From the Editor's Desk

John V. Cox, DO, MBA

Transition

By John V. Cox, DO, MBA

As you read this, the United States is preparing for a historic transition of power. Barack Obama will take the reins of government as the 44th President of the United States, carrying an enormous burden of pent-up expectations. With so many issues pressing for attention, and with a pocketbook saturated in red ink, it is difficult to predict the priority that health care reform will receive in the first days of the new administration. Clearly, the list of ills of our health care system has been iterated many times: the inefficiencies of multiple sets of rules for reimbursement, the odd imbalance of payment for technology and procedures versus cognitive services, the entrapment of physician reimbursement in a formula complex enough to puzzle economists, and the fragmentation of inaccessible health care data between providers, not to mention the disparity in access to health care for millions of our citizens.

In addition, oncology practices are pressed by an increasingly difficult collision of events. Each year research provides more insight into the diseases of cancer with the development of novel and interesting treatment strategies. Yet these treatments are often associated with significant costs, affecting patients' ability to access them. Many aspects of delivering state-of-the-art quality oncology care are simply not accounted for by payers and therefore not reimbursed. In addition, the oncology workforce is aging, and in many areas, recruiting oncology specialists to backfill physicians who are retiring or slowing down is difficult. Add to these pressures a tightening credit market impacting the economic flexibility of clinical practices and a struggling economy that is impacting our patients' ability to maintain employee-based health insurance, and it is easy to see that our practice structure is in trouble. The sad irony of having promising therapies for cancer and yet a broken system to access that care has slowly dawned on our profession.

Yet with these problems looming, there is hope vested in the new President. The founders provided a remarkable system of government that allows the peaceful transfer of power. The system renews government, regenerates ideas, and allows us to experiment with new directions. President-Elect Obama emphasized health care during his campaign and has placed the issue high on his list of priorities for the country. His ability to communicate should enable him to reach citizens to garner support for significant change.

Journal of Oncology Practice enters its fifth year with this volume. The *Journal* aspires to provide information, ideas, and tools to help oncology practices understand and deal with these times. Clearly the need for the *Journal* is greater than ever. Just as the profession is faced with challenges, so is the *Journal* in covering those challenges and their solutions for the readers. The breadth of issues that we face is ever-expanding. The expertise to identify and address them all does not sit within the editorial offices of the *Journal*, but it does exist in our Society. This *Journal* was conceived to provide a forum for ideas to address the issues facing oncology practices. Please accept this invitation to come to this "town center" to express your views about what is published, identify issues worthy of being explored in print, and outline your ideas about material that could help you do your best in your roles as caregivers and as managers of oncology practice businesses. Together we can provide the insight and skill to participate in the reforms needed in our practices as well as the reformation of the systems of care we provide. To draw on a phrase from the Obama campaign, "Yes, we can."

Pertinent to this issue of the *Journal*, the reader will find a series of articles focusing on cancer prevention, particularly tobacco cessation. Recognizing the many limits of treatment in oncology, a truism exists—the best way to deal with any disease is to prevent its occurrence. Tobacco use remains the scourge of human habits and the greatest promoter of cancer yet applied to humans. In November 2008, the Centers for Disease Control announced that the number of adults in the United States who smoke has dropped below 20% for the first time on record. Unfortunately cigarettes still kill almost 500,000 people a year in this country.¹ Clearly we have work to do. Let us resolve to join Dr Penley on his antitobacco soapbox,² and continue to implore our patients to stop.

Contact me with any ideas or critiques for or about the *Journal* at jopeditorsdesk@asco.org.

A handwritten signature in black ink, appearing to read "John V. Cox" with a stylized flourish underneath.

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References

1. Cigarette Smoking Among Adults—United States, 2007. MMWR Morb Mortal Wkly Rep 57:1221-1226, 2008
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