2009-2010 Annual Report

President's Message

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As President of the Association of Community Cancer Centers I am pleased to present the 2009-2010 Annual Report.

2010: The start of a new decade. An ideal time to pause and reflect on what we are likely to be dealing with over the course of this year, and the next ten years, and make some new resolutions. Whatever challenges may come, ACCC will continue to be an advocate and a resource for community cancer care providers.

What kind of resolutions is ACCC making? Let's look at our Strategic Plan and how it fits with the world we will face in this decade.

Education and knowledge exchange top ACCC's priority list. ACCC continues to provide national conferences twice a year and five to six regional conferences annually. In addition to our consistently exceptional meetings, 2009-2010 has seen a number of educational projects.

Transitions Between Care Settings "Best Practices" Project

ACCC will study the issue of care transition between the hospital cancer program and physician group practices. The goals are to 1) understand the challenges involved in transitioning cancer patients between settings, 2) identify best practices for ensuring a smooth transition between the two care settings, and 3) provide educational materials and disseminate findings.

Dispensing Pharmacy: An Option for Physician Practices

ACCC surveys show that many private practice members seek to better understand the issues associated with opening a dispensing pharmacy within a practice. As more oral anticancer drugs come into widespread use, will opening a dispensing pharmacy component in an oncology practice enhance patient quality of care? ACCC seeks to answer this question and provide insight into the decision-making process and challenges involved in setting up a dispensing pharmacy.

Use of Clinical Practice Guidelines in Community Cancer Centers

With recent encouragement by the federal government, private insurers, and specialty societies, the use of clinical practice guidelines (CPGs) is growing. Still, evidence exists that adherence to practice guidelines in the community oncology setting is uneven. Moreover, perceptions vary among disciplines (physician, nurse, and pharmacist) about the use of CPGs, and whether each team member is fully engaged in CPG implementation. ACCC seeks to better understand the use of CPGs in the community oncology setting, as well as perceptions across disciplines about CPG adherence.

Luana R. Lamkin, RN, MPH
President, 2009-2010

Prostate Cancer "Best Practices" Project

Many cancer programs report needing help in developing a prostate-specific cancer program in their home community. They are faced with a number of questions: How do we get multiple groups of urologists together? How do we get urologists and radiation oncologists to offer advice to patients when

> ***Whatever challenges may come, ACCC will continue to be an advocate and a resource for community cancer care providers.***

there are a variety of treatment choices available? How do we make sure that the patient has a choice and understands the possible outcomes of each option? ACCC seeks to provide community cancer programs with the information and education they need to develop their own "model" prostate cancer services.

Cancer Care Trends in Community Cancer Centers

To identify and compare trends in conditions and organizational performance in the oncology marketplace, ACCC initiated an annual survey of its membership. The 2008 survey provided ACCC with information to assist members in evaluating their organizations' performance. Preliminary results of the 2009 survey will be released in March 2010. The survey will be conducted annually for three years.

Cancer Care Patient Navigation: A Call to Action

Given the complexities of cancer care today, patients need help navigating the path from detection and diagnosis through treatment and beyond. This is particularly true of traditionally underserved populations where disparities in cancer care are greatest. This project reflects ACCC's commitment to ensuring access to quality cancer care in the community setting and is designed to help community cancer programs establish or expand patient navigation services.

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

In addition to these educational programs, ACCC's CE Blackboard provides for online learning and continuing education credits.

ACCC's social media presence is growing through Facebook and LinkedIn and ACCCBuzz, our online blog. Our goal is to help members connect and share information.

Advocacy and ACCC's Own Financial Stability

Our strategic plan calls for continued advocacy for patients and providers. We've been active on Capitol Hill and at the Centers for Medicare & Medicaid Services (CMS), advocating on issues of patient access to quality cancer care.

Finally, our strategic plan calls for ACCC to be financially secure and stable in order to achieve its mission and goals. The Board of Trustees has continued efforts to maintain the Association's positive economic position. Although our Statement of Financial Position shows a decrease in net assets from $2,828,898 to $2,673,385 for fiscal year 2008-2009, the Statement of Activities and Change in Net Assets shows total unrestricted net assets at year end of $652,171, up from $639,694 at the beginning of the year. The cash reserve account increased from $307,836 to $345,305.

My Goals and My Thanks

For my term as ACCC President, I chose to focus on strategies to mitigate the current and future problem of an oncology workforce shortage. Over this year, we have explored innovative solutions to tackle the challenges, including educating membership about the issues, exploring staffing models and practices to mitigate a crisis, and articulating recommendations that ACCC will make to policymakers.

Thank you for the opportunity to address an issue near and dear to us all—the future of the oncology workforce. It will take all of us, working together, to answer the critical question: Who will care for tomorrow's cancer patients?

This is a long road; one that will

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ACCC Members at a Glance

Total ACCC membership as of February 19, 2010, is 661 Cancer Programs, 450 Individual Members, and 3,636 members through State Societies for a total of 16,518 members. Our unique membership of 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, patient navigators, oncology social workers, and cancer program data managers.

ACCC-member cancer programs treat approximately 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 the need for a comprehensive approach to cancer care. Our cancer programs continue their commitments to a multidisciplinary oncology team.

