

THE LEADING EDUCATION AND ADVOCACY ORGANIZATION FOR THE CANCER TEAM



Association of Community Cancer Centers

Annual Report 2008 - 2009



Founded in 1974, the Association of Community Cancer Centers (ACCC) is proud to celebrate 35 years of service to the oncology community. ACCC's core purpose is to be the leading education and advocacy organization for the cancer team. ACCC will fulfill its core purpose by pursuing and adhering to these core values:

- 1) Integrity
- 2) Collaboration
- 3) Stewardship
- 4) Knowledge
- 5) Respect
- 6) Innovation
- 7) Excellence.

ACCC provides a national forum for addressing issues that affect community cancer programs, such as regulatory and legislative issues, measurements of the quality of care, and clinical research. Its unique membership of more than 670 hospital cancer programs and oncology private practices includes all members of the cancer care team: medical and radiation oncologists, surgeons, cancer program administrators and medical directors, oncology nurses, pharmacists, radiation therapists, oncology social workers, and cancer program data managers. More than 500 physicians, nurses, administrators, and other oncology professionals have joined ACCC as Individual Members.

The Association is active in supporting and establishing state-level oncology organizations. These organizations of oncologists and other healthcare providers offer a forum for discussion of patient care, local reimbursement, and legislative issues on the state and national level. Currently, 25 state oncology societies are ACCC Chapter members, and 14 oncology societies use ACCC management services. These states are Arizona, Colorado, Hawaii, Illinois, Indiana, Iowa, Minnesota, Missouri, Nevada, North Carolina, South Carolina, Tennessee, Texas, and Virginia. A total of 3,934 cancer care professionals are ACCC members through state societies.

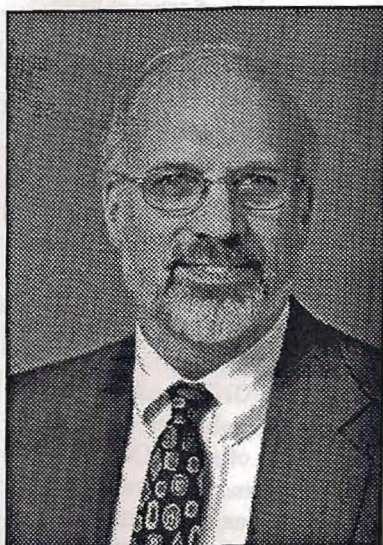
ACCC promotes timely access to quality medical and psychosocial care from pre-diagnosis through all phases of the cancer experience. It encourages comprehensive interdisciplinary community cancer program development and provides education about approaches for the effective management, delivery, and financing of comprehensive cancer care. The Association has proactively worked with state and federal government on behalf of cancer patients and their families on issues of access to appropriate treatment and to clinical trials. ACCC has been a major advocate of developing state-level advocacy groups to work with state government, third-party intermediaries, and other insurers who are usually organized at the state level.

The Association's award-winning website (www.accc-cancer.org) and publications provide valuable, timely data on health policy issues, management strategies, and oncology-related drugs and indications. ACCC's on-line directory of cancer programs across the country is updated daily and presents in-depth profiles of member institutions and practices.

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www.accc-cancer.org

President's Report

Ernest R. Anderson, Jr., MS, RPh
President, 2008-2009



As President of the Association of Community Cancer Centers, I've written extensively in *Oncology Issues* about leadership over the past year. Great leaders inspire people to have confidence and trust in themselves. People want to be trusted. When trust is high, people are willing to take risks, be innovative, suggest changes without feeling threatened, and work together to accomplish mutual goals.

Building trust begins inside each of us. With a genuinely positive intent, we can seek to do what is right and in the best interest of others; we can listen sincerely with the intent of being influenced; and we can be humble enough to admit our mistakes.

ACCC provides opportunities to hone our own leadership skills. ACCC meetings allow each of us to network with leaders in the field, learn from their wisdom and example, and find strategies to implement effective and accountable leadership programs. On another front, joining an ACCC Committee allows us to

share ideas, take risks, and work with our colleagues from across the nation. If you have not yet joined an ACCC Committee, such as the Program Committee or Editorial Committee, consider the opportunity to contribute to problem-solving efforts, build bonds—and empower yourself along the way.

As I finish up my year as President of ACCC, I would like to thank our Board of Trustees and all our hard-working committee members. For it is only with dedicated and driven leadership that organizations such as ACCC can continue to flourish and support the oncology community.

Association Finances

The Board of Trustees has continued efforts to maintain the Association's positive economic position. Our Statement of Financial Position shows an increase in net assets from \$1,845,063 to \$2,828,898 for fiscal year 2007-2008. The Statement of Activities and Changes in Net Assets shows total unrestricted net assets at year-end of \$639,694. The cash reserve account decreased from \$423,595 to \$307,836 due to a special allocation for legislative activities.

The commitment to ACCC's many expanding programs is substantial and reflects the desire of the Board to put the needs of our constituency first.

A Busy Public Policy Year

Politically, this has been an exciting and historic year. A new Administration and a new Congress are poised to streamline and make innovations to the delivery of health-care in this country. With changes also coming from the Centers for

Medicare & Medicaid Services (CMS), along with changes at several of the large insurers, one of our main focuses will be to protect our patients' access to therapies. Whatever changes come, ACCC will continue its mission to advocate for and educate hospital- and practice-based cancer care programs.

ACCC's policy and advocacy initiatives continued full force in 2008-2009. Under the guidance of ACCC's Governmental Affairs Committee, ACCC has met with representatives of CMS in order to continue to educate the agency on our issues in the hopes of having them addressed in 2010 rule making. For example, at a meeting of the Ambulatory Payment Classification (APC) Panel in February 2009 at CMS headquarters in Baltimore, Md., ACCC testified on a range of hospital outpatient prospective payment system issues, including drug reimbursement, pharmacy overhead services, and 340B hospitals. After testimony was concluded, the APC Panel made recommendations to CMS for 2010 rule-making that were almost word for word the recommendations that ACCC and the other stakeholders requested of the panel in testimony. (See the Governmental Affairs Committee Report on page 12.)

