

Submitter : Dr. Shamoan Ahmad
Organization : Dr. Shamoan Ahmad
Category : Physician

Date: 08/14/2005

Issue Areas/Comments

GENERAL

GENERAL

If payment to vendors is greater than ASP +6%, then CMS should increase direct payments to physicians.

Submitter : Ms. Sandra Saltzer
Organization : Finger Lakes Hematology & Oncology
Category : Health Care Provider/Association

Date: 08/15/2005

Issue Areas/Comments

GENERAL

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Implications for Patient Care

Even though CMS undertook major efforts to address concerned comments about the potential impact of CAP on patient care and quality, elements of CAP still present serious implications.

The timeline for drug delivery is a case in point. In general, CAP vendors will not be required to have product to the ordering physician until 5 pm the next business day in an emergency situation and 5 pm on the second business day after a routine order is placed, assuming the vendor receives the order before 3 pm vendor's local time. Practically speaking, physicians will have to reschedule patients with emergency needs at least two days later, and non-emergency patients may not be scheduled any sooner than three days after their original appointment.

Indeed, the five-day-a-week, business day delivery schedule does not bode well for patient care. A patient in the continental US with an emergency discovered at a late afternoon appointment on Friday may have to wait for a Wednesday appointment to be treated with a drug supplied through the CAP vendor, since one business day delivery would only require the CAP vendor to get the past-3 pm Friday order to the doctor by 5 pm Tuesday.

In addition, the delivery timelines are particularly troubling for oncologists because cancer patients often require unanticipated shifts in their course of therapy, depending on tumor response and patient condition when he or she presents for therapy. In light of state pharmacy limitations on the ability of CAP practices to redirect unused drugs that have been dispensed for another patient, when a change is needed in a patient's course of therapy there usually will be a multiple day delay in the patient's treatment.

Another major area of concern is drug availability. Under the IFR, the drugs available under CAP are limited to an identified list of 181 products, and even then CAP vendors may supply only one drug per HCPCS code. Although the drug list constitutes 85% of Part B drugs based on spending, it leaves out over 250 products covered under Part B. Moreover, CMS acknowledges that CAP will only cover most of the drugs with access problems under ASP+6%. With low-volume products excluded, CAP physicians will have to buy and bill those drugs for which they are least likely to be able to obtain discounts, further impacting access to drugs. Further, the exclusion of drugs billed on miscellaneous codes could undermine access to advanced treatment options for patients who have failed to respond to old-line treatment regimens.

Concern has also been raised that CAP could compromise patient safety through the potential commingling of patient-specific drug inventories. The traditional physician prescription and pharmacy dispensing process has long played an essential role from a patient safety perspective. However, any commingling of patient prescriptions under CAP could lead to life-threatening medication errors.

Finally, patient care can be severely impacted by the CAP vendor's right to cut off delivery of drugs for patients who fail to meet their cost-sharing obligations. Under the IFR, CAP vendors may stop shipping drugs for patients who have not paid billed cost-sharing amounts within 45 days after the postmark date on the bill unless the patient has contacted the vendor about the payment problem. Although the IFR provides for notification, waiver, and limited postponement, the impact on patients could be significant. Many patients are unable to cover the full cost of their coinsurance, exposing potentially tens of thousands of patients to treatment cut-off. Likewise, increased collection effort pressures from CAP vendors could drive more cancer patients to choose to forego treatment earlier in their course of therapy when the possibility of a successful treatment outcome may be higher. The stress of vendor collection efforts could adversely affect treatment outcomes for financially stressed patients.

Submitter : Brenda Hickman
Organization : Kansas City Cancer Center/USONCOLOGY
Category : Nurse Practitioner

Date: 08/15/2005

Issue Areas/Comments

Background

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Implications for Patient Care

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