invited to attend the Annual Business Meeting Luncheon on Sunday, October 18, from 11:45am to 1:15pm.
- All attendees are invited to attend the Quality Luncheon co-sponsored by Varian Medical Systems on Tuesday, October 20th, from 12:45 to 2:30pm.
- The SROA President's Party co-sponsored by Elekta will be held on Tuesday, October 20th at the Briscoe Western Art Museum from 7:30-11:30pm. The Briscoe is a short walk from the Hyatt located at 210 W Market St. If you pre-registered and indicated your intent to attend this event, you should have received a ticket with your registration materials. A **limited number of tickets** will be available for purchase at a cost of \$80 each. You must purchase a ticket by Monday, October 19th by 12 noon. No one under the age of 21 will be admitted to the President's Party.

ALL ATTENDEES MUST HAVE A TICKET TO GET INTO THE PRESIDENT'S PARTY.

Sponsor Recognition

Sponsor exhibits will be located in the Rio Grande Ballroom (second level). Please be sure to visit the exhibitors and acknowledge their continued support.

A Vendor Bingo card will be included in the registration materials. Please visit the exhibitors to have your bingo card marked. Exhibitors will be providing prizes for drawings throughout the conference; you must be present during the drawing to receive your prize.

Registration Desk

Registration will be open:

Saturday, October 17.....	Noon – 5:00pm
Sunday, October 18.....	7:00am – 5:00pm
Monday, October 19.....	7:30am – Noon
Tuesday, October 20.....	7:30am – 4:00pm
Wednesday, October 21.....	7:30am – Noon

Smoking Policy

For the health and comfort of all participants, the SROA prohibits smoking at all meeting functions.



Program at-a-Glance

SATURDAY, OCT. 17	MONDAY, OCT. 19	TUESDAY, OCT. 20	WEDNESDAY, OCT. 21
<p>9:30am -5:00pm Board of Directors Meeting <i>(Board of Directors & Invited Guests)</i></p> <hr/> <p>Noon-5:00pm Registration</p> <hr/> <p>Noon-5:00pm Exhibitor Set-up</p>	<p>3:45-4:15pm Break/Exhibits</p> <hr/> <p>4:15-5:15pm #014 General Session <i>Proton Therapy in the Modern Era</i></p> <ul style="list-style-type: none"> Andrew Lee, MD, MPH Texas Center for Proton Therapy <hr/> <p>5:15-6:30pm New Member/First Time Attendee/ Mentor & Mentee Reception <i>(By Invitation)</i></p>	<p>7:30am-4:00pm Registration</p> <hr/> <p>7:30-8:30am Continental Breakfast w/Exhibitors</p> <hr/> <p>7:30am-4:00pm Exhibits</p> <hr/> <p>8:30-9:30am #017 General Session <i>Workforce 5.0 Five Generations. One Workforce</i></p> <ul style="list-style-type: none"> Diane Thieffoldt The Learning Café <hr/> <p>9:30-10:00am Break/Exhibits</p> <hr/> <p>10:00-11:00am Concurrent Workshops</p> <hr/> <p>11:00-11:30am Break/Exhibits</p> <hr/> <p>11:30am-12:30pm Concurrent Workshops</p> <hr/> <p>12:30-12:45pm Break/Exhibits</p> <hr/> <p>12:45-2:30pm Quality Luncheon</p> <p><i>Entertainment: Mariachi Los Soberanos & Ballet Folklorico Mestizo</i></p> <hr/> <p>2:30-3:30pm Concurrent Workshops</p> <hr/> <p>3:30-4:00pm Break/Exhibits/Vendor Drawing</p> <hr/> <p>4:00-5:00pm #030 General Session <i>Future of Healthcare in General With a Focus on Radiation Oncology and the AMA</i></p> <ul style="list-style-type: none"> Barbara McAneny, MD Innovative Oncology Business Solutions <hr/> <p>5:00- 5:30pm Sponsor Wrap-Up Meeting <i>(By invitation)</i></p>	<p>5:00- 7:00pm Early Exhibitor Breakdown</p> <hr/> <p>7:30-11:30pm President's Party at the Briscoe Western Art Museum <i>Entertainment: Gunpowder Soup</i></p>
SUNDAY, OCT. 18	<p>7:00am-5:00pm Registration</p> <hr/> <p>7:30-8:30am Continental Breakfast w/Exhibitors</p> <hr/> <p>7:30am-5:00pm Exhibits</p> <hr/> <p>8:30-8:45am Opening/Welcomes</p> <ul style="list-style-type: none"> Teena Adkins SROA President Beverly Cusano SROA President-Elect <hr/> <p>8:45-9:45am #001 Keynote Address <i>Opening Keynote: Tribal Alchemy: Turning Lesser Into Better, Together</i></p> <ul style="list-style-type: none"> Dave Fleming, DM, PhD Fleming Consulting <hr/> <p>9:45-10:15am Break/Exhibits</p> <hr/> <p>10:15-11:15am Concurrent Workshops</p> <hr/> <p>11:15-11:45am Break/Exhibits</p> <hr/> <p>11:45am-1:15pm Annual Business Luncheon</p> <hr/> <p>1:15-2:15pm Concurrent Workshops</p> <hr/> <p>2:15-2:45pm Break/Exhibits</p> <hr/> <p>2:45-3:45pm Concurrent Workshops</p>	<p>7:30am-Noon Registration</p> <hr/> <p>7:30-8:30am Continental Breakfast w/Exhibitors</p> <hr/> <p>7:30am-Noon Exhibits</p> <hr/> <p>8:30-9:30am Concurrent Workshops</p> <hr/> <p>9:30-9:45am Break/Exhibits</p> <hr/> <p>9:45-10:45am #035 General Session <i>Oncology Landscape: Challenges and Opportunities</i></p> <ul style="list-style-type: none"> Timothy Remus Sg2 <hr/> <p>10:45-11:15am Break/Exhibits/Vendor Drawing</p> <hr/> <p>11:15am-12:30pm #036 General Session <i>Managing Legal Liability in Radiation Oncology</i></p> <ul style="list-style-type: none"> Thomas Mulroy III Hinshaw & Culbertson, LLP <hr/> <p>Noon-3:00pm Exhibits Breakdown</p> <hr/> <p>12:30-12:45pm Closing Remarks & Complimentary Registration Drawing <i>(2016 Annual Meeting)</i></p> <ul style="list-style-type: none"> Beverly Cusano 2016 Program Committee Adjournment -2015 Meeting <hr/> <p>1:00-3:00pm Board of Directors Meeting <i>(Board of Directors and Invited Guests)</i></p>	

2015 Corporate Sponsors

SROA Thanks You!

Please join the SROA Board of Directors in thanking our generous corporate sponsors for their support of the 32nd Annual Meeting. We encourage you to thank them by visiting participating vendors at the SROA meeting and at the ASTRO Exhibit Hall. Vendors are listed alphabetically under the level of participation.

