



2011 Annual Meeting  
***Preliminary Agenda***  
(As of June 21, 2011)

<b>Workshop Track Codes</b>
LDR – Business Leadership
COD – Coding & Reimbursement
QA – Quality
TCH – Technology/ EMR

**SATURDAY, OCTOBER 1**

<b>TBD</b>	<b>Board of Directors Meeting (Board of Directors and Invited Guests)</b>
<b>Noon-5PM</b>	<b>Registration Desk</b>
<b>3PM-7PM</b>	<b>Exhibitor Set-up</b>

**SUNDAY, OCTOBER 2**

<b>7AM-5PM</b>	<b>Registration Desk</b>
<b>7:30AM-8:30AM</b>	<b>Breakfast w/Exhibitors</b>
<b>7:30AM-5PM</b>	<b>Exhibits</b>
<b>8:30AM-8:45AM</b>	<b>Opening/Welcome</b> Program Committee Co-Chairs - <b>Giles Toole</b> , SROA President - <b>Carolyn Gilleland</b> , SROA President-Elect
<b>8:45AM-9:45AM</b>	<b>#001 General Session, <i>Dare to Dance – The Adventures of Nurse Margaret Chris Thrash</i></b> , Founder, Chris Thrash and Associates. This fun, high energy presentation inspires audience members to look at the dynamic relationship between patient satisfaction and employee satisfaction. Customer service doesn't make our jobs harder; it makes our jobs easier. How can we put customer service to work for us in caring for patients and striving to keep patient, employee and physician satisfaction at the highest levels in our organization? This session is extremely effective in motivating the audience to focus on building a successful service culture by encouraging commitment to their organization's goals and service standards.
<b>9:45AM-10:15AM</b>	<b>Breaks/Exhibits</b>

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10:15AM-11:15AM

**#002 Keynote Address, *The Epistemology of Oncology***

**Tim Williams**, MD, Medical Director of Department of Radiation Oncology, Eugene M. And Christine E. Lynn Cancer Institute at Boca Raton Community Hospital.

Cancer therapy has undergone many changes over the past 100 years. Many of these changes are the result of medical advances and technological development. However, cultural factors, wars, politics, and social changes have all had a great effect as well. This presentation will examine these changes. The development of medicine as a profession, the perception of cancer by society, the influences of other stakeholders, and the origins of cancer surgery, radiation therapy, and chemotherapy will be investigated. The impact of these influences, the rapidly increasing costs of cancer therapy, and the healthcare system in the US will be compared with other developed countries.

11:15AM-11:30AM

**Break**

11:30AM-1:00PM

**Annual Business Lunch**

1:00PM-2:00PM

**4 Concurrent Workshops**

- **CODE #003, *Nonphysician Practitioners in Radiation Oncology***

**Cindy Parman**, Principal & Co-Founder of Coding Strategies, Inc.

This session will include common definitions of services typically provided by nonphysicians, and current utilization in the field of radiation oncology. Existing urban legends regarding on-treatment visits, post-therapy follow-up services and more will be discussed.

The Centers for Medicare and Medicaid Services (CMS) has published numerous documents regarding the use of NPPs in an ‘incident to’ capacity, and the Office of the Inspector General (OIG) has targeted ‘incident to’ billing for review. It is also important to remember that ‘incident to’ is a Medicare convention only, and other payors may or may not subscribe to this billing methodology.

The decision to hire a nonphysician practitioner generally requires significant front-end planning, and tips will be provided in this session to help the radiation oncology practice analyze the impact of a nonphysician on practice revenue.

- **QA #004, *Safety Practices for Creating an Atmosphere of Trust in an Environment of Fear***

**Robyn Walker**, Chief Radiation Therapist, Department of Radiation Oncology, Duke University.

Radiation therapists are on the frontline in the battle against cancer. They are also closest to the patient during treatment, performing a key role in ensuring patient safety and intervening if something goes wrong. Rigorous safety practices and policies help them treat patients with confidence. Recent articles in the *New York Times* highlighted the dire consequences of errors and accidents in radiation therapy. Radiation therapists must have safety procedures and routines in place so they can treat with confidence in a safe environment. The Department of Radiation Oncology at Duke University Hospital has an environment of safety built on the pillars of accountability, communication and consistency. These principles are enacted in specific policies, checklists and practices.

