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Lee E. Mortenson

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Is It a Plot?

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

There is one question that I hear from people involved in cancer care wherever I go: Who is trying to destroy cancer care in this country? Is it President Clinton? Is it some other member of the administration? Of course the follow-up question is, why do they hate cancer care?

It's a good question. First the Clinton administration attempts to close down outpatient chemotherapy care with the Stark II proposals. Now we are awaiting publication of the Ambulatory Payment Classification (APC) system, which our pre-publication data suggest will essentially end hospital ambulatory chemotherapy.

Moreover, the two proposals for radiation oncology—a huge reduction in professional and technical fees on the outpatient side, coupled with APCs on the hospital side—are likely to eliminate many radiation oncology centers and make the rest incapable of administering complex therapy and replacing equipment in the years ahead.

Perhaps you think I'm exaggerating. I wish I were. The chemotherapy APCs have put all the new drugs in the lowest reimbursement category. The exact dollar number is not known, but preliminary computations by several consulting firms and our own staff suggest that this category may be less than $100 and no more than $200! Also, there are no codes for reimbursement of supportive care drugs. Their use is "bundled in." Goodbye antiemetics.

On the radiation oncology side, we're just starting to look at the impact of the proposed practice expense regulations on radiation oncology pro forma. But it doesn't take a rocket scientist to figure that the cuts in professional and technical fees will make radiation oncology centers with marginal case loads untenable and those with flush loads marginal. Of course, those attached to a hospital may become financially incapable of sustaining complex therapy.

So what everyone wants to know is, who has it in for cancer patients and for oncology? Obviously, no one in his or her right mind would prevent innovation in cancer treatments. No one would close down radiation oncology around the country, in hospitals, and in the field. No one would purposefully set the payments for chemotherapy in the hospital outpatient area so low that hospitals couldn't afford to give patients the new drugs—not unless someone wanted to destroy the fabric of oncology care.

Well, it's much worse than you assume. Some of the folks at HCFA believe they are doing the right thing! These folks are just carving the "fat" out of the system so that Congress will be pleased that HCFA has done its job of saving the country millions by squeezing every dime.

Too bad that HCFA's lack of foresight, understanding, wisdom, or coordination threatens to destroy our ability to give patients and their families current technology and supportive care, let alone access to the advances down the road. Yes, millions of cancer patients may go without treatment... but think of the savings! There will be savings at the hospital (less complex radiation therapy, no expensive new machines, no chemotherapy) and fewer radiation oncology machines outside of hospitals. No conspiracy. No plot. Just another street corner drive-by shooting—of one of every two people in this country who will get cancer in their lifetime.