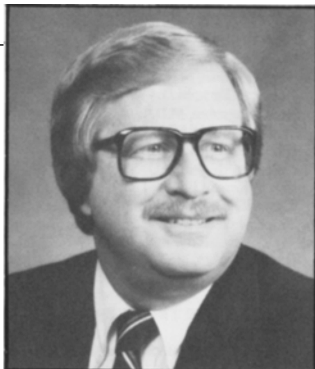
The President's Corner. . .

STRATEGIC CONSIDERATIONS FOR THE OPTIMAL INTEGRATION OF THE CANCER INDUSTRY INTO THE HEALTH CARE SYSTEMS OF THE 1990'S



For too long now, we as cancer care providers have competed against each other for image, reputation, and dollars. Consequently, we have not developed a unified position on either issues or plans. This lack of unity has parochialized and weakened our influence as a specialty.

We still use old definitions of quality care, quality physicians, quality programs, and quality research without considering new definitions responsive to the new parameters of quality in our environment . We have concentrated too long on in-hospital technology as opposed to expanding outpatient, non-hospital, and home care technology. Considering that the trend towards providing cancer care has been shifting to outpatient settings since the inception of the prospective pricing systems, our inability to effectively organize ourselves has placed our patients and us at a significant disadvantage.

Because we lack organization, the cancer care industry does not maximize or optimize the various activities of our specialty effectively or efficiently. For example, we have not developed an integrated referral system among multiple sites of care. We also fail to cost account our specialty; thus, we accept costs for drugs, diagnostic tests, radiotherapeutic equipment, diagnostic scanners that are too high, and indirect cost allocations from our institutions that are too high. In short, we allow others to limit, or altogether exclude, our role in decision making regarding cancer management.

Within the health care industry, we have made research and our specialty too esoteric to be readily understood and supported as necessary to the provision of good clinical care. Nor have we educated society of our real value. Oncologists, cancer program administrators, and hospital administrators do not understand how to market superior cancer care as a valuable added product line. Oncology specialists need a differential market advantage over non-oncologist providers of cancer care.

Perhaps, though, our single most destructive inaction is that we have not adequately and effectively lobbied our interests to all the key lawmakers and special interest groups. Instead of addressing state legislatures, insurance companies, businesses, PPOs, HMOs, and other health care payers, we have lobbied too much to Congress and the federal government, particularly the Health Care Financing Administration and the National Cancer Institute, and not spent enough time on those who pay for, and thereby regulate, cancer care without adequate input from oncologists.

Once the problem is defined, the solution is easy. Right? Wrong! Many cancer industry components must be integrated and, of course, a willingness to cooperate and support each other must prevail. First, we need to change our mode of thinking from competing against each other to that of cooperation in our several and joint best interest. Secondly, we must use a cancer task force approach to define our priorities. It could be that a coalition or even a business corporation type of approach could be established to serve as a mechanism that holds us together.

As a group, we need to start recognizing our responsibility for non-oncologist controls on the management of cancer care. We must begin to assume the responsibility of credentialling the various geographical sites of cancer care; adopt an oncology ethics code; develop treatment and research standards and guidelines; and institute quality assurance, cost control, utilization review, and risk management guidelines specific to cancer. Of equal importance, we must establish dialogue and third party payers and lawmakers so that all understand the issues and work towards the same goals. Finally, we need to educate the payers and the public and develop screening, prevention, and early diagnostic programs.

As we approach the last decade of this century, oncology specialists will need to rely more on each other to survive. Good cancer treatment will depend on our ability to resist nihilistic or parsimonious cancer management. Proficiency in business management will also effect the outcome, for if we do not learn to collaborate our collective skills and resources and, at the same time, implement cost-effective strategies, our specialty will give way to mediocre, poor, non-specialized cancer care.

Paul N. Anderson, M.D.
President