



Association of Community Cancer Centers

Annual Report 2010 - 2011

The leading education and advocacy organization for the cancer team



Pictured on cover (left to right), top row: Carl and Dorothy Bennett Cancer Center, Stamford Hospital, Stamford, Conn.; Michael and Dianne Bienes Comprehensive Cancer Center, Holy Cross Hospital, Fort Lauderdale, Fla.; Louisiana State University Health Sciences Center, Feist-Weiller Cancer Center, Shreveport, La. Bottom row: Moses Cone Health System, Regional Cancer Center, Greensboro, N.C.; Florida Hospital Cancer Institute, Orlando, Fla.; Freeman Cancer Institute, Joplin, Mo.

A Message from ACCC's President



*Al B. Benson, III, MD, FACP
ACCC President, 2010-2011*

Education and knowledge exchange continue to be at the top of ACCC's priority list. In 2010 ACCC produced hundreds of hours of educational programming across a range of platforms, including national meetings, regional symposia, members-only conference calls, in print, via webinars, on ACCC's website, and more. These programs have covered a broad range of topics—establishing or enhancing patient navigation and prostate cancer services, surveys on use of clinical practice guidelines, and trends in community-based cancer care, just to name a few.

While this educational programming was taking place, ACCC has had important success working with policymakers around the country. Your support over the past year allowed ACCC to educate the Centers for Medicare & Medicaid Services (CMS) about the need to

appropriately reimburse for drugs given in the hospital outpatient setting. After many meetings and testimonials, CMS agreed with our efforts, and in the 2011 Hospital Outpatient Prospective Payment System (HOPPS) final rule increased drug reimbursement to ASP+5 percent (up from ASP+4 percent in 2010). It is worth noting that without CMS's recognition of the issues raised by ACCC, the agency may have decided to reimburse drugs at ASP -2 or -3 percent.

Another important advocacy effort related to physician supervision in the hospital outpatient setting. This effort developed in response to practical problems faced by ACCC members as a result of rule changes implemented in 2009. ACCC, along with the Oncology Nursing Society (ONS), met with CMS, explained the practical issues related to the physician supervision requirements, suggested alterations that would allay many of the concerns of our memberships, and effected change. In both the 2010 and 2011 HOPPS rulemaking, CMS has made changes to its supervision rules that reflect the advocacy efforts of ACCC and its partner organizations.

As we begin a new decade, ACCC will continue to focus attention and effort on those provisions of the healthcare reform law that most affect community-based cancer care—from accountable care organizations to new payment models to comparative effectiveness research. The coming months will also be an important time for us to advocate for continued federal support for the National Cancer Institute Community Cancer Centers Program (NCCCP).

President's Message

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*North Colorado Medical Center, Greeley,
Colo.*

President's Message



Helen F. Graham Cancer Center at Christiana Care Health System, Newark, Del.

ACCC Members at a Glance

Total ACCC membership as of March 1, 2011, is 671 Cancer Program Members, 467 Individual Members, and 3,811 members through oncology state societies for a total of 17,048 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. With our state societies and physician membership, ACCC now includes the providers of more than 60 percent of all cancer care.

ACCC will continue to educate members about the spiraling demands for data acquisition, and in particular, the potential impact of these demands on clinical research in the community setting. As part of my ACCC President's theme, the Association will develop educational resources to assist with data collection and help ensure that community-based oncology has a voice on these issues with national legislators.

ACCC: Helping Members Meet New Demands and Daily Challenges

To help ACCC members share information and connect with each other through virtual forums and discussions, the Association launched MyNetwork in January 2011, which greatly expands our popular ACCCExchange listserv. This new online forum includes easy-to-use discussion boards for asking questions and sharing expertise; resource libraries; user-friendly search tools for finding discussion threads and documents; special interest communities for in-depth discussions on important topics; and more.

In September 2010, ACCC launched its *Part B—Drug Information Guide*, which was designed as an easy-to-use listing—both in print and online—for any cancer care professional seeking to better understand the complex area of drug information and coverage. ACCC's *Part B—Drug Information Guide* identifies oncology-related indications contained within the four drug compendia currently recognized by CMS. It also provides contact information about manufacturers, which allows readers to obtain more detailed information about a listing. This publication replaces ACCC's *Compendia-based Drug Bulletin*.

