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TARGETING CANCER CARE

Proposed 20 to 30 Percent Medicare Cuts in Radiation Oncology Would Devastate Cancer Care

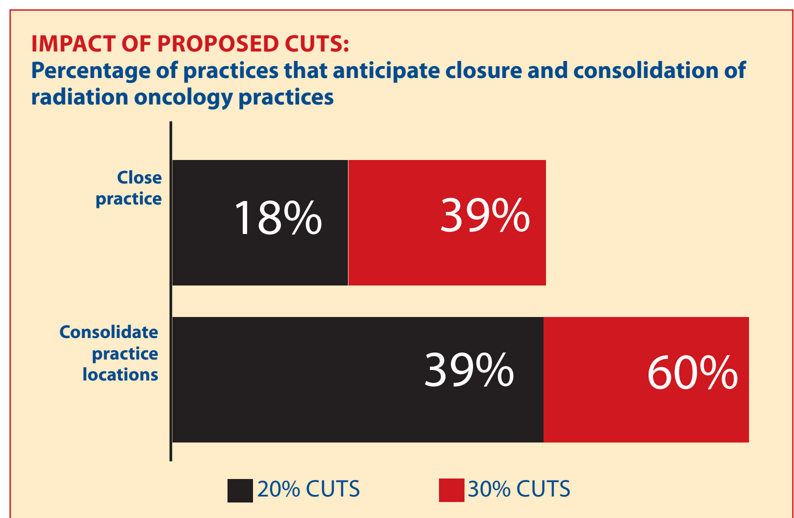
On July 13, 2009, the Centers for Medicare and Medicaid released proposed changes in the Medicare physician fee schedule that lead to an average 19 percent cut for radiation oncology. In the face of these cuts, the American Society for Radiation Oncology (ASTRO) launched a survey to determine how these proposed cuts would impact practices and patient care.[1]

ASTRO determined that while the aggregate cut is 19 percent, some practices may face cuts of up to 31 percent because of their particular patient mix. For instance, an analysis of 2008 Medicare claims for a community-based practice in South Carolina revealed that Medicare's proposal would result in a 25 percent reduction. Based on anticipated cuts between 20 and 30 percent, ASTRO believes these proposed cuts will be devastating to the cancer care. Ninety-seven percent of respondents said that they believed the quality of radiation oncology would suffer as a result of these cuts.

"Our practice is located in a large metro area that services a large lower-income population. Since we provide transportation for many of our elderly patients, closure of our facility would essentially eliminate access to radiation services to many of these patients."
— New York City

"We pride ourselves in spending enough time with each patient so that they get the time that they need, clinically and emotionally. With a severe cut, we would cut the number of physicians and have each see more patients. From a purely technical standpoint this could be done. From the standpoint of giving care and time to the patient, it is disastrous." — Tyler, Texas

These proposed cuts will cause many community radiation oncology centers to close or consolidate their practices, forcing patients to drive longer distances each day for many weeks to receive treatments.



Patients usually receive radiation therapy treatments daily for six to eight weeks. If practices close or consolidate, 43 percent of respondents estimated that patients will have to drive more than 50 miles round trip, often about 1 ½ to 2 ½ hours, to go to the nearest radiation oncology provider. This increased expense and time is a significant barrier to care. Studies have found that increased travel time to the nearest radiation facility is associated with declining odds of receiving radiation for elderly patients.[2] For example, studies have shown that the distance to a radiation therapy center significantly impacts mastectomy rates, with many more breast cancer patients choosing mastectomy rather than driving long distances every day for treatment.[3] Patients who do not receive their prescription of radiation are at significantly higher risk of additional complications, such as their cancer returning or spreading.

[1] This survey had 515 respondents. The results featured here reflect only the responses of the community-based or community- and hospital-based practices. Quotes are taken from descriptions of respondents regarding how the proposed cuts will affect their practice.

