



All My Relations

Lee E. Mortenson

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FROM THE EDITOR



All My Relations

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

The interrelationship of everything in the world is celebrated when you enter a sweat lodge. As you cross the threshold, in some traditions, you say "All my relations." And prayers are offered for your relations: the stone people, and the plant people, and the animal people, and all the colors and hues of humans. It appears that we now have genetic proof of our common ancestry, at least on the human tribe side. So, I have to tell you that I am angry when an insurer tells me that because I'm the chief executive of the organization I manage, he will make an exception and give my relatives special treatment. Phooey! Everyone who works for me is my relation!

If you are of a like mind, you should have witnessed the recent national ACS meeting that attempted to develop a consensus among providers, payers, and business about a standard cancer benefits package. From the outset, it is important to give ACS and its contractor, the Kerr L. White Institute for Health Services Research, a lot of credit. I've never seen better staff work with a specific objective in focus and tons of follow-up with participants by phone, fax, and conference call. The upshot, however, was not a single recommendation that could be agreed to before or at the meeting.

A summary of how the participants talked past each other might read something like this. The providers said: "This is how we provide the best possible care." The payers said: "This is what we pay. Don't tell us what we should pay for." Businesses said: "We haven't got a clue."

Because the people who ultimately purchase the services haven't got a clue, those who pay us for services (the insurers) can pass the

buck (if you will pardon the expression). Businesses don't know what is in their insurance policies on cancer and would have great difficulty finding out. I can still remember asking major drug companies several years ago if their insurance paid for their drugs...only to hear later that they investigated and found out that their policies didn't cover their drugs for their own people! How is an employer to know?

In fact, how is an insurer to know? It's pretty clear that even the larger, disease-oriented insurers are clueless about cancer care in a number of different ways. But they are not clueless about getting good services for their own relatives.

At the ACS conference, several insurers or ex-feds stood before the group and indicated that they had personally shepherded their own relatives through cancer care with resources that were more available to them than to the average policy holder because of their access to unique resources. While some insurers were shepherding parents and relatives to the right oncologist, they were not interested in assuring that other people's relatives were guaranteed the right to see an oncologist for treatment or for follow-up!

One way to help in all this is to give businesses more explicit information and tools for decision making. Not coincidentally (there are no coincidences), this is one of the new ACCC strategic objectives under consideration for this next year. Perhaps we can tell businesses how to get better care for all their employees—and all their relations. ☛