Oncology Issues

ISSN: 1046-3356 (Print) 2573-1777 (Online) Journal homepage: https://www.tandfonline.com/loi/uacc20

The Oncology Presidents' Retreat

To cite this article: (1997) The Oncology Presidents' Retreat, Oncology Issues, 12:2, 36-36, DOI: 10.1080/10463356.1997.11904676

To link to this article: https://doi.org/10.1080/10463356.1997.11904676

The Oncology Presidents' Retreat

The future of clinical research topped the agenda at the fifth annual Oncology Presidents' Retreat, hosted by the Association of Community Cancer Centers and co-sponsored by Eli Lilly & Company and Ortho Biotech Inc. Presidents and senior staff of eleven national oncology organizations and leaders from forty-two state medical oncology societies came to McLean, Va., on January 31-February 1, 1997. They were joined by congressional policy makers, legislative analysts, and pharmaceutical executives. Their goal: review the implications of managed care for patients, providers, and public policy, and plan a course of action.

"Third-party payers have a legal and moral obligation to cover patient care costs for people on clinical trials," said Samuel Turner, J.D., National Coalition for Cancer Survivorship board member. "Coverage of clinical trials is at the top of every patient advocacy group in the United States. Access to clinical trials should be part of standard clinical care." He expressed concern that costs should be covered for all phases of the clinical trial process, including phase I trials, which are particularly important for orphan cancers.

Turner's call for making clinical trials more available to patients was echoed by Robert Wittes, M.D., director, Division of Cancer Treatment, Diagnosis, and Centers of the National Cancer Institute. He voiced optimism that the proposed Medicare Cancer Clinical Trial Coverage Act, known as the Rockefeller-Mack bill, would remedy some of the reimbursement and access issues. The legislation if enacted would establish a five-year demonstration project requiring Medicare coverage for patient care costs for people with cancer enrolled in approved clinical trials. At issue is the incremental cost to the Medicare program resulting from this project. The bill would require the Secretary of Health and Human Services to report back to Congress on study results no later than January 1, 2001.

Both Wittes and Turner discussed HCFA's opposition to the bill; both discounted its concerns about expanded use of benefits and a huge new influx of patients. Wittes and Turner expressed hope that the Rockefeller-Mack bill would help facilitate clinical research by making it a standard of care. And although the legislation is limited to Medicare, both hoped the project would result in a model for private insurers to follow.

Presently, for-profit managed care organizations have "other things on their mind," according to Wittes. At a recent meeting of managed care providers, the issue of clinical research was greeted with "deafening silence." Wittes is talking to not-for-profit HMOs about their using the coverage of clinical trials as a potential marketing advantage over the competition.

A LONG LIST OF ISSUES

In addition to expressing concerns about managed care's influence on clinical trials, representatives from eleven national oncology organizations, including the American Cancer Society, the American Society for Therapeutic Radiology and Oncology, and the American Society of Clinical Oncology, discussed issues affecting their constituencies. High on their list of action items were assuring continuity of care as people shift from one insurance plan to another, confronting the trend to reduce patient referrals to radiation oncology services, and encouraging provider accountability.

Kathi Mooney, R.N., Ph.D., A.O.C.N., F.A.A.N., Oncology Nursing Society president, spoke of the "de-skilling" of nursing, where managed care organizations favor the least expensive worker to provide nursing care. There is a trend to unlicensed assistants, she said, "where a person with two months of training in taking blood pressure is the person at the bedside.... Most nurses would say there is a place for the unlicensed assistant in care, but it is a slippery slope of what is the appropriate practice." ONS is developing a position paper on the role of the nurse and unlicensed assistive personnel in cancer care. As part of this movement to take nurses from the bedside, Mooney reported that some corporations no longer allow nurses to have R.N. on their name tag.

In the final hours of the two-day meeting, representatives from several state medical oncology societies discussed their own efforts to influence off-label and clinical trials legislation at the state level, and their concerns about managed care. Several voiced dismay in dealing with private plan directors as well as state Medicare directors, who were not always sympathetic to oncologists' concerns. Educating those directors about the importance of clinical trials and enlisting the help of state medical societies were offered as possible solutions.

"The agenda is so large that it is very hard to do alone," concluded ACS President Myles Cunningham. "The smart way would be to partner with other groups that have similar goals and missions and try to leverage our resources to larger outcomes."