TITANIUM SPONSORS



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- ManageUP PRM
- Mission Search
- Onco, Inc.
- OnICS LTD
- Radiation Oncology Consulting
- RS&A, Inc.
- XECAN

General Course Information

SATURDAY, OCTOBER 17

9:30-5:00pm | Pecan
**Board of Directors
Meeting**
(Board of Directors &
Invited Guests)

Noon-5:00pm | Los Rios Foyer
Registration

Noon-5:00pm |
Rio Grande Ballroom
Exhibitor Set-up

SUNDAY, OCTOBER 18



7:00am-5:00pm |
Los Rios Foyer
Registration

7:30-8:30am |
Rio Grande Ballroom
**Continental Breakfast
w/Exhibitors**

7:30am-5:00pm |
Rio Grande Ballroom
Exhibits

SUNDAY, OCTOBER 18

8:30-8:45am | Regency East & West
Opening/Welcome

Program Committee Co-Chairs
 Teena Adkins, SROA President
 Beverly Cusano, SROA President-Elect

8:45-9:45am | **#001** | Regency East & West

Keynote Address: Tribal Alchemy: Turning Lesser Into Better, Together

 **Dave Fleming, DM, PhD**
Fleming Consulting

Why is it that some groups turn challenges and opportunities into innovative change while others get stuck in unproductive and dysfunctional action? Developed by Dr. Dave Fleming, Tribal Alchemy explores this question and reveals how to turn obstacles and openings into the productive and creative change you desire. Tribal Alchemy draws upon the latest research and practice in adult development, emotional intelligence, collective intelligence and impact, high performance and neurobiology. In the session you'll explore:

- Why challenge and opportunity are the raw materials of change
- The four elements of the tribal alchemy process
- How to lead and facilitate your tribe to execute the four elements
- Why the four elements are critical to change and continuous improvement
- A look at the individual practices that enable the tribal process

1.0 CE



9:45-10:15am
Break/Exhibits

10:15-11:15pm | Concurrent Workshops

#002 | Llano/Blanco/Pecos

1.0 CE

LDR Administrative Boot Camp: A Roadmap to Resources

 Sansannah Johnson, Joy Godby, Steve Meisner, MBA, RT(T,R), Gary Webster, MPH

Successful navigation of radiation oncology administration is a challenge faced by all new Radiation Oncology administrators. Whether you are new to management or a seasoned manager just stepping into the RadOnc specialty, finding the resources you need to successfully navigate your path can be a daunting task. This presentation will address the basics of the revenue cycle management, where to find available resources, IGRT coding questions, reaching out for payer resolution, and networking with your peers. Plus, we will take a look at how the mentorship program can benefit new members from an inside perspective. The administrative boot camp will provide you with a roadmap to resources and focus on:

- Revenue Cycle Basics
- Resources and how to locate them
- IGRT Coding
- Networking with your peers
- The Mentorship Program
- Committee Participation

WORKSHOP

TRACK CODES

LDR Business & Leadership
COD Coding & Reimbursement
QA Quality & Safety
TCH Technology & Clinical

#003 | Pecan

1.0 CE

TCH Enhancing the Pediatric Experience in Radiation Oncology

Crystal Swalwell and Julie Sussi, R.T. (T) BA, MA

Radiation Treatment can be a traumatic experience for both the pediatric patient and their family. Most of the time, children with cancer are treated in an adult setting that collaborates with pediatric health care facilities. Typically, the pediatric cancer population is too low to justify building a dedicated Children's Radiation Oncology center at the pediatric facility.

The James frequently provides specialized care for pediatric radiation patients. However, it can be challenging for the Radiation Oncology Department and staff to manage the pediatric experience.

To enhance the pediatric experience, this university implemented multiple strategies. A designated pediatric team consisting of a Physician, a Nurse, a Pediatric Program Coordinator, and several Radiation Therapists was formed. Collaboration was also established with the participating hospitals' anesthesia team that specializes in pediatrics. Other strategies included providing distraction in the form of digital technology in a designated waiting room, pediatric exam rooms, and in the induction space, as well as the development of innovative workflows that provide seamless care for the patient in each part of the department. In this session, we will discuss how these strategies were implemented as we transitioned to a larger facility, and how we factored in improving the experience.

#004 | Nueces/Frio

1.0 CE

QA Visual Management Tools Utilized by Radiation Oncology Therapists Leads to Significant and Sustained Improvement of Radiation Oncology Processes

Molly Kuras

Purpose

The daily tracking process of quality, project, employee engagement, and operational metrics through the use of a visual management team board provides a mechanism that helps to improve and sustain departmental performance. To help improve these processes, a set of metrics were identified to measure quality, productivity, service, caregivers, and cost. The purpose of this work is to report our experience of implementing team boards that are utilized by radiation therapists with the goal of improving clinical and operational processes.

Materials and Methods

The metrics monitored are listed in table 1. A bulletin board (team board) was constructed and mounted in the department to capture the historical trend of each defined metric and to provide frequent monitoring of each category. These metrics are reviewed daily to provide exposure to meaningful data that provides a clear measure of success. Five rotating therapists are responsible for updating the team board for their specific category. Daily huddles (report outs) in front of the team board help to empower the therapists to make meaningful decisions based on metric trends.

Results

Our Radiation Oncology Department is committed to quality. We have bi-weekly meetings that review workflow issues and create action items to help improve processes. The team consists of therapists, nurses, physicians, schedulers, and managers. The forms are displayed by category on the team board to provide a structure that allows therapists and leaders to plug into and help impact change. Each therapist is responsible for monitoring their own overtime on the team board. This self-accountability has helped to reduce overtime expenses. Patient wait times have been tracked on the team board and have allowed therapists to identify ways to improve patient flow. Quality, safety and efficiencies are gained when therapists have a level of competency when treating patients with various equipment. The team board helps them to monitor and seek out additional training and education to increase their competency levels. Monitoring the costs associated with medical supplies has brought awareness to the therapists. They have streamlined their ordering processes and have organized their supply spaces (5s) for efficiency. This heightened awareness has decreased medical supply expenditure.

Conclusions

With the commitment of our radiation therapists and leaders, we have successfully implemented a visual management tool (team board) that has helped to improve clinical and operational processes. The daily management and review of the team board has empowered our therapists to identify and remove inefficiencies and to create new action items that have led to sustained improvements. The team board helps to align the goals of department leadership with improvements that are meaningful to the therapists in their daily work.

#005 | Live Oak

1.0 CE

LDR Managing the Legalities of Building Your Referral Base

Michele Krohn, Michael Krohn, Esq.

Building a referral base is already a difficult endeavor. Knowing the legalities that a practice/healthcare system has to abide by such as "Stark" law, Ethics in Patient Referral Act and Legal Limits in Advertising are part of building a strong marketing and communications foundation. Discover strategies to build relationships and grow your referral base legally. Learn the well-established, proven methods to grow using targeted advertising, new ways to connect with the general public, strategies to combat online reviews and tactics for partnering with physician offices and associations. Walk away with the tools you need to make, develop and sustain meaningful connections to ensure your practice/healthcare system is top of mind when your services are needed. Following this presentation, administrators will be able to navigate the legalities while building their practice/ healthcare system.

11:15-11:45am | Break/Exhibits

11:45am-1:15pm | Regency East & West
Annual Business Luncheon

General Course Information

SUNDAY, OCTOBER 18

1:15-2:15pm |

Concurrent Workshops

#006 | Llano/Blanco/Pecos

1.0 CE

COD ICD-10-CM: Better Late Than Never!

↪ Cindy Parman, CPC, CPC-H, RCC

The US healthcare system has outgrown the current ICD-9-CM diagnosis classification, and is the only major country in the world that has not migrated to ICD-10. While many of the diagnosis coding conventions will remain the same, there are an increased number of codes in the new classification and different reporting requirements.

