



## Twisting the Night Away

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## The Association of Community Cancer Centers

**FACT** More than 600 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 390 individual members and 18 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, radiation therapists, 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:

Name: \_\_\_\_\_

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✉ Return to ACCC, 11600 Nebel St., Suite 201, Rockville MD 20852-2557/Fax: 301-770-1949.

FROM THE EDITOR



## Twisting the Night Away

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

**S**o, the final rule on APCs came out just a few weeks ago. As my staff and I have poured over the 700 pages, we've both cheered the good work you've done and frowned over the details of how this elaborate system...this sea change...is going to happen without the major casualties that we fear.

About the applause, the final rule gives you direct credit. It talks about "a major association of community cancer centers" commenting about blood products, drugs, and brachytherapy. It talks about "X number of comments" on drugs and new technologies.

Those comments produced results! The Health Care Financing Administration will be paying drugs at AWP-5 percent, which means two things. First, we've established the "level playing field" for drug payment in hospitals and offices that HCFA and Congress have been seeking. Second, we'll get complete payment for drugs (chemotherapy, radiopharmaceuticals, supportive care drugs), not the 49 percent of costs proposed in the original rule. Even though it is not a drug, we were able to sneak in brachytherapy as part of the drug exception in the law. Now, finally, the seeds will be covered rather than ignored.

This is good news. The credit goes to a coalition of national oncology organizations—the Oncology Nursing Society, ACCC, US Oncology, the Foundation for Patient Advocacy, the Center for Patient Advocacy—who led the charge on the oncology side; and our partners at AHA and PhRMA, who rode the tide created by your thousands of letters to HCFA and Congress.

So that's great. Now, what keeps me up at night, twisting the night away? Well, let's talk about just APCs first.... Radiation oncology remains a huge problem. We've talked to our colleagues at ASTRO and need to figure out where to go from here. If the "final" numbers hold up, radiation oncology is going to flip from a big star to a big loser at hospitals. If the rule holds up, we're going to have to find a way to disassemble and truck those accelerators down the street to a new freestanding location.

Beyond radiation oncology, the next big...actually *HUGE*...issue is that your hospital and your physicians *DO NOT* know how to code right for APCs. Take this home and put it over the door to the medical staff lounge: *If the docs don't code right, completely, at the appropriate level, this hospital will close.*

Now, if you are uncomfortable, that's good. But if you're in private practice...before you put your feet up, let me just point out the barrage of publicity attacking average wholesale price (AWP) and drug margins, heralding price controls, and cutting physician reimbursement. Just check out the legislation being passed in the Canadian-border states on price controls. And, if you can't lower the bridge, then raise the water via the investigations by states attorneys general on pharmaceutical manufacturers, saying that they are misrepresenting average wholesale price!

No, despair is not an appropriate response. We just need to keep doing our job, telling our story, and making Congress, the regulators, and the American public aware of the real-world problems a silo view of the world can cause. ■