Continuing Excellence in Educational Programs

Given the rapid changes that are taking place in new technologies, new treatments for cancer, and the reimbursement world, education for the membership is critical. ACCC's Center for Provider Education (CPE) continues to develop new programs for hospital- and community-based programs as well as physician practices. The

CPE staff had a busy, productive year and is preparing for another in 2009.

Survey of Trends in the Community Hospital Cancer Center Setting. In late 2008 ACCC initiated an annual survey of its membership in order to identify and compare trends in conditions and organizational performance in the oncology marketplace. The 2008 survey provides ACCC with information to assist members in evaluating their organizations' performance. The survey will extend for three years, and is a joint project between ACCC and Eli Lilly.

The survey results will be released this fall. Preliminary results show that the business side of cancer care is undergoing rapid evolution: changing reimbursement, increasing patient volumes and rising costs for drugs and personnel challenge provider organizations' ability to adapt. Three findings of note: 1) Hospitals are consolidating among themselves, but they are consolidating with physician practices in greater percentages. 2) Most respondents (90 percent) characterize their program's financial status as good or very good.

Financial health has generally improved over the last three years, and patient volumes have generally increased. 3) There will be a major site-of-care shift. Now, perhaps 55 percent of Medicare infusion of chemotherapy is delivered in the community physician's office, while about 25 percent is delivered in community hospitals, and a smaller percentage in infusion clinics. By 2013 this picture will change dramatically. As more physicians leave practices and are employed with hospitals, perhaps 40 percent of patients will be seen in the physician office and 40 percent in the community hospital setting. Infusion/free-standing clinics will also see increases in patient volumes.

ACCC launched its **Cancer Care Patient Navigation: A "Call to Action" Pilot Project** to help community cancer centers enhance their patient navigation programs by 1) identifying barriers to programmatic success, 2) increasing successful implementation of patient navigation services, 3) refining staffing models, and 4) establishing effective metrics for measuring patient navigation services internally and for benchmarking patient navigation services against other community cancer centers.

ACCC also launched its **Prostate**

Cancer "Best Practice" Project, designed to identify best practices in a community cancer center prostate program that ensure a multidisciplinary approach to prostate cancer care, open communication, and patient access to state-of-the-art treatment within the community. ACCC's Advisory Panel examined each application and selected five model programs from across the country.

Reaching Out to Membership

As of February 25, 2009, there are 672 Cancer Program Members and 504 Individual Members. Members through state societies total 3,934. Total membership as of February 25, 2009, is 16,284.

The Membership Committee continues to do an excellent job of reviewing cancer programs and working with staff to identify and solicit potential members. ACCC made a special effort to reach out to oncology pharmacists through our Oncology Pharmacy Education Network (OPEN) meeting in fall 2008.

Continuing Excellence in Meetings

The Meetings and Program Department had another busy and productive year preparing the 2008 meetings and working on upcoming meetings for 2009. The staff and Program Committee have worked diligently throughout the year to create sessions that feature outstanding speakers and cutting-edge topics.

Five Regional Oncology Economic and Management Symposia were held throughout the country and received uniformly positive reviews.

ACCC's 4th Annual Hospital Summit was held on December 12, 2008, in Vienna, Va. Leaders of hospital-based oncology programs came to assess the health of their oncology service line, build financial stability, and gain strategies to position themselves to meet the challenges of these tight economic times. The meeting was highly successful.

ACCC Communications

ACCC's award-winning website remains popular among cancer care providers. For the first time, our "Find a Cancer Program" section interfaces directly with our database and now reflects data in "real-time." ACCC Delegate Representatives can update

their profile data, which in turn is updated automatically on the website.

A cancer patient survivorship supplement was published, and a survivorship section added to ACCC's website.

ACCC's pilot project with *Physician's Weekly* was extended into 2009. ACCC member programs will receive this monthly poster on the latest treatments, technologies, and research in cancer care.

Working with the New Technology Committee, a variety of articles have been published in *Oncology Issues*, including recent developments in tissue banking, Xofig[®] Axxent[®] Electronic Brachytherapy, and digital mammography.

Strong Liaisons with Other Cancer Organizations

ACCC continues to work closely with the American Society of Clinical Oncology (ASCO), the Oncology Nursing Society (ONS), and the Association of Oncology Social Work (AOSW), among others. ACCC continues to help promote and raise awareness about major initiatives from the National Cancer Institute (NCI). ACCC is also working with the NCI to update our members on the current status of clinical trials.

Leaders from the nation's state medical oncology societies gathered in Alexandria, Va., January 16-17, 2009, for the 17th Annual Oncology Presidents' Retreat, sponsored by ACCC and ASCO. On the eve of the inauguration of President Barack Obama, the focus was on the new Administration's plans for healthcare reform. Oncology professionals in attendance were particularly interested in sessions that explored emerging coverage trends from the Centers for Medicare & Medicaid Services (CMS), as well as e-prescribing, and the future of clinical trials.