Radiation therapy is steadily improving in the ability to control and cure cancer. As the technology becomes more complex, safety cannot be taken for granted. Patient safety requires constant vigilance and continual learning. Therapists must operate in an environment of safety based on the principles of accountability, open communication and consistency — for the welfare of patients and their own peace of mind. It is the goal of this presentation to demonstrate that by establishing safety as a number one priority, implementing a

system to learn from our experiences, and constantly improving the safety of our procedures and processes, we foster a culture of safety.

- **TECH #005**, *Does Your EMR Reflect What You Intended & The Work You Performed?*  
- **Tamara Syverson**, Associate Director of Consulting at Revenue Cycle, Inc.  
- **Teri Bedard**, Consultant at Revenue Cycle, Inc.

The required transition to an Electronic Medical Record (EMR) has brought many changes to day-to-day processes and the documentation of services. Even with the necessary changes, it can be difficult to determine the true medical record, know if the documentation reflected in your EMR is sufficient to meet payer standards, and if it accurately reflects the work provided. In many cases, the documentation found within the EMR does not coincide with the billed services or patient care process. This session will review the pitfalls and advantages of the EMRs utilized within the Radiation Oncology specialty, and provide recommendations for documenting within these systems to supply an accurate account of each patient course and the procedures performed.

- **LDR #006**, *Generations: Veterans, Baby Boomers, Xers and Millenials Creating Service Culture Excellence*  
**Chris Thrash**, Founder, Chris Thrash and Associates.

This dynamic breakout session acquaints participants with the issues related to providing excellent service to patients, family members and co-workers across the various generations. Service looks and sounds different based on the generation we are serving at a particular moment in time. Based on historical events and cultural influences, each generation has developed a unique set of values, beliefs and desires that differ across the various generations. Mission, vision, values and behavioral expectations can serve as common denominators and influence the culture of an organization to bridge generational gaps.

**2:00PM-2:30PM**

**Breaks/Exhibits**

**2:30PM-3:30PM**

**#007 General Session**, *The IHE-RO Initiative: The Critical Role of Radiation Oncology Administrators in Closing the Loop to Vendors*

**Ramesh Rengan**, MD, PhD, Assistant Professor, Department of Radiation Oncology, Hospital of the University of Pennsylvania.

This discussion will be on the Integrating the Healthcare Enterprise-Radiation Oncology (IHE-RO) initiative in detail. Specifically, the structure of IHE-RO and its accomplishments. The current and future directions for this initiative and its relevance for patient safety in this era of heightened sensitivity on this issue will also be addressed. Finally, the role that administrators can plan to help IHE-RO achieve its objectives and ultimately improve patient care will be covered as well.

