

Submitter : Dr.
Organization : Dr.
Category : Physician

Date: 07/07/2005

Issue Areas/Comments

Background

Background

"Collection of patient coinsurance: Vendors can refuse to dispense additional drugs through the end of the calendar year to patients who have not paid their coinsurance within certain time limits."

GENERAL

GENERAL

Many of the patients in rural Appalacia region of south east kentucky do not have a supplemental insurance, and have no means of making the 20% copayment on chemotherapy for cancer treatment.

Will this process discriminate against all such patients? My feeling is it will, if we donot get the medications from the vendor how can they be treated? Will the cancer wait one more year and patients be alive to go through various appeals? We need to ensure all patients can receive thei cancer medications, no matter thier ability to pay the supplemental insurance.

Submitter : Dr.
Organization : Dr.
Category : Physician

Date: 07/07/2005

Issue Areas/Comments

GENERAL

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AS AN ONCOLOGIST, I FIND IT VERY IMPRACTICAL AND POOR PATIENT CARE TO HAVE TO ORDER CHEMOTHERAPY DRUGS THROUGH A VENDOR AND HAVE TO WAIT SEVERAL DAYS FOR THE DRUG TO ARRIVE. THAT MEANS THAT EVERY MEDICARE PATIENT I SEE, WOULD HAVE TO COME BACK AN ADDITIONAL DAY TO RECEIVE THEIR CHEMOTHERAPY. MANY OF MY PATIENTS DRIVE 1-3 HOURS TO GET TO MY OFFICE. WITH THEIR POOR HEALTH, DISTANCE AND COST OF TRAVEL HOTEL ETC, I THINK THIS TRAGICALLY IMPACTS THE QUALITY OF HEALTH CARE THAT WILL BE DELIVERED TO ALL OF OUR SENIOR CITIZENS!

Submitter : Dr. Larry Corum
Organization : Olathe Cancer Care
Category : Physician

Date: 07/07/2005

Issue Areas/Comments

GENERAL

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The proposed CAP for obtaining chemotherapy drugs is an incredibly stupid plan. This triples the work of oncology practices while increasing risk to patients and significantly raising the possibility for error by introducing another 'middle man'.

Is anyone making these decisions aware of Robert Courtney, the pharmacist who diluted chemotherapeutic agents?

This is another example of 'management', who know the least, dictating to 'the workers', who know the most.

Submitter : Mrs. Karen McRae
Organization : Berlex
Category : Federal Government

Date: 07/11/2005

Issue Areas/Comments

GENERAL

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Will CAP discounts be included in the computations of other federally reported prices, such as, Medicaid AMP and Best Price and Federal Supply Schedule's non-FAMP?

Submitter : Dr. Michael Fangman

Date: 07/11/2005

Organization : CCR

Category : Physician

Issue Areas/Comments

Background

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My comment is general in nature.

Etiology is essential to any treatment plan.

It appears fundamental that ASCO begin to call a spade.

Decision makers in Washington, the current administration and CMS take the stance that Oncology services for the Medicare population require a dramatic change to save some millions of dollars per year.

Editorially I will note that a similar savings is likely expended in Iraq every few days to weeks with no expressed anxiety by the administration.

In contrast, that purported savings (purported because it will probably not work and will be spent in other ways not now apparent)

is to be borne by the patient and the Oncology care givers of America.

At the same time, the industry with the highest profit margin in our capitalist system is never mentioned as being part of the equation in terms of sharing in the process. This is counter intuitive and all the more hard to swallow for the fact that it is kept so very secret in technical jargon thrown about in commentary about the CAP and other ramifications of the Oncology payment revolution.

Submitter : Mrs. Kelly Vaccaro
Organization : Hematology-Oncology Associates of CNY, PC
Category : Health Care Professional or Association

Date: 07/11/2005

Issue Areas/Comments

GENERAL

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CMS Administrator Mark McClellan, M.D., Ph.D. has been quoted as saying, 'This new competitive approach for Part B drugs aims to give physicians a new and less burdensome option for acquiring the treatments their patients need. The program frees physicians from the administrative work of purchasing and procuring drugs in their offices, so that they can focus more time and resources on providing the best treatments for their patients.'