ACCC also launched another new resource—*Reimbursement and Patient Assistance Programs: A Guide for Community Cancer Centers*. The *Guide* arrived in the January/February 2011 *Oncology Issues*. The digital online edition of the *Reimbursement and Patient Assistance Guide* launched simultaneously on ACCC's website. This guide is designed to help make it easier for community cancer programs to access information about reimbursement and patient assistance programs available to help patients who may be struggling or unable to afford cancer care. Our hope is that this guide will be a user-friendly resource that cancer center staff will refer to again and again.

ACCC continues to provide national conferences twice a year and six regional conferences annually. In addition to these consistently exceptional meetings, ACCC completed a number of groundbreaking educational projects in 2010-2011, including "Use of Clinical Practice Guidelines in Community Cancer Centers," "Dispensing Pharmacy: An Option for Physician Practices," and "Patient Transitions Between Care Settings" (see pages 5-6).

It's been a busy, productive year. As I finish my term as ACCC President, I'd like to thank the Board of Trustees and all of our committee members—and everyone who has helped make this past year so successful.

Al B. Benson III

Al B. Benson III, MD, FACP
ACCC President

Exceptional Value: ACCC Educational Programs

Through ACCC's Center for Provider Education, members learn practical strategies for meeting the challenges of running a modern cancer center or group practice.

During 2010, the following programs were completed:

The 2010 Cancer Care Trends in Community Cancer Centers—Year II identified and compared trends in cancer services and organizational performance relative to similar cancer programs. Survey results were printed in a special gatefold in the July/August 2010 *Oncology Issues*. Highlights of the survey results are also available on ACCC's website.

The Prostate Cancer Best Practices Project—Part II documented innovations and results from the pilot sites identified during the Prostate Cancer Best Practices Project—Part I. Information was presented in the November/December 2010 *Oncology Issues*, and pilot sites presented their best practices and posters at ACCC's 2010 National Oncology Conference.

The Cancer Care Patient Navigation project was completed. Final outcomes on the pilot sites' progress were published in the September/October 2010 *Oncology Issues*.

The Patient Navigation Symposium project, a preconference held prior to ACCC's National Oncology Conference in September 2009, was recorded and offered to members as online CE credits. The tools that were collected for this project were updated, repackaged, printed in book format, and sent to all Delegate Representatives at ACCC member cancer centers.

The Use of Clinical Practice Guidelines in Community Cancer Centers project was designed to help clinicians better understand the use of clinical practice guidelines (CPGs) in the community oncology setting, as well as to identify perceptions across disciplines (physician, nurse, and pharmacist) about CPG adherence. Results were presented at ACCC's 2010 National Oncology Conference. An article reporting survey results and analysis was published in the January/February 2011 *Oncology Issues* and is available on ACCC's website.

Dispensing Pharmacy: An Option for Physician Practices examined what constitutes a dispensing pharmacy, metrics, how dispensing pharmacies may improve patient care, and alternatives to opening a dispensing pharmacy. The final webinar was held on January 13, 2011, with 66 participants.

The Transitions Between Care Settings project examined how cancer patients are transitioned between the hospital and the physician practice setting. A webinar was held in October 2010 with 101 participants from 96 sites. This landmark study, including final results and analysis along with tools, was published in the March/April 2011 *Oncology Issues*. This program garnered significant press exposure for ACCC.

Educational Programs

“ACCC will continue to educate members about the spiraling demands for data acquisition, and in particular, the potential impact of these demands on clinical research in the community setting.”

Bay Regional Medical Center, Bay City, Mich.



Capital Region Medical Center, Goldschmidt Cancer Center, Jefferson City, Mo.



Educational Programs



John B. Amos Cancer Center, Columbus, Ga.



