



Here We Go Again...More Threats to Adequate Reimbursement

By now many of you are probably tired of hearing that reimbursement for chemotherapy is under attack. Well, whether you provide chemotherapy in a physician's office or a hospital outpatient department, here we go again. Congress and the General Accounting Office (GAO) are once again considering changes in the methodology for determining the amount of payment to hospitals under ambulatory payment classifications (APCs). They are also considering a reduction in average wholesale price (AWP) or the substitution of a new, lower reimbursement method for drugs in the outpatient setting.

Hospital cancer programs have already seen cuts in Medicare reimbursement from the outpatient prospective payment system that started on Aug. 1, 2000. Many hospitals have seen a 30 to 40 percent decrease in chemotherapy reimbursement since APCs were implemented last year. Now, how do we prepare for even deeper cuts? Or, maybe the question is, how many hospital cancer programs will still be in business to prepare for these further cuts?

Chemotherapy, whether given in the hospital outpatient department or the physician's office requires trained and skilled physicians to order the correct chemotherapy for the patient's disease and monitor its effect. It also requires skilled pharmacists to prepare the medication for administration and skilled nurses to teach patients about the drug, administer the drug, and monitor side effects. All these professionals are essential to chemotherapy administration. Unfortunately, as reimbursement decreases, we will have less staff to support the service, and patient safety will be at risk. In addition, current Medicare reimbursement for chemotherapy administration falls short of covering

the cost for nurses to educate patients about chemotherapy, administer the drugs, and monitor side effects. Although chemotherapy regimens are becoming more and more complex, payments do not reflect this reality.

I do not believe that Congress wants the cancer care delivery system to crumble; however, our lawmakers may not understand the complexities of providing good cancer care to patients. To keep Congress better informed, ACCC will continue to be active on Capitol Hill, telling the story of cancer patients who are cared for in each of our centers. ACCC is also working on a study for presentation to the GAO and Congress. The goal is to show data that accurately reflect the finances of chemotherapy in the hospital outpatient department. We are also working to collect similar data for physician office practices.

Thanks to about 50 institutions that took the time to complete the survey and provide us with this valuable information, we will be able to present quality data to the key decision makers. This data will help ACCC explain to those policy makers on Capitol Hill the need for adequate chemotherapy reimbursement. We want to make sure that patients have access to skilled practitioners and quality cancer treatment, including chemotherapy, in the communities in which they live. ☛

Teresa D. Smith

Teresa D. Smith