It will not be as easy as flipping a switch to new codes, so oncology practices should develop their implementation plan to include a systems inventory, impact analysis, communication plan, contract review, develop or attend education and training, and analyze business processes.

With the realization that the transition to ICD-10-CM will occur, the time to ensure readiness is now! Diagnosis coding changes affect multiple aspects of the facility or physician practice and troubleshooting the implementation process is essential to ensure continued reimbursement.

#007 | Regency East & West

1.0 CE

QA Safety in Radiotherapy Part I

↪ Todd Pawlicki, Ph.D., DABR, FAAPM

A renewed focus on safety in radiotherapy includes the adoption of tools and techniques from other high-reliability industries such as the airline industry and nuclear power and supported by the AAPM and ASTRO. This change is necessary to appropriately address an ever increasing complexity in our field where new or updated software and hardware tools are introduced every year. While our field welcomes these new technologies for the promise of improved outcomes and treatment efficiencies, we must be cognizant of, and appropriately address, the associated hazards.

In this Part I of a two part workshop on safety in radiotherapy, process mapping and prospective hazard analysis techniques such as Failure Modes and Effects Analysis (FMEA) will be presented. This session will also include a guided practicum where participants perform a process mapping and FMEA small group exercise. The attendees will leave the session with an appreciation for prospective hazard analysis as well as the resources that are necessary to realize the benefits.

#008 | Live Oak

1.0 CE

TCH Waste Not, Want Not: Evaluating the Simulation Work Flow to Improve Communication, Compliance and Patient Safety

↪ Jennifer Kellogg

Lean Six Sigma is a methodology that uses five phases: define, measure, analyze, improve and control (DMAIC) to improve performance by reviewing each step of a process to eliminate waste in the work flow. Over the course of nine months, using the DMAIC principles, our team did the following: determined late simulation approvals and late simulation orders were the largest aspect affecting the simulation work flow process and increasing wait times; created a new policy for simulation orders and approvals; reviewed over a six-month period, all approvals and orders to gain a perspective on the problem and how it was affecting the work flow; gathered additional data to review potential improvements in patient safety, communication, wait times and employee overtime; and finally, review late simulation orders and simulation approvals monthly to determine effectiveness and monitor them as well as the CGCAHPS question in the Access to Care portion: "see provider within 15 minutes of appointment" to trend improvement to overall patient outcomes and satisfaction.

#009 | Nueces/Frio

1.0 CE

LDR Oncology Market Trends & Developing Your Career

↪ Julia Elizabeth Williams

The objective of this presentation is designed to inform oncology leaders how to position themselves to achieve their career goals in today's economic climate. We will discuss current market trends within radiation oncology and the oncology service line as it relates to employment and professional development. Our goal is to give healthcare professionals career development tools and tips specifically geared toward advancing their professional presence within the oncology industry. Some of the topics that will be presented are: industry networking & relationships, staying relevant in your field, managing your online presence and branding yourself professionally. It will also provide valuable information for those challenged with finding top talent for their organizations. The basis of this information derives from over twenty years of healthcare recruiting experience and twelve years of specific oncology consulting.

2:15-2:45pm |

Break/Exhibits

2:45-3:45pm |

Concurrent Workshops

#010 | Regency East & West

1.0 CE

QA Safety in Radiotherapy Part II

↪ Todd Pawlicki, Ph.D., DABR, FAAPM

A renewed focus on safety in radiotherapy includes the adoption of tools and techniques from other high-reliability industries such as the airline industry and nuclear power and supported by the AAPM

WORKSHOP TRACK CODES			
LDR	Business & Leadership	QA	Quality & Safety
COD	Coding & Reimbursement	TCH	Technology & Clinical

and ASTRO. This change is necessary to appropriately address an ever increasing complexity in our field where new or updated software and hardware tools are introduced every year. While our field welcomes these new technologies for the promise of improved outcomes and treatment efficiencies, we must be cognizant of, and appropriately address, the associated hazards. In this Part 2 of a two part workshop on safety in radiotherapy, a streamlined root cause analysis technique will be presented to include an understanding of human failure and simple strategies to mitigate it. Building on the process map from Part 1, this session will also include a guided practicum where participants perform a streamlined root cause analysis small group exercise. Lastly, the tools of incident learning systems (specifically RO-ILS) and the safety profile assessment will be described. The benefits of these tools and the role of department culture will be emphasized. The attendees will leave the session with an appreciation for retrospective hazard analysis as well as the resources to facilitate the clinical implementation.

#011 | Live Oak

1.0 CE

LDR Cost to Deliver Care: Understanding Radiation Oncology Economics (what it costs to provide patient care)

← Alex Khariton RTT, MBA, Becky Schuster, Gary Webster, MPH

Over the past several years, as Accountable Care Organizations (ACO) and other pay for performance models have started to emerge, patient and modality specific metrics have become necessary. Very few departments can answer the question: What does it cost to treat a patient in your department? Taking the question one step further, how does your department cost per patient compare to industry standards?

By developing a Patient Cost Survey within the Reimbursement and Economic Committee, we gathered information to be able to answer these questions and identify cost drivers to evaluate and improve efficiency. Our goal is to develop a resource called the "Cost Calculator" to assist members in evaluating and comparing benchmarks in determining what it costs to provide care.

During the presentation we will discuss:

- Triple aim and definitions
- Discuss how cost of care is being evaluated in healthcare
- Describe our survey and goals
- Present the data derived from the survey
- Discussion

#012 | Nueces/Frio

1.0 CE

COD The Trials and Tribulations of Code Capture in Radiation Therapy

← Susan Vannoni, MS, BS, RT

The delivery of radiation treatments with most devices today requires the data to be electronically transferred to control the parameters of the machine. Due to this, most control areas are packed with computers. Each computer may have a single task while others may have multiple jobs to perform. All of the computers need to be able to communicate with each other as well as with the treatment planning computers, the QA tools, databases, imaging

devices, and the hospital information systems. The physicists and radiation oncology IT staff work closely to ensure the accuracy of these systems for patient safety.

While treatments involve the most IT intensive requirements, there are other areas of the department that have duties such as scheduling, billing and archiving that are significant to the entire radiation oncology process. The IT group plays an important role since they interact with each member of the department and have to understand the users role so their system configurations are setup for efficiency and stability. The Radiation Oncology departments at the University of California, San Francisco and University of California, Davis have a variety of treatment delivery options, treatment planning systems, an electronic medical record, multiple imaging devices, QA tools, databases and backup systems. This myriad of systems and system architecture requires constant care and maintenance to safeguard against downtime and provide premium support.

#013 | Pecan

1.0 CE

TCH Integrating Radiation Oncology into an Academic Medical Center EMR

← Lori Ann Roy

Discuss how a Radiation Oncology Department was able to successfully integrate into an academic medical center EHR, running two health records in parallel but not with duplicity, and providing full continuum of care across the organization.

Radiation Oncology functions off of its own Oncology Health Record, Physician and nurse on treatment visits; medication reconciliation, nursing education notes, a technical billing interface and a professional billing interface are all components that were able to be integrated.

Providing excellent quality care to our patients is our number one priority. Allowing a continuity of care to exist across health records has greatly enhanced the practice.