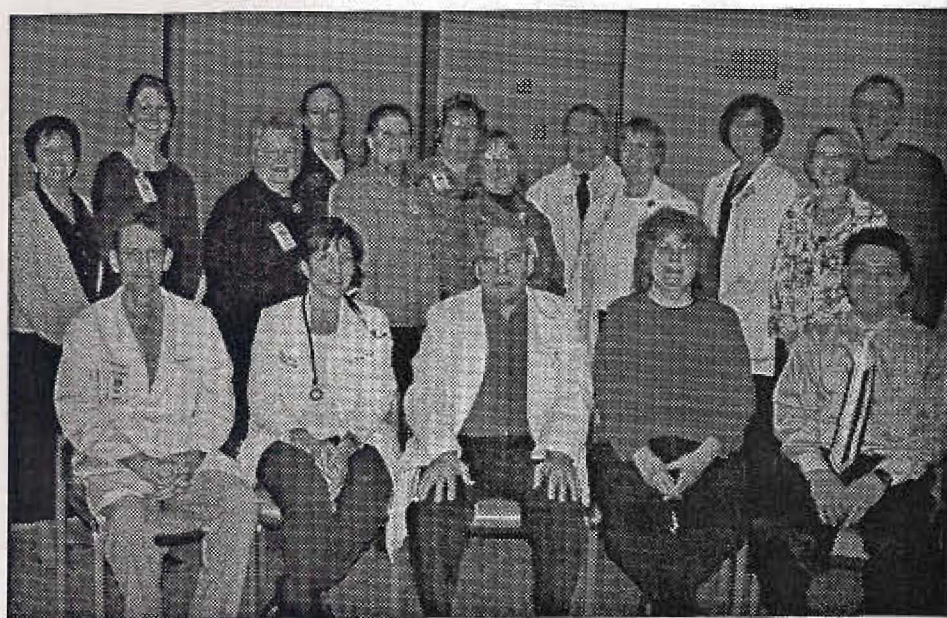
Finally, the Association continues its formal liaisons with the Commission on Cancer of the American College of Surgeons and the National Cancer Advisory Board.

THE NATION'S CORE GROUP OF CANCER PROVIDERS... ACCC'S CANCER PROGRAM MEMBERS

A CCC-member cancer programs treat 50 percent of all new cancer patients seen in the United States each year. With our state societies and physician membership, ACCC now includes the providers of more than 60 percent of all cancer care. The size and complexity of ACCC cancer programs reflect their awareness of the need for a comprehensive approach to cancer care.

Our cancer programs continue to invest in state-of-the-art equipment, and they continue to see significant clinical commitments to a multidisciplinary oncology team, including oncology social workers, nurse patient navigators, survivorship program staff, and rehabilitation therapists.

As of February 2009, 672 Cancer Program Members are on our team. In addition, ACCC has 504 Individual Members, and 3,934 members through state societies.



***Cancer teams at three
ACCC Cancer Program
Members:***

***At top, Carl & Dorothy
Bennett Cancer Center,
Stamford Hospital,
Stamford, Conn.; cen-
ter, Regional Cancer
Center, Moses Cone
Health System,
Greensboro, N.C.; and
bottom, Northern
Michigan Regional
Hospital, Petoskey,
Mich.***

TREASURER'S REPORT

ACCC Financial Report
Al B. Benson III, MD, FACP
Treasurer

The Statement of Financial Position shows an increase in net assets from \$1,845,063 to \$2,828,898 for fiscal year 2007-2008, and the Statement of Activities and Changes in Net Assets shows total unrestricted net assets at year end of \$639,694, up from \$592,563 at the beginning of the year. The cash reserve account decreased from \$423,595 to \$307,836 due to a special allocation for legislative activities. Audited financial statements for the fiscal year ended June 30, 2008, are provided at right.

Amendments to the budget for the purpose of conducting special projects in conjunction with the Corporate Development Committee have been approved for fiscal year 2009. The Board approved budget amendments for up to \$3,100,000 of revenue with associated direct project costs of \$2,945,000. Funding commitments as of December 31, 2008, total \$2,335,983 with associated project costs estimated at \$2,219,184.

Association of Community Cancer Centers Statement of Financial Position as of June 30, 2008

ASSETS

Current Assets

Cash	\$2,293,957
Accounts Receivable	98,430
Sponsorship Receivable	962,500
Prepaid Expenses	<u>51,330</u>
Total Current Assets	3,406,217

Total Assets **3,406,217**

LIABILITIES AND NET ASSETS

Current Liabilities

Accounts Payable & Accrued Liabilities	\$377,513
Deferred Revenue	
Membership Dues	123,376
Other	<u>76,430</u>
Total Current Liabilities	\$577,319

Net Assets

Unrestricted	\$639,694
Temporarily Restricted	<u>2,189,204</u>
Total Net Assets	<u>\$2,828,898</u>

Total Liabilities and Net Assets **\$3,406,217**

Association of Community Cancer Centers
STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEAR ENDED JUNE 30, 2008

Revenue	Unrestricted	Temporarily Restricted	Total
Membership dues	\$ 791,601	\$ -	\$ 791,601
Conference and meetings	466,815	242,000	708,815
Journal	431,222	2,000	433,222
Interest	43,533	-	43,533
Other	169,051	133,000	302,051
Pharmaceutical Reimbursement Project	36,104	3,742,000	3,778,104
Net assets released from restrictions, satisfaction of program restriction	<u>3,182,296</u>	<u>(3,182,296)</u>	<u>-</u>
Total revenue	<u>\$5,120,622</u>	<u>\$ 936,704</u>	<u>\$6,057,326</u>
Expenses			
General	\$ 518,498	-	\$518,498
Conference and meetings	865,906	-	865,906
Journal	410,959	-	410,959
Membership	247,017	-	247,017
Other	139,991	-	139,991
Pharmaceutical Reimbursement Project	<u>2,891,120</u>	<u>-</u>	<u>2,891,120</u>
Total Expenses	<u>\$5,073,491</u>	<u>-</u>	<u>\$5,073,491</u>
Change in Net Assets	\$47,131	\$936,704	\$983,835
Net Assets, Beginning of Year	592,563	1,252,500	1,845,063
Net Assets, End of Year	<u>\$639,694</u>	<u>\$ 2,189,204</u>	<u>\$2,828,898</u>

COMMITTEE REPORTS

MEMBERSHIP COMMITTEE

Becky DeKay, MBA, Chair

Membership in the Association of Community Cancer Centers is holding steady. Total ACCC membership as of February 25, 2009, is 672 Cancer Program Members, 504 Individual Members, and 3,934 members through state societies. The total number of members (which includes individuals who are affiliated through cancer programs) is 16,284. Retention is currently at 95 percent, compared to a goal of 96 percent.

Last year at this time membership was at 673 institutions, 527 individuals, and 3,740 members through state societies. The total number of members was 16,133.

