



MINNESOTA ONCOLOGY
MAINSTREAM

October 2011

Caring, down to a science.®

Issue 35

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Engaging the Future

By Randy Thompson, Executive Director

The recent acquisition of US Oncology by McKesson Specialty Health has generated many questions within the practice and in the healthcare community at large. McKesson is a world leader in health care logistics and information systems. We believe these strengths will bring to Minnesota Oncology superior information technology and more efficient and effective purchasing systems, particularly in relation to cancer drugs. McKesson's market strength and financial stability will enhance our ability to make the necessary capital investments in order to continuously improve patient care and help us to stay abreast of innovation and improvements in patient treatment, including research. All of these are long-term advantages for the communities we serve.

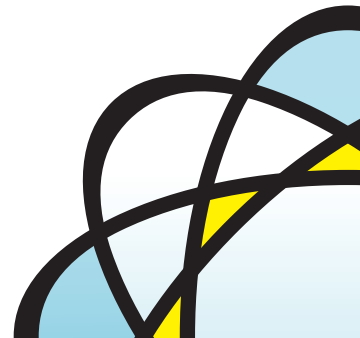
McKesson brings incredible market clout and resources for patient care. As you know, the future of healthcare is intrinsically tied to information technology. Effective electronic health data management systems are the keystone for measuring and reporting healthcare processes and outcomes; which in turn improves patient care while controlling costs and reducing waste. We are excited about accessing these peerless capabilities that McKesson offers.



Our single greatest opportunity/challenge is to continue to grow and thrive as a physician-owned specialty group where private enterprise and exceptional clinical skills intersect to meet and exceed the needs of our patients and their families. Our integrated clinical model that provides seamless care for our patients – we believe is the correct care delivery model needed for the future.

McKesson's vision is to help create a health care system where quality is higher, the patient experience is enhanced and costs are lower. This vision is in complete alignment with the goals and commitments of Minnesota Oncology and our mission *to combine the strength of hope with the power of science, one patient at a time.*

We welcome McKesson as our clinical and business partner and look forward to working with them as we engage the future.



The Network, an Answer in Turbulent times

– Thomas P. Flynn, MD



At the beginning of this year, US Oncology became part of McKesson. Recently, you have likely seen the new names or

brands that have been developed for the new entity. McKesson Specialty Health includes what we knew as US Oncology, and now also encompasses the part of the company from which other oncology practices purchase medications, supplies and services from McKesson. Within McKesson Specialty Health, the company and practices that were previously designated US Oncology are now known as The US Oncology Network. But why is this important? It is important for a couple of reasons. First of all, it speaks to the fact that within this very large corporation known as McKesson, there continues to be a special relationship with the oncology practices that were part of US Oncology - a relationship that aligns incentives between the physician practices and the company and also provides the practices with lower costs for chemotherapy agents as well as a host of services including clinical research trials, physician recruiting, access to capital, and many more. Secondly, The US Oncology Network

(The Network) identifies that there is a large network of oncology physicians who work together to develop clinical pathways, share expertise to the benefit of individual patients through the Oncology Portal and email communication to discuss issues critical to providing community cancer care. This network currently includes over one thousand oncologists, and McKesson Specialty Health is working to add more practices to the Network.

Adding practices is important as The Network, in my view, has great potential to impact community cancer care in a number of ways that could benefit our patients and the care we can provide. This is particularly important in our rapidly changing economic times where those who provide cancer care to the majority of these patients, namely community practices, need to provide real solutions to things such as value-based reimbursement. Such reimbursement, where physicians are subject to measures of the quality of care they provide; for example, by adherence to evidence-based medicine, is going to increase in importance in the coming years and could eventually replace a substantial amount of the current fee for service reimbursement in place now. In order for the most appropriate quality measures to be put in place, it is critical that specialty physician

expertise is applied in a meaningful way. The US Oncology Network physicians are just the group that can provide the needed expertise, as well as provide guidance to the payers on all issues important to the delivery of cancer care in the community that will best serve patients. There is legitimate concern that as new models of reimbursement are developed, such as those which reimburse for episodes of care rather than individual services, there could be an incentive to deliver less care. Our patients deserve the best care, which is not necessarily the most costly, and the oncologists in the Network are an ideal group to provide the guidance needed to reduce cost without compromising the quality of the care.

The Network is one of the largest networks of cancer care and research professionals in the country. It has demonstrated that through collaboration and healthy debate, important contributions to care can be made, as witnessed by the Level 1 Pathways as just one example. It is exciting to envision what The Network could do for healthcare as we navigate the turbulent times ahead.

Breast Cancer Awareness Conference

The **10th Annual Living with Breast Cancer Awareness Educational Conference** was held Saturday October 1st, 2011 at the Minneapolis Convention Center.

