



## The Presidents' Retreat

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## The Presidents' Retreat

**H**ealth care reform and its impact on cancer patients and providers were of paramount concern at February's Presidents' Retreat, sponsored by the Association of Community Cancer Centers. Presidents and senior staff of eight national oncology organizations, two AIDS advocacy groups, and leaders from 35 state medical oncology societies met in McLean, Va., on February 4-5, 1994. All told, more than 75 participants—including Congressional policy makers, legisla-



From left to right, Lee E. Mortenson, D.P.A., ACCC Executive Director; Irvin D. Fleming, M.D., ACS President; and Cary Presant, M.D., Medical Oncology Association of Southern California discuss the day's events.

tive analysts, and pharmaceutical industry executives—gathered in round-table presentations and discussions to look at the future of cancer treatment and research.

"This was a chance for the cancer leadership to come together, hear what's going on, and begin formulation of joint action plans," said Lee E. Mortenson, D.P.A., ACCC Executive Director.

During the first day of the conference, representatives from key Congressional committees and senior staff from HCFA, FDA, and HHS discussed national health care reform proposals and their possible effects on oncology. Jeffrey Levi, Director of Public Policy and Program Development with the AIDS Action Foundation, noted that any comprehensive health care reform plan must assure that all patients in need—those with AIDS or cancer—have

access to clinical trials, new technology and drugs, and specialists.

On the second day, presidents and representatives from 35 state oncology societies discussed health care reform efforts in their states and the need for oncologists to contact their state lawmakers now, before final legislation is passed.

Health care analysts from the Association of American Cancer Institutes, the American Cancer Society (ACS), and the Medical Group Management Association (MGMA) discussed the major health care reform bills before Congress and analyzed the four general areas of President Clinton's plan: mandated coverage, mandatory purchasing alliances, a standard benefits package, and price controls. "What's happening now," said Randy Teach, MGMA's Washington, D.C., representative, "is the four legs of the chair are starting to fall off as the debate proceeds."

Replacement of highly qualified nurses with less educated—or even nonnursing—personnel and elimination of many nursing jobs were concerns raised by Sandra Lee Schafer, R.N., M.N., O.C.N., President, Oncology Nursing Society.

Calling for a continued commitment to clinical research were numerous participants, including ACS President Irvin D. Fleming, M.D.; Daniel Rosenblum, M.D., Chairman, Clinical Practice Committee, American Society of



Sandra Lee Schafer, R.N., M.N., O.C.N., President, Oncology Nursing Society, addresses key issues affecting her constituency.

Hematology; and Ellen L. Stovall, Executive Director, National Coalition of Cancer Survivorship. While there have been many reassurances by the Administration and some legislators, the future of clinical

trials seems precarious at best.

Attendees came away enlightened by the massive changes taking place throughout the system.

### CLINICAL TRIALS: INCREASING DENIALS

"Health care reform for patients receiving investigational therapies is in a state of chaos," said Diane Van Ostenberg, B.S., R.N., of the Grand Rapids Clinical Oncology Program. She noted that during the past three years, the federal government, insurance industry, health care providers, and coalitions from the business community have begun exploring new approaches to cost containment. "To the extent that investigational therapies are more costly than conventional treatment, clinical trial research will continue to suffer as a result of proposed cost containment measures," she said.

Van Ostenberg highlighted findings from an ACCC survey of medical oncologists in 20 states across the country. The study indicates a growing trend to deny coverage for patients on clinical trials: 856 physicians indicated that 3,361 patients were not entered on clinical trials because of insurer denials.

"It is obvious that the system is going to continue to resist efforts to promote coverage for patients on clinical trials and that we are going to have to lead the efforts to ensure continued access to clinical trials," said Van Ostenberg.

Echoing her concerns were the National Cancer Institutes' Bruce A. Chabner, Director, Division of Cancer Treatment, and Mary McCabe, Cancer Therapy Evaluation Program, who voiced fears that a comprehensive clinical research program on the national level under health care reform may not receive the attention it demands.

"The integrity of the clinical trials enterprise is certainly at risk," said McCabe. Whatever evolves, she noted, will be a "leaner, meaner clinical trials process and hopefully a more efficient one." According to McCabe, we will probably see fewer trials in the future. ■