



33rd Annual Meeting
Boston Park Plaza Hotel | September 25-28, 2016

2016 Annual Meeting Supplement – A Sneak Peek Inside Boston

Advance Registration Deadline August 22!



[Register Now](#)

[Book Your Accommodation](#)

[Conference Agenda](#)

Email: [SROA Conference](#)



33rd Annual Meeting
Boston Park Plaza Hotel | September 25-28, 2016

Conference Keynote

If You Can't Stand Up, Stand Out!



Mike Schlappi

When Mike Schlappi was 14, a bullet pierced his chest and left him paralyzed. He survived and went on to have successes as a gold medal Olympian, healthcare administrator, author, father and motivational speaker. While in the hospital he was “grateful to know that a nurse would touch me on the shoulder, a doctor would talk to me for three minutes or just some of those human things that are so important in the healing process.”

In his keynote, Mr. Schlappi emphasizes being personally accountable, adaptive to change and working as a team. “I hope people laugh. I hope they cry. I hope they feel. We want to make sure we’ve always got our escalator headed in the right direction... I challenge my audiences to find their bullet. What is stopping these leaders, these administrators, their programs, from being the best that they can be?”

Drawing from his personal life, Mr. Schlappi will talk about being accountable professionally, while also remembering the human element of giving patients hope and being honest with them. From the leadership standpoint,

administrators are responsible for communicating his message to their staff who interact directly with patients.

He will “get administrators’ minds and hearts positioned properly to have a great conference, to believe in what they’re doing, and take their teams to the next level.”

Session takeaways:

- Be personally responsible, adapt to change, and work as a team
- Be responsible and accountable in your profession
- Remember the human element in providing care

New for 2016: SROA Interactive Meeting Website

We are excited to debut our new interactive meeting website at the 2016 Annual Meeting!

You will be able to manage your personal meeting agenda by selecting your workshops, download presentations and network using the attendee and exhibitor directories.

The SROA Registration Process has changed for 2016. You will choose your workshops AFTER registering for the meeting through the interactive meeting website.

Once you register, you will receive a confirmation email with instructions on how to choose your workshops.



33rd Annual Meeting
Boston Park Plaza Hotel | September 25-28, 2016

General Sessions

Immunotherapy



Dr. Elizabeth Buchbinder

Immunotherapy leads to durable cancer control in many cancers, including melanoma (where treatment options were previously limited), lung cancer, bladder cancer and kidney cancer. By activating the immune system to fight cancer there is the possibility of continued cancer control even after treatment is stopped.

Dr. Buchbinder will discuss the relationship between cancer and the immune system, how immunotherapy works, where immunotherapy has been effective, toxicity of immunotherapy and where the future of immunotherapy is going.

Session takeaway:

Immunotherapy is an effective treatment for many malignancies with novel but treatable toxicity and the potential for durable responses.

Moderate and Extreme Hypofractionated Prostate Radiation: Clinical Evidence and Impact on Radiation Oncology Practice



Dr. James Yu

Prostate external beam radiation remains an important (though shrinking) part of modern radiotherapy. Hypofractionation is more convenient, and also less expensive compared to standard fractionation. If fully adopted, hypofractionation may impact radiation oncology facilities by reducing the number of treatments and workload of a radiation oncology department.

Radiation oncology administrators need to know that the data for prostate hypofractionation are growing and maturing, and that—in particular for prostate heavy practices—the number of treatments delivered may be decreasing. If the country shifts from a fee-for-service model to a more episode-based model of care, this could be beneficial for radiation oncology administrators. In the current fee-for-service environment, fewer treatments will cause cost of care and revenues to decline.

Session takeaway:

Understand the current knowledge regarding hypofractionation, the potential impact on a practice's bottom line and where the field appears to be heading in prostate cancer.

ASTRO Radiation Oncology Overview: Coding Changes

Speakers: Dr. William Hartsell and Dr. Michael Kuettel

2016 has been a significant year for healthcare reform. Payment reform and quality initiatives continue to shape healthcare delivery models. The American Society for Radiation Oncology (ASTRO), strives to provide members with education, advocacy and resources to navigate the ever-changing policy environment.



33rd Annual Meeting
Boston Park Plaza Hotel | September 25-28, 2016

Drs. William Hartsell and Michael Kuettel, both ASTRO Health Policy committee members and distinguished radiation oncologists, will present on changes within the 2017 Medicare Physician Fee Schedule (MPFS) and Hospital Outpatient Prospective Payment System (HOPPS), as well as on anticipated changes resulting from the future implementation of the 2015 Medicare and CHIP Reauthorization Act (MACRA). Topics covered will include overviews of the Merit-Based Incentive Payment System (MIPS) and Alternate Payment Models (APMs) and how these new payment policies will affect radiation oncology practices within various healthcare settings.

The Role of Prehabilitation and Rehabilitation in High-Quality Cancer Care



Dr. Julie Silver

Every clinician who touches a cancer patient should be on the lookout for current impairments. All oncology healthcare professionals should be familiar with prehabilitation and rehabilitation as they are increasingly important components of high quality cancer care.

Prehabilitation and rehabilitation have the ability to positively influence value-based care by preventing or minimizing impairments and future disability. For example, a breast cancer patient with shoulder problems should have the shoulder impairments identified early and treated with physical therapy and other rehabilitation care so that the issues don't progress and the patients don't end up with permanent disability from adhesive capsulitis (frozen shoulder).

