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Guest Editorial

# What If!

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William T. McGivney, PhD, is Chief Executive Officer of the NCCN, responsible for the development of strategies and programs to improve the quality of care available to cancer patients. Such programs include the NCCN Clinical Practice Guidelines in Oncology, NCCN Oncology Outcomes Database, NCCN Oncology Research Program, and NCCN Drugs & Biologics Compendium. Strategically, Dr. McGivney is responsible for the growth of NCCN's influence in the oncology community and for assuring the development of partnerships with managed care companies and employers, the development of NCCN's health information capabilities, and the expansion of centralized research programs.

Before joining NCCN, Dr. McGivney was Director of the Division of Health Care Technology at the American Medical Association and then Vice President for Clinical and Coverage Policy at Aetna Health Plans. While at Aetna, he helped establish the first formal independent outside review process.

Dr. McGivney, a recognized expert in coverage policy and in drug and device regulatory policy, was awarded the FDA Commissioner's Medal of Appreciation in 1989. He has served on numerous national boards and committees including as President of the Board of the Patient Advocate Foundation and National Patient Advocate Foundation and as a member of the UNOS Board of Directors and the Medicare Coverage Advisory Committee.

In the torrent of writings in health policy and in the sagacity of legislative discussions and health care reform, policy makers vie for inclusion, or even a vague recognition, of their personal view and plan for improving decision-making in the health care system. In these discussions and debates, oncology is always a focus because of the incidence of the diseases and the evolution of the diseases into chronic conditions, and because of the expense of the plethora of innovative biomedical technologies being introduced.

If we could only have a system to support clinical and policy decision-making that:

- was evidence-based;
- had broad access to the expertise and experience of the best and the brightest researchers and clinicians;
- was rapid and timely in its evaluation and communication of recommendations about procedures, drugs, and devices;
- was widely accepted and used by clinicians, patients, and payors;
- was publicly transparent and participatory;
- developed comprehensive guidelines with up-to-date recommendations; and
- provided worldwide access to the guidelines free of charge.

How would such a system be designed? Most likely, one should establish tumor-specific panels of experts representing the many disciplines involved in the complex management of these diseases. Formal meetings would be held on an annual basis to evaluate new scientific evidence, decisions of the FDA, and other important events (e.g., the halting of clinical trials for positive or negative reasons). In addition, the panels could be called upon on very short notice to meet by phone to discuss "late-breaking news." The product of such a scientific, evaluative process would be comprehensive guidelines that address the continuum of care for patients in a very timely manner.

Clinicians might enthusiastically accept and even embrace such guidelines as the basis for their practice decisions. Patients could view the professional guidelines online and patient-specific information derived from the guidelines would also be available. Payors would base their coverage policies on the guidelines recommendations. Further, payors would say to clinicians, "you don't have to call us, if the guidelines recommend such an intervention, the intervention will be paid for." The hassle factor and inefficiency of the present cacophonous system might be reduced by such logical use of scientific guideline recommendations. Most importantly, the safety and effectiveness of care delivered to patients with cancer would be improved.

Ah, but who has time to develop and implement such a system when there are papers to write and panel discussions to participate in. Could this really ever work? It would be a huge task to develop and maintain. It would require the commitment, dedication, and volunteerism of more than 1,000 expert clinicians. If it did work, would the health policy experts want to recognize that? Would anybody ever want to use it? It is a long shot, but let's give it a try!

Actually, NCCN did and it works fully as described above! For a look at our solution, please visit NCCN.org and click on NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines)!

The ideas and viewpoints expressed in this editorial are those of the author and do not necessarily represent any policy, position, or program of the NCCN.