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FROM THE EDITOR

The Decline and Fall?

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

A few weeks ago, I was asked to talk about our changing health care delivery system to the Association of American Cancer Institutes (AACI), a group of about 70 university-based cancer center directors, who meet once or twice a year in perpetuity to discuss the paucity of NCI core grant funding. Our academic colleagues weren't actually wearing togas, but...I swear I had a flashback to a previous life during this meeting.

I heard the echoes of the debates among the patricians in the Roman senate. State support for our way of life has been eroding for the last decade and is now becoming worse, they said. Caesar was long dead, and they had all just lived through the "fiddling" period. Now the Visigoths are at the gate.

You can just see the senators debating the coming of managed care, oncology carve-outs, and alliances of community hospitals and physicians that are cutting off their "food" supply.

"But...we are smarter than they are," says one.

"We are more thoughtful, better organized, and our troops are more seasoned," says another.

"We must compete on their terms," proclaims the seasoned General and Senator DeVita from Yale. A hushed silence falls.

"I have not yet heard anyone discuss how we keep things exactly as they are today," says another. Nope, and you are not going to.

You can hear the knocking at the city gates.

History does repeat itself. Like the Romans, universities have trained and stationed their competition nearby. Thousands of well-trained medical oncologists in community practice are conducting 60 percent of all NCI clinical trials and are perfectly capable of delivering 95 percent of care, faster, cheaper, more cost effectively than their trainers and mentors. These oncologists are "out in the fields" where patients are controlled. They have already stopped the flow of many patients to university centers...and why not? High quality care close to home was the goal of "Roman's" cancer control program in the 1970s. So, the Visigoths are nearby, well fed, well trained, and with access to patients.

A second problem lies within the university's own gates. Each medical school has factions, which weaken its ability to move swiftly, even in its own defense. Imagine 13 cancer centers putting together guidelines! Wait until the chairs of surgery see some of these recommended battle plans! A phalanx is only as strong as its weakest point.

A third problem relates to the very structure of society. The old reward system encourages research, then publications, then, if you must, teaching, and last of all, clinical care. Clinical care is inefficient because you are trying to train young, new troops on the delivery of care in a research setting. Now, you have to train the troops on how to argue with managed care case managers about placing a patient on trial. And clinical revenues are slipping away.

Given this onslaught, academic centers are trying a wide variety of strategies and tactics. Some are selling out. Some are selling their titles to the barbarians for a tidy fee. Still others are trying to compete on the same battlefield as battle-hardened community veterans.

While the outcome remains uncertain—and there is much to lose—it may be important for us to remember that history also teaches that after times of radical change there is often a period of significant innovation and renewal. ■