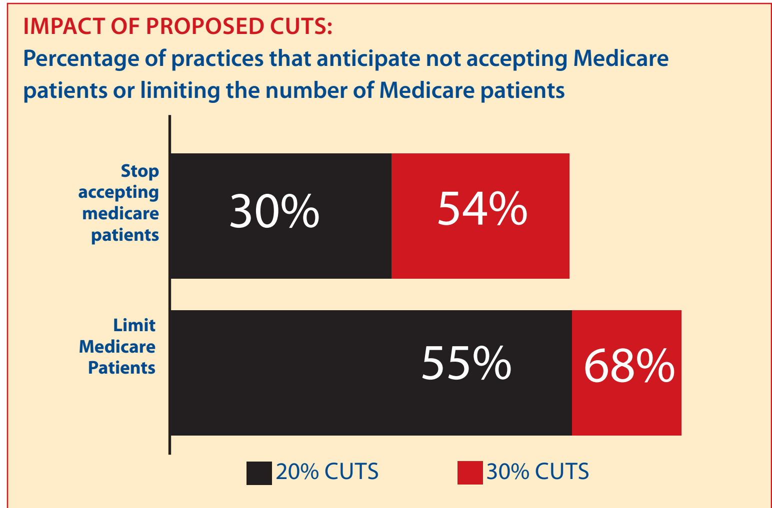
[2] Int. J. Radiation Oncology Biol. Phys., Vol. 66, No. 1, pp. 56–63, 2006.

[3] Journal of Clinical Oncology, Vol. 23, No. 28, pp 7074-7080, 2005.

In the face of these cuts, many practices, such as a Charlotte-area practice that is preparing itself for a 23 percent cut, indicated that they would no longer be able to provide charity care to uninsured patients. Further, several practices foresee limiting the number of Medicare patients they will treat or stop accepting new Medicare patients.

Those surviving community cancer centers and hospital-based facilities will be unable to handle the surge in patients, particularly in light of the expected rising incidence of cancer.

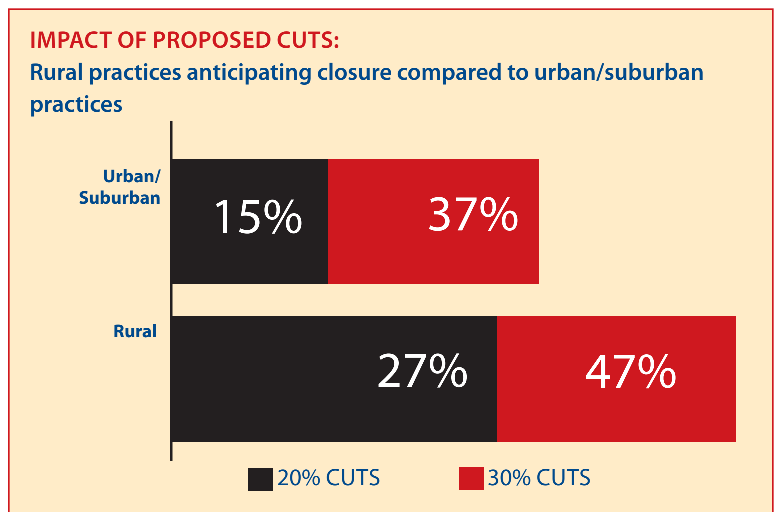
"Currently there are two practices in my community, a hospital-based practice and my freestanding office. A 20 percent cut would probably cause us to close. This would result in patients waiting for four to six weeks for an appointment at the other practice. Patients would no longer have any choice in their facility."
— Lancaster, PA



Rural Areas Particularly Hard Hit

The impact will be particularly acute on community practices in rural areas. An analysis of 2008 Medicare claims for a practice in North Dakota revealed the cuts would result in a 22 percent drop in payments. These cuts would substantially limit cancer care in rural areas across the nation. Cancer patients in rural areas would have to drive several hours each way daily for weeks or months.

