

REIMBURSEMENT DIFFICULTIES: THE NEED TO GARNER PUBLIC SUPPORT



The Association's concerns about increasing reimbursement delays and denials for standard cancer therapy and clinical trials are finally beginning to draw media attention. Recent articles in the *Wall Street Journal* and *USA Today*, as well as appearances on *Cable Network News* and the *Today Show* by ACCC Executive Director, Lee Mortenson, have helped to spread the news that third-party payors' current reimbursement policies are threatening patients' access to state-of-the-art cancer treatment. Such nationwide publicity is certainly encouraging, but much remains to be done to alert the public, health care purchasers, legislators, and other concerned parties to potential problems with insurance coverage for cancer care.

The *Today Show's* focus on the problem included a segment on two cancer patients who have not been able to obtain reimbursement for treatments their insurers' deemed "investigational." One of those patients, after a five-month court battle, obtained the promise of payment for his treatment (autologous bone marrow transplantation), but now has such low blood counts that, to date, he has not been able to receive the therapy he fought so hard for. A thirty-second airing of such a personalized tragedy can do more to increase public awareness of the payment problems we currently face than a dozen speeches and articles. To bring such cases to the attention of the media and, thus, the public, we need the input of concerned cancer care providers.

One way in which every reader of this journal can help is by completing the reimbursement survey that appeared in the Spring issue and returning it to ACCC headquarters. A preliminary analysis of the responses received to date (see the article on page 19) show that denials for both standard and investigational therapy are occurring throughout the United States. Physicians and their staffs (business managers, secretaries, and nurses) are spending an average of 22 hours per week trying to obtain adequate reimbursement for the cancer patients they are caring for. Fifty-nine percent of respondents are experiencing increased difficulty in obtaining payment for cancer therapies that previously were readily reimbursed. Physicians who have responded thus far to the survey cite a broad spectrum of reimbursement difficulties, from non-payment for weekly blood counts for patients on chemotherapy to denials for chemotherapy infusions lasting more than one hour. Accounts of individual patients' difficulties have included the following: "Because of denial of payment for interferon for metastatic renal cancer, a frantic family eventually sought non-standard, 'quack' therapy." "A patient with metastatic carcinoma of the colon to the liver was started on low-dose 5FU infusion for symptomatic reasons. The patient was responding, but the insurer would not pay for it. The patient has tried just about everything, including appealing to his employer, state legislators, church groups, and so forth."

This is the type of information that must be collected and made available to the media, legislators, and health care purchasers. Results of the survey will be submitted to a subcommittee of the President's Cancer Panel (chaired by Louis Lasagna, M.D.), which will be presenting its findings on reimbursement for cancer and AIDS directly to President Bush. If you haven't yet completed and submitted this survey, please do so. The best way to force change in reimbursement policies is with hard data on the types of problems providers are encountering and how they are affecting their patients' quality of life and, indeed, their very survival.

A handwritten signature in blue ink that reads "Irvin D. Fleming". The signature is fluid and cursive, with a long, sweeping tail on the final letter.

Irvin D. Fleming, M.D.
ACCC President