**3:30PM-5:00PM**

**#008 General Session**, *EMR Panel*

**5:00PM-6:30PM**

**New Member Reception (Invitation Only)**

## MONDAY, OCTOBER 3

- 7AM-Noon**                      **Registration Desk**
- 7:30AM-8:30AM**              **Breakfast**  
**Breakfast Roundtable Discussion Groups - EMR**
- 7:30AM-Noon**                **Exhibits**
- 8:30AM-9:30AM**              **#009 General Session, *What's the National Dialogue on Radiation Therapy Patient Safety?***  
**Debbie B. Gilley**, Bureau of Radiation Control, Florida Department of Health.  
The recent and continued articles on medical errors in radiation therapy have focused attention on a few isolated incidents that have had a dramatic impact on the national discussions of patient safety in radiation therapy. The attention these incidents have received has and will impact radiation oncology in the future. As administrators of radiation oncology centers, knowledge of future voluntary and regulatory initiatives can help plan for these changes.  
The presentation will provide the attendee with a snapshot of where we are today in regulatory compliance to reporting and investigating medical events, some of the initiatives being considered by state and federal government agencies and state, federal and international radiation safety organizations to respond to the gap in medical event reporting for the purpose of trend analysis and prevention of future errors.
- 9:30AM-9:45AM**                **Break**
- 9:45AM-10:45AM**              **#010 General Session, *Innovating the Patient Experience***  
**Ryan Armbruster**, VP Innovation, UnitedHealth Group  
Innovation and Patient Experience are both very popular topics - and for very good reason: our healthcare system needs each now more than ever. However, these terms also suffer from a broad range of use and interpretation across the healthcare industry continues to compromise the potential and value of these disciplines. In this talk, Ryan will share his insights from a decade of study, practice and experience with innovation and patient experience. You will leave the session with a clearer understanding of the competency behind each of these disciplines, along with some inspiration and specific ways to make them more effective in your organization.
- 10:45AM-11:45AM**              **Committee Meetings**
- *Communications*
  - *Program*
  - *Advocacy*
  - *Benchmarking & Best Practices*
  - *Membership*
  - *Reimbursement & Economic*
- Noon-5PM**                      **Shuttles to and from ASTRO Exhibit Hall**

## TUESDAY, OCTOBER 4

<b>7AM-5PM</b>	<b>Registration Desk</b>
<b>7:30AM-8:30AM</b>	<b>Breakfast</b> <b>Breakfast Roundtable Discussion Groups – Proton Therapy</b>
<b>7:30AM-4:00PM</b>	<b>Exhibits</b>
<b>8:30AM-9:30AM</b>	<b>#011 General Session, <i>Recent Advances in Radiation Therapy and a Vision for the Profession</i></b> - <b>Craig Stevens</b> , MD, PhD, Chair of Department of Radiation Oncology, H. Lee Moffitt Cancer Center & Research Institute - <b>Eleanor Harris</b> , MD, Clinical Director of Radiation Oncology, H. Lee Moffitt Cancer Center & Research Institute
<b>9:30AM-9:45AM</b>	<b>Break</b>
<b>9:45AM-10:45AM</b>	<b>4 Concurrent Workshops</b> <ul style="list-style-type: none"> <li>• <b>CODE #012, <i>Radiation Oncology Coding and Documentation</i></b> <b>Ron Di Giarmo</b>, President &amp; CEO of Revenue Cycle, Inc. This presentation is designed to review common coding scenarios in radiation oncology that, at times, pose difficult situations with regard to documentation, appropriate coding, compliance and denial management of reimbursement. The discussion is designed to review these coding opportunities and recommended solutions to the above. The presentation will compare and contrast Hospital based reimbursement to freestanding reimbursement. IMRT and IGRT as well as OIG work plan items are a part of the discussion. Radiation oncology is a supplier of high cost services and falls under the criteria receiving attention in Washington DC. Participants need to be aware of the risks and benefits in 2011. There will be a time period allowed for question and answer as well to address peripheral issues with the associated talk.</li> <li>• <b>LDR #013, <i>Multicultural Patient Navigation in Action</i></b> -<b>Cheryl Kamaraskas</b>, Patient Navigator, North Shore Medical Center. - <b>Berta Rios</b>, PhD, Patient Services Manager, South Region of the American Cancer Society. The American Cancer Society Dade Unit established the first two patient navigator programs in Miami-Dade at North Shore Medical Center and at Jackson Memorial Hospital. In collaboration with the American Cancer Society, results of these two new programs will be discussed, including the five critical success factors for the implementation of a successful patient navigator program: (1) establishing an organizational champion, (2) the navigation model, (3) navigator profile, (4) navigator training and (5) program evaluation. The speakers will also present productivity metrics used to evaluate the cost-effectiveness of the program and recommendations from the practices from both the public and private facilities that recognize the important role patient navigators play in cancer care.</li> <li>• <b>QA #014, <i>Radiation Oncology Quality and Safety Initiatives</i></b> <b>Sandra Hayden</b>, Administrative Director, Radiation Therapy Services, University of Texas MD Anderson Cancer Center, Houston Texas. The purpose of this course is to prepare the participant for a more substantial interactive role in understanding the latest initiatives and activities surrounding safety in radiation oncology. This course will provide the learner with supportive research and data on patient safety, training and quality radiation therapy treatment delivery for patients. The learner will be introduced to terminology and classification schema for collecting and organizing patient safety data, as well as understanding the background and rationale for reporting systems. This session will increase the participant’s awareness of the current</li> </ul>

activities of the U.S. Congress, the ASRT, ASTRO, AAPM, FDA, CRCPD, and the FNIH.

