By Andrew Holtz, MPH

I n my recent column about Michael Moore’s movie Sicko (7/10/07 OT), I wrote that the film might influence the way the nation discusses health care reform. I thought the movie did an effective job of telling stories that would get people thinking about the big picture when it comes to the goals and design of our health care system, and yes, now there is evidence that Sicko did indeed get people thinking and talking.

In a national survey, almost half the people familiar with the movie said they had discussed the US health care system with a co-worker, friend, or family member.

As part of a tracking poll on the run-up to the 2008 election, pollsters working for the Kaiser Family Foundation asked a nationally representative sample of 1,500 adults about Moore’s movie. Only 4% of the respondents said they had seen the movie, but in a testiment to the power of “free media” (news stories and features about the movie), I have included in my recent column about Michael Moore’s movie Sicko. Moore, DOGMEDICINE IN THE MEDIA

National Survey Shows Michael Moore's Sicko Did Indeed Provoke Discussions about US Health Care System

SCRIPT DOCTOR: MEDICINE IN THE MEDIA

A re payers—government and private—trying to force small oncology practices out of business?

The sources interviewed for this article believe the financial hardships experienced by small oncology practices are an unintended consequence of payers’ attempts to reduce their drug spending. That said, indicators suggest that both government and private payers consider that some retraction of oncology services is acceptable.

From the federal government’s perspective, there is at least one thing to like about the MMA: more services for less money.

At the request of Congress, the Medicare Payment Advisory Commission studied the effects of Medicare payment changes on oncology services in 2005. Because the changes were so new, MEDPAC’s January 2006 report said it was difficult to assess the impact on patient satisfaction, quality of care, or physician practices.

But one effect was easy to see: “Medicare paid less for chemotherapy drugs in 2005 than the previous year, although the volume of drugs provided to beneficiaries, measured by quantity and drug mix, increased.”

By the following year, MEDPAC had data to be more specific. In its January 2007 report, the Commission analyzed trends for all drugs, including cancer therapies. Total Part B drug spending, taking into account oncology drugs, he said, “For some of them, it’s just a couple

cents. But after that, there’s drug handling, there’s wastage, there’s loss. The cost of doing business in oncology increases every year; overhead goes up.”

In suburban Philadelphia, solo practitioner Stephen C. Fox, MD, has seen his revenues decline, although his practice remains profitable.

“The way that it affects me is that I was able to give away a lot of treatment a few years ago. If I had to pay for somebody’s treatment to some extent—

if I was losing $100 a week on a patient—I could accept that,” he said. “Now I find myself less able to give away care and the drugs that come with the care to support chemotherapy administration.”

Whether that hard line means payers want oncology practices to curtail the scope of operations remains to be seen. Loretta Goodson, practice administrator at Northeast Georgia Cancer Care, said Blue Cross and Blue Shield of Georgia appeared not to be worried that the practice might have to close some of its satellite sites.

“They said the standard of care is for [rural patients] to travel to see a specialist,” she said. “They didn’t seem affected that our patients would have to travel 60 miles.”

Many oncologists are lobbying their Congressional representatives—or asking their patients to do so. Dr. Whitecar believes his patients’ appeals helped influence his US representative to sign on as a co-sponsor of a legislative proposal that would increase reimbursement rates. Meanwhile, one of Dr. Rafique’s patients is related to his U.S. representative—and she is trying to get the two together to talk.

At Community Oncology Alliance, a not-for-profit organization that advocates for oncology practices, Mary Kruczynski, the Director of Policy Analysis, and others have been lobbying Congress for the past four years. Their current goal is a legislatuve victory in 2008.

“I think we’re going to have a crisis situation by next year if we don’t get some relief, whether the Administration gives it or whether the Congress gives it,” she said. “We’re hoping that we are going to have some relief. It’s up in the air.”

View to the Future

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We are so deeply immersed in media these days that even our perceptions of a media production are shaped more by second-hand reports than by direct experience.

Of course, 4% of the US adult population, the number who told pollsters they had seen the movie, adds up to millions of people. But 42% of the adult population, the number who had heard or heard about the movie, is truly a gigantic number. Moore certainly achieved his goals of making media waves.

The final question in this poll put the power of the movie and the media in perspective. Respondents were asked, “Which of the following has recently had the biggest impact on your opinions about the issue of health care?” Almost two-thirds said the biggest impact came from their personal experiences. Only 2% credited Sicko.

Nine percent cited what they’ve heard or read about proposals from presidential candidates. The rest said it was something else or all three of the listed factors.

We may depend on media reports for our knowledge of events across the wide world, but what happens to us or our family and friends hits hardest. And one more result you’ll probably enjoy: Four out of five respondents said they have a favorable opinion of doctors.