

**Dr. Elaine Beed has come a long way** since completing her fellowship in oncology at The Ohio State University in Columbus, Ohio. Her first job as an oncologist was flying in a helicopter to small communities in Ohio doing consults. She spent the next year and a half visiting patients via helicopter until her husband, an attorney, was offered a job in Greensborough, North Carolina. While in Greensborough, Dr. Beed took over a private practice where she realized her dream of opening a private practice of her own.

After spending some time in North Carolina, Dr. Beed and her husband decided to move back to Columbus. With her helicopter flying days far behind her, Dr. Beed now runs two successful private practices; one practice in Westerville and the other in Logan, about 65 miles apart. Dr. Beed has been in private practice for 17 years.

Dr. Beed and her office staff of four (two oncology nurses, an executive



*"The best part about my profession is when a new patient comes to the office full of pessimism about their prognosis and I am able to treat them, and in some cases, cure them. I love being able to make them feel better."*

secretary and an accounts receivable specialist) ensure that each patient has his or her own private chemotherapy room. The staff encourages patients to bring personal items to make their treatment experience more tolerable. Patients may bring relatives and have "picnics" in their room. Other special aspects of the practice include a VCR room, candy in every room and candles to improve the ambiance.

Dr. Beed has been an OA Member

since October of 1999. She recently attended the OA Annual Physician Member Meeting in Boston and commented, "It was great to network with people of my own peer group at the OA Annual Physician Member Meeting. Not only are these physicians oncologists, they are in private practice and are experiencing a lot the same issues that my practice is going through. Oncology Associates provides me with updates through their quarterly magazine, vital contract information, and informative meetings."

Dr. Beed lives with her husband, 14-year-old son, and 16- and 19-year-old daughters. When she is not working, she enjoys traveling, skiing, cooking and dancing. She is a graduate of the University of Illinois and Northwestern Medical School. She completed her residency in internal medicine at the University of Missouri and completed a fellowship in oncology at The Ohio State University.



### From the Desk of

## Dr. DiBenedetto, Jr.

Congress is currently at work on a Medicare prescription drug bill that would provide prescription drug coverage to millions of senior citizens in the Medicare program. There are provisions in the proposed Medicare prescription drug bills that impose significant cuts in funding for cancer care. These proposed cuts, if enacted, would have severe consequences and would seriously jeopardize patient access to quality cancer care.

Cancer has touched virtually every American's life. According to data compiled by the American Cancer Society, one-in-two men and one-in-three women will be diagnosed with cancer in their lifetime. Any significant cuts made in cancer care reimbursement would severely lead to a potential loss of access to cancer care, thus affecting millions of patients

and their families directly and indirectly. Medicare cuts would also jeopardize the large number of patients participating in clinical trials. These cuts would certainly decrease the clinical research being done today and decrease the discovery of new and exciting breakthrough therapies in the future.

The cancer community agrees that reimbursement reform for drugs and related practice expenses is needed. There is no question that Medicare currently overpays for drugs and neither is there any question that Medicare significantly underpays for the related practice expenses involved in administering the therapy. Hopefully, when Congress does correct the payment for cancer drugs, it will not ignore a correction in payment for the related services involved in delivering quality cancer care, not currently reflected in the current Medicare payments for these agents.

Today, there is certainly a need to strengthen the Medicare program and fix the flawed reimbursement system for drugs and services. However, any reform needs to be balanced, fair and equitable so that cancer patients and their families, especially when they are most vulnerable and undergoing treatment for this disease, are not unintentionally harmed by the Congressional actions being proposed. A fair and balanced reform is necessary so we may continue the progress against cancer that America has achieved.

A practicing oncologist in Providence, RI, Dr. DiBenedetto Jr. directs the Oncology Associates (OA) Advisory Board for establishing treatment guidelines and the selection of product and therapeutic alternatives. Dr. DiBenedetto, Jr. serves on the ASCO Board of Directors in the Community Oncology seat and is active in many other societies and committees specific to the practice of oncology treatment. In his column, Dr. DiBenedetto, Jr. discusses topics pertinent to the community-based oncology practice.