



What Problem?

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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*.

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FROM THE EDITOR



What Problem?

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

Throughout our efforts to alert HCFA and Congress about the problems with APCs, ACCC has been hearing a familiar refrain, "What problem?"

HCFA has told us, "APCs are going to be a great windfall, just like DRGs." Well, APCs and DRGs are not the same. DRGs give hospitals a wide range of latitude to manage a patient with a variety of different therapies. APCs reduce the cost of the therapy delivered. DRGs deal with an entire inpatient stay. APCs deal with a procedure. DRGs work. APCs won't. Losses from APCs and their inability to "keep up" with drug development make APCs a catastrophe for patients with cancer.

ACCC analyzed large volumes of data as we prepared our comments for HCFA. We subsequently found that HCFA used 1996 data to calculate its "pools." However, the data are actually from bills submitted between fall of 1994 and fall of 1995, with some data from 1993 and a tiny bit from 1992!

Want to guess how many drugs have been introduced since 1992? How about the number of existing drugs receiving new indications since 1992? Well, thanks to ACCC's *Compendia-Based Drug Bulletin*, we have the answer: Forty-two new drugs! Plus 173 new indications for existing drugs since 1992! And we're talking about blockbusters such as Taxol, Taxotere, and Gemzar—drugs and biologicals that have changed both the way therapy is administered and where it is delivered...contributing to better outcomes and survival!

Even in terms of drugs and indications since 1994, we are talking about twenty-three new drugs with twenty-nine new indications, and 101 additional indications for existing drugs.

Whether in terms of 1992 or 1994, a host of new agents and supportive care drugs are about to be zapped.

We're glad to see that HCFA is also doing its homework. HCFA has reviewed the data and now states that hospitals will lose about 5.9 percent instead of 3.4 percent. Gee, the first numbers were only off by about 80 percent. That's close!

In June the American Hospital Association (AHA) released a study by the Lewin Group of the impact of the Balanced Budget Amendment of 1997 on hospitals, including APCs. AHA concluded that hospitals will lose about \$71 billion over the next five years, at least 14 percent on reimbursement for outpatient services. In analyses conducted for ACCC, the Lewin Group estimates that losses from chemotherapy will exceed 30 percent. Anyone who thinks hospitals will ignore these figures, plus huge losses from supportive care drugs, is loony.

ACCC and many other cancer organizations are drawing congressional attention to the impact of Medicare cuts on cancer patients. Will Congress act? It's hard to say. A number of folks on the Hill are talking about a Medicare relief act this fall. There is also growing support for Rep. Gene Green's (D-Tex.) H.R. 1090, which would pull chemotherapy, supportive care, chemotherapy administration (and, Green assures us, radiation oncology) out of APCs.

For whatever reason, HCFA and the Clinton Administration have declared war on patients with cancer. Speaking at last year's March on Cancer, Vice President Gore kept chanting "No more cancer!" We thought that was a positive statement, but it was really just a clipped sound bite. Perhaps what he really meant was, "No more cancer...care!" ☐