3:45-4:15pm |
Break/Exhibits

4:15-5:15pm | #014 | Regency East & West

1.0 CE

General Session: Proton Therapy in the Modern Era

← Andrew Lee, MD, MPH

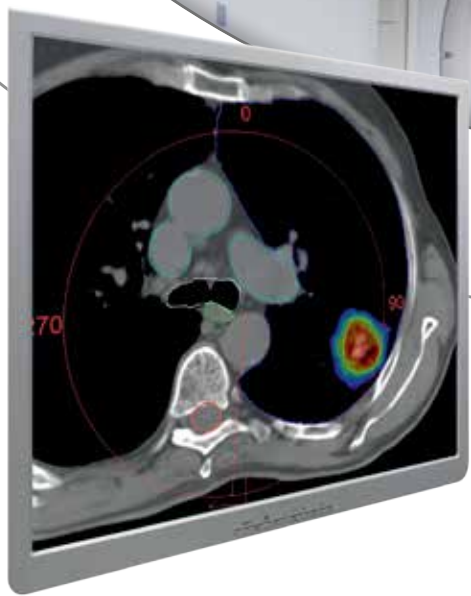
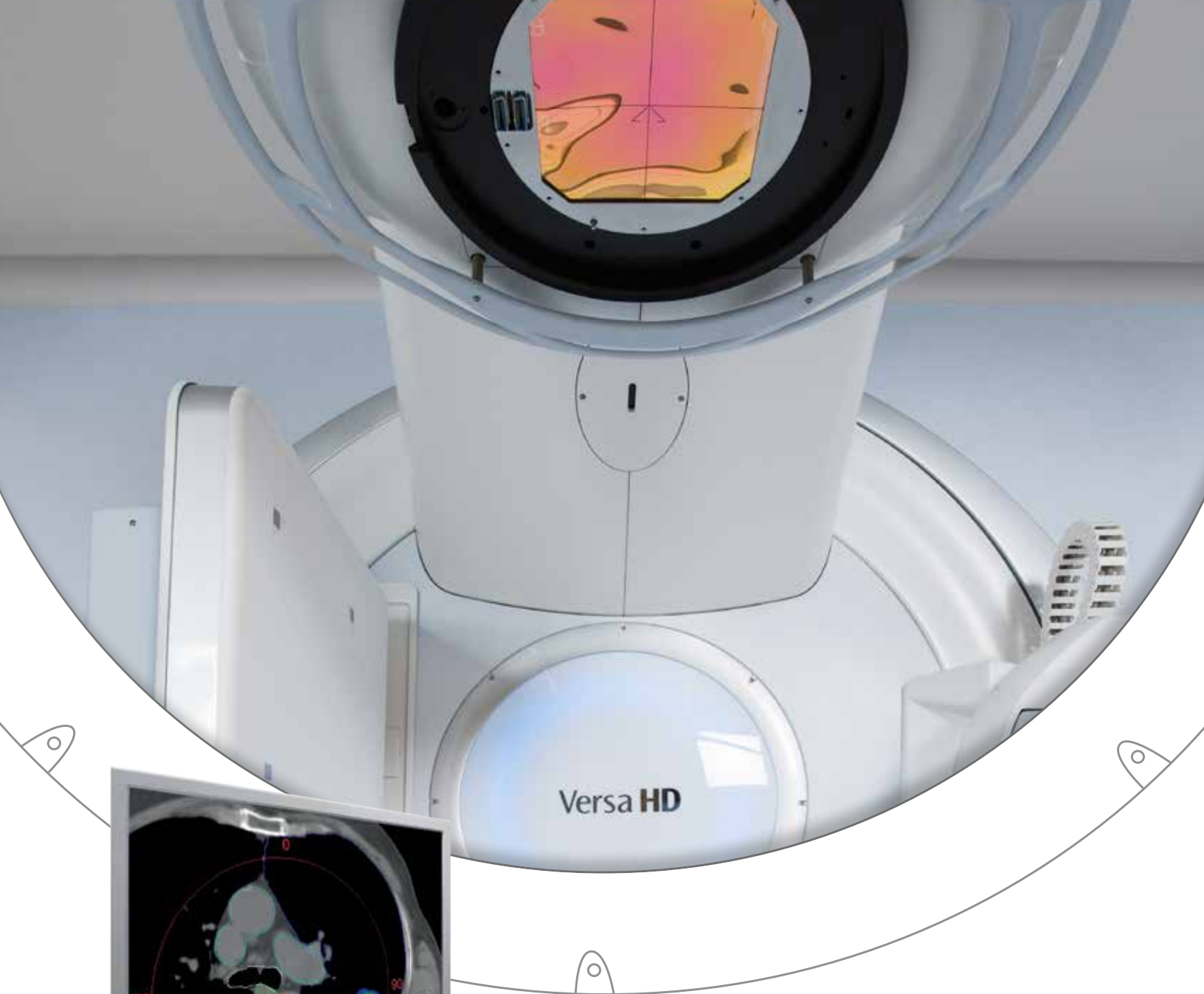
This presentation will cover:

1. The basics of proton therapy delivery and clinical utilization.
2. Changing technology in the modern era.
3. Possible future directions.



5:15-6:30pm | Chula Vista

New Member/First Time Attendee/ Mentor & Mentee Reception (By Invitation)

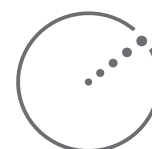


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ELEKTA

General Course Information

MONDAY, OCTOBER 19

7:30am-Noon | Los Rios Foyer

Registration

7:30-8:30am | Rio Grande Ballroom

Continental Breakfast w/Exhibitors

7:30am-Noon | Rio Grande Ballroom

Exhibits

8:30-9:30am | #015 | Regency East & West

1.0 CE

General Session: ASTRO Radiation Oncology Overview

- William Hartsell, MD
Radiation Oncology Consultants
- Michael Kuettel, MD, MBA, PhD
Roswell Park Cancer Institute



Overview:

- Coding Changes - new codes and changes to existing AMA CPT codes for 2016
- CY 2016 MPFS Proposed Rule and CY 2016 OPFS Proposed Rule - discussion of proposed rule changes from CMS
- CMS Quality Initiatives
- RUC process - an overview of the process for valuation of codes through the AMA Resource-Based
- Relative Value Update Committee

9:30-10:00am | Break/Exhibits

10:00-11:00am | #016 | Regency East & West

1.0 CE

General Session: Building a Survivorship Program

- Regina Franco, MSN., ANP-C
Greenville Health System Cancer Institute



Objectives:

At the end of the lecture, participants will:

- Understand current issues pertaining to implementation of a survivorship program
- Comprehend current requirements for COC certification in survivorship
- Learn and discuss future directions in survivorship care

Outline:

- History
- 2015 COC Guidelines
- Key components of survivorship programs
- Examples
- Lessons Learned
- Barriers to implementation
- Research

11:00am-12:00pm |

Committee Meetings (Open to All Members)

- Communications | Blanco
- Membership | Pecan
- Reimbursement & Economics | Mesquite
- 2016 Planning Committee (By Invitation) | Chula Vista Boardroom

TUESDAY, OCTOBER 20

7:30am-4:00pm | Los Rios Foyer

Registration

7:30-8:30am | Rio Grande Ballroom

Continental Breakfast w/Exhibitors

7:30am-4:00pm | Rio Grande Ballroom

Exhibits

8:30-9:30am | #017 | Regency East & West

1.0 CE

General Session: Workforce 5.0 Five Generations. One Workforce

- Diane Thielholdt
The Learning Cafe



Welcome to Workforce 5.0. Why 5.0? According to many demographers, a fifth generation of employees enters the workforce in 2015. We are at the beginning of a five generation workforce. Now is the time to learn new approaches to understanding, working alongside, and communicating with multiple generations of employees, colleagues, bosses, clients, patients and communities.