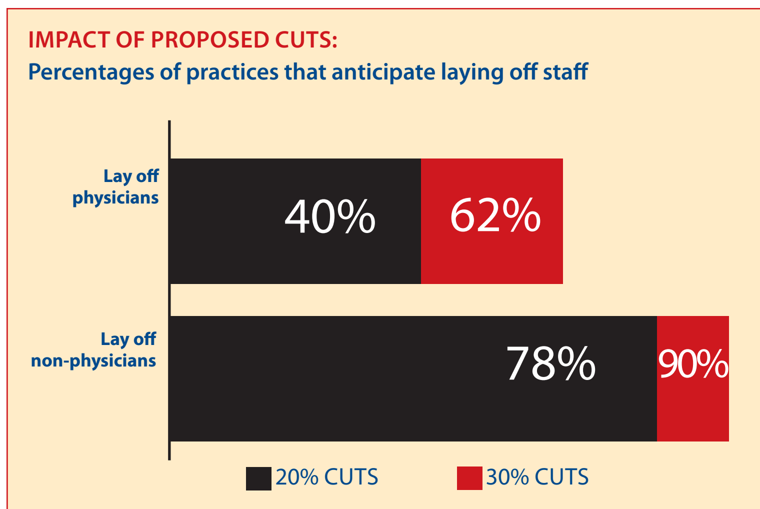
"I serve a largely indigent rural population. My patients tend to present with advanced disease, and need intensive planning to allow safe radiation with curative intent. Cuts in reimbursement will result in job losses for our staff and our physicians. Taking care of patients with intensive needs therefore will no longer be possible. My patients also tend to be poorly educated, and I will no longer have the time to spend with them. I typically spend an hour or more with each new patient, but that will become a thing of the past if we have to cut physicians."
— Rural Georgia



"The center is not viable at greater than 20 percent cuts, and patients already drive an hour to us. They then would drive nearly two hours one-way to the next center. We are the primary service for six rural counties and we are barely holding on as it is now in the recession. About four of 10 patients now have no insurance, and we treat them. With Medicare cuts, we will be forced to close. We already closed one of two offices this year because of reimbursement cuts."
— Rural North Carolina

20 to 30 Percent Medicare Cuts in Radiation Oncology Are Bad for the Economy

These proposed cuts will make it very hard for many clinics to continue operations. While several centers anticipate closing or consolidating treatment locations, others anticipate significant changes to the staffing of their cancer centers.

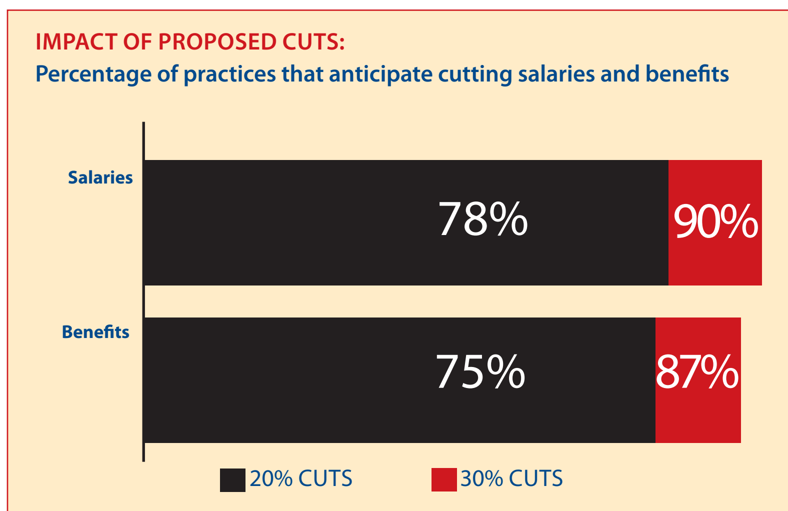


Those who do not lay off professional staff and physicians overwhelmingly anticipate cutting salaries and benefits, such as health insurance, to reduce overhead costs.

Based on an analysis of 2008 Medicare claims, several radiation oncology practices in the Los Angeles area will face cuts of 30 percent.

"My group treats most of the population along the California coast between Los Angeles and San Francisco. We have already made cuts with the Medicare reductions for 2009. Further cuts will cause layoffs and closure of some or all of our eight centers. Cuts of the size indicated will certainly put us in bankruptcy and force us out of business. We cannot get out of our building leases or our machine debt. There are few alternatives for the people we serve. Most will not receive radiation therapy treatments without driving hundreds of miles to L.A. or San Francisco. People will likely die as a result of this proposed change by Medicare." —Thousand Oaks, Calif.