The Membership Committee continues to do an excellent job of identifying and soliciting potential members.

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Here are a few highlights about our members from preliminary results of our 2009 "Cancer Care Trends in Community Cancer Centers" survey:

- Close to six in ten cancer programs made changes to their cancer program as a result of the current economic recession.
- Hospital cancer programs seem positioned for success. Hospitals have more diversified revenue streams and service lines than community practices. And despite the recession, a majority of cancer programs characterize their programs' financial status as good or very good.
- Hospitals' share of chemotherapy treatment is growing steadily, while oncology practices are seeing their share of chemotherapy decline.
- At the same time there's a growing trend to hospital-based practice arrangements.
- More patients require help affording their medication and transportation expenses

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extend over many years. And ACCC is a unique organization in a unique position to tackle this issue. Our membership is multidisciplinary. Our strategic plan is based on education and advocacy. Meeting this challenge will require each of us to think hard and change some of our ways, but our efforts are critical to our patients, our programs, and our membership.

Finally, I would also like to thank ACCC's Board of Trustees and all our committee members—to everyone who has worked so long and hard this past year to make great strides in membership services and educational and meeting programming, and to make my experience as ACCC President so enjoyable.

Luana R. Lamkin

David K. King, MD, FACP, who passed away after a brief battle with cancer, served as ACCC President, Chair of ACCC's Annual Presidents' Retreat, and Co-Chair of ACCC's Reimbursement Committee for many years.

Today, ACCC's annual David King Community Clinical Scientist Award is awarded to an individual for outstanding service, leadership, and commitment to the oncology community.

Robert W. Frelick, MD, a medical oncologist and ACCC president from 1980 to 1981.

A Proud History

ACCC Through the Decades

In 1974 a small group of physicians seeking to dispel the myth that community physicians were uninterested in and incapable of participation in state-of-the-art cancer care came together to form the Association of Community Cancer Centers (ACCC). ACCC would become the mechanism through which clinical protocols and other oncology standards of care were developed and disseminated to community cancer programs across the nation. Led by ACCC, the community cancer provider would emerge as an equal partner in the war against cancer.

In the early 1970s, ACCC was steadfast in calling for increased government funding for the National Cancer Institute's (NCI's) Cancer Centers Program to increase research opportunities for community cancer programs across the country. ACCC organized an effective network of community oncologists to educate their representatives in Congress about community cancer care issues. Led by ACCC, hospitals across the country began to apply for planning grants in their communities.

ACCC leaders believed that further NCI funding for community clinical research would be limited without increased community participation within the ranks of NCI itself. In 1978, Congress renewed the National Cancer Act, which was amended to include, for the first time, an emphasis on community care. The Act also called for community representation on the National Cancer Advisory Board.

In 1981, ACCC's Ad Hoc Clinical Research Committee helped facilitate clinical trials dialogue with NCI. The committee promoted a mechanism that would elevate community physicians as equal partners in clinical research with their university colleagues. In 1982, NCI responded with the Community Clinical Oncology Program.

In the early 1990s, David K. King, MD, FACP, (above, center) chats with staff and meeting attendees.

In the 1980s, the economics of oncology began to change. With the advent of the DRG reimbursement system and the growth of managed care, site of care for most cancer diagnoses shifted to the more economical outpatient hospital setting and to physician practices. Keeping the multidisciplinary aspect of oncology care intact in all treatment settings would become a major ACCC priority.

Throughout the 1980s, community cancer programs sprouted up all across the country. ACCC recognized the need to establish a set of standards that would provide members with guidance on just how to go about setting up oncology programs. ACCC's *Standards for Cancer Programs* was published in 1988 and has been updated many times since.

Throughout the 1990s, ACCC worked tirelessly to overcome reimbursement difficulties related to off-label uses of FDA-approved drugs and advocated for patients who were denied access to therapies. Concurrently, ACCC advocated for payer coverage of the patient care costs of clinical trials.

The first decade of the 21st Century saw tremendous opportunities in cancer biology and genetics, offering potential for significant changes in what cancer providers can do for their patients. Yet these advances occurred against a backdrop of payer restrictions that could seriously hinder the ability to deliver quality cancer care. ACCC worked to ensure that cancer patients receive the care they need in their communities and expanded its reach through educational programs, publications, and advocacy efforts, to help the multidisciplinary team of oncology professionals.

A Promising Future

Today. . .and Tomorrow

With more than 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.

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 levels. 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 3,636 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 multidisciplinary 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 governments on behalf of cancer patients and their families on issues of access to appropriate treatment and to clinical trials.

No doubt decades ahead will offer their own set of challenges. Community oncology programs can expect the Association of Community Cancer Centers to help them face the changes ahead.

ACCC continues to offer exceptional meetings and educational programs.

In 2009 ACCC distributed results and analysis of its new national survey **"Cancer Care Trends in Community Cancer Centers,"** which is designed to help cancer programs understand the implications of these trends and identify alternative and effective organizational adaptations.

