United We Stand, Divided We Fall

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Between the changes mandated by the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) and the unrolling of average sales price (ASP), 2005 looks to be an extremely interesting year for the oncology community. Will physicians be able to continue to administer chemotherapy in their offices? Will physicians be sending cancer patients to the outpatient hospital setting to receive certain treatment regimens? Will the new reimbursement methodology result in an increased number of joint ventures between hospitals and physician offices?

What *is* certain is that cancer-based hospital programs and physician practices must work together to ensure all cancer patients receive quality cancer care in their community. This truth is self-evident. It is also what makes the Association of Community Cancer Centers (ACCC) unique—ACCC includes both hospitals and physician practices in its membership

To serve its membership, ACCC educates and advocates for both populations and the entire multidisciplinary cancer care team For example, all ACCC meetings offer both hospital and practice tracks. ACCC's efforts on the Hill also focus on key issues in both settings—from working to increase drug payments for hospitals to increasing administration payments for physician practices. Under "Find a Cancer Center" on ACCC's web site (*www.accc-cancer.org*), hospitals and physician practices are listed together by state. In this issue of ACCC's journal, *Oncology Issues*, you will find updates on both the 2005 OPPS Rule and the Physician Fee Schedule. You will also find an article on an innovative health system-owned medical oncology practice structured as a private practice that uses the hospital-based outpatient infusion center. An article on joint ventures between hospitals and physician practices will appear in the March/April 2005 *Oncology Issues*.

The ties between hospital-based cancer programs and physician practices are dynamic. The relationship between the two is often complex, running the gamut from competition to partnership and everything in between. As the hospital community watches its brethren in the physician practice setting adjust to ASP + 6 percent, it is with the understanding that at this time next year hospital cancer programs will also be paid under ASP. And if reimbursement under ASP + 6 percent is not adequate, the entire oncology community will suffer.

While it is too early to forecast what ASP will mean to physician practices and hospitals, one constant remains. It is the desire to provide our patients with quality cancer care in their home setting. The oncology community has struggled with inadequate reimbursement in the past and will likely do so again in the future. The key to our success is our ability to come together for a common goal. Whether we provide cancer care in the hospital setting, at a freestanding center, or in a physician office, we embrace the motto: "united we stand, divided we fall." For only by standing together to offer cutting-edge treatment to our patients can we fully serve our community in its fight against cancer.

Coming in Your 2005 Oncology Issues

- Joint Ventures: Benefits and Drawbacks
- Measuring Quality Healthcare in Radiation Oncology
- How to Maintain Your Practice in the Face of Shifting Business Lines
- Medical Information Technology Systems: What Cancer Centers Need to Know
- Marketing Your Radiation Oncology Center
- Pharmacoeconomics 101
- Increasing Patient Satisfaction with Your Cancer Program

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