



A Chance for a Change

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FACT More than 625 medical centers, hospitals, cancer clinics, and practices 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 *Oncology Issues*.

FACT Membership in ACCC will help my organization/me better serve patients and will foster my professional development.

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FROM THE EDITOR



A Chance for a Change

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

If you like roller coaster rides, you would love Washington, D.C., during election season. Over the weeks prior to the election we saw the Health Care Financing Administration “postpone indefinitely” its summer attempt to cut drug prices... only to hear after several minutes of careful consideration HCFA staff announce at the ACCC Presidents’ Institute that they planned to recommend AWP minus 17 percent. At the same time Rep. Rick Lazio (R-N.Y.) touted a favorable measure to have the General Accounting Office do a study about drug pricing... only to have the Democrats on the Commerce Committee kill the bill in committee so that Lazio wouldn’t have anything to tout in his campaign against Hillary. And so it goes. Just like the political polls, it’s a seesaw, a roller coaster, the Roman Coliseum.

After Rep. Lazio’s effort was killed in committee, both the House Ways and Means Committee and the Senate Finance Committee put together language that echoed our concerns and followed our suggestions. The language was in response to the tens of thousands of letters that they had received from physicians, nurses, administrators, and patients who were concerned that a change in reimbursement might vaporize the cancer care delivery system. Not willing to let HCFA put off a decision until just after the election, the Hill pushed back, eliminating HCFA’s attempts to come up with its own solution and asking GAO to study both practice expense and drug margins.

The proposed action gives us just what we’ve been asking for: a chance to move away from using the artificial support of the margin on drugs to a more realistic reim-

bursement system that actually covers the costs of administering drugs in hospital and office settings.

I can’t tell you how many times someone has come up to me in the last year or two and said, “We really need to change compensation for medical oncology and get away from our reliance on AWP.” Perhaps you’ve said the same thing yourself. Indeed, the folks at HCFA would probably be surprised at the kinds of people who have said this: a large number of supposedly profit-motivated oncologists; many, many pharmaceutical and biotechnology industry executives; and, of course, all the patient advocates. I don’t see anybody standing on the Hill, waving this flag. All we want to assure is that we don’t eliminate 90 percent of the cancer care delivery structure while “fixing” only half the problem.

During the back-and-forth prior to the election, *The Wall Street Journal*, working with information provided by the opponents of a fix, cited how one drug company widened the margin between AWP and actual acquisition to gain market share. While the emphasis of the article was on the use of this shocking tactic, you would have thought they might have paid more attention to the aftermath: *market share didn’t change!* So, what’s the message there, gang?

I don’t doubt that there are individual physicians who might seek to widen “the spread.” Yet, it is clear that oncologists, as a group, are more interested in product than profit.

While the new legislation has its risks, it is also a significant chance for a change, one that might lead to a more rational reimbursement system and the preservation of cancer care in the neighborhoods where we live. ☐