ACCC's award-winning website was redesigned in 2009.

www.accc-cancer.org

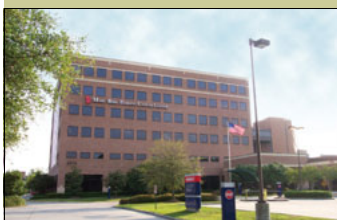
ACCC Member Highlights: A Look at Six Cancer Programs Profiled in **Oncology Issues.**

Cookeville Regional Medical Center

On January 5, 2009, Cookeville Regional Medical Center in Cookeville, Tenn., celebrated the opening of its new 33,000-square-foot outpatient Cancer Center. The new facility brings all of this ACoS-approved cancer program's outpatient services together in one convenient location, all on one floor. The Cancer Center serves a 14-county area spanning middle Tennessee and southern Kentucky. In 2007 the Cancer Center saw 670 new analytic cases.

The centrally located clinic area features 14 exam rooms that are divided between medical oncology and radiation oncology. In this area, patients are seen by their physicians. Close proximity fosters interaction between radiation oncology and medical oncology providers enhancing a multidisciplinary approach to patient care. The Cancer Center uses the IMPAC electronic medical records (EMR) system and went live with computerized physician order entry (CPOE) in 2008.

The new chemotherapy infusion area is situated adjacent to the central nurses' station. Designed with special attention to details that support patient- and family-centered healing environments, the infusion suite was carefully planned to ensure optimum patient comfort.



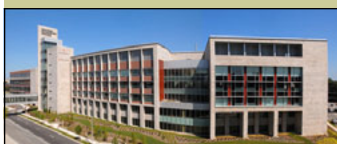
Mary Bird Perkins Cancer Center

Through innovative partnerships Mary Bird Perkins Cancer Center (MBP) in Baton Rouge, La., jointly operates two ACoS-approved cancer programs: one at St. Tammany Parish Hospital in Covington and one located in Baton Rouge at Our Lady of the Lake Regional Medical Center.

In 2007 the Cancer Program of Our Lady of the Lake and Mary Bird Perkins Cancer Center was selected as one of only 14 programs in the country to participate in the National Cancer Institute's Community Cancer Centers Program (NCCCP) pilot. This comprehensive cancer program launched a multidisciplinary colorectal cancer initiative with a full-time RN patient navigator.

In 2008 MBP partnered with Terrebonne General Medical Center and Cancer Care Specialists in Houma to provide access to cancer care at the MBP Cancer Center at Terrebonne General Medical Center.

In 2002, MBP established its CARE Network outreach and support program. To date, MBP and its community partners have screened more than 27,000 people through screenings provided to the uninsured and underinsured free of charge.



Indiana University Melvin and Bren Simon Cancer Center

The Indiana University Melvin and Bren Simon Cancer Center is located on the 80-acre campus of the Indiana University School of Medicine in Indianapolis. More than 300 physicians and researchers work collaboratively to provide state-of-the-science cancer care and help bring new treatments from bench to bedside. Each year the program receives about 38,000 outpatient visits and 4,100 inpatient visits.

With the opening of the new cancer center in 2008, for the first time inpatient and outpatient adult cancer care was brought together under one roof. The new 405,000-square-foot $150 million facility is a partnership between the IU School of Medicine and Clarian Health. The relationship brings the nationally recognized healthcare delivery system of Clarian Health together with the scientific resources of Indiana University School of Medicine.

Exceptional design features reflect the level of care taken in planning the infusion services area. The current two infusion "pods" have a total of 35 chairs. Patients can choose to receive care in a private room equipped with a chair or bed, or in one of the cubicles that offer varying levels of privacy.

ACCC Member Highlights: A Look at Six Cancer Programs Profiled in **Oncology Issues.**

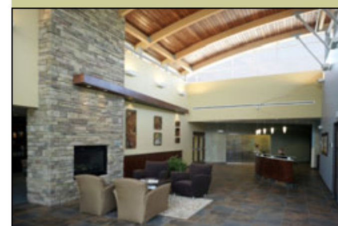
The Cancer Center at Lowell General Hospital

Situated a mere 35 miles from Boston—with the country's largest NCI-designated comprehensive cancer program nearby—the Cancer Center at Lowell General Hospital succeeds in providing Boston-quality care locally, offering the greater Lowell community access to state-of-the-art treatment close to home. By developing collaborative relationships to best serve its patients and the community, the Cancer Center focuses on quality, helping streamline patient access to care, and providing standards of care equal to that in the region's tertiary care centers.

Lowell General Hospital created its community cancer center in 1998, committed to providing the most innovative care in a comfortable and convenient setting—meeting the clinical and emotional needs of all affected by a cancer diagnosis. Eight years later, in 2006, the Cancer Center at LGH was ranked number one in the state of Massachusetts for overall patient satisfaction, according to Press Ganey Associates.

Arriving through the Cancer Center's main entrance, visitors come into a spacious reception area that boasts a tranquil waterfall.