Today's Multigenerational Workplace

Each of the generations at work today carries its own perspectives, changing priorities, work ethic, and distinct and preferred ways of working. That's because within each generation, members are shaped or influenced by events, experiences and images — typically those things happening in the world when the generation was coming of age, between the ages of 17 and 23. The experiences of our youth shape our points of view. Additionally, our age and our life-stage dictate some of our needs and preferences.

Appreciating generational dynamics allows you to find common ground with people from all generations and communicate information they want in the manner they prefer to receive it. For example, understanding colleagues' age-based points of view is an indispensable soft skill that you can use to establish connections, communicate effectively, and influence decision making. Another area is leading people of all ages, supervisors and managers today will be more effective if they can "manage the mix."

The purpose of Workforce 5.0, The Multigenerational Workforce, is to focus participants on what they can do every day to create productive, energizing and engaging workplaces for a multi-generational workforce including: practical advice, skills, and tools necessary to successfully navigate a four or five generation workplace.

9:30-10:00am |

Break/Exhibits

10:00-11:00am |

Concurrent Workshops

#018 | Llano/Blanco/Pecos

1.0 CE

COD Packaged or Bundled

Deborah Churchill, RTT

Some code definitions include descriptive summaries of what services are included. Some codes have descriptors that provide additional information. Some codes have CCI Edits that restrict reporting certain codes together. This seminar will discuss the three possible restrictions that will affect the codes that you report, differentiating between codes that are reported but not paid. Discussion will begin by outlining the codes that clearly indicate bundled services. Packaged services will then be discussed, outlining the code or code groups that may be packaged and how to report these services. Then the CCI Edit and MUE (medically unlikely edits) will be reviewed for the common codes reported in radiation oncology. Finally, the documentation requirements will be discussed, defining the various documentation components that must be available to support a service, even when it is packaged or bundled. This presentation will assist you in understanding why claims may be rejected, and how to support claims when the carrier requests supporting documentation.

#019 | Live Oak

1.0 CE

QA Incident Learning in Pursuit of High Reliability

Edna Volz, MS, ASQ CMQ/OE, CSSGB

Purpose: High reliability organizations are distinguished by drive to continuously identify and proactively address latent safety issues. Incident reporting efforts in radiation oncology have tended to focus on reactive analysis of adverse events. We sought to advance a large, multi-site radiation oncology department toward high reliability through implementation of a proactive incident learning program.

Methods: A comprehensive reporting program, including policies, workflows, and information system, was designed and implemented throughout a large academic radiation oncology department and satellite facilities.

Results: March 2011 through December 2014, 8,504 conditions were reported. 77.9% of clinical staff reported at least one condition. 98%

of conditions were classified in the lowest two severity levels providing the opportunity to proactively address conditions.

Conclusions: Results after four years show excellent employee engagement, a sustained rate of reporting, and a focus on low-level issues leading to proactive quality improvement interventions.

#020 | Nueces/Frio

1.0 CE

TCH Radiation Oncology Culture: Is Yours by Design or Default?

Debra Corbin

Scope: Radiation Oncology landscape has been changing swiftly for the last ten years, not only in technology, billing and coding, but also the cultural landscape in your department.

Nothing is bigger in a department than the Culture it is bigger than the Vision.

We must ensure that staff understands and embraces the culture of the department.

Most leaders of successful organization learn from experiences and other mentors, peers, or experts, how to piece together improvement approaches as to how the culture of the department should operate, because there isn't a clear guide to follow, the leader often finds themselves in a culture of default. When a department culture is already established, staff must unlearn the old values, vision, assumptions, and behaviors before they can learn the new culture. The changes in our business are inevitable, as leaders we cannot afford to be distracted by our success and failures which lure us into taking our hands off the wheel of designing our department's culture!

Objective: This presentation will tool leaders with the 7 CULTURE touch points that will allow you to create a culture of:

- Shared vision
- Manage communication habits and routines
- Motivation
- HOT - Honest Open Transparent

WORKSHOP

TRACK CODES

LDR	Business & Leadership
COD	Coding & Reimbursement
QA	Quality & Safety
TCH	Technology & Clinical

GO BACK AND VIEW THE SESSIONS YOU MISSED!



New for 2015, SROA has captured many of the annual meeting sessions and added them to the SROA Annual Meeting Content Module.

Visit sroa.org for more information.

Content should be available in early November.

#021 | Pecan

1.0 CE

LDR The Communication Gap: Clashing, Colliding, Conversing

↪ Diane Thielholdt

Welcome to the four, soon to be five, generation workplace where new communication gaps emerge daily. The communication gap is not a new phenomenon; but in our fast paced, fiercely competitive, 24/7 workplace, change is so rapid that the disparities seem more pronounced, making it harder for employees of various ages to connect, let alone communicate. Each generation carries unique preferences, attitudes and perceptions about communication — understanding and serving those differences can give you a strong advantage in business.

It's not only what you say but how you say it!

Good business is based on good communication. We oftentimes think we know the one right way to communicate, and in today's business that just isn't enough. Each generation has its own communication preference (warm or cool) and style (from formal to informal.) We all need to work on strategies for effective cross generational communication.

Meet the:

- More formal Silents (1933 – 1945)
- Relationship and values oriented Boomers (1946 – 1964)
- Savvy yet skeptical Gen Xer's (1965 – 1976)
- Fast, efficient and techy Millennials (1977 – 1998)

This session helps you move beyond awareness of generational differences to specific actions that build confidence, credibility and trust, and lead to results. Participants will gain the skills and tools to quickly connect, effectively communicate and gain commitment with colleagues, bosses or customers of each generation.

11:00-11:30am

Break/Exhibits

11:30am-12:30pm |

Concurrent Workshops

#022 | Llano/Blanco/Pecos

1.0 CE

COD Updates: Legislative, Regulatory, Payors and Industry Impact on Reimbursement for Radiation Oncology

↪ James E. Hugh III MHA, ROCC®, CHBME

A thorough understanding of current and future legislative, regulatory and payor changes and proposals is of paramount importance for healthcare providers, both clinical and administrative. Effective knowledge and implementation of rules, regulations and policies will ensure providers are compliant in an often complicated political environment. Federal, state and local laws are changing so fast that our societies cannot keep up with them. Providers have a better opportunity of securing appropriate revenue when they are aware of current and future regulatory changes to assist in decision-making and predictive analysis of trends and future changes.

This session will focus on current and future coding for compliance, appropriate documentation, influences of third party payer policies and regulations including a review of expected regulatory changes for 2016 and beyond.

#023 | Nueces/Frio

1.0 CE

TCH Patient Retention: Financial & Clinical Implications

↪ Len Grenier

In complex disease cycles like cancer, there are many stages at which a patient can leak out of the system. This creates both revenue problems and patient care problems for hospitals and care centers. Patient loss has serious financial implications for healthcare organizations. Effective patient management can minimize loss and positively impact the revenue stream, as demonstrated in a pro-forma model. Beyond the negative financial implications, ineffective patient management adversely affects patient care. By looking at the stages at which patients are often lost from care — and the clinical problems that are associated with this loss — we can describe workflows and systems that address these problems. Successful patient management programs often take advantage of physician extenders, such as Physician Assistants and Nurse Practitioners, to lead survivorship clinics and I will address both clinical and financial benefits of this organizational structure.