This conference was created by two survivors, Ann Harris and Lois Joseph, to fulfill a need for a broad range of cutting-edge information about breast health. The conference offers a supportive environment to provide the education and resource information desired by a growing number of people as breast cancer touches more and more lives.



Lisa Thelemann & Jean-Marie Bakken

This forum supplies the latest information on breast cancer prevention, treatment and survivorship issues through its three components: Seminars, Resource Center and the A Sense of Style fashion show.

Minnesota Oncology was proud to once again be a Resource Level sponsor of this event and to have Dr. Stuart Bloom present an educational session entitled, "Breast Cancer and Snowflakes: Using the Oncotype CS Test to Understand Breast Cancer Heterogeneity."

Our wonderful Social Workers, Lisa Thelemann and Jean-Marie Bakken were also on hand in the Minnesota Oncology booth to greet guests with our signature bandanas and share information about the practice.



Dr. Bloom and patient

Racing through Summer

Our Minnesota summer was glorious but all too brief...and filled with volunteer opportunities. After the flurry of spring events, the Relays for Life in White Bear Lake and Burnsville soon followed, supported by physician/staff contingents from our Maplewood and Burnsville clinics.



BU Relay

Cancer awareness events continued through late summer and into early autumn, with the Minnesota Oncology faithful supporting the **Breath of Life Lung Run**, the **MOCA Silent No More Run** for ovarian cancer and **Twin Cities Purple Ride** for pancreatic cancer.



Dr. Steven Rousey, Dr. Paul Thurmes & Margie Sborov at Lung Run

Our sincere appreciation to all those who put on their running shoes or volunteered at the Minnesota Oncology booth.



White Bear Lake Relay for Life 2011



Anoka Relay for Life



2011 Purple Ride



Jeane Bakken Meets and Greets



Jan, Barb and Lisa w/ next generation volunteer.

The power of one... plus Mom

Perhaps inspired by similar fundraising in Edina, Linh Veire and her mom tied on their aprons and prepared 700 eggrolls as a money-maker for the White Bear Lake Relay for Life. Nicely packaged a frozen...they were ready for pick up and the oven, and were a big hit with both physicians and staff. This effort raises \$650 for the relay.



Fine Tuning the Engine *Mark Sborov, MD*



Even if you have high-performance engine in your car, it needs regular fine-tuning. That's what we are doing here at Minnesota Oncology; fine-tuning an already exceptional product.

Our organization has been a community leader in the delivery of cancer and hematology care since its inception in 1985 when three physicians came together to form Oncologic Consultants. With the subsequent merger with our counterparts in St Paul, followed by an affiliation with our national partners, Minnesota Oncology has attained a reputation for outstanding clinical care. Many of our physicians have been recognized locally and nationally for their leadership. I believe that the glue that holds us together is the focus on patient care. Minnesota Oncology's physicians and staff are caring and compassionate, and we have so much to be proud of.

The culture initiative we have embarked on involves change, but more importantly, it's about enhancing the patient experience by examining practice operations from the patient perspective. We want to be the community leaders concerning a great patient experience...a true "Culture of Excellence," so that at the end of each day we can look back and say that we met the needs of every patient - One Patient at a Time.

This fine tuning of operations and our corporate culture is about reflecting on what brought us together as a practice and reiterating the partnership principles that inform our working relationships. With all that is going on in healthcare, it is sometimes easy to forget about these principles. My desire is to see Minnesota Oncology create a self-sustaining culture of caring.

We're making progress. US Oncology provides us with a "Net Promoter Score" - a practice metrics report card on the likelihood that our customers would recommend our practice, based upon feedback from patients and referring physicians. Minnesota Oncology's net promoter score has increased since 2008 when the Quality program was launched. Almost every metric has improved and overall satisfaction with our services has increased. We can all be proud of this progress.

There is still much work to do, but I am very impressed with the energy displayed within Minnesota Oncology to achieve this goal for the ultimate reason - our patients.

Let's all engage in the process as we continue to fine tune excellence throughout the practice.

We Our Patients

One of our favorite times of the year at Minnesota Oncology is **Patient Appreciation Week** – a time to express appreciation to our patients for entrusting their care to Minnesota Oncology.

We Love Our Patients buttons were on proud display practice-wide as each site celebrated in their own unique way. Smiles, hugs, gift baskets and treats abounded throughout the 5-day celebration.

Appreciation is the gift that keeps on giving. Physicians and staff alike were the recipients of heartfelt appreciation in return from many of our patients.



Appreciation can make a day - even change a life. Your willingness to put it into words is all that is necessary. ~Margaret Cousins



Raffles Galore!