Foster J. Boyd, MD, Regional Cancer Center



For residents of Clinton County and the surrounding counties of Greene, Fayette, Warren, Highland, Butler, and Adams in southwestern Ohio, the Foster J. Boyd, MD, Regional Cancer Center brings a new level of integrated cancer care services in one convenient, nearby location. Patients can access top-notch medical oncology services and state-of-the-art linear-accelerator-based radiation therapy all in one facility. The new cancer center is part of CMH Regional Health System, which is anchored by Clinton Memorial Hospital (CMH), a 150-bed, county-owned medical/surgical acute care hospital established in 1951.

The center's interior design, which won an award in *Cincinnati Magazine's* 6th Annual Interior Design Competition, reflects input from patient focus groups and cancer center staff. Visitors enter into a light-filled lobby featuring a soaring wood-beamed ceiling, a dramatic natural stone fireplace, and cozy seating.

The Helen & Harry Gray Cancer Center

Hartford Hospital, an 867-bed teaching hospital, has provided cancer care services to Hartford and the surrounding communities of central Connecticut since 1854. The Hartford Hospital cancer program is accredited by the ACoS Commission on Cancer, and is one of only 14 community cancer centers nationwide selected to participate in the National Cancer Institute Community Cancer Centers Program (NCCCP) pilot project. Through collaboration with Dana-Farber Partners Cancer Care, the cancer program helps increase patient access to clinical trials, particularly early phase studies. In another unique partnership, Hartford Hospital participates with the H. Lee Moffitt Cancer Center in the Total Cancer Care project, a biospecimen research study that aims to examine how molecular and genetic information can help diagnose and treat cancer patients.

A key component of NCI's NCCCP pilot is increasing outreach screenings, particularly for underserved populations. Over the past two years, Hartford Hospital's cancer program has made important advances in extending its outreach screening services.

Treasurer's Report

ACCC Financial Report
George Kovach, MD
Treasurer

The statement of Financial Position shows a decrease in net assets from $2,828,898 to $2,673,385 for fiscal year 2008-2009, and the Statement of Activities and Change in Net Assets shows total unrestricted net assets at year end of $652,171, up from $639,694 at the beginning of the year. The cash reserve account increased from $307,836 to $345,305. Audited financial statements for the fiscal year ended June 30, 2009, 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 2010. The Board approved budget amendments for up to $3,500,000 of revenue with associated direct project costs of $3,325,000. Funding commitments as of December 31, 2009, total $3,064,755, with associated project costs estimated at $2,911,517.

Association of Community Cancer Centers

Statement of Financial Position as of June 30, 2009

	ASSETS
Current Assets	
Cash	$ 2,858,326
Accounts Receivable	85,286
Sponsorship Receivable	588,000
Prepaid Expenses	29,378
Total Assets	**3,560,990**

	LIABILITIES AND NET ASSETS
Current Liabilities	
Accounts Payable & Accrued Liabilities	$ 360,758
Deferred Revenue	
Membership Dues	454,663
Other	72,184
Total Current Liabilities	887,605
Net Assets	
Unrestricted	$ 652,171
Temporarily Restricted	2,021,214
Total Net Assets	$ 2,673,385
Total Liabilities and Net Assets	**$ 3,560,990**

Association of Community Cancer Centers

Statement of Activities and Change in Net Assets for the Year Ended June 30, 2009

Revenue	Unrestricted	Temporarily Restricted	Total
Membership dues	$ 831,806	$ -	$ 831,806
Conferences and meetings	461,475	264,000	725,475
Journal	266,919	70,000	336,919
Interest	23,716	-	23,716
Other	156,757	19,546	176,303
Pharmaceutical Reimbursement Project	13,816	2,957,400	2,971,216
Net assets released from donor restrictions	3,478,936	(3,478,936)	-
Total Revenue	**$5,233,425**	**$ (167,990)**	**$5,065,435**

Expenses	Unrestricted	Temporarily Restricted	Total
General	$ 542,148	$ -	$ 542,148
Conferences and meetings	856,975	-	856,975
Journal	415,300	-	415,300
Membership	272,148	-	272,148
Other	31,496	-	31,496
Pharmaceutical Reimbursement Project	3,102,881	-	3,102,881
Total Expenses	**$5,220,948**	**$ -**	**$5,220,948**
Change in Net Assets	$ 12,477	$(167,990)	$ (155,513)
Net Assets, Beginning of Year	639,694	2,189,204	2,828,898
Net Assets, End of Year	**$652,171**	**$2,021,214**	**$2,673,385**

Committee Reports

Membership Committee
Becky DeKay, MBA, Chair

Total ACCC membership as of February 19, 2010, is 661 Cancer Programs, 450 Individual Members, and 3,636 members through State Societies for a total of 16,518 members.

Cancer Program Recruitment

Eighteen cancer programs have joined ACCC since July 1, 2009. In February, a mailing was sent to 533 prospects with a letter, brochure, and ruler/calculator with the message: “ACCC: A Partner You Can Count On.” ACCC worked with a design firm to create a recruitment email and webpage. The email went to more than 5,000 prospective members. Telephone calls were made throughout the year to hundreds of nonmember cancer programs to identify key contacts for recruitment efforts. One-third of the Cancer Program Members who joined this year upgraded from Individual Membership.

Individual Member Recruitment

Sixty-eight Individual Members have joined since July 1, 2009. Individual membership brochures have been sent to everyone who is affiliated with a cancer program that did not renew this year. These brochures were also distributed to nonmembers at all ACCC meetings.