A number of educational programs remain ongoing:

Treating Small-Population Cancers in the Community Setting: A Model for Chronic Myeloid Leukemia. ACCC launched a ground-breaking program to provide community-based cancer care providers the tools they need to improve the quality of care for patients with small-population cancers. This educational project was initiated with a focus on chronic myeloid leukemia (CML). Noted CML researcher and clinician Dr. Stuart Goldberg was interviewed in the January/February 2011 *Oncology Issues*. A knowledge self-test distributed to ACCC members revealed specific clinical and non-clinical gaps in knowledge. To address the gaps, a series of video alerts is being developed, facilitated by a physician with expertise in treating CML. Videos will be posted to the project's website upon completion. An effective-practices survey was developed and distributed to all members in early January 2011. Once complete, the data will be analyzed. The next phase of this program will involve the solicitation for and establishment of Community Resource Center sites.

ACCC and Medscape Oncology have established a collaborative relationship through the launch of an online educational initiative that offers a community provider perspective about emerging data and treatment strategies presented at scientific meetings, such as those of the American Society of Clinical Oncology (ASCO) and the American Society of Hematology (ASH).

The 2011 Cancer Care Trends in Community Cancer Centers—Year III seeks to identify and compare current trends in cancer services and organizational performances relative to similar cancer programs.

ACCC hosted “**Considerations for Aranesp® Use in Hospitals Oncology Perspective and REMS Program**,” a special online event. This live webinar provided information on the use of Aranesp in hospitals and featured an important discussion on the ESA APPRISE Oncology Program. It was presented by Lewis M. Iacovelli, BS, PharmD, Clinical Associate Professor of Pharmacy Practice and Experiential Training, Wingate University College of Pharmacy, Wingate, North Carolina. ♦

“ACCC has 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.”

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 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 from inpatient 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 (now called ACCC's Cancer Program Guidelines) 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

A Proud History

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. ♦



Looking Forward

ACCC Addresses Your Concerns

by Al B. Benson III, MD, FACP

In these uncertain economic and political times, oncology leadership is needed at both the local and national level. We face difficult long- and short-term issues that will require unity among stakeholders and concrete interventions on behalf of patients and providers alike. Developing strategies and solutions will require partnerships throughout the entire healthcare enterprise, engagement with our professional societies, and more interaction with our oncology state societies.

OHSU Knight Cancer Institute, Portland, Oreg.



Pressing concerns include:

The cost of cancer care. The most recent report projects medical expenditures for cancer to continue to increase 27 percent or more over the next decade, along with a 30 percent increase in the number of cancer survivors by 2020 to about 18 million. Ramifications of these increases may include adverse effects on innovation, access to care, and delivery of integral oncologic services.

The looming workforce shortages. Recent reports anticipate workforce shortages of radiation oncologists, medical oncologists, and nurses—among others. Unless these shortages are addressed, access to care and integration of essential oncology services will be increasingly limited.

The precarious position of the U.S. clinical trials enterprise. Particularly in the public sector, oncology clinical trials in the U.S. are under threat for a variety of reasons, including a reliance on philanthropy and voluntary efforts that may not be sustainable in the current economic environment; a restricted workforce; increasing regulatory demands; stagnant patient participation; and the movement of clinical trials away from U.S. shores.

The need for a shift in trial design. An added factor affecting the clinical trials crisis is the need to move from empiric trial design to a research design that will most enhance our understanding of tumor biology and patient selection. This will require investment in IT infrastructure, innovative imaging technologies, and acquisition of tissue to best inform appropriate

use of new drugs. Insurers, patients, government, academia, community practices, regulatory agencies, and the pharmaceutical industry must be brought together to ensure this research vision.

The fusion of evidence-based pathways/guidelines and the art/practice of medicine. Patients, the medical community, and insurers will all need to embrace this evidence-based medicine model, which should include clinical research as a routine component of oncologic care, if we hope to offer the highest quality care with judicious use of resources.

