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Access to Chemotherapy Services for Medicare Beneficiaries: Summary of Focus Groups with Beneficiaries

*A study conducted by staff from Georgetown University
and from NORC at the University of Chicago
for the Medicare Payment Advisory Commission*

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Under contract with the
Medicare Payment Advisory Commission
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November 14, 2005

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The Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 made major changes to the way Medicare pays for chemotherapy drugs and their administration. The law also directed the Medicare Payment Advisory Commission (MedPAC) to assess potential effects of these payment changes on quality of care and satisfaction of patients, adequacy of payment, and access to chemotherapy and chemotherapy-related services. As part of its response to this mandate, MedPAC contracted with the Health Policy Institute at Georgetown University and NORC at the University of Chicago to conduct in-depth site visits in five markets on medical oncology payment and practices in relation to Medicare payment rules. Interviews were conducted with oncologists, practice managers, pharmacists, hospital administrators, and other stakeholders in the field of medical oncology. In addition, focus groups were conducted in two locations with Medicare beneficiaries who had recently received chemotherapy services.

The objective of the focus groups was to examine whether payment changes have affected the experience of Medicare beneficiaries undergoing chemotherapy. Focus group participants were asked about any additional insurance coverage they had; where they received treatment; their observations about these treatment locations; the treatment they have received; and their awareness of Medicare payment changes.

Overall findings

- Some focus group participants were aware of changes in Medicare's payments to physicians for chemotherapy treatment, because their doctors had spoken with them about the changes.
- Only one participant reported being referred to a hospital-based infusion center for chemotherapy because of a physician who would not provide chemotherapy for Medicare beneficiaries without supplemental coverage.
- Patients believe they receive quality care in both physician offices and hospital-based infusion centers, but most prefer to receive treatment in an office setting because of the personal attention they receive.
- According to focus group participants, doctors may sometimes inform them that they have selected a treatment based on payment reasons, but most treatment decisions are based on clinical needs and convenience for the patient.
- The type of support services offered to patients varies according to the treatment setting, but respondents did not indicate seeing any of these services cut back.

Focus group characteristics

Four focus groups were conducted in September and October 2005. Two focus groups were conducted in Atlanta, Georgia, where recruitment was conducted by oncology nurses and oncology practice managers. The other two focus groups were conducted in Bethesda, Maryland, where recruitment was conducted by a focus group research facility.

All focus group participants were Medicare beneficiaries who had received chemotherapy in the previous 12 months. One of these participants was covered only by Medicare, and one was covered by Medicaid in addition to Medicare, while 17 participants had some form of supplemental insurance—either private Medigap or an employer plan (Table 1). Of the

participants, 13 received their chemotherapy treatments in a community-based physician practice, three received chemotherapy in a hospital-based outpatient infusion center, and three patients had received chemotherapy in both kinds of settings (Table 2). In the Bethesda groups, at least two participants did not have Medicare Part B coverage because they had federal employee retiree coverage.

Table 1. Participant characteristics: Insurance status

	Medicare only	Medicare + Medicaid	Medicare + supplemental	Total
Atlanta	1	0	7	8
Bethesda	0	1	10	11
Total	1	1	17	19

Table 2. Participant characteristics: Treatment setting

	Community-based practice	Hospital-based infusion center	Community- and Hospital-based settings	Integrated health system	Total
Atlanta	6	0	2	0	8
Bethesda	5	3	1	2	11
Total	11	3	3	2	19

Awareness of Medicare payment changes

Participants in Atlanta were more aware of Medicare payment changes than participants in Bethesda. In Atlanta, several participants' physicians had sent their Medicare patients letters explaining some of the changes and stating that the new payment policies would necessitate referring Medicare patients without supplemental insurance to a hospital outpatient setting. These physicians had also requested that their patients write letters to their representatives in Congress to protest the changes.

Treatment location

Participants who had received chemotherapy treatment in physicians' offices spoke positively about their experience. In addition to enjoying the convenience of receiving their treatment in the same location as their oncologists' office, participants appreciated the personal attention they received during their treatments. Most of these patients saw the same nurse at each visit, which made them feel that their care was more personalized, and they were able to communicate easily with their care providers about any problems or side effects they were experiencing. Several participants also noted that they see many of the same patients in the infusion room at each treatment and have formed supportive relationships with one another.

Participants who had received chemotherapy treatment in most hospital outpatient settings reported that they were satisfied with the medical care they had received, but most stated that the environment was not as friendly as a physician practice, describing the setting as "sterile" and

“like a manufacturing facility.” These patients did not see the same nurse each time they received treatment, and reported experiencing long waits in between when they had their blood work done and when the nurses were able to begin their treatment. Focus group participants who had received treatments in both settings emphasized that it took much longer to receive their treatments in the hospital than it took when they were treated in a physician office. The exceptions to these observations were patients who had received treatment at an academic medical center. Patients in this treatment location, which has the appearance of a hospital setting but receives payment from Medicare under the physician fee schedule, reported more positive treatment experiences than those who had.

Although several of the focus group participants in Atlanta had been told by their oncologists that changes in Medicare payments would force them to treat patients without supplemental insurance in a hospital outpatient setting, only one participant reported that her doctor had referred her chemotherapy to a hospital infusion center for reasons related to payment. The patient had supplemental insurance previously, but could no longer afford it; after this change in insurance coverage her oncologist transferred her treatment to a hospital outpatient infusion center. The participant stated that she felt comfortable with the quality of care at the hospital, but preferred to see the same nurse at every visit and hoped to return to receiving treatment in her doctor’s office in the future. None of the participants in the Bethesda focus groups believed that any changes in treatment setting were due to changes in Medicare payment of chemotherapy drugs.

Treatment decisions

Although several patients reported that their chemotherapy regimens had been changed at some point, most of these changes were made for clinical reasons (i.e., the patient’s response to a particular drug) or for reasons of convenience (i.e., a treatment given every three weeks instead of every week).

One focus group participant in Atlanta reported that doctors had made changes in a regimen for reasons other than clinical judgment or convenience. The participant, who received treatment in a physician office, had been switched from leucovorin and oxaliplatin to zoledronic acid, and the physician explained that this regimen change was due to the relative cost of the regimen (i.e., relative extent of physician reimbursement under Medicare).

Availability of ancillary services

The range of ancillary support services available to the focus group participants varied widely. Most patients who were treated in their oncologist’s offices were offered some type of nutritional and financial counseling, and some were offered referrals to support groups in the area. Patients receiving treatment in a hospital-based infusion center or at a physician practice located within a teaching institution had a broader range of services available. None of the focus group participants reported seeing any of these support services cut back in the past year.

Conclusions

Although some beneficiaries who are undergoing chemotherapy are aware that there have been changes in how Medicare reimburses oncologists for chemotherapy drugs and their administration, most of the beneficiaries participating in these focus groups are not experiencing any modifications in their cancer treatment as a result of the changes. Only one participant reported a change in treatment that was related to physician reimbursement. Another reported being transferred from a physician office to a hospital-based infusion center for treatment due to the participant's lack of a supplemental insurance policy. Most patients preferred to receive treatment in an office-based setting because of the personal attention they receive, but do not believe that there is a difference in the quality of care in physician offices and hospital infusion centers.