Cancer Program Retention

This year’s goal for retention of Cancer Program Members is 91 percent. As of February 19, 2010, 643 Cancer Program Members have renewed (94.7 percent).

2009 - 2010

NEW CANCER PROGRAM MEMBERS

through February 25, 2010

Brainerd Lakes Health System, Brainerd Lakes Cancer Center, Brainerd, Minn.
Cabell Huntington Hospital, Edwards Comprehensive Cancer Center, Huntington, W. Va.
Capital Region Medical Center, Goldschmidt Cancer Center, Jefferson City, Mo.
Columbia St. Mary's, Cancer Care, Milwaukee, Wisc.
Florida Hospital Waterman Cancer Institute, Tavares, Fla.
Lankenau Hospital / Main Line Health System, Wynnewood, Pa.
Martha Jefferson Hospital, Martha Jefferson Cancer Care Center, Charlottesville, Va.
Medical City Dallas Hospital, Dallas, Tex.
Memorial Hospital-Jacksonville, Jacksonville, Fla.
Metropolitan Hospital, The Cancer Center at Metro Health Village, Wyoming, Mich.
Nyack Hospital, The Union State Bank Cancer Center, Nyack, N.Y.
OncoLogics, Inc., Lafayette, La.
Paoli Hospital / Main Line Health System, Paoli, Pa.
Southeastern Regional Medical Center, Gibson Cancer Center, Lumberton, N.C.
Spectrum Health Cancer Institute, Grand Rapids, Mich.
St. Joseph Medical Center, Cancer Center, Houston, Tex.
Union Hospital, Elkton, Md.
Virginia Cancer Institute, Inc., Richmond, Va.

Individual Member Retention

There were 499 invoices sent to Individual Members. As of February 19, 2010, 382 individuals have renewed (76.5 percent).

Connecting With Members

Throughout the year ACCC has been actively connecting with members through Facebook, LinkedIn, and our web blog, ACCCBuzz.

An ACCC Delegate Listserve was developed to enable Delegate Representatives to network.

Committee members: Becky DeKay, MBA, Chair; Edward B. Aribisala; Thomas Asfeldt, RN, BAN, MBA; Gabriella Collins, RN, MS, OCN; Steven L. D’Amato, RPh, BCOP; Fuad M. Hammoudeh; Chad Knight, MSHA; Matt Lopshire; 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.

Committee Reports

Program Committee
Brenda K. Gordon, RN, MSN, Chair

The 26th National Oncology Economics Conference was held Sept. 22-25, 2009, in Minneapolis, Minn. Members of the cancer care team gained insight to guide their cancer program or practice through the economic downturn and coming healthcare reform. Highlights included a keynote address by Robert Laszewski of Health Policy and Strategy Associates, LLC; a panel discussion on EMR implementation that addressed both hospital and practice concerns; an in-depth look at Medicare's proposed rules for 2010; the utilization of non-physician practitioners; benchmarking for hospitals and practices; and much more.

Surgeon and leading melanoma and breast cancer expert Charles M. Balch, MD, FACS, was honored with ACCC's Outstanding Achievement in Clinical Research Award. Dr. Balch discussed the importance of clinical trials and provided insight into what may lie ahead—new therapies or procedures that may change the way we treat melanoma and breast cancer.

The paid meeting attendance goal was 232; however, with the current economic downturn and programs experiencing staffing cuts, many of our members indicated that their budgets for travel were either frozen or eliminated. Therefore, we concluded with a paid attendance of 183.

The 27th National Oncology Economics Conference will be held Sept. 29 to Oct. 2, 2010, in St. Louis, Mo.

Oncology Pharmacy Education Network (OPEN)

OPEN's "Emerging Roles and Issues for Oncology Pharmacy 2009," on September 22, 2009, was a pre-conference symposium held prior to ACCC's National Oncology Economics Conference. A variety of topics were discussed during this one-day session, including an update on oral agents and risk evaluation and mitigation strategies. OPEN offers ACCC the opportunity to engage pharmacists, a growing segment of ACCC's membership. The OPEN pre-conference symposium drew 46 attendees—from pharmacists to administrators. They enjoyed a networking lunch held jointly with the Patient Navigation Pre-Conference Symposium.

Regional Oncology Economic and Management Symposia

Three Regional Symposia were held in the fall: Stamford, Conn.; Milwaukee, Wisc.; and Greensboro, N.C. The program featured timely topics and new speakers. Regional meeting attendance increased this fall along with the number of exhibitors.

Hospital Summit

ACCC's 5th Annual Hospital Summit was held Dec. 11, 2009, in Vienna, Va. The agenda included returning speakers from The Advisory Board and Kantar Health, and featured trend analysis and planning strategies relevant to our hospital-based membership.

Annual National Meeting

ACCC's 36th Annual National Meeting in Baltimore, Md., March 2010, will include keynote speakers Fred Barnes, of *The Weekly Standard*, and Bill Press, host of "The Bill Press Show." Also featured will be Janet Heinrich, DrPH, RN, of the Health Resources and Services Administration, and David R. Hunt, MD, FACS, of the Department of Health and Human Services.