- **QA/TECH #015**, *The Electronic Facility Record (EFR). Successful Case Studies in Increased Safety and Enhanced Reporting for Radiation Oncology*  
**Kyle Schmanke**, Founder of TMA Technology, Ltd.

Last year the Electronic Facility Record was presented at the 2010 SROA meeting. This presentation will showcase the measurable increases in safety and compliance in the increasingly technical environment of radiation oncology. The presentation will also provide examples of enhanced reporting capabilities that give radiation oncology professionals increased insight and confidence in the clinical implementation of new equipment and treatment techniques. Specific reports for accreditation scoring with report cards for patients will be unveiled.

**10:45AM-11:15AM**      **Break/Exhibits**

**11:15AM-12:15PM**      **4 Concurrent Workshops**

- **CODE #016**, *Diagnosis Coding for Oncology*

**Cindy Parman**, Principal & Co-Founder of Coding Strategies, Inc.

This session will include an overview of the Official ICD-9-CM Diagnosis Coding Guidelines, with attention to those sections that directly affect coding for radiation oncology patients.

Since the diagnosis codes reported must accurately reflect information in the patient medical record, the link between diagnosis codes, medical necessity and physician documentation will be reviewed. Specific diagnosis issues and questions that relate to radiation oncology services will be highlighted.

Finally, one may not be enough when it comes to diagnosis codes. While it is important to report the codes for radiation treatment and the malignancy, it is just as essential to ensure that all patient diagnoses are documented and coded. In the age of quality reporting and justifying the complexity of patient care, accurately capturing and reporting all patient medical conditions provides the insurance payor with a comprehensive picture of the patient's medical status.

- **LDR #017**, *Lean 101-An Exercise in Problem Solving from Consultation to 1st Treatment*

**Nancy Earley**, Administrator, Radiation Oncology.

In 2009, the Department of Radiation Oncology launched a project to address a recognized work process problem. Our problem began at the point of new patient consultation and affected treatment planning, including obtaining authorizations in a timely fashion, understanding the attending physician's expectations for starting treatment, coordinating the patient schedule, and determining the appropriate and necessary information to begin and finish a treatment plan. Using newly trained problem-solving techniques introduced in our network, a committee was formed for this project. Front line staff members were recruited for this Committee. Trained on problem-solving techniques, the Committee spent the next ten months tackling our issue. PDCA (Plan, Do, Check, Act) were our guiding principles. Compliance with coding and documentation would also guide problem solving. We also wished to incorporate enhanced utilization of the EMR. Our committee used a systemic approach to problem solving that included a collection of background information, as well as an understanding of current conditions to identify the root cause of our problem. Once the root causes were identified, we were ready to propose solutions. Recommended solutions resulted in new work processes with continued measurement to demonstrate follow up to the work process changes. This presentation will focus on problem-solving techniques and the engagement of staff in problem-solving.

- **QA #018, *THE OIG - How to Identify and Avoid Fraud and Abuse Issues***  
**Craig McNabb**, Billing and Compliance Auditor, Radiation Oncology Services of America.

Ethical and high quality medical care for patients is a goal most physicians work toward along with submission of proper claims for the services they provide. Trust from the patient and from government is granted freely. The patient and the government rely on the physicians' medical judgment to provide appropriate medical services.

It only takes one or two dishonest providers to cast doubt on those providing ethical and appropriate care. Personal gain has led to the need for regulations that combat fraud and abuse and to ensure appropriate quality medical care.

We will discuss current laws in effect and identify areas where potential relationships that may bring the spotlight on you or your practice from the OIG, as well as how to avoid those pitfalls.