Staff and patients enjoy cake at SPCC



A Woodbury Welcome



Our Volunteers—Hours of Preparation

Patient Satisfaction with Minnesota Oncology

Audrey Hansen, Quality Administrator

It's always encouraging to hear about improvement in our patient satisfaction scores related to care and service they receive from us. US Oncology performs a patient satisfaction survey throughout the year on a small sample of our patients from all sites to give us a glimpse of how our patients feel about us. We use this data to determine if the various efforts or changes made within the organization have altered patient perception of care and service. In an attempt to summarize a large amount of data into useful information, here is an overview of the first half of 2011.

- A 'Net Promoter Score' is calculated based on their likelihood to recommend us.
- 'Overall Satisfaction' is based on those patients giving us a perfect score of 7.
- 'Likelihood to Recommend' is also based on giving us a perfect score of 7.

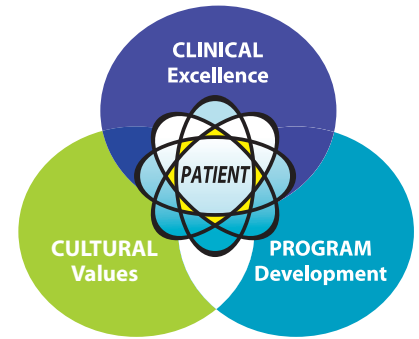
As you can see, we have improved on our overall scores even while national scores have declined. In fact we have made significant improvement so far this year in most of our individual question scores.

Two different patterns are seen in the data that can help us understand how to continue to become more patient focused.

The survey results are analyzed to produce key patient drivers, the items on the survey that drive a patient's likelihood to recommend based on importance, performance and impact. There are several individually scored questions that build these measures. In the first half of 2011 the four survey areas that impact likelihood to recommend the most (in order) are:

- Courteousness/Helpfulness of receptionist
- Care provided by nurse
- Courteousness of physician
- Level of staff concern for your comfort

The second observation is that our patients rate us more favorably in their treatment (clinical) experience than they do in their administrative (non-clinical) experience. This is based on the individual question scores on the survey. In the Administrative/ non-clinical area our scores range between 34% and 62%. In the clinical treatment experience our scores range between 64% and 81%.



Our mission is to combine the strength of hope with the power of science, one patient at a time.

Our scores range between 64% and 81%.

The Customer Service Team has been providing customer service training to the front office staff over the last few months in response to patient survey concerns to promote a patient-centered focus. The goal is to provide that training to the rest of the staff over time. The Culture Team has also provided training to physicians and leadership related to creating an environment that supports and promotes everyday civility. These are just a few of the efforts underway to provide everyone with the tools and skills needed to move Minnesota Oncology to exceptional patient satisfaction in both care and service.



A Major League Day



You Betcha!

It was about as perfect a summer day as you will ever see in Minnesota on July 24th when about 500 employees, family member and friends streamed into Target Field for our annual company baseball outing.

Clear blue skies for as far as you could see, low humidity and temps in the low 80's made for perfect conditions to enjoy the great American pastime. The sounds of happy fans, food hawkers, organ anthems and cracking bats wafted on the gentle breeze throughout the afternoon...and aside from the 5-2 loss to the Detroit Tigers, it was as good as it gets.

Walt Whitman, American poet, essayist and journalist, said it best with his philosophy of baseball ~

I see great things in baseball. It's our game — the American game. It will take our people out of doors, fill them with oxygen, give them a larger physical stoicism. Tend to relieve us from being a nervous, dyspeptic set. Repair those losses, and be a blessing to us.



Zeitz & Heggen families enjoy the day



Take me out to the Ball Game!



And a big note of thanks to Todd Heggen, outing planner extraordinaire, for the hours of work he put in to organize this event!



Our Gang



Sweet Memories



Joe Leach and family



Going, going, gone?



A day for family and friends

Heidi Ganzer Obtains Master's Degree in Clinical Nutrition.



On July 13, 2011, Heidi Ganzer defended her thesis, **“Utilizing the Vanderbilt Head and Neck Symptom Survey to Assess the Impact of Symptom Burden on Oral Intake and Weight Change over Time in Head and Neck Cancer Patients Post Chemoradiation,”** at the University of Medicine and Dentistry of New Jersey.

FOCUS

Heidi's research focused on 43 head and neck cancer patients who received chemoradiation at both the Maplewood and Saint Paul sites. Patients were evaluated regarding energy and protein intake, both via oral intake and nutrition received through a feeding tube. All participants had been evaluated routinely by a registered dietitian during treatment and the majority of patients were seen by a speech language pathologist.

