

PATIENT ADVOCACY GUIDES ACCC REIMBURSEMENT EFFORTS



Over the past few months, I have been increasingly involved in discussions relating to reimbursement in the area of cancer care. Much has been written in this *Journal* and elsewhere about the subject. Much, much more is to come.

As the Association of Community Cancer Centers becomes increasingly involved in this area (e.g., our "reimbursement initiative" to rate insurers' cancer benefits and to develop uniform insurance contract language), we must be vigilant that we do not lose our identity and purpose as we deal with the many interests involved.

The spectrum of other interested parties ranges from the policymakers in various governments, both federal and local, to the cancer patients. Between these two extremes are a number of other involved parties, each with their own turf to both protect and enhance. At one level are the "producers" of reimbursement: Medicare, Medicaid, Blue Cross and Blue Shield, commercial insurers, HMOs, TPAs, industrial self-insured companies, etc. Next come those who provide the means to care for the patient: manufacturers of diagnostic equipment and supplies for the health care industry, the pharmaceutical industry, etc. And then we come to the direct providers of care: the physician, nurse, hospital, pharmacist, and others.

Of course, the Association draws its membership from the latter group. It most directly represents its interests. The Association derives income directly from its membership to further its goals and, therefore, we must work in behalf of its best interests. However, we will be accepting money from other groups in the above categories in the furtherance of our reimbursement initiatives. How do we fairly represent all of those interests, each with its own turf to protect and enhance? I submit that we do it by remembering the driving force behind the original goal of the Association; namely, the enhancement of high-quality care of cancer patients and their families in the community. This may seem trite to some, but I submit it is only this concept of patient advocacy that justifies and can appropriately guide the Association in this area. Those of use who are directly involved in the reimbursement initiative will do well to keep this concept in mind as a bottom line. I, for one, pledge that patient advocacy will be the primary goal of all the Association's endeavors in this area.

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