Recruitment

New recruitment brochures were designed for Cancer Program Membership and Individual Membership, and more than 25,000 of these new brochures were mailed to prospective members in the last year.

Thirty-two cancer programs joined ACCC since July 1, 2008. We are on track to meet the year-end goal of 35 new cancer programs. Thirty-six new cancer programs joined last year. So far this year, 129 Individual Members have joined. The goal is 150 new individuals.

Find a Cancer Program

In February ACCC launched a newly designed "Find a Cancer Program" area of the website. Every ACCC Cancer Program Member has its own page, which features a description of the cancer program, a photo, and data about the facility and services.

This is a resource for the public who are seeking cancer treatment services, and is a benchmarking tool for members. The data can also be used to identify trends. To date, 32 percent of Cancer Program members have provided data. ACCC staff is working to encourage the remaining cancer programs to submit their data.

Committee members: Becky DeKay, MBA, Chair; Thomas Asfeldt, RN, BAN, MBA; Gabriella Collins, RN, MS, OCN; Steven D'Amato, RPh, BCOP; Carol Davis, BS; Brendan Fitzpatrick, MBA; Fuad M. Hammoudeh; Steven S. Larmon,

2008-2009

NEW CANCER PROGRAM MEMBERS

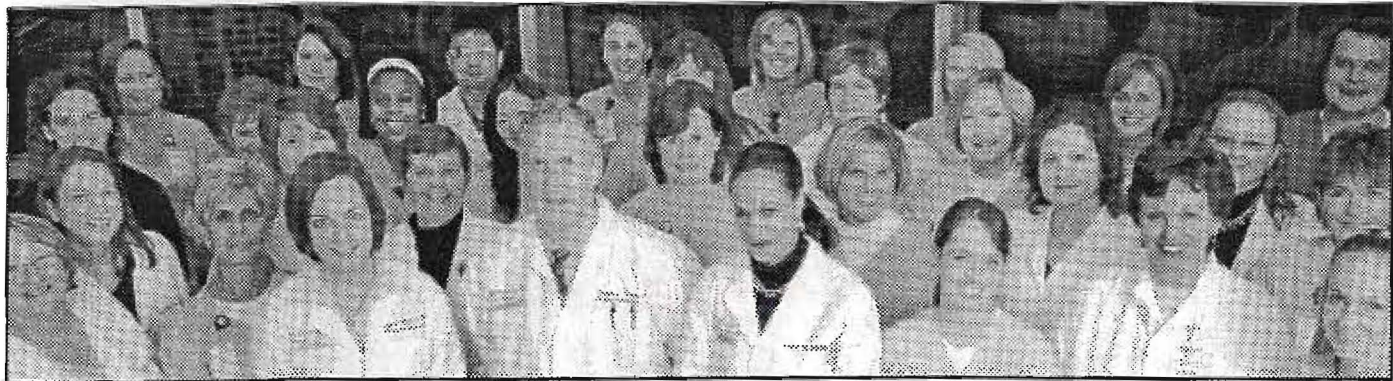
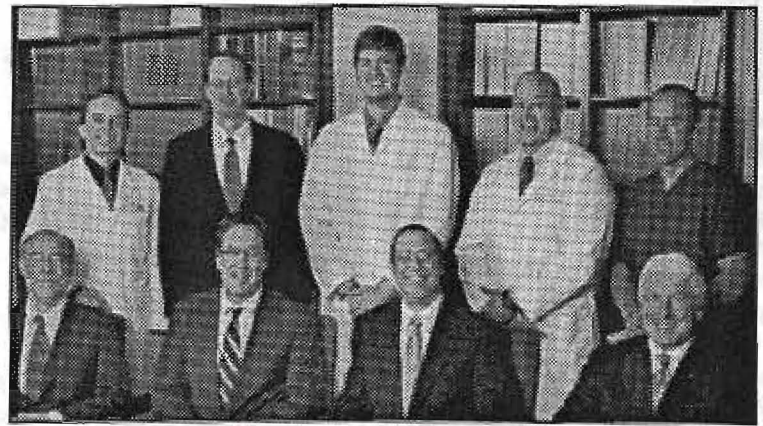
through February 25, 2009

Arne Arundel Medical Center, DeCesaris Cancer Institute, Annapolis, Md.
Cancer Care Northwest, Spokane Valley, Wash.
Centra Health, Alan B Pearson Regional Cancer Center, Lynchburg, Va.
Chester County Hospital, Cancer Program, West Chester, Pa.
Delta Oncology Associates, PC, Portsmouth, Va.
Eisenhower Medical Center, Lucy Curci Cancer Center, Rancho, Mirage, Calif.
Elliott-Elliott-Head, Breast Cancer Research and Treatment Center, Baton Rouge, La.
Emory Clinic, Emory Winship Cancer Institute, Atlanta, Ga.
Exempla Saint Joseph Comprehensive Cancer Center, Denver, Colo.
Hutchinson Clinic, PA, Hutchinson, Kans.
Lake Regional Health System, Oncology Services Department, Osage Beach, Mo.
Marshall Medical Center, Placerville, Calif.
Medical Oncology & Hematology, PC, Woodbridge, Conn.
New York-Presbyterian Hospital, Cancer Programs, New York, N.Y.
North Cypress Medical Center, Cypress, Tex.
Parkland Health & Hospital System, Dallas, Tex.
Penn State Hershey Cancer Institute, Hershey, Pa.
Providence Centralia Hospital, Providence Regional Cancer Center, Centralia, Wash.
Reid Hospital and Healthcare Services, Richmond, Ind.
Richardson Regional Cancer Center, an Affiliate of UT Southwestern Medical Center, Richardson, Tex.
Schneck Medical Center, Cancer Center, Seymour, Ind.
Schneider Regional Medical Center, Charlotte Kimelman Cancer Institute, St. Thomas, Virgin Islands
Seattle Cancer Care Alliance-Network, Seattle, Wash.
Slidell Memorial Hospital, Slidell, La.
Southwest Oncology, PC, Durango, Colo.
St. Dominic-Jackson Memorial Hospital, Jackson, Miss.
Stanford Cancer Center, Stanford, Calif.
Sutter Delta Medical Center, Antioch, Calif.
Tanner Medical Center, Roy Richards, Sr., Cancer Center, Carrollton, Ga.
United General Hospital, North Puget Cancer Center, Sedro Woolley, Wash.
University Medical Center at Princeton, Cancer Program, Princeton, N.J.
Willmar Medical Services, Willmar Cancer Center, Willmar, Minn.

