



| FROM THE EDITOR |

## The Five-Front War

by Lee E. Mortenson, DPA

Oncology is looking a lot like a battlefield these days, with the caregivers surrounded by armed and dangerous foes on all sides. One hit has already been taken by hospital outpatient cancer programs, which are now being reimbursed far less than the cost of drugs they are providing to their cancer patients.

While this blow is devastating, the real battle is now fully engaged. On the legislative front, Congress is proposing significant cuts to drug margins in office practices. On the regulatory front, the Centers for Medicare & Medicaid Services (CMS) is proposing its own drastic cuts in drug margins in the office setting and radiation oncology reimbursement cuts in hospitals, as well as revising its payment structure for hospitals (not necessarily for the better).

Needless to say, the oncology community is frightened and lashing out, much like an embattled and outnumbered army ambushed by a surprising number of opponents. This five-front battle affects all of us—medical oncologists, radiation oncologists, hospital and office administrators, and cancer patients and their families. And, the disruption to cancer care is going to make the Blackout of 2003 look like a family picnic.

Of course, it's not in our bones to wave a flag of surrender, not when caring for cancer patients has come such a long way in the last 30 years.

Unfortunately, a Supreme Allied Commander is not at the helm defending against this attack on cancer care; there is no Eisenhower or Schwarzkopf calling the shots. Instead, we have a loose coalition of oncology organizations coordinating their individual efforts, sometimes well and sometimes poorly. Obviously having all of the oncology organizations fighting in just one of the five fronts makes no sense. At the same time, spreading ourselves thin by trying to fight on all five fronts at once would be a waste of scarce resources. What we must do is ensure that the oncology community uses a consistent message and, if possible, a consistent battle strategy. What we must not do is allow our defenses to be breached by fighting without a common cause and strategy.

Our five-front war has just begun, and the obstacles to continuing to provide quality cancer care are formidable. If Congress doesn't take away the office drug margin by one or two or three methods, CMS will be delighted to do so.

Before you throw up your hands in defeat, I'd suggest working with your congressional representative and the cancer organizations of your choice. When asked to write or call Capitol Hill or CMS, give it serious consideration, and then do it. Venting your frustration is a tempting outlet, but a better option is to speak from the heart and tell your congressional representatives the truth. Give them facts about your hospital program or office practice, the real costs, and the real dangers that you face.

Despite everything that you or I do, the possibility exists that we will lose this war. After all, it wouldn't be the first time that Congress or CMS has made a miscalculation that has cost human lives. Still, our patients and their families are worth fighting for. And even if you are engaged in the trenches or the front lines of this battle, take the time to cheer on your comrades in arms who are fighting on the other fronts.