In addition to staff changes, many practices foresee delaying a scheduled upgrade in equipment. As technology continues to advance in the field of radiation oncology, having access to current technology is vital to enabling physicians to better target the cancerous tumors to cure cancer. Today's technology helps avoid some of the side effects of cancer treatments that can lead to hospitalizations, additional surgeries and loss of productivity for patients.



"We try to treat all patients who need treatment regardless of ability to pay. Further cutting our reimbursement will force us to turn patients away. We have always had state-of-the-art equipment, but will have to make do with what we have for a long time if the cuts are put into place."
— Scottsdale, Ariz.

"I will be forced to lay off employees at every level of my practice. Receptionists, nurses, therapists, dosimetrists and physician assistants will all see their hours cut or their jobs eliminated. That will translate into longer delays in access to cancer treatment, extended waits before patients can see their doctor, and a dangerous and predictable decline in the quality care that patients receive." — Wichita, Kan.

"Cuts of the irresponsible magnitude currently proposed would, for the first time, force me to change the practice of oncology at my center. Indigent care, Medicaid and a meaningful percentage of Medicare patients would no longer have access to care at my center. Core supportive services, including nutrition and patient navigation will likely be eliminated in order to preserve the clinical and therapy staff. Doing the bare minimum has never been a good model to treat oncology patients."
— Tallahassee, Fla.

The retired teacher is 79. Six weeks of radiation therapy will cure her breast cancer. Fortunately, there is a cancer center 15 minutes away.

Medicare has proposed drastic payment cuts that could cause nearly half of community cancer centers to close and others to stop seeing Medicare patients. Joyce and hundreds of thousands of other cancer patients could feel the impact through reduced treatment options, longer waits, less time with doctors, and longer, costlier drives to cancer clinics.

We applaud efforts by Congress and the administration to expand access to care. But these proposed cuts will do the opposite — access to cancer care will be dramatically reduced.

For instance, if the cuts force Joyce's clinic to close, she would have to drive two hours each day to a hospital, five days a week, for six weeks. Joyce may then have to choose between mastectomy or expensive travel costs. Worse still, she might forgo treatment altogether, putting her at much higher risk of her cancer spreading.

Any of us could be in Joyce's shoes.

Keep community cancer care alive.

GO TO **RTANSWERS.ORG** TO TELL MEDICARE TO PRESERVE ACCESS TO CANCER CARE.

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Joyce Whittet from Ontario, Oregon, (pop. 11,245), is 79.

Six weeks of radiation therapy will cure her disease. Luckily, there is a cancer center 15 minutes away.

Proposed Medicare payment cuts could cause Joyce's center to close, forcing her to drive two hours each day to a hospital. These cuts will result in fewer treatment options, longer wait times, less time with doctors and longer, costlier drives to cancer centers.

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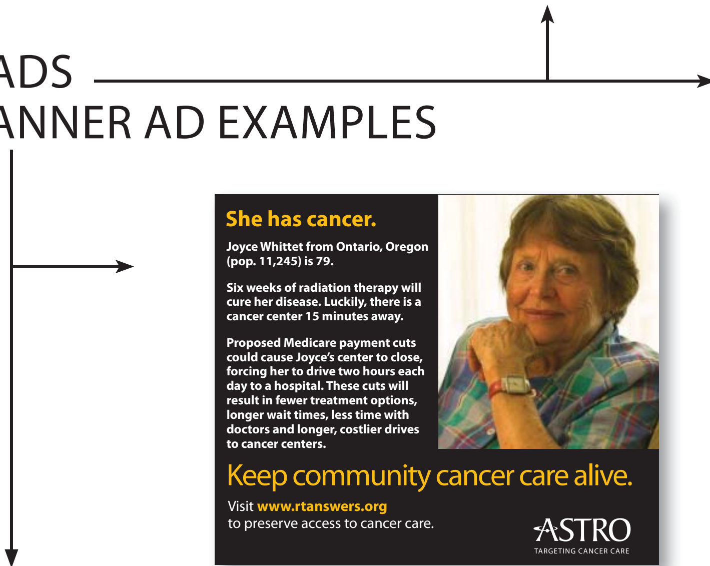

Joyce Whittet from Ontario, Oregon (pop. 11,245) is 79. She has breast cancer. Six weeks of radiation therapy will cure her disease. Luckily, there is a cancer center 15 minutes away.

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