MD; Thomas A. Marsland, MD; E. Strode Weaver, FACHE, MBA, MHSA; Thomas L. Whittaker, MD, FACP; Joseph F. Woelkers, MA; James R. Yates, MSPH, MBA, CHE; and Holly L. Young, MBA, BSN, OCN.

ACCC Joins the Social Networking Age

As a benefit to members, ACCC now offers the opportunity for online conversations via Facebook and LinkedIn. Facebook is a website tool that allows participants to keep in contact with friends, colleagues, and members of the Association of Community Cancer Centers. LinkedIn is an interconnected network of experienced professionals, where participants can find, be introduced to, and collaborate with qualified cancer care professionals.



*Cancer teams at three ACCC member institutions.
At top, Willamette Valley Medical Center, Cancer Center, McMinnville, Oreg.; center, Bay Regional Medical Center, Bay City, Mich.; and bottom, Siteman Cancer Center, Barnes-Jewish Hospital and Washington University School of Medicine, St. Louis, Mo.*

COMMITTEE REPORTS

PROGRAM COMMITTEE

Steven S. Larmon, MD, Chair

Under the guidance of ACCC's Program Committee, the Meetings and Programs Department continues to develop high-quality meetings and educational programs for our membership. The staff had a busy year and is preparing for another in 2009.

Almost 600 cancer care professionals gathered in San Francisco, Calif., for ACCC's 25th National Oncology Economics Conference to discuss the solutions, strategies, and innovations needed to meet rising demand, rising costs, and reduced reimbursements. The meeting featured in-depth coverage of the many regulatory and reimbursement changes affecting oncology and explored how hospitals and oncology practices are dealing with evolving restraints on the delivery of quality care. In addition, oncology pharmacists gathered for ACCC's Oncology Pharmacy Education Network (OPEN) meeting.

Donald L. Morton, MD, received the Association of Community Cancer Centers' 2008 Clinical Research Award. Dr. Morton was honored for his extensive research, leadership, and commitment to individuals with melanoma.

The 2008 Regional Oncology Economic and Management Symposia were held in five regions: New York, N.Y.; Portland, Oreg.; Indianapolis, Ind.; Tampa, Fla.; and Philadelphia, Pa. The regional meetings have become very popular.

ACCC's 4th Annual Hospital Summit was held on December 12, 2008, in Vienna, Va. The one-day program is designed to help leaders of hospital-based oncology programs assess the health of their oncology service line, build financial stability, and chart their future with senior leaders in the oncology field. This year attendees came to learn about trends in cancer care and gain strategies to position themselves to meet

the challenges of these tight economic times.

The ACCC Continuing Education Blackboard continues to increase in popularity among our members. The last quarter of 2008 saw 729 views, which resulted in 623 nurses, pharmacists, and physicians acquiring CEs. Several CE companies have expressed interest in participating in our program. Course formats vary from slide shows to virtual lectures to newsletters.

ACCC's 35th Annual National Meeting, March 18-21, 2009, will be held at the new Gaylord National Resort at Potomac National Harbor, Md. Exhibits will be held on Thursday instead of the usual Friday. The staff and Program Committee have created an agenda packed with expert speakers and timely topics. We look forward to another very successful conference.

ACCC's David King Community Clinical Scientist Award will be presented to James E. Radford, Jr., MD, who leads the Cancer Research Program at the Margaret R. Pardee Memorial Hospital in Hendersonville, N.C.

ACCC's Annual Achievement Award will be presented to Susan Leigh, RN, for her long-standing advocacy, dedication, and commitment to quality cancer survivorship services and education.

Committee members: Steven S. Larmon, MD, Chair; Jeffrey D. Beck; Connie T. Bollin, MBA, RN; Linda Buckner, BS, MT (ASCP); Steven L. D'Amato, RPh, BCOP; Marsha J. Fountain, RN, MSN; Brenda K. Gordon, RN, MS; Teri U. Guidi, MBA, FAAMA; Anna M. Hensley, MBA, RT(T); Linda Hohengarten, RN, MBA, OCN; Jim M. Koeller, MS; Judith A. Kostka, RN, MS, MBA, OCN; George Kovach, MD; Robert D. Orzechowski, MBA; Diane M. Otte, RN, MS, OCN; Elaine L. Towle, CMPE; and Virginia T. Vaitones, MSW, OSW-C



Annual Clinical Research Award recipient Donald L. Morton, MD, (center) is shown with ACCC President Ernest R. Anderson, Jr., MS, RPh, (left) and ACCC Executive Director Christian G. Downs, JD, MHA.

COMMITTEE REPORTS

BYLAWS COMMITTEE

Teresa D. Smith, RN, MSN, Chair

The Bylaws Committee is charged with reviewing and revising ACCC's Bylaws and Policy and Procedures Manual. Proposed revisions and updates to the Policy and Procedures Manual include: changes to fiscal policies and procedures to reflect IRS requirements for nonprofit organizations; clarifications to the regulations governing eligibility of committee members in relation to conflicts of interest; updates and clarifications to committee responsibilities; addition of policies and procedures for newly formed Corporate Development and Clinical Affairs Committees; and a general reorganization of the manual for ease of use. The proposed revisions were approved by the Board of Trustees at its January 2009 Board Meeting.

Committee members: Teresa D. Smith, RN, MSN, Chair; Dale Fuller, MD, FACP; Luana R. Lamkin, RN, MPH; and Diane M. Otte, RN, MS, OCN.

