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# Reimbursements Sway Oncologists' Drug Choices 'Letter to Editor'

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# Reimbursements Sway Oncologists' Drug Choices

## 'Letter to Editor'

## Gregory D. Pawelski

I was the spouse/caregiver to an ovarian cancer patient. I became intensely interested in ovarian cancer by virtue of working through, enduring and surviving my wife's illness. I've gotten a "street education" by virtue of voluminous reading and hundreds of hours of past and ongoing personal communication with noted authorities in the field. To paraphrase Martin Luther King, A scientific communication should be judged on the quality of its content and only secondarily, or not at all, on the qualifications of its author. With that thought in mind, please consider the following:

There was a recent, joint Michigan/Harvard study authored by Drs. Joseph Newhouse and Craig C. Earle, entitled "Does reimbursement influence chemotherapy treatment for cancer patients?" It confirmed that medical oncologists chose cancer chemotherapy based on how much money the chemotherapy earns the medical oncologist.

The authors documented a clear association between reimbursement to oncologists for the chemotherapy and the regimens which oncologists select for their cancer patients. In other words, oncologists tended to base their treatment decisions on which regimen provided the greatest financial remuneration to the oncologist. (Jacobson, M., O'Malley, A.J., Earle, C.C., et al. Health Affairs 25(2):437-443, 2006).

The study adds to the 'smoking gun' survey by Dr. Neil Love, entitled "Patterns of Care." One of the results of this survey shows that for first line chemotherapy of metastatic breast cancer, 84-88% of the academic center-based oncologists (who do not derive personal profit from infusion chemotherapy) prescribed an oral dose drug (capecitabine), while only 13% prescribed infusion drugs, and none of them prescribed the expensive, highly remunerative drug docetaxel.

In contrast, among the community-based oncologists (who do derive personal profit from infusion chemotherapy), only 18% prescribed the oral dose drug (capecitabine), while 75% prescribed infusion drugs, and 29% prescribed the expensive, highly remunerative drug docetaxel. (Patterns of Care: 2005, Vol. 2, Issue 1).

While the Michigan/Harvard study showed results before the new Medicare reform, the Patterns of Care study showed results that the Medicare reforms are still not working. It is still an impossible conflict of interest.

And the existence of this profit motive in drug selection has been one of the major factors working against the individualization of cancer chemotherapy based on testing the cancer biology.

The two, scientific studies give us a dose of reality. Once a decision to give chemotherapy is taken, oncologists receiving more-generous Medicare reimbursements used more-costly treatment regimens.

It's not that all oncologists are bad people. It's just that it is still an impossible conflict of interest (i.e. it's the SYSTEM which is rotten). Some oncologists prescribe chemotherapy drugs with equal efficacies and toxicities. I would imagine that some are influenced by the whole state of affairs, possibly without even entirely admitting it. There are so many ways for humans to rationalize their behavior. The solution is not to put the doctors in jail; it's to change the system.

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