Committee members: Brenda K. Gordon, RN, MS, OCN, Chair; Susan P. Baker; Frances Becker, LCSW, OSWC; Connie T. Bollin, MBA, RN; Steven L. D'Amato, RPh, BCOP; Nicole A. Bradshaw, MS, CIC; Anna M. Hensley, MBA, RT(T); Jim M. Koeller, MS; George Kovach, MD; Steven S. Larmon, MD; Robert D. Orzechowski, MBA; Diane M. Otte, RN, MS, OCN; John R. Russell, MD; Judy L. Schmidt, MD, FACP; Judy R. Stone; and Virginia T. Vaitones, MSW, OSW-C.

Committee Expert Advisory Panel: Linda Buckner, BS, MT (ASCP); Marsha Fountain, RN, MSN; Teri U. Guidi, MBA, FAAMA; and Elaine L. Towle, CMPE.

ACCC's 26th National Oncology Economics Conference in Minneapolis

Above at center is 2009 Clinical Research Award winner Charles M. Balch, MD, FACS.

Also shown, left to right, are former ACCC President Richard Reiling, MD, FACS; current ACCC President Luana R. Lamkin, RN, MPH; ACCC Executive Director Christian Downs, JD, MHA; and President-Elect Al B. Benson III, MD, FACP.

Committee Reports

Awards Committee
Ernest R. Anderson, Jr., MS, RPh, 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 surgeon and leading melanoma and breast cancer expert Charles M. Balch, MD, FACS, to receive ACCC's 2009 Outstanding Achievement in Clinical Research Award. Dr. Balch was honored on September 24, 2009, for his extensive research, leadership, and commitment to individuals with cancer. Dr. Balch is professor of surgery and oncology and dermatology and deputy director at the Johns Hopkins Institute for Clinical and Translational Research in Baltimore, Md.

The Board of Trustees selected Barbara Hoffman, JD, to receive the Association's Annual Achievement Award for her long-standing advocacy, dedication, and commitment to quality cancer survivorship services and education. Professor Hoffman is a member of the legal research and writing faculty of Rutgers School of Law in Newark, N.J., and is the founding chair of the National Coalition for Cancer Survivorship. She has authored consumer booklets on the legal rights of cancer survivors and is the editor of "A Cancer Survivor's Almanac: Charting Your Journey." The award is scheduled to be presented to Professor Hoffman on March 19, 2010, at the Awards Luncheon during ACCC's 36th Annual National Meeting.

Carl J. Minniti, Jr., MD, was honored with the ACCC's annual David King Community Clinical Scientist Award for his outstanding service, leadership, and commitment to the oncology community. Throughout his long career, Dr. Minniti has coordinated research efforts, opened numerous clinical studies, and has demonstrated the ability for significant protocol accrual to cooperative group trials. He is a firm believer that excellence in cancer care requires a dedication to clinical research, balanced with compassionate care, faith, and hope for patients and their families.

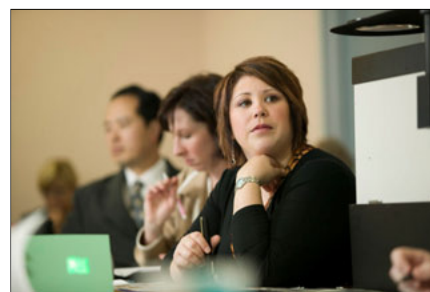
Committee members; Ernest R. Anderson, Jr., MS, RPh, Chair; Richard B. Reiling, MD, FACS; Al B. Benson III, MD, FACP; James C. Chingos, MD, CPE; Albert B. Einstein, Jr., MD, FACPE; E. Strode Weaver, FACHE, MBA, MHSA; and Alan S. Weinstein, MD, FACP.

Guidelines Committee
Alan S. Weinstein, MD, FACP, Chair

The basic mission of this committee is to aid in quantifying high-quality cancer care in the community.

ACCC's *Guidelines* were first developed in 1988 as *Standards for Cancer Programs,* revised in 1993, 1997, 2000, 2003, 2006, 2008, and 2009. The publication became the standard for cancer program development across the country and was used by the Commission of Cancer as a model for its own Standards. Suggestions and comments about ACCC's *Cancer Program Guidelines* are welcome.

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



ACCC: Serving the entire multidisciplinary cancer care team.

Committee Reports

Bylaws Committee
Teresa D. Smith, RN, MSN, Chair

The Bylaws Committee is charged with reviewing and revising the Association's *Bylaws* and *Policy and Procedures Manual*.

The *Bylaws* were most recently revised in 2008.

Committee members: Teresa D. Smith, RN, MSN, Chair; Dale E. Fuller, MD, FACR; and Diane Otte, RN, MS, OCN.

Strategic Planning Committee
Al B. Benson III, MD, FACP, Chair

The Strategic Planning Committee is charged with developing and revising Association priorities.

The current Strategic Plan was approved by the Board of Trustees in January 2009. In 2010, the Board included new strategies regarding the Delegate Representative Program.