FINDINGS

Among her findings, it was determined that there was a significant, inverse relationship between oral energy and

protein intake and dry mouth and mucosal sensitivity within the mid-stage of recovery.

In addition, weight change over time was assessed. Weight loss from diagnosis to treatment completion was 7.9%, lower than the majority of studies reviewed. Weight was assessed at the early (0-3.9 months) mid (4-9.9 months) and late stage of recovery (10-24 months post CCR).

WHAT'S NEXT?

Because Heidi's results are ground-breaking research in the field of oncology nutrition, she was asked to present her findings at Vanderbilt University in September.

Heidi is now working towards her Doctorate in Clinical Nutrition.

“Purchasing Points” – Lisa Hewitt

BIG CHANGE COMING IN OCTOBER!

As part of our ongoing integration with McKesson, Minnesota Oncology will be changing its medical supply distributor to “McKesson Medical-Surgical Inc.” In mid-summer our purchasing department was asked to head up the pilot program for the new ordering system.

Our purchasing staff attended planning meetings that included discussion of product confirmation, pricing issues, and computer ordering requirements. In early September, the Woodbury location signed on to be the first clinic to change over to the new distributor. Waconia followed soon after, and the remainder of our clinics will all make the change by the end of October.

Clinics will see very little change to their weekly ordering process and order sheets, as McKesson was able to match 98% of our practices standardized product. This means that all sites will receive the majority of the same manufacture brand products they have received from Henry Schein. The biggest and most positive changes will be in lower costs and shorter lead times on non-stock items.

OFFICE DEPOT (OUR NATIONAL VENDOR FOR OFFICE SUPPLIES)

This past July all US Oncology locations began to see a new Office Depot delivery approach with significant environmental benefits. Some orders are now delivered in labeled, sealed paper bags that arrive in our offices in re-usable plastic crates/totes (rather than cardboard boxes). The crate/tote is then taken back by the Office Depot delivery person.

The goal of Greener Office Delivery Service is to reduce the environmental impact of Office Depot deliveries and to respond to customer interest in saving resources and reducing waste.

* Mid-way through the year we are on our way to continued savings with our Pitney Bowes mailing program. As of June 30th we have saved \$ 2,293.00. We ask all the clinics to re-visit their out-going mail process to make sure they are taking advantage of this savings opportunity.

The Importance of the Advance Beneficiary Notice of Non-Coverage (ABN)/ Waiver and Diagnosis Codes

Submitted by Therese Sumstad and Rachel Zimmermann

With insurance companies becoming more and more vigilant overseeing their claim reimbursement, we as a practice need to do our part to ensure every claim submitted has the best chance of being approved. In the lab we can do this by making sure every lab test ordered has a valid diagnosis code supported by medical necessity. The Centers for Medicare and Medicaid Services (CMS) define medical necessity as, **“services that are reasonable and necessary for the diagnosis or treatment of an illness or injury...All services reported to the Medicare program...must demonstrate medical necessity through the use of ICD-9-CM diagnostic coding carried to the highest level of specificity for the date of service.”*** Medicare and other insurance companies determine which tests they consider medically necessary. Laboratory tests that are performed for screening purposes are excluded from Medicare and many other insurers’ coverage.

The following scenario (or one very similar) plays out daily in our laboratories.

A new patient has been seen by the provider and is then sent to have labs drawn. The diagnosis for the patient is “pelvic mass” (ICD-9 code 789.30) and the provider has ordered a CEA, CA125, BHCG, quantitative and an AFP. The insurance carrier in this case is Medicare, but it could be any number of insurers. All of the tests ordered are being done for screening purposes, because we have not yet identified the source of the abdominal mass.

The laboratory staff bears the responsibility for determining if the given diagnosis code(s) will support the ordered tests. And in an effort to alleviate the financial responsibility to the patient, attempts are made to communicate with the providers the importance and necessity of providing a diagnosis that will cover each of the tests ordered. In this case, only the CA125 will be covered under this diagnosis code.

At this point, without a valid diagnosis for the remaining ordered tests, the laboratory staff is now responsible for obtaining an Advance Beneficiary Notice (ABN) / Waiver from the patient. The lab staff needs to make sure the patient is aware that their diagnosis may not cover the testing that has been ordered and that they may be held responsible for the charges rendered if their insurance company denies coverage. The patient will need to decide if they still want to have the testing performed or

if they are going to refuse testing. This is often an unfair and difficult decision because the patient believes that if the provider ordered the test it must be necessary for their care. They must decide to follow the doctor’s order, often without an opportunity to discuss it further, or get caught in the financial bureaucracy.

