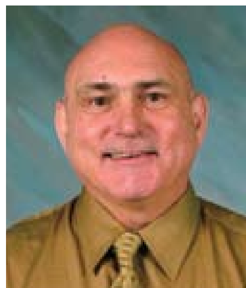
Access to Change

by James C. Chingos, MD, CPE

The future of clinical oncology promises new found excitement and challenge for those caring for patients with cancer. With the advent of targeted therapy, some feel the cure or, more likely, the measured control of cancer as a chronic disease is within our grasp. Using this "new modality," we are beginning to understand the genetic and molecular processes responsible for the initiation and perpetuation of malignant cell transformation. In fact, Dr. von Eschenbach's keynote speech at ACCC's recent Annual Meeting stressed the "molecular metamorphosis," that is already underway in healthcare.



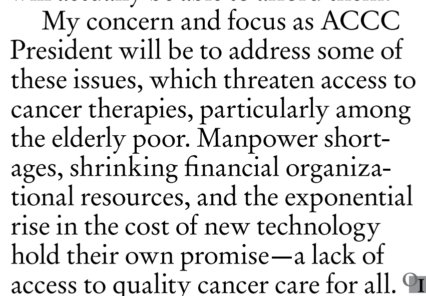
And yet, one issue casts a significant shadow over this promise—access to care. While the promise of new targeted therapies and treatment is great—many of these advances come at a steep price. Today, the cancer care community is facing tough questions related to the delivery of quality care, such as when do new technologies and treatments become *too* expensive? Already many patients are having difficulty paying for their anti-cancer treatments. And I fear the oncology community may be heading in a direction that will negatively impact patient access to new technologies.

Our country's demographics bring its own challenge—the coming increase in Medicare-eligible baby boomers in the next decade. But who will treat them? The shrinking workforce of oncology-specific professionals? Healthcare practitioners—including medical oncologists, oncology pharmacists, surgical oncologists—are in great demand. Oncology nurses and the nursing workforce in general have faced shortages for many years now.

Then you factor in the great unknown: the long-term impact of the Medicare Modernization Act of 2003, which is already having a huge effect on Medicare patients receiving treatment in the private practice setting.

Finally, the oncology community faces the promise and challenge related to oral therapies—*how will these therapies be reimbursed* and *how will practitioners ensure patient compliance with these new treatment regimens*? Many, if not the majority, of the new and in-the-pipeline targeted therapies are orally administered. Over time, cancer therapies will be slowly "shifted" out of the classic infusion center. What will this change mean to our hospitals and oncology practices? What will it mean to our patients?

To date our experience with the handful of targeted therapies that are FDA approved and commercially available is that they are extraordinarily expensive. In the past the pharmaceutical industry has often been very generous in providing patient assistance programs and compassionate access to therapies among the indigent. One must now question, however, if *any* industry, government health insurance program, or private payer will be able to handle the aggregate cost of access to existing and future targeted therapies. While millions of patients will be eligible to benefit from these therapies, how many will actually be able to afford them?



My concern and focus as ACCC President will be to address some of these issues, which threaten access to cancer therapies, particularly among the elderly poor. Manpower shortages, shrinking financial organizational resources, and the exponential rise in the cost of new technology hold their own promise—a lack of access to quality cancer care for all.

Coming in Your 2006 Oncology Issues

- A Model Recruitment and Retention Program for Radiation Therapists
- Establishing a Non-Profit Foundation at Your Community Cancer Center
- A Model Patient Navigator Program
- Oncologic Telerobotic Surgery
- Hospital-Based Cancer Programs: 2006 and Beyond
- Professional Caregiving: The Interdependency of the Oncology Team

Plus, a look at how patient assistance programs can help your bottom line

ILLUSTRATION/GETTY IMAGES