#024 | Live Oak

1.0 CE

QA The Best Bang for Your Buck:

Applying an NIH Validated Staffing Matrix Tool to Maximize Staff Productivity.

↪ Brenda Bernardez MSN, RN

Defining staffing benchmarks are critical in today's health care setting when increased efficiency and efficacy of care is the standard. Whether the practice is in an academic, non-profit, and community based setting, utilization of a staffing matrix tool can enhance the current practice and leverage its staffing mix to deliver best practices. As organizations strive to meet outcomes based reimbursement, and are challenged to meet the patients' expectations of excellence in service while maintaining current staffing ratios, an application of a staffing matrix tool can assist in identifying the right staff at the right time with the right skill sets. The Magnuson Model, an NIH validated patient intensity tool, identifies the patient's degree of illness and the complexities of the nursing tasks to measure the necessary care required. The tool allowed us to identify the staffing mix for nursing, work flow changes, process improvement projects and improved patient satisfaction scores in care coordination over time.

#025 | Pecan

1.0 CE

LDR Competency Development: Oncology Services Clinical Redesign

↪ Joseph M. Spallina, FAAMA, FACHE

There is much debate nationally and varied experiences about the development of value oriented insurance markets across the country. CMS has been public and transparent about its strategy to reduce annual Medicare expenditures generally and oncology services expenditures specifically. Many insurance companies across the country are creating incentives for providers to transition to value oriented insurance contracts by providing only upside risk in the initial term of a contract and offering not to provide any inflation adjustments for traditional fee for service contract renewals.

The many faces of value express a common message requiring providers to decrease the cost of care while maintaining quality. Cancer program services clinical redesign, lead by empowered interdisciplinary teams, incorporating advanced medical home principals and, encouraging innovation in future process of care. Clinical redesign is a competency that will take time to develop and will be incumbent for future program viability.

12:30-12:45pm | Break/Exhibits

12:45-2:30pm | Regency East & West

Quality Luncheon Co-Sponsored by Varian

Entertainment: Mariachi Los Soberanos & Ballet Folklorico Mestizo

2:30-3:30pm |

Concurrent Workshops

#026 | Llano/Blanco/Pecos

1.0 CE

COD Coding Review and What to Expect for 2016

Ron DiGiaino, MBA

This session is designed to cover the various scenarios affecting radiation oncology in 2015 and 2016 to include, Freestanding, Hospital based (Technical and Professional) documentation and coding. With the introduction of G Codes to the MPFS side of the equation, there has been provider and insurance carrier confusion. The session will review correct coding for physicians and hospitals and will prepare both components for 2016 coding to practical Dx examples. Within the examples, hospitals and the technical global of freestandings will also be covered. In addition, for financial and budgetary purposes, the associated reimbursement for each scenario will be illustrated. This will allow comparisons to occur for increased understanding on the behalf of the physician component, finance divisions and administration to discuss strategic planning.

A brief history and forecasting will be presented to understand how we got to this environment and predict what will occur in 2016. This will enable the audience to better appreciate our current situation and how to affect future changes, but more importantly prepare for the upcoming year and engage with the political environment where they feel beneficial to their facility's needs.

#027 | Pecan

COD Where Did Our Charges Go?

1.0 CE

Trena Taylor, BA, RT(R)(T), CPC, Tamara E Syverson BSRT(T)

This session will leave each attendee with ideas and the knowledge to create efficient charge capture, review, reconciliation, billing processes throughout the entire revenue cycle to assist in ensuring reimbursement for services provided. Maintaining checks and balances throughout the entire revenue cycle is essential reimbursement. Educating staff throughout the entire revenue cycle is necessary to assist in the documentation, submission, and payment for services. If just one piece of the cycle is missing or not fully functioning, it can affect the end goal of providing and documenting accurate patient care for which payment is requested. This session will detail processes necessary to ensure proper transfer of daily charges from interfaces, account numbers, charge capture, review and export to performing charge reconciliation, checking failed bill reports and processed claims.

#028 | Live Oak

1.0 CE

QA Implementing Quality Metrics to Establish System Wide Unification

Brenda E. Myers, MHR, RTT

In healthcare organizations, quality and safety committees play a vital role in helping to identify risk. Quality is the responsibility of everyone in the organization. How can organizations ensure all the players in healthcare are working toward high quality for every patient, every time care is received? Establishing a strong Quality Improvement Committee can be the key to an effective quality management program. Quality Management helps health care organizations track quality issues and outcomes for both patients and non-patients in a consistent manner. Total quality management is an initiative that involves the support of everyone in the organization. It may require a total transformation within the healthcare institution. Implementation of system wide quality metrics is one method to track and trend quality across an organization. The purpose of quality metrics is to ensure continuous development and increasingly high performance. Measureable, meaningful quality metrics are important factors in ensuring organizations have an effective Quality Management program. Health care organizations need to define opportunities to monitor and improve the quality of care and services by tracking trends across the organization. The Seidman Cancer Center has established a process to ensure that the same standards are being followed system wide at all Radiation Oncology departments. These quality measures are utilized as a guide towards process improvement efforts across the organization for Radiation Therapy departments.

#029 | Nueces/Frio

1.0 CE

LDR I'm Their Leader — Which Way Did They Go?

Cindy Parman, CPC, CPC-H, RCC

According to Tony Dungy, "The secret to success is good leadership, and good leadership is all about making the lives of your team members or workers better." It's not uncommon for a cancer center to believe they have a positive work culture when problems such as morale issues or fear of job loss may be lurking just under the surface.

Recent surveys indicate that only about half of an organization's employees describe themselves as "fully engaged" and very few (if any) run through the doors on Monday morning rejoicing in another day of work. If employees are truly the most valuable asset of a business, how much time do we actually spend cultivating this resource? How can a leadership style impact daily employee engagement?

Many companies view leadership as the cornerstone of the culture and future of the business. The leader is not just the individual with the managerial title — a true leader navigates the complexity of the job with clarity, courage and integrity. This fast-paced session will explore what it means to be a leader!

3:30-4:00pm |

Break/Exhibits/Vendor Drawing

MUST BE PRESENT
TO WIN!

General Course Information

TUES./WED. OCTOBER 20/21

4:00-5:00pm | #030 | Regency East & West

1.0 CE

General Session: Future of Healthcare in General With a Focus on Radiation Oncology and the AMA



↪ Barbara McAneny, MD
Innovative Oncology Business Solutions

Changes in Health Care are coming fast and furious. The AMA is working to help the doctors of today with the proposed value based payment systems. We are also working with medical schools to train the doctors of tomorrow. Where will Radiation Oncology fit in this new system?

5:00-5:30pm | Chula Vista Boardroom

Sponsor Wrap Up Meeting (By Invitation Only)

5:00-7:00pm |

Early Exhibitor Breakdown

7:30-11:30pm |

President's Party at the Briscoe Western Art Museum Co-Sponsored by Elekta

↪ Live Entertainment: Gunpowder Soup

Attendees Must Have a Ticket to Enter the Reception.