The ABN / Waiver should be completed prior to the lab draw and preferably prior to the patient sitting in the chair waiting to have their labs drawn. A signed ABN / Waiver tells us the patient understands that should their insurance deny coverage it will become their responsibility. The ABN / Waiver should not be completed or signed if the patient is under duress. If the insurance company denies the claim for any number of reasons, but most commonly because the test is considered investigational or not medically necessary, having the signed ABN / Waiver shifts the payment responsibility from Minnesota Oncology to the patient. If the laboratory does not collect a properly completed ABN from the patient, the patient cannot be billed for the service. The financial responsibility then falls to Minnesota Oncology. Over the last three years, Minnesota Oncology has paid lab denials totaling over \$85,000 because of invalid diagnoses, tests that are considered medically unnecessary or testing that is considered investigational.

CMS does provide the Medicare National Coverage Determinations (NCD) list, in which the covered diagnosis codes are provided for certain laboratory tests. The codes on this list are considered acceptable and medically necessary for the test ordered and the list can be found in the laboratory or on the CMS website <https://www.cms.gov/CoverageGenInfo/downloads>. These lists are updated regularly.

Because of the restrictive guidelines for laboratory testing by CMS and other insurers, it is very important that providers, nurses and laboratory staff work together to provide appropriate and valid diagnosis codes for tests ordered. This will improve laboratory efficiencies and patient satisfaction while preventing unnecessary costs to the patient or to the practice.

***Advance Beneficiary Notice of Non-coverage (ABN)
TrailBlazer Health Enterprises, LLC
Published June 2011**

FORE the Cause

It was all smiles and hand shakes as an array of Minnesota Oncology duffers joined the fray with golf clubs in hand at several fundraiser tournaments this year.

Check out the MNO golf gang who came out to support the Angel Foundation, Ridgeview Hospital Foundation and Fairview Ridges Hospital tournaments...all teed up to fund various projects.

There was nothing par for the course about the results, as fundraising had a championship season. Dr Matt Gall also shared about his oncology work at the post-game dinner at the Ridges tournament.



L to R: Dr. Howe, Amy Schorn, NP, Dr. Toonen, Dr. Palmer



Bryan Flynn, Keith Feickert, Dr. P.J. Flynn, Dr. Matt Graczyk



The Bjorks & Berens – Golfing for Angel



Fairview Ridges Tournament– Dr. Gall, La Donna Boyd, Peggy Johnson, Christian Loger



Sborovs and Grosklags lead the way

2011 Third Quarter US Oncology Research Report

– Lynn Anderson RN, BSN, OCN

Patients Wanted

Do you know anyone getting first line treatment with Carboplatin or Cisplatin for one of the following metastatic disease sites; Non-Small Cell Lung Cancer, Small Cell Lung Cancer, Bladder Cancer, Endometrial/Cervical Cancer or Head and Neck Cancer? If you do let your US Oncology research nurse know, we might have a study for them with a new agent to treat chemotherapy induced anemia.

3RD QUARTER UPDATE

Dr. Steven Rousey, Dr. Avina Singh, Dr. John Schwerkoske and Dr. Shou-Ching Tang have tied for top accruing physicians, each having 1 accrual.

Edina, Burnsville, Woodbury and St. Paul tie for top accruing site, each with 1 accrual.

Our accrual goal for 2011 is 10 patients per month or 120 for the year.

US Oncology research had 4 accruals this quarter, for a total of 13 in 2011. In 2010 we had 62 accruals for the same time period and 70 accruals for the whole year.

CCOP STAFFING CHANGES

Karen Schmidt, US Oncology research nurse in Edina has moved into her new position as symptom management nurse in Edina; the position vacated by Wendy Elasky.

I will be covering the Edina US Oncology position on Monday PM, Wednesday and Thursday. I will continue to oversee the US Oncology Research program and support staff that work with that program. Kari Hurley, Holly Desma, Lori Green, Patti Shrake,

Lynette Beaver, Jenifer McClure, Franceen Maroney, Deb Biegert, Marcy Mickelson and Laura Bosshardt will report to me

Joanna Gau has been promoted to NCI treatment staff nurse manger for Minneapolis, Coon Rapids and Fridley. She will continue to see patients in the clinic, but will transition some of her patient work over to Mary Sladek. Vu Huynh, Mary Sladek, Claire Keller, Katie Gruetzman, Colette Ottmar and Claudia Wennerlund will report to her.

Mary Sladek will be joining the Minneapolis team as a full-time NCI treatment nurse on 10/17/11. Once she has finished additional orientation Joanne will transition completely into her new role.

Colette Ottmar has joined the research staff in Coon Rapids in the full-time NCI treatment nurse role vacated by Janet Hamilton.

Terry Evans has been promoted to NCI treatment staff nurse manager for the Maplewood Cancer Center. Sarah Umhoefer and Leslie Jones will report to her.