STRATEGIC PLANNING COMMITTEE

Luanna R. Lamkin, RN, MPH, Chair

The Strategic Planning Committee has worked throughout the past year on crafting a new strategic plan for ACCC. This process began in January 2008, when the Board of Trustees met for an extensive review of ACCC's strategic priorities. The new strategic plan sets out both long- and short-term goals intended to grow and enhance ACCC as well as strategies and milestones to gauge the outcomes and successes. The strategic plan was voted on and approved by the Board of Trustees at its January 2009 Board Meeting.

Committee Members: Luana R. Lamkin, RN, MPH, Chair; Ernest R. Anderson, Jr., MS, RPh, (ex officio); Al B. Benson, III, MD, FACP; Becky L. DeKay, MBA; Thomas A. Gallo, MS; Diane Otte, RN, MS, OCN; and Thomas Whittaker, MD, FACP.



ACCC President Ernest R. Anderson, Jr., MS, RPh, (center) poses with President-Elect Luana R. Lamkin, RN, MPH, (right) and Board of Trustees member Becky L. DeKay, MBA, at the 4th Annual Hospital Summit held in December 2008.

COMMITTEE REPORTS

GOVERNMENTAL AFFAIRS COMMITTEE

Thomas Marsland, MD, Chair

Under the guidance of ACCC's Governmental Affairs Committee, ACCC works with the Centers for Medicare and Medicaid Services (CMS) and Congress to advocate on issues of patient access to quality cancer care.

Hospital Outpatient Department Issues

On October 31, 2008, the Centers for Medicare & Medicaid Services (CMS) released the final Hospital Outpatient Prospective Payment System (HOPPS) rule for 2009. The rule calls for a reduction in drug reimbursement to average sales price (ASP) +4 percent for 2009, from the previous level of ASP+5 percent in 2008. In addition, CMS reduced the number of drug administration APCs from six to five. This change will increase reimbursement for many chemotherapy administration codes; however, it will also cause a decrease to many other codes, including hydration. ACCC is aware of our members' concerns over adequate drug reimbursement from Medicare, and the staff has been relaying their concerns to CMS via our comments and meetings.

We are also continuing to encourage CMS to properly reimburse for pharmacy overhead services. This has been an ongoing effort for a few years. After receiving a positive recommendation from the APC Panel in August, we were hopeful for inclusion of the plan in the 2009 final rule. Unfortunately, CMS did not include the proposal in the final rule. In addition, they did not include a proposal to create two separate cost centers in an effort to capture overhead costs. ACCC was against this latter proposal and asked CMS not to implement it. Since the final rule was published, ACCC has held meetings with CMS staff, and they have encouraged ACCC to continue to push our pharmacy overhead proposal in early 2009, in the hopes of getting it included in rule making for 2010.

ACCC met with CMS representa-

tives during the months of January and February 2009 in order to continue to educate the agency on our issues in the hopes of having them addressed in 2010 rule making. At a meeting of the Ambulatory Payment Classification (APC) Panel in February 2009 at the headquarters of the Centers for Medicare & Medicaid Services (CMS) in Baltimore, Md., ACCC testified on a range of hospital outpatient prospective payment system issues, including drug reimbursement, pharmacy overhead services, and 340B hospitals. After testimony was concluded, the APC Panel made the following recommendations to CMS for 2010 rulemaking:

1. CMS should reimburse all separately paid drugs at no less than ASP+6 percent.
2. CMS should package payment for all drugs that are not separately paid at ASP+6 percent, and should use the difference between those rates and CMS's costs derived from charges to create a pool that is used to fund payment for pharmacy service costs more appropriately.
3. CMS should reimburse hospitals for pharmacy service costs using this pool by making payments based on a tiered approach of drug complexity.
4. CMS should exclude data from hospitals that participate in the 340B program from its rate-setting calculations for drugs. CMS should not, however, adjust payments for separately paid drugs to 340B hospitals.

These recommendations are almost word for word the recommendations that ACCC and the other stakeholders, including the American Society of Health-System Pharmacists, the Biotechnology Industry Organization, and the Alliance of Dedicated Cancer Centers, requested of the panel in testimony.

ACCC has been very active on the issue of the physician supervision clarification that was included in the 2009 final HOPPS rule. In addition to identifying the clarification within the rule and educating members on its impact, ACCC has formed a coalition of like-minded advo-

cacy groups to develop possible solutions to this issue. Although it is referred to as a clarification, the wording has left additional confusion in its wake. ACCC has held numerous meetings with CMS officials to suggest ways to lessen the impact this rule may have on patients and providers.

Physician Issues

In July 2008 Congress passed the Medicare Improvements for Patients and Providers Act (MIPPA) that included an 18-month fix to the sustainable growth rate (SGR) formula along with a 0.5 percent increase for physicians for the remainder of 2008, and a 0.6 percent increase for 2009. It also extended the Physician Quality Reporting Initiative (PQRI) program to 2011 and raised the bonus payment; and introduced incentives and penalties for e-prescribing over the next several years.

The final Physician Fee Schedule for 2009, published on October 31, 2008, included all of these aspects from MIPPA and others as well. After adjustments to the work value units and the conversion factor, medical oncologists will see a roughly 1 percent decrease on payments for 2009 and radiation oncologists will see a roughly 3 percent reduction. These rates are accurate even with the overall 1.1 percent increase to the conversion factor from MIPPA. However, if a physician office were to properly report for both PQRI and e-prescribing, then the office may be eligible for up to a 4 percent bonus payment.

ACCC would like to begin looking into more of the issues facing the membership in regard to private payer reimbursement policies and problems. There will be a session at the 2009 Annual National Meeting on this topic, and the Governmental Affairs Committee plans to hold meetings on this issue.

ACCC has also been active in an attempt to pass legislation regarding prompt pay discounts in the calculation for ASP. ACCC worked with other advocacy groups in the oncology com-

munity in drafting a letter and attending Congressional meetings and will keep its membership updated on this issue as well as provide details of ongoing healthcare reform and policy changes.

