Health Care Reform: Never Mind?

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Health care reform efforts were changed by the voters of Massachusetts in January. Ironies abound with this vote. The seat occupied by Senator Kennedy, whose political life was dedicated to universal health care coverage, is now filled by an individual who will cast a vote to redirect the process. Massachusetts, the one state in our union that comes closest to providing health care for all its citizens, has elected a senator who maintains “his state” does not need federal health care reform and has publicly vowed to stop so-called Obamacare. In a clear manifestation of the power of our democracy, his one vote will reframe the health care discussions in Washington. One of my colleagues, referring to the past 6 months of acrimonious debate and horse-trading compromise, notes that the President should now simply draw from Gilda Radner’s Roseanne Roseannadanna, who after a reality check would simply proclaim, “Never mind,” and walk away.

Regardless of one’s politics, health care is changing. Reform is under way. The pressures that shape the debate persist. Patients and providers are frustrated with higher premiums and increased administrative complexity. Government and private payers are challenged with economic models that they cannot control. Demographic changes accelerate us toward an economic abyss. So regardless of the fate of comprehensive reform legislation, change is on us.

Change demands a necessary process of evaluation, measurement, and “self realization.” In our science, we are driven by data. One can argue that we are not as advanced in methods of measurement and data gathering to assess how we deliver care. In this issue of *Journal of Oncology Practice*, Johnson et al present a unique report about the Northern New England Clinical Oncology Society’s project to examine the delivery of oncology care to patients with breast and colon cancers throughout its three-state region. What distinguishes this article is the methodologic attempt to draw from each state’s existing tumor registry systems. Clearly, to understand how we deliver care, we will need to collect basic data that describe the care we give, including accurate staging and treatment data. As outlined by Stephen Edge, MD, in his accompanying commentary, our current “aggregating” databases and registries have immense shortcomings, in part resulting from the inconsistency of data organization and submission.

In addition, this issue of *JOP* features an article from policy researchers at the Centers for Medicare & Medicaid Services (CMS) and the National Cancer Institute evaluating the effort of CMS to use billing codes to collect information about delivery of care to oncology patients in the 2006 Medicare Oncology Demonstration project. Current efforts through the Physician Quality Reporting Initiative program continue to utilize similar data collection mechanisms. Their analysis is telling, as is the assessment of Peter Bach, MD, MAPP, in an accompanying

commentary. Bach, who had a hand in developing the program, is quite candid in his remarks. These articles offer very interesting reading.

This issue also includes a thought-provoking perspective on the end-of-life political folderol that we experienced this past fall. Lidia Schapira, MD, reminds us of the critical value of engaging in this debate about the care that we provide. Oncology cannot give up this ground. Markman et al provide information regarding the financial impact on our patients as a result of the care we prescribe. The report is sobering and provides insight into the momentum for change in our system.

Michael Neuss, MD, points out another blind spot we have as a profession. There is no good information on oncology provider demographics. We do not know ourselves well. ASCO and the Clinical Practice Committee are undertaking an ongoing effort to understand and profile the providers of oncology care in this country.

In terms of issues in day-to-day practice, readers will find an interesting article by Holcombe et al that discusses an academic department’s struggles and solutions in developing a model for compensating oncologists. In an accompanying commentary, John Hennessy, MBA, CMPE, notes the parallels to community practice. This topic addresses an ever-present problem in any practice arena. As we read these articles, we can hear former ASCO President Nancy Davidson’s mantra: “We truly are one profession.” She underlined the commonness of our science and purpose. These articles underline the common ground that academic and community practices experience in developing structures of care that serve our patients.

In this issue, we reprise “How I Treat.” Qamar Khan, MD, and Carol Fabian, MD, provide a nice review and perspective on vitamin D. Normally we do not publish reviews, but the editors felt readers would appreciate their piece in its complete form. Atmar et al review data documenting the safety of administering rituximab over shorter time frames. This technique could positively affect efficiency in chemotherapy suites. Articles from contributing authors in continuing series, including exemplary attributes of high-performing research sites, an ethics vignette, practical tips, and strategies for career success, round out this issue. We seek your feedback on *JOP*. Good reading.

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