As a physician's office seriously looking at whether or not CAP is a viable option for our patients, I would like to point out that the administrative burden of this program is much greater than the current burden that we suffer with now. In addition, under the CAP, the 6% administrative fee added to ASP which is intended to reimburse our office for our pharmacist, supplies and occupancy would be eliminated. As things stand now, the '6%' added to ASP is, in reality, more like 2.5% for our office and does not even begin to cover our true costs. We would lose even more money under CAP.

Finally, we sincerely believe that there will be significant administrative blunders both initially as the program starts up, as well as ongoing, which will negatively impact patient care. We beg CMS to remember that Cancer Care is not about numbers or policies or procedures, but about the individual lives of people - our family, our friends and our neighbors.

Our recommendation is that CMS abandon the CAP and look seriously at the pharmaceutical costs of the physician office and make an effort to ensure that all costs - direct and indirect are reimbursed adequately.

Submitter : Dr. Eduardo Saponara

Date: 07/11/2005

Organization : Dr. Eduardo Saponara

Category : Physician

Issue Areas/Comments

GENERAL

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I am a community oncologist already struggling to stay in practice, with ever increasing costs and regulations. Now we are in an impossible situation: We cannot get the drugs for our patients because it costs me more to buy, store and bill for it than what Medicare pays me. Patients without drug coverage are in deep trouble. Second: I am very concerned about the administrative costs of COA. Are we going to be paid for the extraburden of ordering, record keeping, storage, and the additional bureaucratic work imposed on my office?

What about drugs a patient does not use? What do we do with them?

It is a nightmare for physicians and a disaster for patients

Submitter : Dr. Michael Benjamin
Organization : Valley Hematology Oncology
Category : Physician

Date: 07/11/2005

Issue Areas/Comments

GENERAL

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See attached document

CMS-1325-IFC-8-Attach-1.DOC

July 11, 2005

Sir:

I learned about the Competitive Acquisition Program for drugs at the American Society for Clinical Oncology meeting this June. I and other doctors expressed our disbelief at the complexity and cumbersome nature of the program.

The simplest way to express my (and other oncologists') discomfort with the program is that it would cost us additional money to implement, but would not compensate us for these additional expenses in any way. The costs of keeping track of the doses, clinical information, and shipment orders and receipts would probably require additional staff in our offices, and this would cost us money. Long term, this system would fall apart. I have found that conditions that are not economically self-sustainable do not persist.

I think there is validity to getting doctors out of the business of selling chemotherapy to patients. I personally don't like having the conflict of interest driving my decision-making when it comes time to treat a patient. On the other hand, my patients overwhelmingly prefer to come to my office for their chemo treatments, and I would like to continue to offer them this service. I think it is ethical for doctors to seek fair remuneration for their services, and I think the program as it is constructed now denies them this opportunity. Without a financial incentive, this program will die.

Programs like CAP offer no financial justification for their additional red tape. At best, it will be rejected by oncologists. At worst, we will have no alternative and be forced to cease giving chemo in our comfortable, familiar environment. Some of these patients are terminally ill, getting palliative treatments for symptom management. Keeping them in a more comfortable place, with people who see them regularly, can help them have additional quality of life.

I hope CMS officials will continue to make it possible to give optimal care to our nation's cancer patients.

Sincerely,

Michael Benjamin, M.D.
West Hills, California

Submitter : Dr. monica minkoff
Organization : front range cancer specialists
Category : Physician

Date: 07/11/2005

Issue Areas/Comments

GENERAL

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I feel that the CAP regulations are bad for the access to cancer care by elderly americans since the burden is such to oncologistws and their office staff, that the patients will have trouble finding physicians willing to treat cancer patients on medicare.