Other Issues

CMS issued a Change Request (CR) in October in regard to the new drug compendia and detailed what indications are required to be covered by Medicare contractors. CMS also announced that it will continue its compendia application process again in January 2009.

ACCC is working with the four approved compendia in order to retool the *Compendia-Based Drug Bulletin* so as best to aid the ACCC membership. (See box at right.)

ACCC is continuing to work with stakeholder groups and decision makers on a wide range of issues, including: comprehensive cancer legislation; an updated Government Accountability Office (GAO) report on CMS's methodology in the hospital outpatient department; and an overhaul to the SGR.

ACCC remains committed to supporting and representing the needs of our members in the oncology arena. ACCC continues to be viewed as a credible and knowledgeable source on a variety of Medicare payment issues, and has been quoted in numerous print media, including "Pharmacy Practice News" and "Oncology Times."

Committee members: Thomas A. Marsland, MD, Chair; Ernest R. Anderson, Jr., MS, RPh; Wendalyn G. Andrews; Mark D. Boles, FACHE; Edward L. Braud, MD; Jeffrey A. Bubis, DO; Timothy Campbell, MD; Pam Clark, OCN, CCRP, BSN, MHA; Lori Coyle, JD; Becky L. DeKay, MBA; Albert B. Einstein, Jr., MD, FACP; Brendan Fitzpatrick, MBA; Thomas A. Gallo, MS; Brenda K. Gordon, RN, MS; Patrick A. Grusenmeyer, ScD, FACHE; Timothy S. Hall, MD; Judy Hall Laughlin, MBA, BSN, RN; Cheryl Gelder-Koger, MHSA; Lauren Lawrence, RHIA; Jeanne A. Musgrove, MBA; Randall A. Oyer, MD; and Jim Whiting, MHSA.

Reimbursement Sub-Committee

George Kovach, MD, Chair; Wendalyn G. Andrews; and Albert B. Einstein, Jr., MD, FACP.

REIMBURSEMENT SUB-COMMITTEE

ACCC's Reimbursement Sub-Committee is analyzing the newly recognized Medicare drug compendia. The goal is to update ACCC's *Compendia-based Drug Bulletin* in 2009 so it reflects indications within the newly recognized compendia. The three newly recognized compendia include: the National Comprehensive Cancer Network's (NCCN's) *Drugs & Biologics Compendium*TM, Thomson Micromedex's *DrugDex*[®], and Elsevier Gold Standard's *Clinical Pharmacology*. The *American Hospital Formulary Service Drug Information (AHFS-DI)* published by the American Society of Health-System Pharmacists remains a Medicare-recognized compendium.

Four focus groups were established to assess how ACCC's *Compendia-Based Drug Bulletin* is being used and discuss possible new features. The four groups included: 1) practice managers/billers/coders; 2) physicians; 3) hospital pharmacists and pharmacy managers; 4) Medicare directors/insurers. Further discussions have focused on understanding the challenges of translating the detailed descriptions/ratings within the four Medicare-recognized drug compendia into just a few words, so eventually this detailed information may be used within the *Drug Bulletin*.

PATIENT ADVOCACY SUB-COMMITTEE

ACCC's Patient Advocacy Sub-Committee has worked closely with the National Patient Advocate Foundation over the past year on two pieces of legislation that have either already been introduced or are in the process of being introduced in Congress: The Children's Health Protection Act of 2009 and also a bill addressing Pre-Existing Conditions. In addition, ACCC has recently joined a coalition of more than 70 organizations in support of eliminating the two-year waiting period for disabled people to become eligible for Medicare. ACCC is also currently working with Sen. Kennedy's staff on his Comprehensive Cancer Care legislation, which will likely include sections on increased funding for the National Institutes of Health and a focus on survivorship and patient navigation programs. ACCC remains active in working with these organizations, and others, in support of patients having access to the best care possible.

The Committee provided input to the ACCC Guidelines Committee regarding the new Patient Navigation Services guideline within ACCC's *Cancer Program Guidelines*.

The Committee also monitors updates to advocacy organization profiles on ACCC's website and in *Oncology Issues*.

Patient Advocacy Sub-Committee

Virginia T. Vaitones, MSW, OSW-C, Chair; Vijayan R. Aroumougame, PhD, MBA; Suzanne Champagne, RN, BSN, OCN; David S. DeProspero, MA; John E. Feldmann, MD, FACP; Dawn M. Fucillo, MA, RT(R)(T)(QM); Dale E. Fuller, MD, FACR; Randall A. Oyer,

MD; Linda Rogers, RN, MBA, CPA; Matt Sherer, MBA, MHA; Patricia A. Spencer-Cisek, MS, APRN-BC, AOCN; and Thomas L. Whittaker, MD, FACP.

EDITORIAL COMMITTEE

Nicholas J. Petrelli, MD, Chair

Members of the Editorial Committee assist in the development of the annual editorial calendar and review articles submitted for publication to ensure that *Oncology Issues* maintains its high standard of journalistic integrity. Members also act as advisors to ACCC's website, helping to assure its accuracy and completeness, and advise ACCC staff on public relations communications.

In 2008-2009, ACCC published six *Oncology Issues*. Feature stories included a look at the top 10 oncology trends, improving patient adherence with oral chemotherapy, cancer center design, strategic planning, psychosocial support programs, and the retail side of hospital care. This year the "Oncology Buyers & Resource Guide" featured company profiles and reimbursement and patient assistance program information.

Working with the New Technology Committee, our "From Research to Practice" column explored a variety of innovative treatments and state-of-the-art equipment.

Our award-winning website continues to grow and be a reliable source of information for oncology professionals and patients. We continue to improve the overall functionality of the website and have linked our "Find a Cancer Program" section directly to our database, for "real-time" updates of information. In addition, ACCCExchange, a listserv to help members network and communicate issues, surpassed 825 participants.

ACCC continues its public relations activities. Over the past year, articles about ACCC policies and activities have appeared in many publications, including "Oncology Times," "Oncology News International," and "Pharmacy Practice News."