A Limited Number of Tickets Will be Available to Purchase at the Registration Desk Until Monday, Oct. 19.

WEDNESDAY, OCTOBER 21

7:30am-Noon | Los Rios Foyer

Registration

7:30-8:30am | Rio Grande Ballroom

Continental Breakfast w/Exhibitors

7:30am-Noon | Rio Grande Ballroom

Exhibits

8:30-9:30am |

Concurrent Workshops

#031 | Live Oak

1.0 CE

LDR The Changing Face of the Medical Dosimetrist, How Does this Affect your Department?

↪ Cara Sullivan, RTT CMD, Susan W. Cagle, M.S., CMD, RT(R)(T)

For a Radiation Oncology Center to be successful, it requires a great deal of teamwork and communication amongst the staff. Often what lacks in a department is the understanding of individual roles. This presentation will focus on the role of the Medical Dosimetrist. The presenter will discuss the history of the dosimetrist, education changes affecting dosimetry, board certification requirements, and how advanced technology poses more challenges to the dosimetrist

as it relates to time allotted to create a treatment plan. The presenter will review ACR and ASTROs recommendations for dosimetry. The American Association of Medical Dosimetrists (AAMD) is the premier source of education and advocacy for the medical dosimetrist. The AAMD Board of Directors and staff constantly keep members updated on upcoming changes, and also recognize the importance of sharing this information with administrators of oncology clinics. The AAMD and SROA could collaboratively work together at achieving the goal of continuity of care and safety within a radiation oncology department. At the end of the presentation the administrator will have better knowledge of the changes occurring in the Medical Dosimetry field and the impact this will have on their oncology department.

#032 | Llano/Blanco/Pecos

1.0 CE

COD Protecting the Business Office from Reimbursement Threats

↪ Emily McClimon

Radiation Oncology billing is characterized by high charge and transaction volume, which requires focused and sustained efforts by Business Office staff to ensure that claims are as correct and payable as possible the first time they are filed. There are many threats to reimbursement in today's ever-changing market, and often manual, laborious, brute-force effort is required to help defend the cancer center's revenue stream. Because revenue cycle implications span the entirety of a patient account from registration to final payment, early recognition and mitigation of reimbursement risks is critical to defending the Oncology Business Office from threats to a healthy revenue cycle. Discussion will include specific best practice recommendations for controlling risk related to accurate patient registration, benefit verification, prior authorizations, patient copay/coinsurance/deductible collection, accurate and timely claim filing, and proactive denial management.

#033 | Nueces/Frio

1.0 CE

LDR Leadership in Action

↪ Charl Hambridge

Previously we covered Managing by Values, and now we move over to Leadership in Action.

We will cover the following points: Qualities in Effective Leadership and Fundamental Leadership.

Qualities in Effective Leadership will be covered by discussing Basic, Moral, Spiritual and Emotional intelligence, Integrity, Humility, Character, Discipline, Positive Attitude, Continuous development.

Fundamental leadership qualities will be covered by discussing Strategic and Innovative Thinking, Good Decision Making, Decisiveness, Self Management, Communication and Effective execution.

The above will give us guidelines as to how to put Leadership into Actions.

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Booth #1



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General Course Information

WEDNESDAY, OCTOBER 21

#034 | Pecan

1.0 CE

QA Communication: The Key to Unlocking Patient Care Improvement

Michael Peters, MBA, R.T(R)(T)

The purpose of this presentation is to increase awareness of how Communication brings forth quality patient care and building patient-provider relationships with compassion and shared respect. This session will heighten the attendees awareness of the barriers to communication, including the intrusion of business into the patient-provider relationship, the pressures of limited time for office visits, the culture of medicalization, patient satisfaction tied to provider reimbursement, and the all-consuming focus on technology. The attendee will be provided with the data and methodology that supports the understanding of the patient's perspective on the impact of illness and how an effective human-centered care model of communication improves in educating patients about their care, including disease evaluation, diagnosis, and prognosis.

9:30-9:45am | Break/Exhibits

9:45-10:45am | #035 | Regency East & West

1.0 CE

General Session: Oncology Landscape: Challenges and Opportunities

Timothy Remus
Sg2



Overall demand for cancer services is growing due to an aging population and a growing number of cancer survivors. However, the shift of procedures to the outpatient setting, better disease management, and technology advances will impact the future landscape of inpatient and outpatient services. This session will present Sg2's Impact of Change forecast for growth in demand for cancer services and present which inpatient and outpatient services represent growth opportunities in the future. Additional topics covered will include the business case for low-dose CT lung screening; the downstream impact of new imaging technologies, genetic tests, and targeted therapies; and what health systems are doing to maintain better control of the entire cancer care continuum. Finally, as cancer costs continue to rise, we will discuss what providers can do to deliver high-quality, cost-effective care.

10:45-11:15am | Break/Exhibits/Vendor Drawing

MUST BE PRESENT TO WIN!

11:15am-12:30pm | #036 | Regency East & West

1.0 CE

General Session: Managing Legal Liability in Radiation Oncology

Thomas Mulroy III
Hinshaw & Culbertson, LLP



A patient underwent radiation treatments at a hospital in the Pacific Northwest between January and March of 2008. The patient had a tumor on his larynx, for which he was prescribed IMRT — intensity modulated radiation therapy.

Instead of treating the cancer, the radiation was misdirected onto the patient's spinal cord. This misdirection happened during each of the patient's 33 IMRT treatments, and was not discovered until several years later (2011) when the patient began showing unmistakable signs of radiation myelopathy.

This was an extraordinarily complex case for a number of reasons. Through hundreds of hours of sworn deposition testimony in the lawsuit that followed, and careful review of thousands of documents, we were able to carefully piece together how this error had occurred.

In this presentation, I propose to demonstrate that there were multiple causes of this radiation error, and the roots of the error can be traced all the way back to the initial creation of the radiotherapy program at the hospital and purchasing of the equipment. I will further show what type of practices could and should have been in place — not only to have caught the error, but to have prevented the error from occurring in the first place.

Noon-3:00pm | Exhibits Breakdown

12:30-12:45pm | Regency East & West
Closing Remarks & Complimentary Registration Drawing* (2016 Annual Meeting)

- Beverly Cusano, SROA 2016 Program Committee
- Adjournment - 2015 Annual Meeting

1:00-3:00pm | Board of Directors Meeting
(Board of Directors and Invited Guests)

* Complimentary registration valid only for 2016 Annual Meeting in Boston.

a river of knowledge

SROA Membership

• SROA • JOIN NOW! • SROA •

The Society for Radiation Oncology Administrators (SROA) is the authority for radiation oncology operation. It is committed to providing education, advocacy and information to radiation oncology administrators.

SROA provides professional development opportunities to administrators of radiation oncology centers that are freestanding, based in hospitals or academic centers.

Society activities include an annual education conference, networking and publications. The organization currently has more than 650 members worldwide.