Charlotte Coles has been promoted to NCI symptom management nurse manager position vacated by Renae Hill. She will continue to cover Coon Rapids/Fridley with some help from the other staff there until her replacement is hired. She will have some indirect reports; Kari Hurley, Holly Desma and Deb Biegert. Her direct reports will be: Rachel Fallon, Karen Schmidt, Anne Dombrock, and Leah Jamieson.

Rachel Fallon has joined the research staff in Minneapolis in the symptom management position previously held by Jessica Miller.

US Drug Supply Infrastructure Issues: Where are the drugs?

– Jan Merriman, RPh BCOP

Drug shortages and backorders are now daily occurrences in health systems and physician offices, and the alarming number of drugs in short supply is increasing in 2011. The scope is impacting all areas of patient care, but it is impacting the oncology marketplace particularly hard since there are often no equally effective alternatives.

The FDA and the American Society of Health-System Pharmacists (ASHP) maintain lists on their websites of drugs that are in short supply or unavailable. The ASHP list is considered more comprehensive because the FDA lists only those drugs they deem “medically necessary”. By FDA definition, a drug is considered medically necessary if it is used to treat/prevent a serious disease with no other source immediately available and no medically acceptable alternative.

Early in 2011, the FDA listed 48 drugs in short supply; currently, 71 drugs are listed in short supply, 17 of which are chemotherapy drugs. ASHP currently lists 200 drugs in short supply, 30 of which are chemotherapy agents or medications used in supportive care. These are the highest numbers in decades in the US. Most of the drugs in short supply are older generics due to various factors in the generic industry infrastructure. Some examples include commonly used chemotherapy agents such as doxorubicin, etoposide, cisplatin, cytarabine, bleomycin, fluorouracil, leucovorin, paclitaxel and Doxil, to name a few.

These shortages also impact our ability to enroll patients on clinical trials when adequate supply cannot be guaranteed for the entire regimen. Using less familiar alternative treatments has also led to increased numbers of medication errors, resulting in patient safety concerns.

The impact of these shortages is very distressing to cancer patients at a very difficult time when they are fighting cancer. Minnesota Oncology has been fortunate in that our affiliation with US Oncology has protected us to some degree from chemotherapy drug shortages over the past year, through aggressive and proactive drug management and direct communication with the FDA; however, the impact we *have* felt is significant and distressing.

WHY ARE SO MANY DRUGS IN SHORT SUPPLY NOW?

Most drugs in shortages are due to manufacturing/production and demand issues. There are many variables and factors that can result in a drug being in short supply: shortages due to supplier or manufacturing issues, manufacturing plants closing, manufacturer consolidation,

reduced supply of raw materials (80% of which are from outside the US), natural disasters, unanticipated increased demand, increases in voluntary recalls, enforcement activity by the FDA, artificial shortages due to stockpiling/hoarding, political upheaval or armed conflicts and business/economic decisions by the manufacturers who have to answer to shareholders.

Once a drug has been generic for many years the number of manufacturers making it decreases, sometimes to only two manufacturers. As the number of manufacturers decreases over time, resiliency in the supply chain also decreases.

In addition, accurate and timely information about a shortage is lacking or inadequate. There is often no advance warning of a shortage, making development of alternative plans difficult. Numerous organizations are concerned about the lack of manufacturer and wholesaler transparency in disclosing reasons for drug shortages. Once a drug is in short supply, the effect trickles down to viable alternatives.

Manufacturers are not required to inform the FDA if they are exiting the marketplace for a particular drug. Due to ‘just in time’ manufacturing for anticipated need, and ‘just in time’ inventory management as the norm in healthcare, one recalled lot or a plant shut-down creates a shortage nationwide; other generic manufacturers cannot immediately fill the gap or may decide it’s not economically viable. Generic manufacturers anticipate market demand very closely, so any small decrease in supply can create a shortage situation.

SHORTAGES OF INJECTABLE GENERICS

Injectables accounted for more than 75% of all shortages in 2010. Injectables are much more difficult and costly to manufacture due to the regulatory and testing requirements; oral products are easy by comparison.

Generic drug manufacturers have little slack in the system. Manufacturing interruptions can have a ripple effect, as each production line is often used for multiple drugs and amounts made just satisfy projected needs. Lead time to switch between generic products may be significant. Sometimes the FDA requires plants to upgrade, which can cause delays or cause the company to exit the market for that drug due to the high cost of upgrading. Some manufacturers exit the market for a drug due to insufficient economic returns on the product.

