Highlights of ACCC's 28th Annual National Meeting

More than 500 cancer care professionals attended ACCC's 28th Annual National Meeting in Arlington, Va., on March 20-23, 2002. Attendees learned how new policies and regulations will affect their ability to provide the best treatment for their patients.

Hospital pass-through payments for oncology drugs were a hot topic of discussion. Until now, the Medicare program has paid for cancer drugs at 95 percent of average wholesale price (AWP). According to the Centers for Medicare and Medicaid Services (CMS), "effective for services on or after April 1, 2002, a uniform reduction of 63.6 percent applies to transitional pass-through payments made under OPPS [the hospital outpatient prospective payment system]." For pass-through drugs, this payment reduction will be implemented differently based on three classes of drugs (sole-source, multisource, and generic) that are assigned by CMS. (See "Issues" on page 8.) Unfortunately, the agency has not clearly defined each of these classes, and there is no published list of drugs by CMS category.

Each year at ACCC's Annual National Meeting, policy leaders from Congress are invited to join ACCC leadership to discuss legislative and regulatory issues related to oncology care and patient access. This year, Congressman Philip M. Crane (R-Ill.), a member of Congress for 33 years, spoke of the importance of modernizing the outdated Medicare program. Crane serves as vice-chairman of the House Ways and Means Committee and is a member of the committee's Subcommittee on Health.

Congressman Philip M. Crane (R-Ill.), a member of Congress for 33 years, spoke to meeting attendees about the importance of modernizing the outdated Medicare program.

Crane briefly mentioned that he had lost his four-year-old daughter in 1997 to non-Hodgkin's lymphoma after battling the disease for four years. She was one of Crane's eight children.

The congressman spoke about reimbursement issues affecting quality health care. "We continue to work with the Administration and remain hopeful that, as we continue to work on reforming the AWP reimbursement system, CMS will make some changes to the proposed payment changes for medications administered in outpatient departments," he said. "We must also ensure that any changes to the current AWP system do not undermine effective and efficient delivery of services to cancer patients."

Sessions at the meeting by national experts provided practical information and the strategies needed for participants to streamline their programs and improve their institution's or practice's financial health.

Workforce shortages were of particular concern. Over the next 20 years, the

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Former President George Bush and First Lady Barbara Bush received the Association of Community Cancer Centers' 2002 Annual Achievement Award for their efforts in bringing the cancer community together through the National Dialogue on Cancer (NDC). Accepting the award on their behalf was Margaret Bush, their daughter-in-law, shown at left, with then-ACCC President Teresa D. Smith, R.N., M.S.N. President and Mrs. Bush serve as co-chairs for the NDC, which is dedicated to the mission of eradicating cancer as a major public health problem. The Bushes have a long, distinguished record of public service and politics.

health care system will experience workforce shortages in a host of fields, including registered nursing, oncology nursing, and radiation oncology. The shortage will have a strong impact on aging babyboomers in need of health care services.

The health care system will require "350,000 more workers in nursing and non-nursing areas by 2008," said Joyce E. Johnson, R.N., F.A.A.N., D.N.Sc., senior vice president of hospital operations for Georgetown University Hospital in Washington, D.C. She maintains that the required workforce growth for nurses, pharmacists, lab technicians, and radiation therapists cannot be achieved by that date.

"Panic is out there," Johnson said. "We should have started addressing the problem 15 years ago."

Finding qualified radiation therapists is also difficult. The number of first-time ARRT radiation therapy examinees peaked at 1,000 in 1994 and has steadily declined to 400 in 2000, with a slight climb to 600 in 2001.

Palliative Care for Patients With Cancer

"Modern medicine and its technology today can keep people alive for a tremendous amount of time, but sometimes one needs to question whether this tactic is appropriate," said Rita Becchetti, M.H.S., R.N.C., F.H.C.E., of LifePath Hospice and Palliative Care in Tampa, Fla.

Instead of viewing death as part of the natural life cycle, many physicians believe that they have failed if their patient dies. This message is often conveyed to medical students.

Americans "live in a youth-oriented, death defying society," Becchetti said, recalling the remarks of a physician from Spain, whom she had met a few years ago. "The more he learned about health care in the U.S.," she said, "the more he realized that Americans think death is an option."

...medical students are inadequately trained in the care of dying patients...

Studies published in the *Journal of Palliative Medicine* have indicated that medical students are inadequately trained in the care of dying patients, noted Becchetti. Most medical schools (at least 90 percent) include some material about death and dying in their curricula, usually offered as an elective or as part of a broader course. Related course information about pain medication focuses on post-operative pain management and *not* on death and dying.

A 1994-95 survey of 126 medical schools found that only five schools offered a separate course on end-of-life issues. LifePath Hospice and Palliative Care is currently in the process of undertaking a more current survey of medical schools on this topic, but some in palliative medicine believe these numbers will not change dramatically in the near future. Only 17 percent of the hospitals in a 1992 study reported using a hospice rotation of any kind, and those were mandatory only less than half the time.

Becchetti said that most physicians regularly have to conduct discussions with family members to share bad news, and there is little in the medical literature, even less research, and almost no formal training for medical residents to turn to for assistance. Physicians often overestimate by fivefold the remaining time the dying patient has to live, Becchetti said.

End-of-life overtreatment and undertreatment of pain and symptoms often just prolong suffering. "We need to differentiate palliative care from appropriate hospice," she said.

Becchetti reported that Choice in Dying, a national not-for-profit organization, conducted a study on communication with regard to complex end-of-life decisions. Faculties from 11 medical schools were involved. Recommendations included:

- Explicit goals and objectives for end-of-life education that encompass the many needs of the dying patient, including physical, emotional, legal, ethical, social, and spiritual needs
- An interdisciplinary approach to teaching that incorporates palliative care
- Increased interaction of medical students with dying patients and caregiver mentors
- Enhanced communication with caregivers and patients, families, and staff.

The Terrible Gift of the Human Genome

The mapping of the human genome will produce profound changes in the ways medicine is practiced and open new avenues for health in the future. At the same time it will create a host of basic problems that should be addressed now to keep inequities and conflicts from developing, according to presenter and futurist Rick J. Carlson, J.D. He foresees a day when we will carry around a diagram of our personal DNA on a microchip inserted under our skin. These portable genomic maps will tell health care providers critical information, but can also be abused by employers and insurance carriers if safeguards are not put in place early on.

Carlson sees medicine as already shifting its orientation from treating a disease to finding and eliminating the cause of the disease. He foresees the "personalization" of medicine in which the new field of proteomics will allow development of treatments that suit each individual's unique physical characteristics. Complicated ethical and financial questions will arise. If we have the power to "fix a problem" permanently for the rest of someone's life, how do we amortize that investment over time? Will the thousands of dollars spent at the beginning of life really translate to savings later on? Does environment play a greater role in disease than genetics?

Carlson also sounded a call to disseminate new findings about genetics and the genome to family practitioners and other health care professionals who don't fully understand how the science has developed in the last 10 years. He thought third-party payers and other members of the insurance industry should be better informed as well, since they will be making 99 percent of the decisions about what kinds of genetic care will be supported and reimbursed.