Oncology Issues

ISSN: 1046-3356 (Print) 2573-1777 (Online) Journal homepage: https://www.tandfonline.com/loi/uacc20

Access to Cancer Care

To cite this article: (1999) Access to Cancer Care, Oncology Issues, 14:5, 38-38, DOI: 10.1080/10463356.1999.11905092

To link to this article: https://doi.org/10.1080/10463356.1999.11905092

Access to Cancer Care

The Association of Community Cancer Centers participated in an "Access to Cancer Care Briefing" held Friday, July 23, 1999, on Capitol Hill. The briefing, which was sponsored by the Center for Patient Advocacy and its Access to Cancer Care Alliance, was called to raise awareness in Congress about the devastating impact that Ambulatory Payment Classifications (APCs) will have on patients' access to quality cancer care.

APCs are the outpatient mechanism for HCFA's proposed prospective payment system called for by the Balanced Budget Act of 1997. Under APCs, the more than 100 drugs used in cancer therapies would be lumped into one of four payment categories. Many of today's newest and best cancer-fighting agents (and most expensive) would be placed in the lowest category; reimbursement for those drugs could not exceed $52 per dose. In addition, APCs provide no reimbursement coverage for supportive care drugs. As a result, patient access to cancer treatment and supportive therapies would be seriously threatened.

A panel was convened of representatives from ACCC, the American Society of Clinical Oncology, the American Cancer Society, the Ovarian Cancer National Alliance, the Oncology Nursing Society, and the pharmaceutical industry. Many panelists urged congressional support for H.R. 1090, the Medicare Full Access to Cancer Treatment Act, introduced by Rep. Gene Green (D-Tex.), which would carve out cancer care from HCFA's proposed prospective payment system. Panel members offered diverse perspectives that only magnified the scope of the APC problem.

The original intent of the BBA of 1997 may have been to eliminate financial incentives from clinical decision making; however, as it stands, the APC system would essentially provide physicians incentive to use the older, more outdated drugs placed in the highest reimbursement category.

"Drugs such as Rituxan and Herceptin, although very effective, would be difficult to cover if the center will only get $50 for the drug," stated Christian Downs, ACCC's director of provider economics and public policy. Without financial reimbursement for supportive therapies, hospitals should expect hospital admissions, and thus their costs, to increase.

Recent estimates predict that cancer centers will lose as much as 40 percent of their current revenue under APCs...and that is only the Medicare population. "Many of these HCFA proposals are followed very closely by similar trends in the private sector, RBRVS, for example," Downs explained. The losses to cancer centers would be even greater should the private sector adopt the APC system.

"APCs will have a fundamental impact on patients at our cancer centers—your constituents—in terms of what they will have to pay out of pocket for treatment to save their lives," Downs told the audience.

With a host of chemotherapy drugs ranging in cost from $1 to several thousands of dollars a vial, there is no way to lump drugs in that spectrum into four categories, added A. Collier Smyth, M.D., vice president of medical affairs at Bristol-Myers Squibb Oncology/Immunology.

"A single encounter with a patient receiving a combination of the older drugs 5-fluourocil and leucovorin can mean more than a $3,000 profit to the institution," Smyth said. A single encounter treating a patient with the newer (and probably significantly more effective for a large number of patients) therapies of Taxol and Herceptin would mean a loss to the institution delivering that therapy of almost $3,000. "Hospitals won't be able to ignore those numbers," Smyth stated.

On July 30th, ACCC submitted its comments to the Health Care Financing Administration on its proposed rule for the hospital outpatient prospective payment system, better known as the Ambulatory Payment Classification (APC) system. ACCC's comments contain detailed analysis of the impact of the APC system on hospital outpatient cancer programs. The full text of the comments can be found at www.accc-cancer.org.

Christian Downs (second from left), ACCC director of provider economics and public policy, addressed congressional staffers at the Access to Cancer Care Briefing on Capitol Hill last July.