Complicating drug shortages is the intermittent nature of many generic drug shortages. A drug might be available one day and not the next, or might be available in one region and not another, leading to confusion amongst patients and clinicians. The generic manufacturer that a practice or institution contracts with can also lead to shortages at one location while another practice/institution down the road has adequate supply. It is also often not clear when we are ‘out of the woods’ and a drug is back in adequate supply.

TAKING ACTION

In November 2010, a Drug Shortages Summit was convened to address this crisis. The summit, convened jointly by the American Society of Clinical Oncologists (ASCO), the American Society of Health System Pharmacists (ASHP), the American Society of Anesthesiologists, the Hematology Oncology Pharmacists Association (HOPA) and the Institute for Safe Medication Practices (ISMP), was also attended by representatives from the FDA, pharmaceutical manufacturers, other health professional organizations, and supply chain distributors. The Summit drew up a list of recommendations for action:

- Improve communication among stakeholders in the pharmaceutical supply chain and healthcare providers
- Remove barriers faced by the FDA and drug manufacturers to minimize the impact of drug shortages
- Explore expanding FDA authority to require manufacturer notification of market withdrawals (such as 9-12 months before planned exit)
- Require FDA notification if there is a single manufacturing source, and if there is an interruption in the supply of raw material or manufacturing processes.

Legislation introduced by Sen. Amy Klobuchar (D-MN) and Sen. Bob Casey (D-Penn.) requires prescription drug manufacturers to give early notification to the FDA of any incident that would likely result in a drug shortage. It has not been passed into law yet, but would at least mitigate some of the shortage problems if/when enacted. More advance notice would also allow for options such as importing drug from other countries when appropriate.

Patients and the quality of their care is our main concern. Unfortunately, drug shortages will not be resolved soon or easily. We need to continue our efforts to raise awareness and to work towards solutions.

Mission Statement

Through an innovative and integrated approach of financial assistance, education, and support, Angel Foundation helps adults with cancer and their families so that they may live life well with stability, strength, and resilience.

Partners in Caring

Megan Brinkmann –One person can make a difference



In addition to her work as a financial counselor, Megan also spearheads fundraising efforts for Angel Foundation at the Waconia clinic.

At Angel Foundation, our work depends upon our partnerships with other cancer professionals who inform those who are living with a cancer diagnosis about our programs. Throughout oncology clinics in

the seven-county metro area, financial counselors like Megan Brinkmann help connect cancer patients with our much needed financial assistance program.

“Megan is an example of how one person can make a huge difference,” says Kelly Theesfeld, coordinator for Angel Foundation’s Financial Assistance Program. “Due to her dedication in spreading the word about this program, we are helping more patients than ever from Minnesota Oncology’s Waconia clinic.”

Three years ago, Megan started working at Minnesota Oncology’s Edina clinic as a scheduler. As a seven-year survivor of lung cancer, the area of specialty is near and dear to her heart. This spring she became a financial counselor in the Waconia clinic, a role she says allows her to give back even more to cancer patients; and, she does, with a passion and empathy that can come only from a cancer survivor. “I’m there to be an

advocate for these individuals,” she says. “I’m there to tell them not to be afraid to call, that they needn’t be scared to ask for help...that it’s okay to take that option because we don’t know what tomorrow brings,” she says.

At a time of fear, uncertainty and enormous stress for these individuals and their families, Megan works with each individual to determine financial need and then fills out and submits the application for financial assistance if needed. “I know they feel alone without resources to pay everyday bills that don’t stop coming in because they have a cancer diagnosis,” she says. “They feel they’ve lost out on options.”

When Megan receives confirmation that their application has been approved, she says the most rewarding part is making the calls back to give patients the good news. “The recipients cry and give me a ‘phone hug,’” she says. Best of all she says, is hearing the relief in their voices. “With the approval of this assistance, they know that there are people that do care about them, that they do have options and they aren’t going through this alone.”

She cites the example of one woman in her 60s who is in active cancer treatment. Her husband is very ill and can’t work. In order to pay the bills, she works two part-time jobs. Upon receiving the financial assistance, she thanked Megan for caring about her and helping her overcome her stressors because she

SAVE THE DATE!

Events and Program Activities

Angel’s Attic
October 15-18
10801 Hampshire Avenue South
Bloomington

**Education and Support Series—
Facing Cancer Together**
Mondays October 3, 10, 17, 24,
November 7 and 14
Angel Foundation office
700 South Third Street, Suite
106W, Minneapolis

Bowling for Angel
November 12
Southtown Lanes
Bloomington
First strikes at 10:00 a.m. and 12:00 noon

New Years Party—Facing Cancer Together
January 9
Eden Prairie

Angel Awards
January 28
Hilton Minneapolis


Connect with Angel Foundation

Connect with Angel Foundation at www.mnangel.org or follow us on Facebook, Twitter—our handle is @angelfoundation—and our blog at mnangel.org/post/blog.

didn’t have to spread herself so thin that month.

