Inside this issue

Turning back the tide

Lee S. Schwartzberg, MD, FACP, Editor-in-Chief | The West Clinic, Memphis, TN

This issue of *Community Oncology* reflects a disparate array of topics important to our readers, unified by the vision of practical clinical- and practice-focused information. The vigor of the oncology community is exemplified by the ability of clinics to launch and complete meaningful quality improvement projects, as reported in this issue by Barbara Adkins et al ("Recognizing depression in cancer outpatients," page 528). Their practice, in conjunction with a non-profit healthcare organization, developed a screening instrument for psychological distress. Together, they integrated a systematic approach to this important symptom of cancer into the fabric of their patient encounters. Most importantly, they developed an algorithm for prompt referrals to the appropriate healthcare provider for treatment of depression.

But who funds the development of such innovative quality care projects? It appears that this project was self-funded out of a belief that it would offer real value to patients. Ultimately, we all decide to take part in these types of endeavors because of our dedication to offering patents quality cancer care.

Unfortunately, the ability to pursue innovative projects is very much endangered by the seismic shifts we are encountering on the reimbursement landscape. As I write this, the Centers for Medicare & Medicaid Services has just announced its final rule on medical oncology reimbursement for 2006. The news is not good:

- A 4.4% decrease in payment for our E/M services
- A 3% decrease in administration fees
- A markedly reduced demonstration project that focuses on the process of using guidelines, disease state, and reason-for-visit rather than patient-centric outcomes of symptom control.

Preliminary estimates of the impact of this new demonstration project suggest a 50%–75% overall reduction in reimbursement to practitioners. The net result is a rather profound reduction in Medicare funding for oncology, starting in just a few short weeks.

If this sounds like the same song, different verse, make no mistake: We must continue to fight the cuts in federal money from entitlement programs. At a minimum, these cuts will stifle innovation, erode quality, and depersonalize cancer services. Dismantling the world's best cancer delivery system is not an appropriate way for the government to save money.

But I urge all readers: *do not* accept the inevitability of this trend. On behalf of our patients, we have made a strong case for maintaining access to care, in a loud and unified voice. A legislative solution is now in the offing in the form of HR 4098, the Community Cancer Care Preservation Act of 2005, authored by Rep. Jim Ramstad (R-Minn.). (For more details on the bill, see Ted Okon and Steve Coplon's *Washington Update* column on page 536.) Already, many co-sponsors of this legislation from both parties have stepped forward; more are needed.

Some of you may be weary of making yet another call or sending yet another e-mail to your representative. But think of this issue as though it were metastatic breast cancer. To treat it effectively, you need to evaluate your program frequently to check that your efforts are working, make occasional changes in strategies, and stay ever vigilant. We can—and must—do it.

On another note, I am delighted to announce the First Annual Community Oncology Conference in Washington, DC, February 8–10, 2006. Make plans now to join your colleagues for this meeting. The program content is tailored to the concerns of community-based oncologists, nurses, and administrators. For more information, visit the Web site www.communityonc.com or call 1-888-799-2995. I look forward to seeing you there.

Lee S. Schwartzberg, MD, FACP
Editor-in-Chief

© 2005 Elsevier Inc. All rights reserved.