



## You Can Make a Difference

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## You Can Make A Difference

by Albert B. Einstein, Jr., M.D.

If you had any doubts about whether we would have national health care reform, those doubts should have been totally erased by President Clinton's speech on September 22. Whether one agrees with him or not, in my opinion the speech was a political masterpiece. The President clearly established the case for reform of our system based on the need for uniform access, efficiency, and cost control, although he lacked details on implementation and financing. He challenged both sides of the aisle to pass legislation within the year. Congress may debate the details, but health care reform will occur. Now, the issue for us as providers is how to influence the implementation of reform.

I was fortunate to get a ticket to see President Clinton on Ted Koppel's "Nightline" show broadcast live from Tampa the night after his speech. In the Town Meeting format, he answered questions that related more specifically to the implementation of the plan.

He emphasized freedom of access for both the patient and the physician. Employees would have a choice of a minimum of three plans, probably more, including a fee for service plan, a PPO, and a HMO. Cost would be less for the PPO and the HMO, thus encouraging managed care options. Physicians would have freedom to join any plan they wanted, assuming they accepted the level of reimbursement. They could not be arbitrarily excluded from plans and lose access to their patient base. Current managed care systems define physician participation in a variety of ways, usually on an employment or contractual basis. In

the future, physician utilization and patient satisfaction criteria will play a large role in determining eligibility of a physician to participate.

President Clinton also mentioned that there would be funding for medical research, possibly even more than in the past. However, the method of funding patient care costs on clinical trials was not specifically addressed. In a recent radio interview, HHS Secretary Donna Shalala, Ph.D., stated that access to high-cost technology and innovative therapy would continue to be determined by physicians on a case-by-case basis with funding determined by the health plans. This approach seems fraught with the same problems that now exist with many insurance plans specifically not covering investigational therapy. Clearly, the details of this issue and many others need to be worked out.

In my state of Florida, health care reform legislation was passed in April 1993, with managed competition being the cornerstone. The Agency for Health Care Administration (AHCA) has been charged with defining the basic benefits package and producing 50 practice parameters by December 31, 1993, for consideration by the legislature in its session beginning January 1994. The AHCA has established separate commissions to work on these and other areas of the reform package.

Last week I testified before the Commission for the Basic Benefits Package and presented the recommendations of the Moffitt Cancer Center. I emphasized the need for cancer patients to have:

- access to oncology specialists and multidisciplinary programs
- access to clinical trials for all patients
- reimbursement for off-label use of chemotherapy drugs
- cancer screening and prevention
- support for education.

I also pointed out that the oncologist, not the primary care provider, is best qualified to define appropriate evaluation and treatment for the cancer patient. The discussion that followed clearly indicated the willingness of the panel to listen and be educated.

The week before, I was in Tallahassee talking with the AHCA staff responsible for the practice guidelines. Again, they admitted to not being established experts on guidelines and were very willing to work with the medical experts in establishing appropriate guidelines for the state. In talking with legislators about our concerns regarding cancer care, many recognize the complexity of the issues and are eager for informed expert input.

The bottom line is that as health care reform unfolds we the experts in cancer care need to be proactively lobbying at the state and national level for those issues we believe important for our cancer patients. We can have an impact. The ACCC has been successful in helping oncologists lobby for off-label drug reimbursement at the state level and working with other cancer organizations on this and other issues at the federal level. We need to continue to strategize and take advantage of opportunities to make our views known to the decision makers. *You* need to be proactive in *your* states and with *your* Congressman about issues as the rules for implementing health care reform are defined.

You can make a difference. ■