- **TECH #019, *Electronic Health Record Incentive Program***  
- **Eva Huddleston**, Associate Director of Business Development, Revenue Cycle, Inc.

- **Bridget Krueger**, Business Development Consultant, Revenue Cycle, Inc.

The days of a paper medical record are coming to an end and the movement of electronic medical records is now becoming a necessity. With the help of information technology, there is an ability to better coordinate care, an ease of sharing secured information, assistance with diagnose, reduction in

This presentation will give the foundation of HITECH background, review the electronic health records incentive by CMS and review the possible obstacles that a department might face and suggestions on how to overcome them.

This session will be conducted in one hour. Two speakers specializing in Radiation Oncology Training will be presenting.

12:15PM-2PM

**Quality Luncheon**  
**Entertainment: David Glickman**

2PM-3PM

**4 Concurrent Workshops**

- **CODE #020, *Managing Modifiers***  
**Cindy Parman**, Principal & Co-Founder of Coding Strategies, Inc.  
HCPCS Level II and CPT<sup>®</sup> procedure codes may not accurately describe the services provided. In certain situations, the code can be enhanced by the addition of a two-digit modifier to further clarify the services rendered.  
Radiation oncology physicians and facilities have a number of modifiers to choose from including, but not limited to, separate service, distinct procedure, staged procedure, ABN on file, professional only, technical only and aborted service. Not all modifiers can be appended to radiation oncology codes, but there are certain modifiers that no practice should be without!  
While some procedure code modifiers provide 'information only', others may increase or decrease reimbursement. This session will review the common modifiers used by radiation oncology entities, provide definitions and case examples in a fast-paced, informative style!
- **LDR #021, *Interdisciplinary Education: A Foundation for Optimizing Clinic Efficiency and Employee Engagement***  
- **David Miller**, Administrator, Radiation Oncology and Molecular Radiation Sciences, John Hopkins Hospital.

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- **Tammy Snyder**, Assistant Administrator, Department of Radiation Oncology, John Hopkins Hospital.

**Purpose:** We designed a pilot program to promote better understanding of the roles and responsibilities of other radiation oncology team members through cross functional education. Historically, this education has not formally occurred and has hindered clinic efficiency and employee engagement.

**Methods and Materials:** We created an observership program in which six selected staff members spent dedicated time over a three month period observing and interacting with colleagues.

**Results:** The following common themes were identified through debriefing sessions and final presentations:

- 1) Upstream activities Are Critical
- 2) Competing Demands on Physicians
- 3) Staff Relationships with Patients
- 4) Communication with Trust
- 5) Patient Centric Care
- 6) Improving Knowledge about Billing and Compliance.

**Conclusions:** Departmental projects have been initiated and led by the observers to improve the operational challenges noted in the common themes. Participants affirmed that the program added value to their work experience and should be formalized within the department.

- **TECH #022**, *Financial and Work Flow Impact of A New Linear Accelerator with High Intensity Mode*

**Joseph Ting**, Chief Medical Physicist, MIMA Cancer Center.

Many clinical protocols with excellent clinical outcomes have been in place for the treatment of early stage NSCLC using SBRT. This style of patient management is gaining momentum due to the excellent clinical outcome and the short treatment duration, 5 days for example. Organ motion management has always been a great concern when treating NSCLC patients with SBRT. New linacs, with 6X and 10X flattening filter free (FFF) X-rays, have rates of 1400, and 2400 MU/min respectively. The FFF allows higher dose to be delivered during a breath-hold or during a respiratory cycle. The FFF makes the breath-hold or respiratory gating feasible in the lung SBRT and ease the concerns of organ motions. This will encourage the adaptation of SBRT by many and for other clinical sites. The financial impact is: if the department is operating at full capacity, SBRT with FFF would benefit the department financially by increasing patient flow. And, if a department is operating with marginal load, the implementation of SBRT with FFF may allow one to reconfigure the department work-flow and to de-commission one treatment machine. However, if the department is over capacity, SBRT with FFF deliver will do the opposite financially because of dramatic reduction of treatment fractions.