Committee members: Al B. Benson III, MD, FACP, Chair; Ernest R. Anderson, Jr., MS, RPh; Becky L. DeKay, MBA; Thomas A. Gallo, MS; Luana R. Lamkin, RN, MPH; George Kovach, MD; Diane M. Otte, RN, MS, OCN; and Thomas L. Whittaker, MD, FACP.

ACCC's 26th National Oncology Economics Conference in Minneapolis

Patient Navigation Pre-Conference

Shown above, (center) is Tricia Strusowski, RN, MS, Director, Cancer Care Management, Helen F. Graham Cancer Center, Christiana Care.

Committee Reports

Governmental Affairs Committee
Brendan Fitzpatrick, MBA, Chair

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

Hospital Outpatient Department Issues

CMS released the final 2010 Hospital Outpatient Prospective Payment System (HOPPS) Rule on October 30, 2009. ACCC had commented on a number of issues prior to the rule's release, including: drug reimbursement, the packaging of certain imaging services, the packaging threshold, physician supervision, quality measures, and the date of service rule, among others.

ACCC can count a number of finalized provisions as victories based on ACCC's meetings and suggestions to CMS before the proposed rule was released at the beginning of July. After three years of concerted efforts from ACCC and other stakeholders, CMS finally recognized that its formula for determining the average sales price (ASP) + percent is flawed and needs readjustment. CMS recognized that charge compression affects the calculation, and that pharmacy services are not adequately reimbursed. Without these concessions, CMS would be reimbursing drugs at ASP -3 percent in 2010.

ACCC has requested in its comments that CMS go further in their concessions and return drug reimbursement to ASP+6 percent. ACCC and other stakeholders provided new data to CMS in private meetings that demonstrated the need to better account for pharmacy services and also to push for proper coding of packaged drugs. CMS did encourage hospitals to properly code packaged drugs, but it did not make further concessions in the area of overall drug reimbursement. The final rule states that drugs will be reimbursed at ASP+4 percent in 2010, which is what drugs were reimbursed at in 2009.

In February, ACCC testified at the Ambulatory Payment Classification Group (APC) Panel meeting at CMS headquarters and requested that the panel recommend to CMS to shift more money from packaged drugs to separately paid drugs. If CMS were to do this, it would increase the ASP+ number, thus providing more money for pharmacy-related services. The APC Panel agreed with ACCC and made that recommendation to CMS.

The second victory came on the topic of physician supervision. As was highlighted at ACCC meetings, and on member conference calls, burdensome regulations were instituted in the 2009 final rule regarding the regulations for having physicians on site and immediately available in the outpatient setting. ACCC worked closely with the Oncology Nursing Society (ONS) to remove and change these regulations for the 2010 rule. ACCC and ONS suggested allowing non-physician practitioners to supervise procedures if they are allowed to do so under their state's Scope of Practice Laws. CMS adopted this idea for the 2010 Rule.

ACCC held a call for the membership to discuss the Physician Supervision Regulation on February 24, 2010, and had 350 members participate.

ACCC is still waiting to hear back on its nominated members to the CMS MedCAC and also to the Agency for Healthcare Research and Quality (AHRQ) advisory board.

Physician Issues

CMS released the final 2010 Physician Fee Schedule rule on October 30, 2009. There were significant changes to some of the areas that ACCC highlighted in its comments, including: the massive cuts to medical and radiation oncology, the SGR formula, and the elimination of consult codes, among others.

In 2010, it is finalized that medical oncology will see a roughly 6 percent reduction in Medicare payments. However, due to pressure from organizations such as ACCC and from members of Congress, the cuts will be implemented over a four-year period, with a 1 percent reduction for 2010. Radiation oncology had been slated for a 19 percent reduction, but instead will see only a roughly 5 percent cut. This, too, will be implemented over four years, leaving a 1 percent reduction for 2010 as well. These cuts do not include the 21.2 percent that is scheduled to be cut because of the SGR formula.

As of this writing, Congress has not yet stepped in to stop these cuts, but it remains highly likely that they will do so again early in 2010. A two-month freeze ended on February 28, and it appears that Congress will enact another 30-day freeze, in order to give them more time to provide a fix through the end of the year.

CMS finalized a proposal in the rule to eliminate drugs from the SGR formula. This will likely reduce the SGR adjustment from the negative 5-6 percent each year, to a more manageable –1 to +1 percent increase per year. The SGR was originally designed to keep physician spending in line with the gross domestic product (GDP), but physicians have no control over the price of drugs, which is one major reason for the massive cuts each year. ACCC supports this finalized rule.

The year 2009 will likely be remembered as a year for grand healthcare reform ideas that took until 2010 to complete. As of the writing of this report, the House and Senate have both passed their own versions of healthcare reform. However, the efforts stalled in January, and now President Obama has weighed in with his version of a compromise. The compromise version leans heavily on the Senate version with a few tweaks to aid small businesses and State governments. The President also held a bipartisan summit on healthcare in the hopes of renewing the efforts to pass sweeping legislation. As of this writing, no final bill has emerged or been voted on.

