



How Can We Fly to the Moon if the Crew isn't on Board?

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FROM THE EDITOR

How Can We Fly To The Moon If The Crew Isn't On Board?



This issue of the journal focuses on new technology, its costs, and the new concerns it raises for hospital administrators and physicians alike. Although there is much that we have to look forward to in the rapid development of new technology over the next decade, there is also the ever present reminder of federal and commercial limitations on our ability to adopt those technologies.

In this *Oncology Issues*, you will read about some of the very real reimbursement changes that are confronting us with the implementation of Medicare's RBRVS system.

There is also the FDA's concern about off-label drug education. And, you will hear more about the Blues and other third-parties writing contracts with specific exclusions for bone marrow transplants and other high-tech procedures. So, just when you hear that we are about to make significant progress against cancer, you hear we can't afford it. Great!

This high level of conflict is leading to conflict within our own ranks. Some physicians are talking openly about competing with hospitals, while others are talking about moving in. I've heard some administrators say that we should not cater to physicians, while some physicians wonder whether ACCC is too dominated by hospitals. In most cases, when you boil away the verbiage, you find that physicians and hospitals can work together in a win/win scenario. In fact, if we are going to take advantage of the new technologies coming down the pike, we are going to need the economic leverage of hospitals, in combination with the knowledge and skills of physicians. But, many of the players are used to win/lose scenarios, where the docs win or the administrators win and the other party loses. Given this kind of prior experience, there is a hesitancy to play together.

And, among some of our more rabid colleagues, there is the view that we must "do away" with the other guys and go out on our own. I've seen consultants suggesting that if the new RBRVS regulations hurt one of the parties, they would help the other. I have even heard of one consultant providing advice to hospital administrators on how those nasty docs are trying to get the upper hand and then advising those nasty docs on how the hospitals are trying to get the upper hand. We need to keep our cool about rumors and innuendoes.

What is really going on here is that the "fear of scarce resources" is setting in. As the threats increase, some marginal players are going to blame it on someone else. It was the doctors, the Feds, the hospital administrators, the pharmaceutical companies, the FDA, the insurers, the employers, the economy, the baby boomers. Yep, it sure was, and will be.

I suggest that those of us who care about quality cancer care, how it is delivered, and how new technology will be employed in the future, need to keep our wits about us. When a new proposal emerges, we need to evaluate it on the basis of its merits for cancer patient care now and in the future. We need to make certain that quality care can be afforded in a variety of configurations. If you've been watching the fall of the USSR on CNN, then you know what happens when pluralistic approaches are replaced by the "one right way."

As we developed the ACCC response to the HCFA regulations, I was impressed by the fact that there were no specific attempts on the part of either physicians or hospital administrators to make life worse for the other group. Indeed, the ACCC board, a diverse lot as you know, expressed the deepest reservations about the impact of RBRVS on the quality of patient care. That's the right criterion! It's the one that has served ACCC since it was founded, and one that can keep us together through the rough years ahead.

To take off and make it to the moon takes significant fuel, careful coordination, a trained multidisciplinary crew, high technology, an appropriate trajectory, and a willingness to work together as a team.

Lee E. Mortenson, D.P.A.
Senior Editor