

A REPORT CARD ON INSURERS?



Paul Anderson never fails to amaze me. In addition to being a compassionate guy, and the fastest and most voracious reader I know, he occasionally comes up with an idea that knocks your socks off. One night at dinner, during the recent ACCC Annual Meeting, Rose Clive turned to me and said, "Paul had an interesting idea. He suggested we rate the cancer benefits of various insurance policies and publicize the findings."

What a great idea! Your insurance policy specifically excludes investigational therapies and drugs, even if they are FDA- and NCI-approved trials? No chance for an "A" for that insurance policy—"B+" is it, if everything else is reasonable.

How about new indications approval before payment? You say your plan still says you have to have hairy cell leukemia to get reimbursed for Interferon? It took two years to allow payment for VP-16 for lung cancer? They've already told you that hospice care isn't reimbursed? Every new drug or old drug for a new indication has to go through the FDA process before they'll pay? Is that what they're saying, my friend? How could you give them a "C?"

And you say that they're thinking about cutting out payment for all the current chemotherapy that is not FDA labeled? They keep sending you notices that you should demand a refund from your doctor because he's using those chemotherapy drugs in combination? And your doctor told you he's received 160 other denials just like yours in the past eight weeks? And now your HMO says that your surgery should be done at Beach Memorial, but the chemotherapy guy is at St. Wipplerdorfers, and the radiation therapy is at the new FCC bunker with the used cobalt machine right next door to the local car wash? Oh well, they've only approved two cycles of 5FU anyway.

But wait, my friend, things are looking up. Just last week at the ACCC meeting, your insurance carrier said things are okay. These changes are only minor. Your insurance benefits aren't really being "slashed" because the insurance industry lost a cool billion last year. Nope, I wouldn't worry about giving them an "F." My question would be, "Is there a lower grade?"

If all of this weren't true, it would be a lot funnier. But because it is true, and getting truer every day, Paul's suggestion makes a lot of sense. Of course, it cannot be done for every variation of every plan for every carrier. And it's the kind of project that needs the upfront involvement of both major purchasers of health care and consumers.

Audacious as this idea might seem to physicians who have been the "rated," rather than the "raters," the basic concept merits exploration.

Listen to insurers and you soon realize that we have no leverage with them. Only the purchasers of health care have that, and most don't know how to evaluate how the bottomline translates to patient care. Maybe it's time we get together a premiere group of organizations and individuals, collect the hard data, and tell the purchasers and ultimate consumers what is really happening.

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