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Reply to B. Feinberg and J. Scott

To the Editor: Drs Feinberg and Scott¹ write to express concern about the definitions of nine models of oncology management defined in the *Journal of Oncology Practice/The American Journal of Managed Care* article, “Oncology Management Programs for Payers and Physicians: Evaluating Current Models and Diagnosing Successful Strategies for Payers and Physicians.”² The definition of the nine models in the original article was not intended to identify characteristics of any specific individual branded program, but rather to clarify the focus and strengths and/or weaknesses of nine identifiable mechanisms of oncology management. As noted by Feinberg and Scott, these mechanisms may be incorporated with other oncology management tools to make up compound branded products. Their comments validate that premise by noting that the programs offered by P4 Healthcare do encompass portions of more than one of the nine oncology management models identified. The original article did draw a distinction between a management approach and a branded program.

I recognize that there are no universal definitions of terms; my use of “drug management model” in the original article refers to a management scheme that encompasses tools such as preferred product pricing that focus solely on the price of drugs with minimal correlation to disease issues. Preferred product pricing is the act of changing the price of a specific drug in relation to the price of another drug—often done when there is

a desire to steer utilization toward the preferred drug. The intent of highlighting programs that use components of these models was simply illustrative. It was not intended to categorize the drug management model as the only aspect of services provided by P4 Healthcare.

I appreciate the description of the P4 pathways program provided by Feinberg and Scott, noting that the program is a compound program that encompasses elements of some of the nine management models identified in the original article. I also appreciate their highlighting a key point made in the manuscript: the importance of broad physician engagement and acceptance of these models by the physicians affected by the programs. Successful implementation of these tools demands attention to effective and transparent governance of the program.

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Accepted for publication on January 31, 2012.

Author's Disclosures of Potential Conflicts of Interest

The author(s) indicated no potential conflicts of interest.

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