

President's Cancer Panel

Annual Report for 2000-2001 with Video

Summary of Findings and Recommendations

People described numerous issues that the Panel put into four categories: system barriers that undervalue cancer prevention, education and screening efforts; financial barriers faced by people with no insurance, even though they may be working at multiple jobs, and by people who are underinsured and overwhelmed by out-of-pocket expenses; physical barriers that people confront when they live in distant, rural or frontier areas with no transportation system and a lack of specialists; information and education barriers for providers, such as primary care physicians who hesitate to make timely referrals, and for patients and the public whose fears may cause them to reject cancer-prevention messages, avoid cancer screening, delay or avoid treatment if diagnosed, and have difficulty understanding and choosing among treatment options or following treatment regimens.

Immediate Action Steps:

1. Provide immediate medical coverage for the uninsured -84 percent of whom are workers and their dependents- upon a diagnosis of cancer to help ensure that no person with this disease goes untreated.

2. Address health coverage issues that contribute substantially to financial devastation of people underinsured for cancer care costs:

* Provide drug reimbursement for anti-cancer agents, supportive medications (e.g., anti-emetics, pain medications), and proven chemo-preventive agents regardless of method of administration. * Within two years, public and private payers should reach consensus on and implement a standard health benefit package for cancer care. This benefit package should be based on the best available medical evidence and should be updated regularly to reflect advances in the standard of care. The reports and deliberations of the Institute of Medicine, other groups, and consumers should be used to inform this effort.

3. Address patient and public needs for cancer information and for assistance in accessing services:

* Provide funding to help communities coordinate, promote, and support community-based programs, including patient navigator programs, that help people obtain cancer information, screening, treatment, and supportive services.

* Recognize that the services of non-physician personnel who are trained to conduct cancer screening, and provide cancer education and case management in varied settings are an important component of cancer care that should be reimbursed.

4. Sustain cancer care in the community by providing consistent and realistic health care provider reimbursement across states, and between urban and rural locations within states, for the cost of chemotherapy drugs and their administration.

Longer-Term Solutions:

1. Medicare, Medicaid, the Veterans Administration, the Department of Defense, the Indian Health Service, and other public payers should clarify the order of responsibility for payment for cancer care services when individual patients are eligible for benefits under more than one program. This information should be communicated promptly and clearly to those who provide cancer care services and assist

patients in navigating the health care system. The existing Quality Interagency Coordination Task Force may provide a forum for accomplishing this important task.

2. Develop Federal policies to minimize bias in the provision of cancer care:

- * Raise awareness of unintended or overt bias through initial and continuing training of health care professionals at all levels, as well as administrators and others who make decisions affecting patient care.
- * Establish and implement systems for monitoring treatment equity. In addition, expand quality of care research to include issues of treatment equity.

3. Minimize disparities in the provision of cancer care by:

- * Educating primary care providers about cancer.
- * Educating all cancer care professionals about the nature and application of evidence-based medicine and about clinical trials.
- * Developing and disseminating better tools to assist health care providers in conveying information about cancer and about cancer care options.

4. Address the problems of temporary medical staffing and cultural incompatibility by establishing additional mechanisms to encourage more minorities and members of other underserved populations to enter cancer care professions. Provide incentives to encourage providers to practice in medically underserved areas.

5. Extend state-of-the-art cancer care to rural, frontier, and other underserved areas by expanding the use of telemedicine and providing a reimbursement system that facilitates expansion of telemedicine to geographically underserved areas.

6. Permit more flexible use of categorical funding where appropriate to enable states to fashion more rational and more comprehensive cancer control programs.

Voices of a Broken System: Real People, Real Problems

This CD version of the report was originally intended to be mailed to members of the White House and the Congress. However, due to the recent events of 9/11, heightened security measures have affected mail distribution. Therefore, we have made this CD accessible through our website. The quality in which this CD is viewed will vary from system to system depending on the system's capabilities. Should you experience any difficulties in accessing this report, please e-mail the President's Cancer Panel at pcp-r@mail.nih.gov or call (301) 451-9399, to request that a hard copy of the report or CD be sent to you.

Full Report

Where to Direct Inquiries

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