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Managed Care: Muddling Through or Seizing the Opportunity?

In 1993 noted health care futurist Leland Kaiser, Ph.D., had this vision of the world: "A wave of transformation is passing through the planet. It dissolved the Soviet Union. It reunited Germany. That same wave of transformation is shattering every system we have in the country. The next seven years are a very special time. We are in the last decade of a century, and the last ten years of a thousand-year period. We are in a transition time between two millennia. You will look back on the next seven years as a period of chaos, of things falling apart in order to fall together in a new way. What made us successful in the past will absolutely, positively make us fail in the future. What is required is a revolutionary shift in our thinking. What we need is a complete change of mind. The future is designable, and we are the architects of the future."

So far, I'd say Dr. Kaiser has been right on the mark. There is chaos. The previous natural order in health care seems to be falling apart. We are, however, exquisitely qualified to design the transformation of cancer care in the community setting. There is much to be done on both the local and national levels under managed care. Three areas are of primary importance.

Primary care. Community-oriented primary care practices (COPC) are increasingly taking on responsibility for the health care of entire populations (Mullan and Kalter). Community cancer programs and primary care physicians can build mutually beneficial alliances through the use of population-based cancer registries to identify groups of individuals at increased risk for cancer. Cancer registries collect critical population-based epidemiologic data, which are essential to the development of the COPC practice. The highly trained cadre of cancer registrars could serve as an excellent resource for the primary care physician who is seeking to identify groups of individuals at increased risk for cancer. Once high-risk groups are identified, comprehensive community-wide programs of preventive health activities could be designed and implemented. Obviously, early detection of cancer and primary care referral to a multidisciplinary oncology specialist for prompt treatment could save more lives. Another benefit is the potential for cost reductions and savings.

Quality and cost containment. The ultimate balancing act is delivering high quality care while containing costs. I maintain that poor quality care is always more expensive—both in human terms as well as in the resources expended to right the wrongs.

In collaboration with a number of the national and state societies, the Association of Community Cancer Centers has initiated the development of practice guidelines to optimize outcomes and to include cost-effective pathways for inpatient and outpatient management. We are committed to work with our members to ensure patient access to state-of-the-art cancer care while assuring competitive rates to the payer community.

Clinical trials. It is a painful irony: At a time of unprecedented advances in the understanding of the genetic and cellular origins of cancer, as well as parallel advances in drug design, the federal government, insurance industry, health care providers, and coalitions from the business community have begun exploring new approaches to cost containment. Clinical trials may represent the best available care or cost-effective management; yet, insurers, focusing on the "experimental" label, are refusing payments.

It is not overstating the point to say that health care reimbursement for patients receiving investigational therapies is in a state of chaos. It is clear that we must lead efforts to ensure continued access to state-of-the-art clinical treatment and prevention trials.

Applying Dr. Kaiser's axiom that we need a complete change of mind, why not look to health maintenance organizations to assist us? HMOs are well positioned to play an increasing role in research and could have a tremendous impact on our ability to do research in the community setting. The ability of HMOs to document the entire spectrum of care in defined populations puts them in a unique position to conduct clinical, health services, and epidemiological research. Collaborative efforts between HMOs and the oncology community could result in the development of management guidelines or the evaluation of prevention strategies that could impact diverse populations.

Revolutionary shifts in thinking... complete change of mind... architects of our future... It is both exhilarating and frightening. I am convinced that our biggest obstacles are ourselves—just as our greatest potential lies within each other. Only we can help one another become more comfortable with the chaos around us and, indeed, begin viewing that chaos as our greatest hope.

I am reminded of a quote by David Starr Jordan: "Wisdom is knowing what to do next. Skill is knowing how to do it. And virtue is doing it."

Together may we be virtuous!

Diane Van Ostenberg