



## Committee Briefs

Marsha J. Fountain (Chairperson)

To cite this article: Marsha J. Fountain (Chairperson) (1986) Committee Briefs, The Journal of Cancer Program Management, 1:1, 3-3, DOI: [10.1080/08986053.1986.11904862](https://doi.org/10.1080/08986053.1986.11904862)

To link to this article: <https://doi.org/10.1080/08986053.1986.11904862>



Published online: 19 Oct 2017.



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## **Department of Health and Human Services Agrees with PROPAC and ACCC Recommendations on Changing Leukemia DRGs**

In an announcement of proposed Federal rulemaking on June 3rd, the Department of Health and Human Services (DHHS) signaled its agreement with a recommendation of the Prospective Payment Assessment Commission (PROPAC) based on evidence supplied by ACCC that the leukemia DRGs will require significant adjustments.

While the initial recommendation from PROPAC was that the current five leukemia DRGs (400 through 404) be recomputed, DHHS proposed to recompute them and add a sixth leukemia DRG (DRG 473). The new DRG 473 will cover "acute leukemia without major operating room procedure, age greater than 17" and include ALL acute myeloid leukemia and acute monocytic leukemia, acute erythremia and acute leukemia NOS (not otherwise specified).

"This reclassification is more likely to assure adequate funding for these patients," stated ACCC President Paul N. Anderson, M.D., in response to the Federal Register announcement. "We have been campaigning for some time to get a couple of key adjustments to the initial DRG system that have had an immediate and negative impact on cancer patient care. The leukemia DRGs were obviously causing serious problems in reimbursement for facilities involved in their regular care."

ACCC Executive Director Lee E. Mortenson noted that the disparity in funding leukemia patients was picked up in the early days of the Association's DRG Research Project and its change has been a major objective of the program ever since: "In a September 1984 article of *Seminars in Oncology*, Dr. Gale Katterhagen and I first noted the significant institutional losses when AML and ALL patients were managed appropriately. In less than six months, a half dozen patients generated a loss of over a quarter million dollars. Over the past several years, we have heard a number of institutions state that they now refer these patients to other hospitals because they cannot tolerate the significant loss. This is a catastrophe for the patient and family." ■

## **ACCC Members Provide Information on Chemotherapy DRG**

At the request of DRG study chairman John W. Yarbrow, M.D., Ph.D., and ACCC Executive Director Lee E. Mortenson, ACCC-member institutions have been sending detailed information on their experience with DRG 410 and other cancer DRGs.

"We are continuing to receive both detailed financial information from ACCC-member institutions and anecdotal information on chemotherapy problems," said Mortenson. "We are in the process of beginning our analysis with the intention of presenting this information to PROPAC in the next two months."

PROPAC has indicated an interest in continuing its study of anomalies in the chemotherapy DRG and may make it the subject of its September meeting. ACCC provided PROPAC with an initial statement on difficulties with chemotherapy reimbursement last summer. In a letter to ACCC members, Yarbrow and Mortenson noted that a large number of institutional members have cited significant losses with continuous infusion chemotherapy and regular small losses in all chemotherapy.

"PROPAC has indicated that the payment problems with the chemotherapy DRG are 'less striking'," said Mortenson, "but we have found that it is a regular 'loser' and its high frequency occurrence in our institutions and organizations leads to a significant overall loss." ■

## **Second DRG Report Being Prepared**

Association DRG Research Sponsors will soon receive a second report on Cancer DRGs. The monograph, now in preparation, will include current information on cancer DRG frequencies, charges, reimbursement, and when available, cost. In addition, using a National Data Base managed by ELM Services, Inc., (ACCC's management support firm and the research contractor for the Association's DRG research studies) the report will generate information on the costs of care by type of cancer.

Stated Mortenson: "We have recognized for some time that cancer care is different from many other forms of care. One of the major differences is that it is a multiple admission phenomenon. Patients return under a variety of discharge diagnoses. Thus, looking at a single DRG to determine whether a kind of cancer is a 'winner or loser' can be misleading. A pa-

tient may come in for a mastectomy, for chemotherapy, for radiation therapy, and may also be admitted for pneumonia. All of these costs and reimbursements are part of the total picture of the cancer service or product line. Our new analysis begins to look at this problem and should provide some unique information to our sponsors." ■

## **Committee Briefs**

**Administrators Special Interest Group**  
Marsha J. Fountain, R.N., M.N.  
*Chairperson*

The Administrators SIG will meet twice during the ACCC Fall Leadership Conference which is scheduled for September 24th-26th in New Orleans. On September 24th, members of the Administrators SIG are asked to participate in a general session entitled, "Problems and Opportunities with Competition and Alternative Delivery Systems." Anyone interested in giving a 10-15 minute presentation on this topic should contact Marsha Fountain at (505) 848-8026. On Thursday, September 25th, from 6:30 p.m.-9:30 p.m., a round table discussion will be held for members of the Administrators SIG. A light buffet dinner will be provided at a nominal fee. Suggestions for the round table discussion are welcome.

**Clinical Practice Committee**  
Albert B. Einstein, Jr., M.D.  
*Chairperson*

The Clinical Practice Committee has been developing a resource for Oncologists that lists the pharmaceutical companies that are willing to provide free chemotherapy drugs to indigent patients. The research would provide the methods which the practitioner could utilize to accession of patients to these drug company-sponsored programs.

**Communications Committee**  
Diane Van Ostenberg  
*Chairperson*

The Communications Committee met during the annual meeting in Washington, D.C., and discussed new objectives for 1986. Recently, the committee reviewed press releases announcing the newly elected members of the ACCC Board of Trustees. ■

## **Mark your calendar . . .**

ACCC 13th National Meeting, March 11-15, 1987, Sheraton Washington Hotel, Washington, D.C.