Revolutions

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Revolutions start slowly. They are born out of individuals' increasing frustrations with their day-to-day lot. One cannot help but to reflect on the impetus for change as one practices medicine. There is a lot to like, with new therapies and new successes. But these are overshadowed by the growing discontent of everyday life in the clinic. This life seems increasingly defined by difficulties in reaching out to another doctor to discuss patient care, growing hurdles to sharing information about a patient, frustration in providing a new therapy when faced with specialty pharmacy requirements, realization that the patient can't afford the insurance copay, the stack of forms that lie on your desk, statistics showing a growing population of patients with inadequate insurance, declining revenue and increasing costs.

In our culture, we are encouraged to be engaged. Our high school government class defined the ethic of the US system. You work hard; you are successful. You have a problem; you talk it through and develop a plan—any problem can be solved. Yet, in medicine, there is growing sense that the tension of many voices works against finding a solution. The cacophony seemingly grows more unintelligible.

Over the years, increasing health care costs have driven insurance companies and providers to opposite corners in a wrestling match for dollars that would make the World Wrestling Federation proud. Insurance companies point to the pen in the hand of a doctor as the “most expensive piece of medical technology on the planet,” and respond with an ever-increasing number of schemes to limit the use of that pen. Doctors decry the limitations, noting that the apparent goal is not to enhance patient care but to provide larger profits for insurers. Multimillion-dollar bonuses awarded to insurance executives by their boards symbolize this.

As one stands back from this mud fight, it is easy to see that the patient is lost in this battle. Both sides claim promoting patient care as their primary motivating factor, yet both define the patients' interest in terms that are detrimental to the other.

Small revolutions occur when both groups come together, checking their biases at the door and focusing on the patient. Many efforts to integrate models of care around patients—patient-centered care—are afoot. The most successful focus on the patient and align interests of payers and providers. From medicine's corner, we have to realize that we are accountable for the care we provide. We must be willing to participate in acknowledging the limits of scientific evidence and practicing within those parameters. We must be engaged in programs that measure and benchmark our performance and not be shy about reporting these data. Insurers, too, must recognize that despite the growing scientific basis of our profession, there remains a tremendous art to delivering good care. Time and resources are

needed that often cannot be characterized in a CPT code or documented on a form. Both insurers and regulators must see the value in efforts to coordinate care between physicians caring for a common patient.

Challenges abound, and barriers exist that prevent the sharing of information. Antitrust concerns inhibit meaningful conversations between hospitals and their voluntary medical staffs and between the medical staff members themselves. Sharing data and coordinating care will have an impact on patient care and on the businesses involved. Regulators need to recognize that changes driven by better coordination of providers can create multiple victories in a system that is becoming ever more fragmented.

JOP is both reporting on and promoting small revolutions. In September 2010, ASCO brought together private payers and oncology providers. In a forum refereed by an antitrust attorney, they discussed the issues noted above. The goal is to promote an ongoing conversation that can find a common understanding, through which these seemingly intractable problems can be solved. Neuss et al report¹ on this meeting in detail within this issue. A supplement to the *Journal* focuses on payer provider issues.² The supplement is a combined effort of the *American Journal of Managed Care* and *JOP*. Within it, you will find voices of payers, health service and cost-of-care researchers, as well as oncologists struggling with the tensions outlined above. Because the readership of the two journals does not greatly overlap, it is our hope that the articles presented will help forward the conversation between the two parties in these debates and fuel revolutions.

Elsewhere in these pages, the reader will find contributions that provide insight into our enterprise. As always, we encourage your feedback and suggestions at jopeditorsdesk@asco.org, and we wish you good reading.

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References

1. Neuss MN, Flamm C, Shulman LN, et al: Report on the ASCO 2010 Provider-Payer Initiative meeting. *J Oncol Pract* 7:136-140, 2011
2. American Society of Clinical Oncology, American Journal of Managed Care: Payer/Provider Relationships in Oncology. *J Oncol Pract* (suppl 3S), 2011