Throughout all of the versions released thus far, there are a number of aspects that will be of importance to ACCC members. Until we know for certain what the bill will look like, it is difficult to inform the members about the final effect the legislation will have. ACCC has been busy identifying the differences in the bills for the members, so they can decide for themselves what to support. We have encouraged grassroots activity on these issues and will provide a complete summary of the final bill. Some of these issues include: inclusion of the Prompt Pay Discount amendment, language related to access to clinical trials and insurance reform, and the elimination of life-time caps and preexisting conditions practices.

ACCC is currently drafting comments to CMS on its proposal to define meaningful use of electronic health records (EHR) for hospitals and practices in order to qualify for the EHR bonus payments. ACCC is concerned with a number of the provisions, in both the timing and of the scope proposed. ACCC will post a copy of the comments on its website once they are completed.

ACCC continues to work with other advocacy groups in the oncology community on issues ranging from pharmacy overhead payments to the introduction of chemotherapy teaching codes.

At a Capitol Hill briefing, ACCC worked with the Community Oncology Alliance, the American Society of Clinical Oncology, Oncology Nursing Society, the Association of Oncology Social Work, the Hematology/Oncology Pharmacy Association, the National Patient Advocate Foundation, and US Oncology to educate members of Congress and their staff as to the importance of chemotherapy planning and teaching, especially with the increasing number of oral therapies available. This briefing was the second educational briefing with this group of organizations, and we hope to hold one every six months.

Committee members: Brendan Fitzpatrick, MBA, 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; Thomas A. Gallo, MS; Brenda K. Gordon, RN, MS, OCN; Patrick A. Grusenmeyer, ScD, FACHE; Timothy S. Hall, MD; Judy Hall Laughlin, MBA, BSN, RN; Lauren Lawrence, RHIA; Cheryl Gelder-Koger, MHSA; Thomas A. Marsland, MD; Jeanne A. Musgrove, MBA; Randall A. Oyer, MD; and Jim Whiting, MHSA.

The **Reimbursement Sub-Committee** oversees ACCC's Regional Oncology Economic and Management Symposia. These highly popular ACCC meetings have been redesigned to help all members of the oncology team make informed decisions. Over the past 18 years, ACCC has hosted more than 180 symposia, many in conjunction with state medical oncology societies. These meetings have now become a tradition and are highly valued by ACCC membership.

In addition to other duties, the Reimbursement Sub-Committee is working on ACCC's newest publication, its "Part B - Drug Information Guide."

Reimbursement Sub-Committee members: George Kovach, MD, Chair; Wendalyn G. Andrews; Jill Donaldson, MHSA; Albert B. Einstein, Jr., MD, FACP; and Janet Gallaspy.

The **Patient Advocacy Sub-Committee** coordinates communication among advocacy groups and stays in contact with their leadership.

Patient Advocacy Sub-Committee members: 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.

Committee Reports

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 2009-2010, ACCC published six *Oncology Issues*, including an entire issue devoted to developing a multispecialty prostate cancer clinic, and timely feature articles on such varied topics as succession planning, hospital outpatient department versus outpatient office differences in rules and regulations, developing a comprehensive breast imaging program, and nurse staffing models. We also published ACCC's annual "Oncology Buyers & Resource Guide" and an easy-to-read graphic analysis of the "2009 Cancer Care Trends in Community Cancer Centers' Survey."

Our award-winning website was redesigned with a fresh, streamlined look. It continues to grow and be a reliable source of information for oncology professionals and patients. In addition, ACCC continues its presence on Facebook, LinkedIn, and Twitter, and launched a weblog, ACCCBuzz. Additionally, more than 1,000 ACCC members participate in the ACCCExchange, ACCC's listserve.

ACCC has initiated development of a web strategy and needs assessment that focuses on such enhancements as a content management system, community building with improved listserve capabilities, sharing of documents, and improved search functions.

Under the direction of the Editorial Committee, a project with *Physician's Weekly* continues to provide a poster-size publication, entitled "Contemporary Cancer Care," to each ACCC Cancer Program member. The Board has extended the project until the end of December 2010.

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

Editorial Committee Expert Advisory Panel: Teri U. Guidi, MBA, FAAMA; and Chad Schaeffer, FACHE.

Clinical Affairs Committee
Nicholas J. Petrelli, MD, Chair

The Clinical Affairs Committee is charged with 1) identifying new treatments, leading clinical trials, and oncology trends that affect membership, 2) identifying new technologies in oncology, and 3) bringing these to the attention of ACCC members through presentations at ACCC meetings and articles in *Oncology Issues*.

Working with the Clinical Affairs Committee, the "From Research to Practice" column in *Oncology Issues* explored such topics as malignancy-associated thrombosis; translating scientific advances into the community setting; the cancer genome and the evolution of fluorescent in situ hybridization (FISH), comparative genomic hybridization (CGH), and related technologies; and horizons in proton therapy.

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

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 supporters. The Committee leads meetings with these Councils in conjunction with ACCC's Annual National Meeting and ACCC's National Oncology Economics Conference. The Committee also 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.

ACCC's Annual National Meeting and Oncology Economic Conference attract a multidisciplinary audience from cancer programs and oncology practices across the nation.

ACCC Cancer Program Members at ENH Highland Park Kellogg Cancer Center.