Truth or Consequences

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The Association of Community Cancer Centers

FACT More than 500 medical centers, hospitals, and cancer clinics across the U.S. are ACCC members. This group treats 40 percent of all new cancer patients seen in the U.S. each year. ACCC members also include more than 300 individual members and 14 state oncology society chapters.

FACT Only ACCC represents the entire interdisciplinary team caring for oncology patients, including medical, radiation, & surgical oncologists, oncology nurses, cancer program administrators, oncology social workers, pharmacists, and cancer registrars.

FACT ACCC is committed to federal and state efforts to pass legislation that ensures access to off-label uses of FDA-approved drugs and clinical trials for cancer patients, appropriate reimbursement to physicians for drugs administered to Medicare patients, and other patient advocacy issues.

FACT ACCC provides information about approaches for the effective management, delivery, and financing of comprehensive cancer care through its national meetings, regional symposia, and publication of oncology patient management guidelines, standards for cancer programs, critical pathways, oncology-related drugs and indications, and *Oncology Issues.*

FACT Membership in ACCC will help my organization/me better serve patients and will foster my professional development.

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FROM THE EDITOR

Truth or Consequences

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

At ACCC's recent Oncology Presidents' Retreat, Dr. Grant Bagley of the Health Care Financing Administration (HCFA) made it clear to us all: HCFA need not pay attention to anyone else—not to the science of the NCI, not to the rigorous review and approval process of the FDA, not to the congressional mandate that HCFA pay for off-label indications.

Dr. Bagley, who is with HCFA's Office of Clinical Standards and Quality, was clear. HCFA doesn't have the money or the staff to replicate the studies of the NCI. HCFA doesn't believe the information from FDA. After all, FDA just approves the uses suggested by those prejudiced manufacturers. And the guidelines developed by ASCO or ACCC? Just because they were developed with the help of groups of "experts," there are plenty of people at HCFA who believe that these so-called experts are just interested in making big profits on these drugs by saying they should be used with abandon.

So, HCFA is forced to make decisions based upon the personal opinion of their staff and to watch Medicare medical directors, such as Dr. Morrison in Mississippi, make policy that blatantly ignores the FDA label, NCI research, and ASCO and ACCC guidelines. Dr. Morrison can write and issue final guidelines for GCSF that strike ASCO's GCSF guidelines as a reference and specifically state that GCSF should not be reimbursed by Medicare for use in patients with chemotherapy-induced neutropenia.

Contrary to HCFA's howlings about the need for evidence-based research, the only evidence the agency accepts is that a drug should not be reimbursed. It can ignore data that suggest, for example, epoetin alfa increases quality of life and survival. (Here's a lovely HCFA quote: "Quality of life is not an illness.")

Then, of course, HCFA staff, apparently listening to presidential radio addresses, decided to retrofit the Stark II legislation to meet President Clinton's stated desire to eliminate chemotherapy margins and issued draft regulations that wipe out community cancer care in the small print of 450 pages of regulations.

Having heard from HCFA staffers recently, I'm now using a new phrase, unintended consequences. Public relations and legal professionals in Washington, D.C., use the term to describe what would happen if a new set of proposed federal government regulations that are completely absurd, and which would severely restrict the rights of a large number of citizens, are implemented.

As this issue of *Oncology Issues* goes to press, many of you are receiving a notice from us to write to HCFA once again to protect our ability to provide care to our patients. We've circled the wagons, and ACCC, ASCO, ONS, and other interested groups have been meeting, planning, and devising a battle plan to wage war, just to be allowed to conduct our business and treat our patients.

According to Dr. Bagley, HCFA has every right to formulate policy on the basis of talking to its friends. It has every right to assume that everyone else's data are prejudiced. What a great unintended consequence to cut out that convenient, cost-effective, local, well-monitored, oncology nurse-supported chemotherapy in physician offices.

For the sake of the country, I'm glad to know that HCFA is the highest authority and that personal opinions such as Dr. Morrison's really supersede expert opinion.