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The Presidents' Retreat

The future of clinical research and the evolution of cancer treatment under managed care were chief concerns of attendees at February's Presidents' Retreat, hosted by the Association of Community Cancer Centers and co-sponsored by Ortho Biotech, Inc., and Wellcome Oncology. Presidents and senior staff of 10 national oncology organizations and leaders from 40 state medical oncology societies gathered in McLean, Va., on February 10-11, 1995. Cancer leadership—joined by Congressional policy makers, legislative analysts, and pharmaceutical executives—had the opportunity to come together in roundtable discussions and begin to develop joint action plans.

During the first day of the conference, representatives from the Clinton Administration and government agencies discussed the impact of projected budget cuts on health care delivery and clinical research.

SURVIVAL OF CLINICAL TRIALS

"The Administration is committed to certain activities that can only be done and done best at the federal level," said Cheryl Austein, Director of the Division of Public Health in the Department of Health and Human Services. "There is clearly an important role of the federal government...to conduct basic scientific research... Based on this commitment, NIH has received what one would consider a fairly good budget in times of severe budget restraints." The 1996 NIH budget shows a 4 percent increase over 1995.

Despite Austein's optimism about continued federal support for clinical research, the funds received by NIH will no doubt be reduced once the 1996 budget wends its way through Congress.

The 1996 National Cancer Institute (NCI) budget is also up about 4 percent over 1995 figures,

according to Edward J. Sondik, M.D., NCI's Acting Deputy Director. "However, we have lost a considerable portion of our staff—about 10 percent over the last few years. The government's streamlining goals are another 10 percent reduction by 1999, and possibly as early as 1996." Such reductions are causing NCI to take a hard look at how it conducts business and to make difficult budget choices. Whatever the outcome of budget restrictions, clinical trials have to survive, according to Sondik. "They are critical to medicine in this country."

Rodger Winn, M.D., Chief, Section of Community Oncology, M.D. Anderson Cancer Center worried about the future of CCOPs. "I don't think that all the cooperative groups will survive... ." However, in a more upbeat note Winn concluded with his belief that managed care will accommodate clinical research, if "we can get our message across that clinical research represents good care."

ISSUES AND PREDICTIONS

On the second day of the conference, a number of presenters examined the status of health care reform at the state and national levels. "There will be no comprehensive health care reform before 1997," predicted Randy Teach, Director of the Medical Group Management Association Washington office. There will be, however, growth rate reductions in Medicare and Medicaid, possible Medicaid reform linked to welfare reform, and a roaring increase in private sector managed care, according to Teach.

To encourage states to develop their own health care initiatives, leaders in several state legislatures have banded together to form the Reforming States Group (RSG). According to Nevada State Senator and RSG Steering Committee member Raymond D. Rawson, D.D.S., M.A., the group is seeking to lift

barriers to state health care reform, notably the preemption by federal laws such as the Employee Retirement Income Security Act (ERISA).

Will states succeed in reform efforts where the federal government has not? Several presenters voiced doubts. Already Washington State, which had begun to implement a uniform benefits package, is seeing a dismantling of major reforms, according to Randy Revelle, Esq., Urban Project Director, Washington State Hospital Association.

Teach predicts little state reform activity. "The governors are simply not interested," he said.

Representatives from 11 national oncology organizations, including the American Cancer Society, the American College of Surgeons' Commission on Cancer, the Oncology Nursing Society, the National Coalition for Cancer Survivorship, and the American Society of Hematology (ASH), discussed issues affecting their constituencies. The ratcheting down of care for people with rare diseases, assuring continuity of care as people shift from one insurance plan to another, and a decline in attention to individual needs were high on the list of concerns voiced by Daniel Rosenblum, M.D., Chairman, ASH Clinical Practice Committee.

A common theme was the need to educate third-party payers about, among other issues, quick and easy access of patients to oncologists. "Patients in our state, which is 40 percent managed care, have very deep concerns about their ability to continue to follow up with their oncologist," said Jeffrey S. Wisch, M.D., President, Massachusetts Society of Clinical Oncology.

"Together with other groups, particularly with patient groups, we need to forcefully come forward to mandate the right to continue to have access to oncologists," said Wisch. "That is our challenge." ■