

ACCC's Patient Advocacy Meeting and 3rd Annual Oncology Presidents' Institute

A BUSY SCHEDULE...DESPITE THE SEPTEMBER TRAGEDY

Members of ACCC's Board of Trustees and staff of the Association of Community Cancer Centers extended their condolences to all those who suffered the tragedy of Tuesday, Sept. 11, 2001. Prayers went out to our friends at Empire Blue Cross Blue Shield, housed at the World Trade Center, and our sincerest appreciation was expressed to the thousands of police, fire and rescue workers, and medical professionals whose tireless efforts captured the very spirit on which this country is founded.

There are no words to describe

the tragic events that have forever changed our nation. Congress rightfully suspended many of its activities, focusing on the tragedy at hand and what must be done about the evil that surrounds us.

When Congress resumes "business as usual," a number of issues are likely to emerge that are critical to our ability to deliver quality care to cancer patients. While ACCC has been closely tracking those issues, there is no doubt that the nation's reorientation on the need for a strong defense will affect every one of them. *Oncology Issues* will keep you up to date in the weeks ahead.

In the meantime, following the

example of the President and the Congress, ACCC expects to conduct business as usual. That means we chose to proceed with a busy September and October schedule that included the Patient Advocacy Meeting, the 3rd Annual Oncology Presidents' Institute, and the 18th National Oncology Economics Conference.

PATIENT ADVOCATES RECEIVE UPDATES

Representatives and leaders from many of the nation's patient advocacy organizations gathered in Arlington, Va., on Sept. 21, 2001, to join in dialogue and hear from

ACCC'S Oncology Presidents' Institute

Federal health care regulators, investigators, and lawmakers have concluded that Medicare's methodology for establishing drug payment levels for outpatient drugs, including those for oncology, must be restructured and a new solution implemented before the end of 2001. The U.S. General Accounting Office (GAO) itself has termed Medicare's current average wholesale pricing (AWP) system as "flawed," not representing the actual costs of these drugs to providers.

"We will see radical changes in Medicare drug reimbursement in both practice and hospital settings before the end of this year," said ACCC Executive Director Lee E. Mortenson, D.P.A. "The outcome to physician practice expense is still uncertain."

That was the somber picture painted to leaders and representatives from national oncology associations and state oncology

societies at ACCC's 3rd Annual Oncology Presidents' Institute, Sept. 21-22, in Arlington, Va. The conference, in part, provided a forum for attendees to hear about and react to recent legislative and regulatory activity from the GAO, the Centers for Medicare and Medicaid Services (CMS), Congress, and the Office of the Inspector General (OIG) of the Department of Health and Human Services.

During the meeting, leaders

Sharing some thoughts at the Presidents' Institute are leaders from the Oncology Nursing Society: President Paula T. Rieger, R.N., M.S.N., F.A.A.N., (left), and CEO Pearl B. Moore, R.N., M.N., F.A.A.N.



from the oncology community heard reports from Capitol Hill and the news was not good. House Energy & Commerce Committee members lambasted oncology at a Sept. 21, 2000 hearing. Lost (but not forgotten) amongst the media attention on the War Against Terrorism, the hearing roasted AWP, some pharmaceutical companies, and oncologists. The hearing coincided with the release of Part 1 of the GAO report, which reinforced a point that committee

cancer care providers about the pressing legislative and regulatory issues that will impact cancer care.

"We have much to learn from and discuss with each other," wrote Margaret A. Riley, M.N., R.N., C.N.A.A., chair of ACCC's Ad Hoc Committee on Advocacy, in her letter to attendees. "We are in this together."

A major topic of discussion was how the inevitable overhaul of Medicare reimbursement for oncology drugs will affect cancer patients.

"The majority (about 60 percent) of chemotherapy services occur in the physician office set-



Virginia T. Vaitones, M.S.W., president-elect of the Association of Oncology Social Work (left), and Nuala O'Leary, M.S.W., service advocate, Navigation Project, at the American Cancer Society in Baltimore, Md., were among the attendees at the Patient Advocacy Meeting.

ting, and the remainder is in the hospital outpatient setting," said ACCC Executive Director Lee E. Mortenson, D.P.A. "If oncology is paid at an even lower reimbursement rate than the current AWP minus 5 percent, some oncologists may have to close their offices, and patient access would shift to hospital outpatient settings. Hospitals

may not have the capacity to take on more oncology patients. This could be a major disruption to the entire health care system."

Patient advocates also participated in a workshop about oral oncology drugs, learning about the physician experience, nursing and patient perspectives, and reimbursement strategies. ☐

members from both sides of the aisle were making from a playbook that appeared to be the same... there are "big" savings to be had by paying oncologists no more than the "transaction" costs of acquiring drugs.

ACCC's own study concluded that, even with oncology payments at AWP minus 5 percent, current aggregate Medicare payments in the physician office setting are "break even at best," according to presenter Mary Lou Bowers, M.B.A., L.C.S.W., vice president of consulting at ELM Services, Inc., in Rockville, Md.

PHYSICIAN PRACTICE EXPENSE

"The nitty-gritty practice expense issues are where the battles will be," said presenter Bart McCann, M.D., principal with Health Policy Alternatives in Washington, D.C. There needs to be a recalculation of practice expense relative value units (RVUs), he added. McCann maintains that adjustments to practice expense RVUs can be made through regulation or legislation.

In preparation for the October release of the GAO report on physician practice expense,

ACCC submitted to GAO its "Physician Office Study," which gathered data on 45 physician practices.

FINAL THOUGHTS

"HCFA has been after AWP for a long time," said McCann. "The days of AWP are now over." He added that this view was shared by many at the Sept. 21 joint hearing of the House Committee on Energy and Commerce's subcommittees on Health and Oversight and Investigations. The consensus was that new solutions to Medicare payment for outpatient drugs must be developed.

"There may be a massive restructuring of the cancer care delivery system," said Alan K. Parver, J.D., managing partner with Powell, Goldstein, Frazer & Murphy, L.L.P. "The challenge will be to present data and be advocates on what the consequences are to restructure the system." This task will most likely require a coalition strategy from the entire oncology community. ☐



State oncology society leaders listen to presentations: Thomas Arnold Bensinger, M.D., treasurer, Maryland & D.C. Society of Clinical Oncology, (left) and Ralph B. Vance, M.D., F.A.C.P., vice president, Mississippi Society of Oncology and director of the American Cancer Society.