- **QA #023**, *Using Microsoft Access Database for Quality Management & Incident Reporting*  
- **Maxine Washington**, Technical Manager, Radiation Oncology, University of Chicago Hospitals.

- **Chet Szerlag**, Executive Director, Departments of Radiology, Radiation & Cellular Oncology, and Ludwig Center for Metastases Research, University of Chicago.

The ongoing emphasis on quality in health care service delivery and medical outcomes presents a mission-critical need to design effective incident reporting and tracking processes. An effective incident reporting system can play a critical role in quality improvement by facilitating communication, data collection, and use of statistical analyses. Such a process can be accomplished with a technology driven incident reporting structure that is user friendly, capable of real-time data collection, and on demand data analysis.

Developing the database provides the architecture to archive reports in a standardized fashion and allow events to be easily quantified; resulting in substantiated data to direct improvement initiatives. Ultimately employment of such technology will advance progression toward multi-level statistical analyses including trending, correlation, and regression analysis; determining relationships between variables and transition quality management to a proactive rather reactive endeavor.

**3PM-3:30PM**

**Break/Exhibits/ Vendor Drawing**

**3:30PM-4:30PM**

**4 Concurrent Workshops**

- **LDR #024**, *Financial Counseling for Administrators*

- **Bridget Krueger**, Business Development Consultant, Revenue Cycle, Inc.

- **Matt Terry**, Consultant, Revenue Cycle, Inc.

The financial health of your radiation oncology department is paramount. Having a strong financial counseling program enables departments to be fiscally fit and run operationally smoother. This presentation will educate participants in all the various insurance types, required information for payment, verification and pre-authorization differences, terminology, and tips on how to provide financial counseling to patients.

This session will be conducted in one hour. Two speakers specializing in Radiation Oncology Training will be presenting.

- **LDR #025**, *Physician/Hospital Arrangements During A Period of Uncertain Healthcare Reform*

**Joseph Spallina**, Director, Arvina Group, LLC.

Successful cancer programs and centers require strong and productive physician/hospital arrangements among a number of essential factors to support practice and program growth and viability. As reimbursement continues to decline, physician incomes and cancer program profit margins will remain challenged. Cancer program physicians across a wide spectrum of specialties will continue to demonstrate a high level of interest in exploring potential practice arrangements with hospitals. These arrangements must possess the potential to provide durability

During the protracted period of uncertain healthcare reform legislation, business decisions involving physician and hospital economic relationships will continue to be made. The goal for this session is to provide cancer program and center executives and oncologists with an understanding of the range of physician/hospital arrangement options that will endure over time, how to approach the assessment of these options in selecting the preferred arrangement, how to address the more likely issues that will surface during the discussions, and how to achieve effective implementation.

- **QA #026**, *Proactive Practice Management through Reporting and Metrics*

- **Ryan Wexler**, Medical Business Systems.

- **Michael Kos**, MD, Medical Business Systems.

A medical practice by nature has a dual mandate: patient care and business operations. However, the operational side of your practice is often neglected due to the demands of treating patients. While the primary goal of any practice should be patient care, if your practice is struggling to perform, it will inhibit your ability to deliver the best care and treatment experience to your patients. Business productivity is especially weak in the healthcare industry. The most efficient vehicle to take that first step towards achieving a basic level of business intelligence is by leveraging a proactive reporting strategy. Analytics is an extremely effective tool to be used in managing your practice; leading you to make informed business decisions and consequently improving patient care.

- **CODE #027, *The Basics You Must Know In Radiation Oncology***  
**Jim Hugh**, Senior Vice President of American Medical Accounting & Consulting (AMAC).

Whether you are new to the field of radiation oncology or are unfamiliar with the many aspects of this specialty and related regulations, we will assist you in understanding some of the basics necessary for survival and advancement. Many of the regulations brought forth by Health and Human Services over the past several decades have not changed. There have been new codes and changes to supervision, but in general, some of the issues have been around awhile. The Department of Justice and their enforcement of regulations has simply been amplified by the need to find additional funding due to our current economic conditions. How we document the medical record seems to be misunderstood by many. It is often wrongly assumed that what you charge for is automatically explained in the medical chart and then converted to a procedure code. These basics of radiation oncology and more will be covered.