Under the direction of the Editorial Committee, a project with *Physician's Weekly* is providing a poster-size publication, entitled "Contemporary Cancer Care," to each ACCC Cancer Program Member. The Board of Trustees has extended the pilot project through 2009.

Committee members: Nicholas J. Petrelli, MD, Chair; Al B. Benson III, MD, FACP; Amanda Henson, MSHA, MBA; Dale E. Fuller, MD, FACP; Patrick A. Grusenmeyer, ScD, FACHE; Teri U. Guidi, MBA, FAAMA; Maureen G. Mann, MS, MBA, FACHE; Thomas A. Marsland, MD; Cary A. Present, MD, FACP; Brian Romig, RPh, MBA; Chad Schaeffer; Matt Sherer, MBA, MHA; and Judy R. Stone, CMPE.

NEW TECHNOLOGY COMMITTEE

Nicholas J. Petrelli, MD, Chair

The New Technology Committee is charged with 1) identifying new technologies in oncology and 2) bringing these new technologies to the attention of ACCC members through presentations at ACCC meetings and articles in *Oncology Issues*.

The Committee works to solicit authors for a regular column in *Oncology Issues* entitled "From Research to Practice." Articles appearing over the last year include: cancer vaccines, Xofig Axxent electronic brachytherapy, treatments for malignancy-associated thrombosis, ASCO research round-up, and tissue banking.

The Committee also works to solicit articles regarding leading clinical trials. Among the trials highlighted was the CALGB 140503 trial of lobectomy versus sublobar resection for small peripheral non-small cell lung cancer.

The Committee seeks presenters for new technology sessions at ACCC's national meetings.

Committee members: Nicholas J. Petrelli, MD, Chair; Vijayan R. Aroumougame, PhD, MBA; Al B. Benson III, MD, FACP; Enzo Centofanti, MHA; Andrew H. Fenton, MD; Laurence J. Heifetz, MD; George Kovach, MD; Randall A. Oyer, MD; Cary A. Present, MD, FACP; John R. (Ron) Russell, MD, MS; and Trib Vats, MD.

COMMITTEE REPORTS

CORPORATE DEVELOPMENT COMMITTEE

Edward L. Braud, MD, Chair

The Corporate Development Committee oversees ACCC's Industry Advisory Council, Emerging Companies Council, and Technical Advisory Council and other corporate support. The Committee leads meetings of these Councils in conjunction with the ACCC Spring and Fall National Meetings, and presents to the Executive Committee, in conjunction with the annual budget, a plan for corporate development and a budget for industry-supported programs. In addition, the Committee serves as a resource for ACCC staff in developing additional non-dues revenues.

Committee members: Edward L. Braud, MD, Chair; Al B. Benson III, MD, FACP; and Richard B. Reiling, MD, FACS.

AWARDS COMMITTEE

Richard B. Reiling, MD, FACS, Chair

The Awards Committee is charged with soliciting the Association's membership for nominees for the Annual Clinical Research Award, the Annual Achievement Award, and the David King Community Clinical Scientist Award.

The Board of Trustees selected Donald L. Morton, MD, to receive ACCC's 2008 Clinical Research Award. He was honored for his extensive research, leadership, and commitment to individuals with melanoma. Dr. Morton is chief of the Melanoma Program and director of the Surgical Oncology Fellowship Program at the John Wayne Cancer Institute at Saint John's Health Center in Santa Monica, Calif.

The Board of Trustees selected Susan Leigh, BSN, RN, founding member and past president of the National Coalition for Cancer Survivorship (NCCS) to receive ACCC's Annual Achievement Award. She also initiated the formation of both the Nurse Survivors Focus Group and the Survivorship Special Interest Group within the Oncology Nursing Society.

The David King Community Clinical Scientist Award is presented annually to recognize active community clinical research leaders. The award honors David K. King, MD, community medical oncologist, long-time ACCC advocate, and former ACCC president. This year's award recipient is James E. Radford, Jr., MD. Dr. Radford leads the Cancer Research Program at the Margaret R. Pardee Memorial Hospital in Hendersonville, N.C.

Committee members: Richard B. Reiling, MD, FACS, Chair; Al B. Benson III, MD, FACP; James C. Chingos, MD, CPE; Albert B. Einstein, Jr., MD, FACP; Patricia A. Spencer-Cisek, MS, APRN-BC, AOCN; E. Strode Weaver, FACHE, MBA, MHSA; Alan S. Weinstein, MD, FACP and Joseph F. Woelkers, MA.

GUIDELINES COMMITTEE

Alan S. Weinstein, MD, FACP, Chair

The mission of this committee is to establish a framework for programs to provide high-quality cancer care in the community.

This year, the Committee's addition of a new Patient Navigation guideline within ACCC's *Cancer Program Guidelines* was accepted by the Board, posted on ACCC's website, and promoted in *Oncology Issues*. The entire document was also published and distributed to ACCC Delegate Representatives. The Committee defined patient navigation within the context of cancer care and outlined key elements needed to provide model state-of-the-art, comprehensive patient navigation services.

ACCC's guidelines were established to assist cancer programs that want to develop and/or maintain a comprehensive interdisciplinary program that meets the needs of cancer patients and their families. The guidelines reflect the optimal components for a cancer program and are not intended to act as an accrediting or credentialing mechanism. They are not a list of standards, such as those published by the American College of Surgeons' Commission on Cancer.

ACCC's *Guidelines* were first developed in 1988 as *Standards for Cancer Programs*, revised in 1993, 1997, 2000, 2003, 2006, and in 2008. The publication became the standard for cancer program development across the country and was used by the Commission on Cancer as a model for its own Standards.

Committee members: Alan S. Weinstein, MD, FACP, Chair; Kristen K. Cole; Albert B. Einstein, Jr., MD, FACP; Brenda K. Gordon, RN, MS, OCN; Philip E. Johnson, MS, RPh, FASHP; Jeanne A. Musgrove, MBA; Virginia T. Vaitones, MSW, OSW-C; and Thomas L. Whittaker, MD, FACP.