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The Association of Community Cancer Centers

FACT More than 560 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.

Please send membership information:

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FROM THE EDITOR

A Dollop of Luck... and Hard Work

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

We won! Our two years of intensive work that included research and analysis, coalition building, lobbying, letter writing to the Health Care Financing Administration (HCFA) and the White House, and dozens of meetings with members of Congress and their staff, as well as work with AHA, PhRMA, BIO, AMA, ASCO, patient advocacy organizations, and others, finally paid off. We were able to make a sufficient case to be heard and included in the recent Balanced Budget-"Fix" Bill.

The result was language that we helped craft instructing HCFA to pay for chemotherapy, supportive care drugs, radiopharmaceuticals, and brachytherapy at hospital costs that should parallel the average wholesale price (AWP) minus 5 percent for drugs, perhaps a little more. Congress carved out a special pool of money for us and developed a complex methodology, which should assure that HCFA cannot underpay for innovative drugs and some medical device technologies. Of course, we still need to monitor how HCFA alters the final rule to accomplish these aims, but we expect to keep Congress in the loop to assure that the regulations reflect their intentions.

The choice of AWP minus 5 percent as a methodology for reimbursement was not ours, but one with which we could agree. When we ran the numbers for the Lewin study, which gave us evidence to present to Congress, I asked that Lewin also run the numbers at AWP minus 5 percent. Using 1996 data, we found that AWP minus 5 percent was not very different from the cost-report data from all hospitals for all Medicare patients. Actually, it was a little below the cost-report data, but not significantly. So for chemotherapy, this "fix" adjusts for the new technologies, which were going to be radically underpaid. For supportive care drugs, it represents a huge increase, since HCFA did not intend to pay for these drugs at all under the APC system. Similarly, radiopharmaceuticals and brachytherapy were not to be paid or drastically underpaid in the proposed system. All together, the solution is a huge adjustment and should mean that hospital cancer programs can survive and, with their full mix of patients, perhaps prosper.

The case we made to Congress looked simple: the proposed APCs stopped us dead in our tracks, giving us economic disincentives to use innovations that improve the quality of patient care. And we showed them hard data in graphic detail.

The APC fray along with the fights over self-injection, actual acquisition, AWP minus 17 percent, and the Practice Expense regulations make it clear that economics drives quality. The economics of oncology will dominate the national debate over the next three decades as we see the number of patients with cancer double. We know that more and more cuts will be the easy answer...but cuts will undermine our ability to continue the progress that has truly begun to change how we affect the quality of life and outcome of cancer therapies.

As these changes threaten our ability to provide quality care, ACCC is increasing its focus on the core issues affecting cancer providers and programs.

Without question our recent victories are not the end of the story. We have great challenges ahead, and intend that *Oncology Issues* and ACCC be "on target" with the information, education, and advocacy you need.