**4:30PM – 5PM**

**Sponsor Wrap Up Meeting (Invitation Only)**

**8:00PM-11:00PM**

**President's Party**  
**Live Band Entertainment: Higher Ground**

### **WEDNESDAY, OCTOBER 5**

**7AM-Noon**

**Registration Desk**

**7:30AM-8:30AM**

**Breakfast**

**7:30AM-Noon**

**Exhibits**

**8:30AM-9:30AM**

**4 Concurrent Workshops**

- **LDR #028, *Growing Your Radiation Therapy Program: How To Succeed and Avoid 10 Critical Mistakes***  
**Paul Schilstra**, President and Co-Founder of primeASCENT.

Marketing and Business Development are two important initiatives that radiation therapy centers must focus on to grow patient volumes as reimbursement continues to decline and competition increases. In addition, newly diagnosed patients increasingly use the internet and ratings by US News & World Report, etc., to determine where they will get the best treatment. In this presentation, the following will be discussed:

1. Six powerful forces that will drive change in cancer care.
2. What patients and referring physicians are looking for to determine where to get the best care.
3. Ten critical mistakes radiation therapy centers make in promoting their treatment programs.

4. Key elements of an effective marketing program, such as market segmentation, compelling value propositions with reasons to believe, marketing campaigns and the use of traditional and social media.
5. Key elements of an effective business development program to establish strong relationships with referring physicians.

- **LDR #029, *Transitioning from a Traditional Manager to a Lean Coach***

**Kathy Lash**, Director of Operations – Lean Coach, Department of Radiation Oncology, University of Michigan Medical School.

University of Michigan Radiation Oncology Department has adopted Lean Thinking as a consistent approach to quality and process improvement. We have tested the hypothesis that the operational improvement method based on Lean Thinking could help streamline the treatment of our patients, reduce daily overtime of employees and improve safety. There must be a gradual but continuous culture change, ideas need to flow both ways, employees must be empowered, you must start small and build on success and the process of plan, do, check, act must never stop. Managers must be willing to change from a transitional manager to a lean coach.

- **QA #030, *Disruptive Innovation and Radiation Therapy***

**Benjamin Morris**, Director, Skaggs Medical Center.

This lecture considers the impact of disruptive and technological innovations in radiation therapy. Disruptive innovation and associated terminology will be defined. Historical examples of disruptive innovations, both medical and nonmedical, will be reviewed with special attention given to the factors which motivated the innovations including the high cost of current technology, needs of underserved populations, and workforce availability/competence. The presentation will include a discussion on disruptive innovation's impact on job function, employee satisfaction, salaries, and educational requirements. Future, potential disruptive and technological innovations in radiation therapy will also be described.

- **CODE #031, *Coding 101***

**Deborah Churchill**, President and Founder of Churchill Consulting, Inc.

This seminar provides an introduction to coding and documentation requirements in radiation oncology. Although the presentation is clinically focused, the format is designed for administrators and coders to clearly understand the standard coding that will result for standard 3D and IMRT regimens.

Supporting coding is imperative; knowing the documentation requirements is key to supporting claims. Discussion will include the required documentation that must be available in the medical record.

The presentation will follow the codes that result in order of patient encounter, building the case based on standard treatment procedures. Discussion will include the usually and customary codes that result paralleled by the associated documentation requirements. Discussion will include the utilization and documentation guidelines associated with each code.

**9:30AM-9:45AM**

**Break**

**9:45AM-10:45AM**

**4 Concurrent Workshops**

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- **CODE #032**, *The Present and Future of Radiation Oncology: Legislation, Regulations and Reimbursement Updates*

**Jim Hugh**, Senior Vice President of American Medical Accounting & Consulting (AMAC).

Hospitals, freestanding centers, ASCs and physicians while treating cancer patients must keep current on all the changes affecting their ability to comply with regulations and retain their existing income. It is difficult for providers to keep current in reimbursement and documentation issues. They depend upon consultants in the industry to supply them with the tools to ease the bureaucratic burden. In many instances, the cancer centers are dependent upon internal mechanisms to keep them current and up-to-date, but many times these systems fall short of their expectations. The discussion of current and future coding, documentation, and payments changes will be covered in this session. We will present to the physicians, clinical staff, administrators and coders the changes in 2011 and beyond.

