



## Good-Bye, Mom and Pop Hello, K-Mart

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## FROM THE EDITOR



# Good-bye, Mom and Pop Hello, K-Mart

by Lee E. Mortenson, D.P.A.

Over the last few months I have spent much time in the field—three or four states per week. The signs are unmistakably and universally present: The health care system is imploding.

You don't need to wait until the year 2002 for the health care system to change. Health care reform is happening right now! Medical oncologists are trying to figure out if they can remain independent by expanding from three- or five-person groups to 10- or 11-person groups or if they should ally themselves with an oncology carve-out company. Other alternatives include bonding with a hospital or hospital alliance or cashing out. In addition, physicians are asking themselves if they should take stock in the future, if Wall Street will buy their practices, or if selling their practices for cash or stock is worthwhile. If not, should they hold out for long-term profits from their existing practices?

Regardless of the path they take, physicians are forming a bandwagon toward consolidation. Small groups are merging into larger groups. Large groups are forming economic alliances with even larger groups. Major players, like Columbia, are apparently throwing their weight around in some markets, saying "play with me or I'll drive you out of business." Even if this storm is apocryphal, the rumor is forcing physicians and hospitals to develop economic leverage.

Hospitals, of course, are in the process of their own consolidation efforts. Some are doing so locally by developing contractual relationships with individual physicians, buying practices, or developing alliances with physician clinics that want access to the managed care contracts, which are likely to come to the hospitals. Some alliances are regional or

national; hospitals hook up with others in their region or state.

How will this trend affect oncology? Some hospital systems are consolidating their poor cancer programs into one strong cancer program, bringing together for the first time medical and radiation oncologists and a variety of other medical resources. At the same time, some hospitals have anticipated the growth in oncology over the next decade and realize that many patients will transfer to more fully equipped and competent hospitals.

To prepare for this reality, hospitals have begun developing their own cancer program product lines and analyzing their overall oncology programs. In some cases, hospitals are hiring corporate-level medical and administrative directors to consolidate functions across multiple facilities. In other cases, oncology program managers are being assigned duties in other program areas in an effort to cut expenses.

So, while we wait for federal legislation, health care reform continues. Indeed, we will see three different rounds of reform: commercial, state, and finally, federal. Long before any national health care reform kicks in, we will have a consolidated system. Will it be more efficient? Will patients be better served? These are questions that remain to be answered. What is certain is that our traditional system of multiple independent providers is going the way of the family farm. We are moving from mom and pop stores to chains to consolidated organizations like K-Mart and Nordstroms.

Last week Dr. Cary Presant of West Covina, Calif., told me that most people will get K-Mart care and a few will get Nordstroms'. "Attention health care shoppers, blue light special on aisle 7." ■