



Back to the Future

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FROM THE EDITOR

BACK TO THE FUTURE



Samuel Broder, M.D., was reading my mind when he used the title words at a meeting of the National Committee To Review Current Procedures For Approval of New Drugs For Cancer and AIDS (the Lasagna Committee of the President's Cancer Panel). I was there for the second time to tell the Committee about how medical oncologists are slowly being driven away from using new drugs and agents because of adverse reimbursement policies.

Up at the podium, David Tennenbaum of the National Blue Cross and Blue Shield Association was testifying that the Blues weren't going to pay for Treatment IND and Group C drugs, and, as far as the unlabeled use

of drugs was concerned, he said the Blues "would be taking a look at them."

Thomas C. Merigan, Jr., M.D., Becker Professor of Medicine at Stanford University Medical Center, told Tennenbaum, "We don't want your subscribers to miss out on state-of-the-art treatment." Dr. Broder argued that Group C drugs deserve to be paid for by Blue Cross and Blue Shield plans. Sam said, "I take strong and vigorous exception to [the National Blues'] opinion that Group C drugs are investigational. There is no rational explanation you can give to a Duke's C colon cancer patient why Medicare will reimburse for levamisole and 5FU and Blue Cross/Blue Shield won't. There is no better standard upon which a drug can be given and reimbursed, based on the data we've assembled. It doesn't get any better than this. It's an arbitrary, insensitive decision not to pay."

What strikes me is that the Blues and other payers are determining our future. What we are going to do in the future is talk about providing quality care rather than actually doing it. Now this is revisiting the past. When we didn't have any therapy that worked, we talked about how one day we were going to be able to deliver a higher quality of care when we got something that did work. In this "Back to the Future" scenario, we're going to say the same thing except that we'll actually have things that work, but lack of payment will prevent us from using them.

Now, if your paranoia is low, let me heighten it. The Blues announced that it wants to "clear up" some confusion by changing language in its contracts. They are going to drop the term "investigational" and replace it with the term "ineligible." They are also going to drop the phrase "standard medical practice" and replace it with the term "eligible." (In case you haven't guessed, they've got some great criteria for "eligible" that essentially eliminate physician standards based on medical practice, and substitute their judgment instead.) Of course, you can get a taste of this judgment when you hear they don't think Treatment IND and Group C drugs should be covered, and that they will only use the three compendia as a "possible" criteria.

So gang, it's time to strap on your holsters, like in the good old days, and get ready for the future. We've got to prepare for an old-fashioned showdown out in the middle of the street, where the American public can witness it. The public must understand what is happening to state-of-the-art cancer therapy. Patients must understand that they are the ones being shot down. Without a doubt, we must get this new policy of denying adequate care out in the light of day where it can be shot down. And we need the public cheering us on.

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