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Lee E. Mortenson

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Fighting the Good Fight

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

All that is necessary for the forces of evil to win in the world is for enough good men to do nothing.
—Edmund Burke

Twenty thousand letters? That's the last best guess about the number of letters you and your colleagues sent to the Health Care Financing Administration (HCFA) about its proposed use of the Stark II regulations to impose actual acquisition costs on medical oncology practices. Although I'm not saying that HCFA is evil, a lack of understanding about the implications of its actions—the unintended consequences—can indeed be destructive. And, let's be clear, perhaps 70 percent of the letters received by HCFA and copied to members of Congress were from good women as well as good men.

There is no doubt that your strong response has alerted HCFA and many members of Congress that the idea of actual acquisition costs is ill considered. The final outcome remains to be seen, but a recent joint meeting with ONS and ACCC leaders and HCFA staff made it clear that HCFA now recognizes that its proposal is an inappropriate use of Stark II. I believe that HCFA will back off.

I wish I could say that the dark days are over, but they are not. Almost immediately several other attempts to cut chemotherapy costs surfaced, most from HCFA or HCFA Medicare medical directors. The first issue is a HCFA proposal for a single Ambulatory Payment Classification (APC) that will bundle nursing administration, chemotherapy, and supportive care drugs received in the hospital outpatient setting on the same day. This "single bucket" approach is another ill-considered idea. Most chemotherapy drugs are high cost, sole source, with little room for discounting. There are substitutes, but they are not therapeutic equivalents.

The natural outcome of this proposal would be to give patients seen in hospital outpatient settings less effective drugs or fewer supportive care drugs. Moreover, this proposal is based on a 1996 drug formula. More than two dozen new drugs and/or indications have emerged in the last twelve to eighteen months, totally changing whatever average HCFA or anyone else attempts to formulate.

The second issue concerns proposed legislation suggesting that actual acquisition is a method of cost savings. The President in his budget, Senator Moynihan (D-N.Y.), Representative Stark (D-Calif.), and Representative Berry (D-Ark.) have all introduced such legislation, which they would like to see used to power their own agendas.

Then there are the Medicare medical directors who, through a variety of actions, appear to be attempting to dictate national payment policy, one state at a time.

So, good men and good women, it is obvious that when we recognize Burke's ageless concept and take action, we can have a significant effect. I believe that *many* times this year, we will need to pull together and confront the destructive forces. We can be heartened by our successes and cautious about our victories. Still, doing nothing is not in the nature of men and women in oncology who are born to be patient advocates. In case you are wondering, that's you and I and our many friends throughout the oncology community who continue to be willing to fight for quality cancer care.