

Access to Quality Cancer Care: Consensus Statement of the American Federation of Clinical Oncologic Societies

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In an era of increasing health care costs, attempts at reorganizing American medicine with the goal of controlling costs through changes that include certain limitations on access to care have transformed the delivery of health care. Some of this reorganization has been beneficial, but much, while delivering a short-term reduction in health care cost for payors, has not served our patients well. Increasingly, specialists in all fields of oncology have witnessed the adverse impact on our patients from barriers that limit their access to specialists with unique insights regarding their particular disease. There has been much discussion regarding the responsibility and accountability of medical societies and the medical profession in general.

In this regard, John Glick, MD, in his Presidential Address to the American Society of Clinical Oncology on May 17, 1996, proposed the formation of a coalition of professional clinical oncologic societies, the American Federation of Clinical Oncologic Societies (AFCOS). This coalition subsequently was formed with the mission of addressing heightened concerns about changes in our health care delivery system, and the impact that these changes have on the quality of care for patients with cancer.

In recent months, representatives of the Federation's

nine membership societies, as well as national patient advocacy groups represented by the Cancer Leadership Council, have developed a consensus statement on quality cancer care. In addition to the Society of Surgical Oncology, coalition members include the American Society of Clinical Oncology, the American Society of Hematology, the American Society of Pediatric Hematology and Oncology, the American Society for Therapeutic Radiology and Oncology, the Society of Gynecologic Oncologists, the Oncologic Nursing Society, the Association of Pediatric Oncology Nurses, the Association of Oncology Social Work, and the Cancer Leadership Council.

AFCOS CONSENSUS STATEMENT

Quality cancer care can only be assured if patients with cancer are guaranteed medically appropriate and timely access to specialists and specialized treatment. Efforts to contain overall health care expenditures should not impede a patient's ability to receive necessary services. A patient's diagnosis—not fiscal constraints—should determine how and what care is provided.

Cancer care requires that the patient have access to a multidisciplinary team of cancer providers across the full continuum of care and coordination of services, including prevention, early detection, staging evaluation, initial and subsequent treatment, palliative care, supportive therapies, long-term follow-up, rehabilitation, psychosocial services, and hospice. Oncology specialists are skilled in selecting treatment options and, in the case of terminal illnesses, are able to provide palliative care that improves quality of life.

The cancer community recognizes its role in assuring

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that specialty services result in cost-effective, high-quality care. Professional clinical oncology organizations, cancer patients, and payors are strongly encouraged to facilitate the collection, validation, and dissemination of outcome data so that purchasers of health care can make informed choices about which plans offer access to quality specialty care that is cost effective.

Oncology health care professionals are committed to working with patient advocates to optimize cancer care. Providing medically appropriate and expeditious access to cancer specialty care involves several aspects, which are detailed in the following section.

ELEMENTS OF QUALITY CANCER CARE

- Primary care providers should be encouraged to refer patients to a specialist when they lack the experience and skills to provide necessary and appropriate care. Similarly, primary care providers and specialists must be permitted to refer patients to oncology health care professionals or facilities outside the payor's network, if medically necessary services are not available within the plan.
- All cancer patients and their families must have access to appropriate and culturally sensitive information, be allowed to participate in decision making, and have full informed consent.
- All patients should have timely access to high-quality cancer screening and other diagnostic tests. When tests fail to conclusively establish or negate a cancer diagnosis, patients must have direct access to a cancer specialist for further evaluation.
- Upon diagnosis of cancer, timely referral for treatment increases the opportunity for optimal outcomes, including, in many cases, improved rates of cure, longer survival, and improved quality of life. The interval between the time of diagnosis and initial treatment should be minimized.
- Determining the extent of disease at initial diagnosis and at relapse (i.e., staging) is essential.
- To achieve optimal outcome, most cancer treatment delivery should be planned and coordinated by a multidisciplinary team of oncology health care professionals.
- Payors must provide ready access to pediatric oncologists, recognizing that childhood cancers are biologically distinct. Research has clearly demonstrated that the likelihood of successful outcome in children is enhanced when treatment is provided by pediatric cancer specialists.
- An oncology specialist should be able to serve as the primary care physician when delivering active cancer therapy.
- Payors must provide access to and coverage of medically appropriate, state-of-the-art cancer treatment. Payors must cover, as a matter of policy, unlabeled indications of drugs and biologics used in anticancer chemotherapy regimens, if the uses are listed in one of the compendia or are otherwise supported in the peer-reviewed medical literature. Payors must also provide timely and convenient access to high-quality radiation therapy planning and delivery equipment, as well as to other specialized radiotherapeutic procedures and equipment. Payors must provide access to surgical subspecialty care, including specialized techniques, when medically indicated. Payors must further recognize that specialized oncology nursing care and oncology social work are an essential part of multidisciplinary cancer care.
- Treatment in a clinical trial is often a cancer patient's best option. Payors must provide access to and coverage of the patient care costs associated with participating in cancer clinical trials that have been approved by the National Institutes of Health (NIH), NIH cooperative groups and centers, the Food and Drug Administration, the Department of Defense, the Department of Veterans Affairs, or a qualified nongovernmental research entity identified in the guidelines issued by NIH for cancer center support grants.
- Psychosocial services are an important component of cancer care. These include support groups, counseling by oncology social workers and other trained psychosocial professionals, and medical interventions. People with cancer should receive access to such services, not limited by any previously existing conditions.
- Supportive care services and effective symptom management are essential to promoting the quality of life for people diagnosed with cancer. Patients must have access to these services and therapies as part of their comprehensive cancer care.
- Patients must have access to and coverage for hospice services.
- Comprehensive rehabilitation, including reconstruction, prosthetic devices, and durable and disposable medical devices, is critically important and must be covered by payors.
- Delayed and long-term complications of treatment, late relapse, and second malignancy are all well recognized sequelae of cancer. Therefore, long-term follow up is essential. Many patients who have been treated for a long period of time by a cancer specialist

want to continue seeing the specialist even after the cancer is in remission or considered cured. In the interest of dealing with the sequelae of cancer treatment and to improve patient satisfaction, these arrangements should be permitted to continue.

- All obstacles to access and coverage based on pre-existing conditions, genetics, or other risk factors must be eliminated.

The above consensus statement regarding access to quality cancer care will also be published in the following publications: *Journal of Clinical Oncology*, *ASH News*, *ASTRO Newsletter*, *Gynecologic Oncology*, *Journal of the Association of Pediatric Oncology Nurses*, *Journal of Pediatric Hematology/Oncology*, *Journal of Psychosocial Oncology and AOSW News*, *Oncology Nursing Forum* and *ONS Newsletter*, and *SSO News*.