



Health Care Reform: What Does the Future Hold?

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To cite this article: Robert T. Clarke (ACCC President) (1992) Health Care Reform: What Does the Future Hold?, *Oncology Issues*, 7:2, 7-7, DOI: [10.1080/10463356.1992.11905050](https://doi.org/10.1080/10463356.1992.11905050)

To link to this article: <https://doi.org/10.1080/10463356.1992.11905050>



Published online: 19 Oct 2017.



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PRESIDENT'S CORNER

Health Care Reform: What Does The Future Hold?



We've analyzed in some detail the implications of RBRVS for cancer programs. There has been little analysis to date, however, regarding the implications of ambulatory patient groups (APGs). Congress directed the Health Care Financing Administration (HCFA) to develop a prospective payment system for the facility costs of hospital-based outpatient care in the Omnibus Budget Reconciliation Act (OBRA) of 1986. APG reimbursement is one of several prospective payment systems that is currently under review by HCFA. The full APG report, published in March, can be purchased from either of the following sources (The quality of the reproduction and binding of the 3M report is said to be better):

U.S. Department of Commerce
National Technical Information Service
Springfield, VA 22161
(NTIS Access No. PB91-160754.
(Cost of report: \$39)

3M Health Information Systems
100 Barnes Rd.
Wallingford, CT 06492
(Attn: Marilyn Marino 203/949-0303)
(Cost of report: \$40)

Originally, HCFA was to submit its final plan to Congress this Fall. Don't be surprised if that report is delayed for at least a year. In the meantime, we will begin analyzing the information that is currently available.

APGs will ultimately become one component of a reformed U.S. health care system. There are more than 30 different proposals now being considered by Congress. They range from universal health insurance (one plan sponsored by the Federal government) to national health insurance (attempts to build on the current health care system while providing

access to today's 37 million uninsured Americans). Some of the proposals suggest merging Medicaid and Medicare and extending benefits of the program to the uninsured. There are a variety of proposals for financing a reformed system. One idea is called "play or pay." Under this plan, all employers would be required to purchase basic health insurance for their employees or pay a payroll tax to enable their workers to participate in a national program. An alternative proposal would provide vouchers or tax credits with which individuals could purchase qualified basic health insurance from an insurance plan of their choice.

All proposals include various types of cost containment features. Although we can't be sure which of those features will be adopted, there is a chance that "means" testing and increased deductibles and copayments will be part of the program, as well as incentives to use prepaid health plans.

It is generally predicted that some kind of health reform bill will be passed by Congress before next Fall's elections. Dan Rostenkowski (D-IL), Chairman of the Ways and Means Committee, expects that the President will veto such a bill, and that legislation will not be passed until sometime during the next calendar year.

In this period of uncertainty about the controls and regulations that may be forthcoming, what should be our response as providers of cancer care? I believe we would be well advised to contain the rising costs within our programs while maintaining our flexibility. High-quality, efficient programs will probably be the ultimate winners.

In my next column, I'll be exploring an issue that is the subject of much speculation. That is, are the costs of hospital-based cancer programs higher than those of freestanding programs? This issue is much more complex than it might first appear, and directly related to the advent of a prospective payment system, such as APG reimbursement.

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