Communication amongst members of the radiation oncology team is critical and may require some education to help them focus on early rehabilitation intervention. It may take some focused education about why it's not okay to watch a treatable impairment progress, so that patient care and outcomes are improved.

Session takeaway: Understanding the value of rehabilitation is the responsibility of every member of the oncology team. Treating the impairments is the responsibility of the rehabilitation healthcare professionals.

Population Health and Cancer Care: A Collision Course?



Dr. Thomas Lynch

In 2003, David Kindig and Greg Stoddart defined population health as "the health outcomes of a group of individuals, including the distribution of such outcomes within the group." It is a term often used in health care but not widely understood.

In this session, Dr. Lynch will help participants understand the basics of population health; review how cancer care is changing; and educate how to incorporate principles of population health into cancer management.

Session takeaway: Develop an understanding of what population health is and how it can be used in the management of cancer.



33rd Annual Meeting
 Boston Park Plaza Hotel | September 25-28, 2016

MIPS and APMs: The Move Towards Quality and Performance



Dr. Michael Marron-Stearns

Radiation oncology administrators will be at the center of MIPS and APMs, which requires the coordination of all clinical activities and a thorough understanding of the components of MIPS and APMs. Attaining high composite performance scores will not only qualify the practice for payment increases, but as these scores will be publically available, they may influence patient recruitment and retention. Administrators will also need to work with their providers to determine if the APM track is suitable for their practice, and if so, what steps are needed to prepare the practice for the transition to an advanced APM.

In this session, Dr. Marron-Stearns will discuss the importance of starting to prepare for MIPS and APMs now. This includes determining if your practice may qualify for an advanced APM, and if not, how to prepare for all four components of MIPS (quality, resource utilization, advancing care information and clinical practice improvement activities). He will also discuss optimizing workflows, training, clinical content and methods of data capture to ensure high quality and utilization scores.

Session takeaways:

- Practices that have successfully achieved the PQRS and Meaningful Use requirements should be able to transition to MIPS and APMs without difficulty, but this is the right time to start becoming familiar with MIPS and APM requirements.
- The final rule is not coming out until November, and MIPS/APMs start as early as January 1, 2017, so there will be little time to adjust to any changes in the final rule. Most of the preparation work will need to be completed over the next few months.
- MIPS and APMs are evolving and will need to be increasingly tailored to the needs of radiation oncology practices. The reporting requirements are expected to become more stringent over the next several years, but also more specialty specific.

WORKSHOP TOPICS:

- Aligning a Multi-Site Business
- Auditing
- Coding for Telehealth Services
- Cyber Security, Vulnerability
- Eliminate Waste In Patient Flow
- Future of Reimbursement
- Genetics
- Integrating Your Radiation Oncology Physician Practice Group into a Hospital System
- Knowing Your Business
- Lean Daily Management for Process Improvement & Stakeholder Engagement
- Low-Dose CT Lung Cancer Screening
- Population Health & Cancer Care
- Productivity & Staffing
- Rad Onc Benchmarks for Business Development
- Rad Onc Coding & Compliance
- RO-ILS & APEX: ASTRO
- Safety Culture in the Medical Field
- Telehealth in Cancer Care
- The Connection Economy in Health Care
- The Role of the Dietician and Nutrition
- The Role of the Nurse Practitioner
- To Deny or Not To Deny
- Understanding the Reimbursement Process
- Value-Oriented Oncology Payments
- Work Flow Standardization of the Pre-Authorization Process



33rd Annual Meeting
Boston Park Plaza Hotel | September 25-28, 2016

Things to See & Do in Boston:

1. Walk the Freedom Trail
2. Explore the Museum of Fine Arts
3. Check out the Isabella Stewart Gardner Museum
4. Take a tour of Fenway Park
5. Stroll through Boston Public Garden
6. Spend time at Boston Common, the oldest park in the U.S.
7. Walk through Beacon Hill
8. Visit the John F. Kennedy Presidential Museum & Library
9. Shop & dine at Faneuil Hall Marketplace
10. Dine in one of Boston's many famous restaurants—savor clam chowder, lobster & Boston cream pie

For more information, check out:

* [Greater Boston Convention & Visitors Bureau](#)

* [36 Hours in Boston](#)

Things to Do at the Conference:

1. Visit the Exhibit Hall
2. Attend the President's Party at the Park Plaza Hotel
3. Attend the New Member/First Timers Reception (by invitation)
4. Enjoy free entertainment and delicious food at the Quality Business Luncheon
5. Network with fellow rad onc administrators—catch up with old friends & make new ones



33rd Annual Meeting
Boston Park Plaza Hotel | September 25-28, 2016

ANNUAL MEETING SPONSORS*

TITANIUM



PLATINUM



SILVER



BRONZE

American Association of Physicists in Medicine (AAPM), ACR, American College of Radiation Oncology, Augmenix, Bayer HealthCare, Churchill Consulting, CIVCO Medical Solutions, D3 Oncology Solutions, HannLeb Physics, Medlever, Mission Search, Preferred Healthcare, PRO Radiation Oncology, Radiation Oncology Consulting

* Sponsorship as of July 18, 2016