Says Megan, “Whether it is \$150 or \$600, the amount of money means more than anybody could ever imagine. That money is helping that patient to breathe a little bit easier.”

For more information about Angel Foundation or to sign up for a Facing Cancer Together program, visit www.mnangel.org or call 612-627-9000.

Follow Angel Foundation on Twitter and Facebook:  @angelfoundation,  www.facebook.com/angelfoundation

Quarterly Calendar

OCTOBER

- **October 4, Lung Cancer Support Group**, Southdale Medical Bldg, C73, 4:00-5:00 PM
- **October 4, Look Good Feel Better**, Edina Clinic, 10:00am – 12:00pm
- **October 6 Lung Cancer Support Group**, Minneapolis Clinic Conference Rm., Ste 100, 5:50-7:00 PM
- **October 19, Look Good Feel Better**, Maplewood CC, 10:00am – 12:00pm
- **October 20, Look Good Feel Better**, Minneapolis Clinic, 10:00am – 12:00pm
- **October 20, CARS (Colorectal Cancer) Support Group**, Edina Clinic, 5:30-7:00 PM
- **October 27, Look Good Feel Better**, Burnsville Clinic, Main Floor Conference Rm., 10:30am-12:30pm



NOVEMBER

- **November 1, Look Good Feel Better**, Edina Clinic, 10:00am – 12:00pm
- **November 2, Look Good Feel Better**, Woodbury Clinic, 1:30-3:30 pm
- **November 3, Lung Cancer Support Group**, Minneapolis Clinic Conference Rm., Ste 100, 5:50-7:00 PM
- **November 1, Lung Cancer Support Group**, Southdale Medical Bldg, C73, 4:00-5:00 PM
- **November 8, Look Good Feel Better**, St Paul CC Conference Rm., 10:00am – 12:00pm
- **November 16, Look Good Feel Better**, Maplewood CC, 10:00am – 12:00pm
- **November 17, Look Good Feel Better**, Minneapolis Clinic, 10:00am – 12:00pm
- **November 17, CARS (Colorectal Cancer) Support Group**, Edina Clinic, 5:30-7:00 PM



No November Class - Look Good Feel Better, Burnsville Clinic, Main Floor Conference Rm., 10:30am-12:30pm

DECEMBER

- **December 1, Lung Cancer Support Group**, Minneapolis Clinic Conference Rm., Ste 100, 5:50-7:00 PM
- **December 6, Look Good Feel Better**, Edina Clinic, 10:00am – 12:00pm
- **December 6, Lung Cancer Support Group**, Southdale Medical Bldg, C73, 4:00-5:00 PM
- **December 15, CARS (Colorectal Cancer) Support Group**, Edina Clinic, 5:30-7:00 PM
- **December 21, Look Good Feel Better**, Maplewood CC, 10:00am – 12:00pm
- **December 22, Look Good Feel Better**, Burnsville Clinic, Main Floor Conference Rm., 10:30am-12:30pm



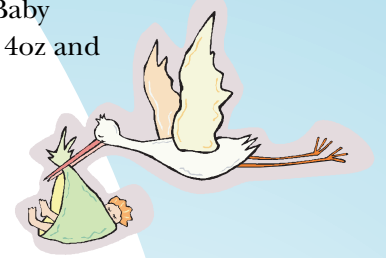
No December Class, Look Good Feel Better, Minneapolis Clinic, 10:00am – 12:00pm

Taking Note

❖ *Stork Club*

Congratulations to **Kim Dahlberg** (CBO) and her family on the birth of a son, **Kasen James**, on Jul 15th. Baby Kasen weighed 7 lbs, 4oz and was 21 inches.

Melanie Tsarfati (CBO) welcomed a daughter, **Irelyn** on July 21st. Their bundle of joy weighed 8lbs, 9oz and was 21.5 inches long.



A son was born to **PaHoua Xiong** (MCC) on August 12th. Baby **Aiden** weighed 6lbs, 2oz.

Congratulations to **Maggie Cunningham** (MCC) on the birth of her daughter, **Avery Davin** on September 11th. Avery weighed in at 7lbs, 7oz.

John Miller (MCC) and his wife, Sara, are the proud parents of daughter **Colette**, born on August 23rd, weighing 8lbs 13 oz.

A baby boy was born to **Stacy Pearson** (Coon Rapids) and her husband on October 3rd. **Robert Mark (Robbie)** weighed 8lbs, 11oz and was 22 inches long.

❖ *Coming Events*

- **Bowling for Angel** – November 19, Southtown Lanes in Bloomington
- **Practice Holiday Party** – December 10th