crisis in the oncology work force, suggested Roxane K. Biggerstaff, a physician assistant with Hematology & Oncology Consultants in Omaha, Neb. More PAs are opting to practice in the specialties, said Biggerstaff, whose duties include taking histories and performing the initial physical examinations on the majority of new patients.

**Wages, Hours Better**

Generally the wages are better and the hours are better, she said of specialization. Physician assistants make nearly $64,000 a year, according to a survey from the American Academy of Physician Assistants. Of the approximately 31,000 physician assistants in clinical practice this year, the majority (52.6%) report that they are in one of the primary care fields, according to the survey, said Biggerstaff. This figure may change if more PAs decide to specialize.

The utilization of PAs in hematology/oncology is becoming more popular, especially in light of the diminishing number of medical oncology specialists, according to Biggerstaff. She said that many of the PAs in oncology can be found in the bone marrow transplant units. For example, the University of Nebraska Medical Center bone marrow transplant team includes five physician assistants.

Wade noted that the work productivity of non-physician providers in oncology will need to be measured, just as it is measured for physicians. Measurement of productivity for all types of health professionals, he said, is part of the environment of quality control and accountability ushered in by managed care.

— Peggy Eastman

### President Heeds Panel’s Call for Increased Research Funding

President Clinton endorsed last month a series of recommendations from an advisory panel to improve the nation’s health care quality. The panel recommends greater investment in basic, clinical, preventive, and health services research, among other key goals.

Along with the endorsement, the president issued an executive memorandum to the Secretaries of Health and Human Services, Labor, Defense, Veterans Affairs, and the director of the Office of Personnel Management, to establish an interagency task force to facilitate implementation of the panel’s six national aims for improvement. These are: expanding research on effectiveness of treatments; reducing the underlying causes of illness, injury, and disability; reducing health care errors; ensuring appropriate use of health care services; addressing the oversupply and undersupply of health care resources; and increasing patient participation in their care.

### Pivot on Groups

The advisory group’s wide-ranging recommendations pivot on the creation of public and private sector advisory groups to monitor and promote health care quality measurement activities, a charge the president also called on Congress to include in legislation this year.

Among other areas in the final report, produced after 10 months of deliberation, the 32-member, President’s Advisory Commission on Consumer Protection and Quality in the Health Care Industry recommended strong federal funding of and support for sustaining a network of health research centers through continuing support from the National Institutes of Health, the Agency for Health Care Policy and Research, the Centers for Disease Control and Prevention, and other agencies.

The panel, co-chaired by the Secretaries of HHS and Labor, was comprised of representatives of varied health care stakeholders, including employers, labor unions, health insurance plans, medical professionals, legal experts, patient advocates, state regulators, and others.

### Private Funding

In addition, private sources of research funding are seen as increasingly important. These include health plans, pharmaceutical and health care supply manufacturers, and foundations. The panel urged development of collaborative arrangements between researchers and public and private sector organizations to provide additional funding for research, make patients available for approved clinical trials, and provide training opportunities for professionals.

Because of several unanswered questions, the panel did not reach consensus.
on whether to recommend that a patient's access to clinical trials be mandated, as were several other health care proposals offered in November 1997 in the group's interim report to the president, according to the panel's executive director, Janet Corrigan. The president has urged Congress to codify those recommendations into federal law before the end of the current legislative session.

There was consensus by the advisory commission, however, that ways for third-party payments to support clinical trials need to be identified, Corrigan said. The final report calls for additional work to determine the types of trials to which people should have access — whether NIH- or privately-sponsored, for example — and the direct and indirect cost implications, and how to share costs among insurers, the research community, and patients, she noted.

“The final report has a very strong statement about the importance of investment in research of all types, including clinical trials,” Corrigan said.

Reimbursement Gaps

The advisory commission's report describes several problems in the reimbursement of clinical trials, especially the variability of third-party payments. Researchers are concerned about maintaining patients' access to trials, while responsibility for payment is complicated by the difficulty in assessing whether some costs result from a research protocol or standard patient care, according to the panel's report.

“Many health plans pay for the care either because they are unaware it is provided in a research context or because they explicitly approve coverage of such care,” according to the report. “Other health plans pay for standard care that would have been provided outside of research protocols, but exclude costs that they determine are associated with research. Some health plans choose to deny payment for care within clinical trials because of their experimental nature or due to lack of evidence of the safety, efficacy, or cost-effectiveness of the care.”

Flow Curtailed

The flow of patients into clinical trials is further curtailed by the lack of representation of academic health centers and other research facilities in managed care health plan networks, the commission said. At the same time, the shift from inpatient to ambulatory care settings as a result of managed care practices complicates identifying and evaluating patients and obtaining comparable, accessible data for research purposes, according to the report.

Insurers generally support collaborative efforts and many have entered into voluntary agreements, but they oppose statutory mandates that would require insurance plans to pay for clinical trials, according to Jane Galvin, managed care policy director for the Health Insurance Association of America.

“There’s an assumption that the services are the same, but that’s not true. There could be more services than normal in clinical trials and the payment could be entirely different because there is a different entity directing the patient's care,” Galvin said.


— Gwen Moulton

Awards, Appointments, Announcements

The International Union Against Cancer announced that the 1998 Muco Athayde Cancer Prize was awarded to Praful B. Desai, M.S., F.R.C.S., of the Tata Memorial Center, Hospital and Cancer Research Institute in Mumbai, India. The award will be presented at the 17th International Cancer Congress in Rio de Janeiro in August.

UICC said the award recognizes “his many significant contributions to the control and treatment of cancer in India and internationally.” The prize includes a monetary award of US $150,000, which is intended to allow Desai to continue his “leadership in fighting cancer.”

Bristol Award to Sporn

The Bristol-Myers Squibb Company announced that Michael B. Sporn, M.D., professor of pharmacology and toxicology and of medicine at Dartmouth Medical School, Hanover, N.H., would receive today (April 15) the 21th annual Bristol-Myers Squibb Award for distinguished achievement in cancer research.

The announcement that Sporn would receive the $50,000 prize said that he is “a pioneer in the field of chemoprevention” and that he “developed the first