

Arizona Daily Star

Local opinion: Congress must preserve access to community oncology care

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Nearly 41,000 Arizonans were diagnosed with cancer in 2023. While cancer is still the second-leading cause of death in Arizona, mortality rates here have actually decreased in recent years. Advances in technology and greater health care access have improved the welfare of Arizonans in every corner of our state.

While hospitals will always remain an option for those who need cancer care, too few patients and caregivers realize that community care settings are often closer to home — and provide exceptional care at a fraction of the cost.

Conveniently located in communities where patients live and work, independent cancer centers offer tremendous value for patients and caregivers alike. Here's why.

As costs are increasingly top of mind for patients, community-based centers remain focused on affordability. Studies show that cancer care costs up to 60% more in the hospital setting, driven by excessive fees and markups. In contrast, community-based practices offer lower overall costs, while providing financial support services to reduce mental distress and cost burdens for both patients and their caregivers.

Patients at community-based centers receive more streamlined care, ensuring timely access to appointments and minimizing unnecessary wait times. For example, I routinely hear of patients who have experienced wait times of up to four hours just to have blood drawn. At my practice, patients have access to quick and reliable appointments.

Despite these benefits, our healthcare system allows hospitals to charge and receive drastically higher payments than small, independent physician practices — for the same service. Put another way, cancer care provided at hospitals is significantly more expensive — both to patients who must shoulder copayments and to the nation's health care system as a whole.

As a community oncologist, I've seen firsthand how this quirk in our healthcare system has chipped away at patients' access to high-quality, community-based care.

With these dramatic differences in reimbursement, large hospitals and health systems are incentivized to buy up independent physician practices, put their name on the door, and charge higher rates for the same services.

As a result, physicians are being driven out of private practice, making it more difficult for patients to find care outside of the hospital setting. According to a recent report, the share of physicians working in private practices fell by 13.4% between 2012 and 2022. At the same time, the number of physicians working in a hospital-owned practice grew from 23.4% to 31.3%.

This rapid consolidation is happening in our own backyard. Across our state, I've seen my fellow community oncologists left with few options but to sell their practices to hospital systems and become outpatient infusion centers. With less access to more affordable, community-based care, our state's cancer patients are forced to pay the price for this new health care reality — with no new benefits or improvements in quality.

There is hope for a simple fix, however, thanks to a new bill that would address these site of payment disparities. Representative Debbie Lesko (AZ-8) — alongside Representatives Jodey Arrington (TX-19) and Michael Burgess, MD (TX-26) — has introduced the Medicare Patient Access to Cancer Treatment (MPACT) Act, which would ensure that the Medicare program provides equal payments for identical services provided in hospitals and community-based oncology practices. We appreciate Rep. Lesko's leadership in introducing legislation that would lower the cost of cancer care for Arizonans. Such changes in Medicare could also lead to lower prices under commercial insurance, ensuring lower costs and a level playing field for community providers across the health care system.

To preserve patient access to high-quality, affordable, personalized care in the community setting, I urge Congress to move swiftly and pass the MPACT Act.

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