SROA members enjoy a variety of benefits including:

- ↪ Online Career Center
- ↪ Complimentary Online Subscriptions to *Radiation Oncology News Administrators*, the Society's official newsletter, and Enterprise Imaging & Therapeutic Radiology Management
- ↪ Timely News Articles
- ↪ Discounted registration fees for the SROA Annual Meeting
- ↪ Web Links to Resources for Radiation Oncology Administrators
- ↪ Call To Action Broadcast E-mails
- ↪ Online Member Network including:
 - Member Listserv
 - Access to Best Practice Resources & Administrative Tools
 - Online Publications: Oncology News for Administrators Online Archive
 - Access to Benchmarking Survey Participation and Results
 - Member Directory: A searchable online member directory

Contact us

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Bethesda, MD 20816
Phone: 301-718-6510
Fax: 301-656-0989
SROA@paimgmt.com
sroa.org

Visit sroa.org to join today!

33RD ANNUAL MEETING

- ↪ **Mark these dates on your schedules:**
September 25-28, 2016 | Boston, MA
- ↪ Submit suggestions for 2016 general session speakers & topics today!
- ↪ Submit an abstract for a workshop presentation.
- ↪ Visit sroa.org in January 2016 for the Call for Abstracts and 2016 Annual Meeting Information

Contact Update Form

PLEASE COMPLETE

If there are any changes to your contact information, please complete the form below and either fax it to the SROA office at 301-656-0989 or give it to registration staff.

First Name

Middle Initial

Last Name

Generation (Jr, Sr, II, III, IV)

Degree (list in order all degrees)

Institution Name

Street Address

City

State/Province

Zip (Zip + 4) /Postal Code

Country

Home Telephone

Work Telephone

Fax Number

Email Address

Home Address

City

State/Province

Zip (Zip + 4) /Postal Code

Alt. Email Address



Committee Request Form

• GET INVOLVED! •

SROA Member:

Active committee involvement is critical to SROA's continued success and a great way for all members, especially new members, to become involved, influence the activities of the organization and develop personal and professional skills. Please consider serving as a volunteer member on one of SROA's committees. SROA is in need of hardworking and dedicated individuals who are willing to contribute their talents to further the goals of the organization. All members are encouraged to join a committee now; please attend the committee meetings at 11:00am on Monday, October 19.

SROA Standing Committees

➤ Membership
(Pecan)

➤ Reimbursement and Economics
(Mesquite)

➤ Communications
(Blanco)

COMMITTEE APPOINTMENT REQUEST FORM

If you are interested in committee participation, return this completed form to the SROA office.
Mail to SROA, ATTN: Committee, 5272 River Road, Suite 630,
Bethesda, MD 20816; or fax to (301) 656-0989.

Name _____

Address _____

City _____ State _____ Postal Code _____

Phone _____ Fax _____

Email _____

Practice Setting: Community University Freestanding Other

Committee Choices in Order of Preference:

1. _____ 2. _____

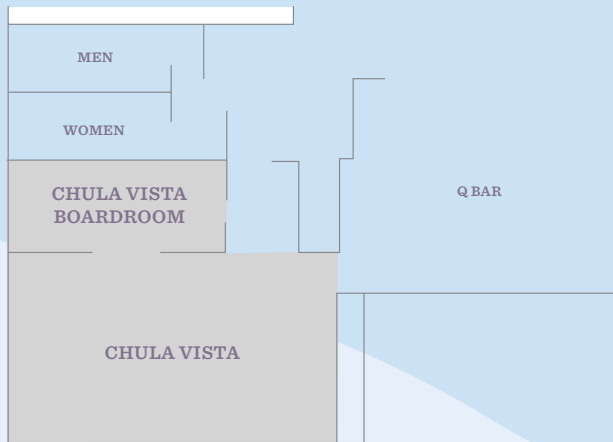
All SROA members are cordially invited to attend a committee meeting on Monday, October 19, 2015, at 11:00am.

Try it, you will not be disappointed!

Join us Next Year!



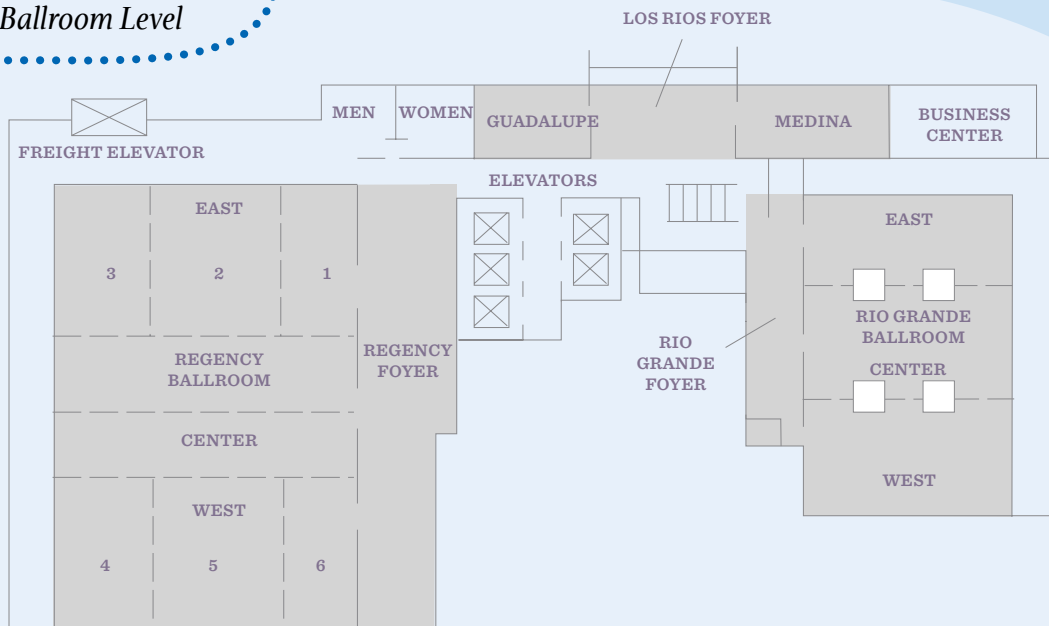
Lobby Level



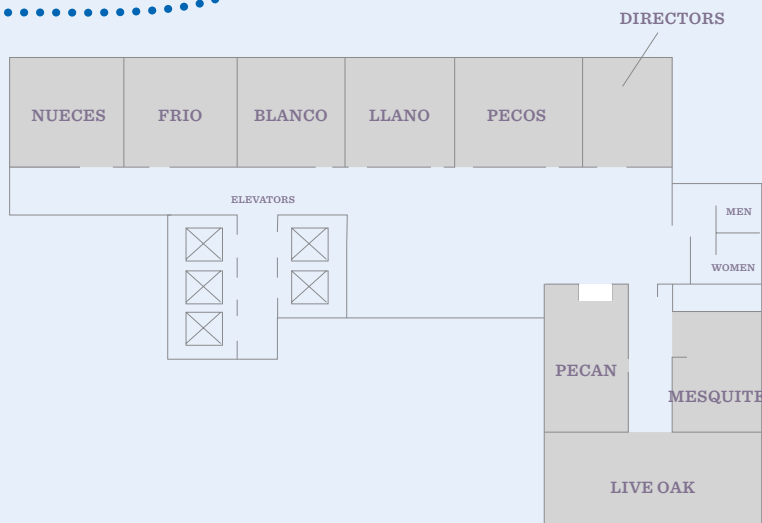
MEETING ROOM FLOOR PLANS

Hyatt Regency San Antonio Riverwalk

Ballroom Level



Hill Country Level



SROA FUTURE ANNUAL MEETINGS

September 25-28, 2016
Boston Park Plaza Hotel
Boston, MA

September 24-27, 2017
San Diego, CA