

**The Association of
Community Cancer Centers**

FACT More than 650 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, and 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.

Please send membership information:

Name: _____

Title: _____

Institution: _____

Address: _____

City/State: _____

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

FROM THE EDITOR



When's It Going to Happen?

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

In the midst of ACCC's recent annual meeting, a small group of us met with the General Accounting Office (GAO) staff. GAO, you will remember, is working on a report important to the survival of oncology providers and programs. Specifically, Congress instructed GAO to determine the margin between acquisition and average wholesale price (AWP) minus 5 percent and how much practice expenses are under-reimbursed, as well as to make recommendations on drug payment and coverage for expenses. Congress also asked GAO to take a look at hospital outpatient care (since its reimbursement is tied legislatively to reimbursement in private practice offices, which is calculated at the same rate, i.e., AWP minus 5 percent). Finally, Congress wants GAO to assure that Medicare patients continue to have access to cancer services after any adjustments.

Simultaneously, Congress told the Health Care Financing Administration (HCFA) not to make any more arbitrary cuts in drug reimbursement to offices or hospitals for one year. So, two moratoriums and a study... Congressman Thomas also promised hearings of vital importance to hospitals on the way that high tech drugs should be reimbursed in the hospital outpatient setting after pass-through payments are discontinued.

Our objective in meeting with the GAO staff working on the report was to see where they were in the study and how we could help. Contrary to some suggestions that the GAO might not meet its deadline, Jim Matthews from the GAO was clear that the report

would be finished by the congressionally mandated date, sometime in September. We've heard that Congress wants it sooner, maybe as early as July.

When will Congress act to restructure oncology payments? I think that you can bet on congressional action late this year or early next. Clearly the House Ways & Means Committee wants this issue resolved well before the mid-term elections. The sooner, the better. On the hospital side, we'd better hope for relief from HCFA's proposed implementation of the cap on transitional pass-through payments starting Jan. 1, 2002!

Will the GAO study be imperfect? You bet, but Congress makes a lot of decisions on "best available data," and this will be no exception.

Can we influence the GAO report? Sure, but not in the way that you're thinking. ACCC, for one, will be as forthcoming as we can be, providing analysts with the data runs we did on the 1996 HCFA outpatient database and on any additional runs that we do this spring. The staff also asked us for some other help, and we will do our best to fill their requests.

So far the GAO staff has asked ACCC to help them understand only the hospital side of the equation. No problem. Understanding the hospital side may also help them understand the office side. In the meantime, the ACCC Board has approved studies that will help us make our case to Congress on APC payments and to analyze the impact of changes in office reimbursement. This is going to be another fast moving year, so stay tuned to the ACCC web site for daily updates. Remember, it's not *if*; it's *when!* ☐