- **LDR #033**, *Planning + Patient Safety = CERTIFIED Medical Dosimetrist: The Importance as an Administrator to Employ a CERTIFIED Medical Dosimetrist*  
**Francine Constable**, Oncology Manager & Chief Dosimetrist, Dale and Frances Hughes Cancer Center.

The highly technical nature of radiation oncology treatment planning not only makes apparent the need for certification in medical dosimetry, but also demonstrates the importance of continuing education of those individuals currently employed in the field as medical dosimetrists. Amid the growing focus on patient safety and radiation therapy treatment errors, it is timely to examine what certification in medical dosimetry can mean in quality improvement to your department.

As administrators, planning for the future in medical dosimetry should include mandatory certification for employment as medical dosimetrists as well as promoting certification in those not certified in medical dosimetry. Despite the importance of governmental policy and national initiatives, change in health care quality must occur in the context of local communities and departments.

- **LDR #034**, *Professional Development and Leadership*  
**Anna Marinilli**, Site Administrator, Radiation Oncology, Commonwealth Atrius Cancer Center.

In self development and Leadership, reflection is required to determine how best to proceed to allow growth and satisfaction. Understanding the traits of successful leaders and then using these skill to become a respectful and successful leader is key; recognizing strengths and weaknesses in other leaders an in your own behavior will allow appropriate professional development.

Leading and developing these skills entails understanding accountability, responsibility, work ethic, values and one's attributes. The overview will include what unique qualities stand out among you and your peers and whether or not your expectations match your job performance level. The steps you can take to become stronger as a person as well as within your current role as leader within your organization will be reviewed. The role of self-development and leadership is a carefully planned out process that one engages in, and actively contributes to, on a daily basis. Key attributes, definitions, fundamental leadership rules, and behavioral styles are some of the points that will be presented. No one is excluded from learning more about themselves and continuing the journey of leading, learning, and growing for success.

- **QA #035**, *Performance Measurements: Making Data Work for You*  
**Deborah Churchill**, President and Founder of Churchill Consulting, Inc.

The seminar will discuss the importance of performance measurements, focusing on how to use the information to make strategic changes in your organization.

**Design** refers to the rational, deliberate process of creating a quality service as viewed by those who receive it and provides opportunities to build into the service or product the dimensions of improvement.

**Measurement** involves both routine, ongoing data collection for processes or functions performed by individuals or multi-disciplinary teams or groups, as well as time-specific, focused data collection.

**Assessment** of the data helps you draw conclusions about current performance and decide whether to pursue an opportunity for improvement or resolution of a problem.

**Improvement** activities should be prioritized in terms of their potential to enhance patient care. Successful processes usually involve planning an improvement, testing a new approach, collecting data about its effects, and then taking action to standardize the improvement or repeating the process if results are not satisfactory.

**Redesign** of an existing function or process to have the improvement will lead back to design.

**Learn** how to create meaningful measurements and how to use the outcomes to improve processes and initiate change.

**10:45AM-11:15AM**

**Break/Exhibits/ Vendor Drawing**

**11:15AM-12:30PM**

**#036 General Session, *Billing Panel***

- **Moderator, Craig McNabb**, Billing and Compliance Auditor, Radiation Oncology Services of America.

- **Ron Di Giamo**, President & CEO of Revenue Cycle, Inc.

- **Deborah Churchill**, President and Founder of Churchill Consulting, Inc.

- **Susan Vanonni**, Director of Operations, Cancer Treatment Services Arizona

- **ASTRO Representative TBD**

**12:30PM**

**Meeting Adjourned**

**Noon-3PM**

**Exhibits Breakdown**

**12:45PM-3PM**

**Board of Directors Meeting (Board of Directors and Invited Guests)**