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The Ice Wagon Cometh or Drugs on Your Doorstep

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FROM THE EDITOR



The ice Wagon **Cometh or Drugs** on your Doorstep

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

f you are old enough, you might remember the ice boxes that used to sit on the curb or out back in the alley. We had them in Chicago when I grew up. I can recall opening up the metal container, cutting off a sliver of ice (with the ice pick, of course), popping it in my mouth, and chewing it on my way to the park as a kid. Ah, those were the days.

Of course, there are lots of small metal containers with the names of various labs in and around physician offices and hospitals, but you don't see them around homes very often any more.

But wait! The new age of health care is here and now—rather than oncologists mixing their own drugs in their own offices, some large oncology companies are selling chemotherapy services directly to the insurer. So, the oncologist office calls up and says that Mrs. Wippledorfer needs Alphabetagooferdust in combination with a couple of other cytotoxic agents. The case manager asks for the dosage Mrs. Wippledorfer requires and then tells the office manager that it will be delivered the next day—premixed. The drug company has a local pharmacy or group do this, cutting out the physician markup and adding on their own. The drug company has made more money and made the insurer a friend. The insurer has paid less. The physician has been paid less. Everybody's happy. Right?

Well, there is the problem of the nurse in the physician's office, holding up this container with clear liquid in it and wondering what it really contains. Is this the right stuff for the right patient, in the right amounts? Who knows?

And what if it isn't? Who is liable? Is it the physician? Is it the

regional pharmacist? How about the insurer? Well, one is just taking the order and mixing it up. How does the pharmacy know that's what they really got? Maybe the doc's office added something. And the insurer? They are just paying for it.

Now, about those metal containers at the curbside. You might want to order some for your patients, because the next logical step has already started. That's right...drugs direct from the case manager to your patient's home! No, I'm not making this up.

A New Jersey medical oncologist receives a call from a case manager of a patient with a California insurer. The case manager tells him that she is shipping some GCSF for his Mrs. Wippledorfer. The physician says thanks, but he didn't prescribe it and he doesn't think that she's going to need it. The case manager says she is sending it anyway.

A couple of days later the patient calls. Guess what she found at her front door? A package of GCSF. What should she do with it, she asks. Holding his head (I guarantee he was holding his head), the physician tells her to refrigerate it immediately. When she comes in a week later, she asks him when did he need her to make room in her refrigerator for that bulky package.

So, folks, call around and see if you can locate the ice wagon. The ice man cometh to oncology. And, let's guess, if the patient decides to self-administer the stuff in the syringes sitting on his doorstepthe stuff that was sitting out for a few days while the patient was away on business—whose problem is that? Maybe it is the iceman's problem. After all, if the ice hadn't melted... 🐿