

Patients Perceived Cancer Care Unaffected by Lower Medicare Reimbursements

Atlanta 2007/10/08 -Patients perceive no significant change in the quality of care for cancer since the United States' government passed the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) according to a study published in the November 15, 2007 issue of *CANCER*, a peer-reviewed journal of the American Cancer Society. The new study, led by Joëlle Friedman from the Duke Clinical Research Institute in Durham, North Carolina, reports that, compared to patients treated before the MMA, there was no difference in the time to and location of treatment for patients with cancer treated after the Act was signed into law. Furthermore, patients remain highly satisfied with their cancer treatment.

In 2003 the MMA was signed into law by President Bush and was the most comprehensive restructuring of the Medicare system since its introduction in 1965. Changes included a new prescription drug benefit, managed care insurer access, and \$25 billion allocated to rural hospitals. One key provision, however, was a significant reduction in Medicare reimbursement to healthcare providers that went into effect January 1, 2005. In particular, cancer treatment was targeted with reduction because it was considered by legislators to have been overly generous.

The effect of these reimbursement cuts on patient care has been unclear. On the one hand, a study commissioned by U.S. government found that patients did not perceive any differences in care. However, other anecdotal sources report that oncologists are downsizing their practices in many markets by eliminating nurses and other staff and by closing satellite offices, requiring patients to travel farther for treatment, particularly in rural areas. Dr. Schulman and colleagues surveyed 1,421 cancer patients treated before (n=684) and after (n=737) the MMA to compare patients' perceptions of access to and satisfaction with oncologists' care.

They found that regardless of age, patients treated pre- and post-MMA reported a median wait to treatment time of 21 days and an average travel time of 30 minutes. Overall, there was no significant difference in treatment location between the groups. However, a small trend in change of location was observed for patients living in rural areas and patients with Medicare and no supplemental insurance. The number of patients in these subgroups was too small to make an association.

In addition, the authors found that patient satisfaction with care by their oncologist and infusion center staff was similar in the pre- and post-MMA groups, regardless of age. For example, among patients 65 years and older, 65 percent and 76 percent of patients from both groups were very satisfied with their oncologist and infusion staff, respectively.

Dr. Schulman and his co-authors conclude that "overall, our findings do not support generalizations from anecdotal reports that patients are being affected by these changes as a result of the MMA." However, this study suggests a possible impact by the MMA on vulnerable populations, such as those in rural areas and those with only Medicare insurance, which should be investigated.

Article: "The Medicare Modernization Act and Reimbursement for Outpatient Chemotherapy: Do Patients Perceive Changes in Access to Care?," Joëlle Y. Friedman, Lesley H. Curtis, Bradley G. Hammill, Jatinder K. Dhillon, Charles H. Weaver, Sugata Biswas, Amy P. Abernethy, Kevin A. Schulman, *CANCER*; Published Online: October 8, 2007 (DOI: 10.1002/cncr.23042); Print Issue Date: November 15, 2007.

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