



Waiting for the Bus

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FROM THE EDITOR



Waiting for the Bus

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

The nurse at the end of the aisle got my attention fast. It was her turn to introduce herself and tell us why she was there.

She started by saying that the problem was meeting the bus schedule. She told us about the patient who needed to be finished with her chemotherapy in time to make her bus. If she missed the bus, she would miss her transfer. If she missed her transfer, she would never make her radiation therapy appointment across town at the other hospital, which had won the contract for all the radiation oncology that her insurance plan provided.

So, we started to ask some questions. Did her hospital have radiation oncology? Yes, it did. What was the problem about the chemotherapy? Well, to get the chemotherapy completed on time, you needed the lab values. The contract for the lab values, however, was with an outside, regional lab, and she couldn't call direct. Only the primary care physician or a member of his staff could call the lab to find out the results of the tests. Otherwise, there would be an extra charge. So, the nurse had to call the primary care physician's office staff, who in turn called the lab for the results. That office had to call back the hospital outpatient department with the results so chemotherapy could start in time for the patient to make the bus and...on and on.

A nurse a few rows away remarked that she fortunately did not have that problem. However, she was worried about the primary care docs who were ignoring signs of patients recurring.

What can anyone do to help?

The Association of Community Cancer Centers has been piloting patient advocacy sessions in conjunction with its state-level reimbursement meetings this fall with

the assistance of the Oncology Nursing Society, the National Coalition for Cancer Survivorship, local American Cancer Society divisions, the Association of Oncology Social Workers, the Leukemia Society, and Cancer Care, Inc. One meeting was held in Minnesota, a second in Ohio, and a third in Pennsylvania. In all three sessions there was a clear sense that patient choice is evaporating.

What can we do to help the nurses, social workers, physicians, and office managers who are seeing their desire for quality, integrated cancer care eroded by a run-away reimbursement system?

A number of people say, "Let's empower the nurses and social workers." Great idea, but how? My suggestion is that we work to design some quality patient management guidelines that stress the importance of all aspects of patient care. If we say the patient is at risk under some circumstances, perhaps the nurse or social worker can state, "This is a violation of accepted medical guidelines!" That might make a difference.

Guidelines may also be vital to help prevent those primary care docs from missing the recurrences by emphasizing which patients should be followed by an oncologist.

As health care reform moves back to the states, we are going to need to find more ways for patient advocates and the cancer care team to join forces to push for quality care. While these first three patient advocacy meetings were modest and somewhat chaotic, bringing together the whole cancer care team at the state level has the potential to strengthen everyone's hand.

At the national level, we must give the entire team the tools to press the case. We don't want to miss this bus. ■