

FROM THE EDITOR...

Squeezing the Toothpaste Tube And Looking for New Opportunities



In this issue of *The Journal of Cancer Program Management*, we report on two apparently dissimilar phenomena that have, in part, a common origin. Our major theme in this issue deals with the growing number of physicians recruited by hospitals to serve as Oncology Program Medical Directors. We examine their motivations, their impressions of the

move from clinical to administrative life, and obtain their advice on what to do if you are thinking of the same kind of move. A second theme in this issue is on the research that is underway to formulate a new form of reimbursement for oncology outpatient services, the development of Ambulatory Visit Groups. Yet, both of these phenomena are products of the restructuring of health care delivery by government and other payers of care. Since the passage of the Tax Equity and Fiscal Responsibility Act (TEFRA) in 1982, government and business have been pressing for more competition and seeking new mechanisms to bring "unit pricing" into effect.

The success of DRGs in the hospital setting has paradoxically brought new levels of administrative commitment to the pursuit and development of cancer programs in some hospitals, while it has led to the dismantlement of others. Where the commitment is substantial, it is not uncommon to find hospitals seeking full time medical leadership; thus, the recent growth in opportunities for cancer program medical directors.

But the success of DRGs in cost containment also has led to the development of Ambulatory Visit Groups (AVGs), the outpatient equivalent of the DRGs. Long ago, I suggested that HCFA was likely to adopt a "toothpaste tube" strategy for containing costs. First you squeeze the easiest part to get a handle on...the hospitals...pushing patients into the outpatient setting. Next, you squeeze nursing homes, home health care, and, finally, outpatient and physician costs. The AVGs and RAPs are both parts of the continuing cost containment strategy of PPS which is, in turn, a driving force toward collective medical care, moving the industry from the "cottage industry" of "mom and pop" stores into major chains. And, if you thought that hospitals were unprepared for the impact of prospective pricing, wait until you see the impact on physicians!

Physicians, as they view the changing system, have the full spectrum of reactions. Some withdraw, while others seek new opportunities for personal growth. In this issue, you will see the reasons for both.



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