We also face an urgent “to do” list that will require the united efforts of the oncology community, including:

- ◆ Developing innovative practice models that include palliative care and survivorship resources
- ◆ Re-addressing the relationship between investigators, practitioners, and industry
- ◆ Investigating recent “unprecedented” shortages of oncology drugs to understand causes and develop proactive strategies to prevent future shortages
- ◆ Taking an active role in the comparative effectiveness discussion
- ◆ Staying well-informed on evolving healthcare legislation and healthcare reform discussions
- ◆ Monitoring the changing practice environment closely.

With more than 35 years of service to the oncology community, ACCC is uniquely positioned to assist in these efforts in the years to come. ◆

The Jean and Milton Cooper Cancer Center, Summa Akron City Hospital, Akron, Ohio

In October 2008 the Jean and Milton Cooper Cancer Center opened its 77,000-square foot, three-story facility featuring centralized comprehensive outpatient cancer services—diagnostics, treatment, support, and research—all under one roof. The planning process for the new cancer center was extensive, taking place over three years, from 2005 to 2008. Today, the Cooper Cancer Center's ground floor entrance welcomes visitors into a spacious lobby area. Here are a reception and information center, a Freshens® café, and the Susan Deveny Pavloff Cancer Resource Library. The lobby's centerpiece is an inspirational sculpture, Fantasy Garden, fabricated of aluminum, stainless steel, and brass, by renowned artist Don Drumm. Also on this level is the radiation oncology department, which offers state-of-the-art technology in a caring environment designed with patient comfort and privacy in mind.



Member Profiles

A Look at Six Cancer Programs Profiled in Oncology Issues



Randolph Cancer Center, Asheboro, North Carolina

In October 2008 Randolph Hospital and the community celebrated the opening of the new cancer center, and today all outpatient cancer services are available in one location and on one floor. Visitors walk through the cancer center's main entrance and into a beautifully decorated lobby, which features rotating art exhibits and a queen-sized handmade quilt depicting scenes from Randolph County. Patients can also access the Cancer Center from the new outpatient center, which offers free valet parking. To the right of the lobby area is the infusion center, the oncology pharmacy, and the cancer center's healing garden. The infusion center has eight infusion chairs, which can be positioned to suit the patient's choice of views, and three private bays.



John Theurer Cancer Center at Hackensack University Medical Center, Hackensack, New Jersey

The new John Theurer Cancer Center at Hackensack University Medical Center is a 155,000-square-foot, five-floor facility, which unites the cancer center's 14 specialized divisions, research program, and cancer support services—in an environment designed with the mission of providing “extraordinary care” at its core. Visitors walk into a grand, four-story atrium awash in natural light. Suspended above is a colorful “flock” of more than 200 Murano blown-glass birds spotlit in flight. The portal through which visitors enter the facility is a “Living Wall,” featuring more than 30 plant species grown hydroponically without soil and a stunning 24-foot waterfall. From a visitor's first steps, the tone is set—a calming, restorative sense of life, hope, and inspiration.

Member Profiles

The Michael and Dianne Bienes Comprehensive Cancer Center at Holy Cross Hospital, Fort Lauderdale, Florida

Holy Cross Hospital in Broward County, Florida, is a non-profit hospital, sponsored by the Sisters of Mercy and a member of Catholic Health East. The 571-bed hospital was listed in HealthGrades' America's 50 Best Hospitals (2007 and 2008). The Michael and Dianne Bienes Comprehensive Cancer Center at Holy Cross Hospital opened in 1999, bringing oncology services together in one convenient location. Multidisciplinary disease-site-specific care, an emphasis on research, and access to a wide range of clinical trials are characteristics most often associated with large academic cancer centers. Yet, these attributes describe the efforts underway at the Michael and Dianne Bienes Comprehensive Cancer Center, a community-based program serving South Florida.



The Cancer Institute at St. Joseph Medical Center, Towson, Maryland

St. Joseph Medical Center is a 300-bed acute care regional medical center serving Towson, Baltimore, and a surrounding five-county area. In 2007 the Cancer Institute opened in a new 33,400-square-foot, freestanding facility adjacent to the main hospital. While the new building centralized all outpatient cancer services in one facility, the Cancer Institute's vision of providing exceptionally patient-centered, multidisciplinary care was already well underway. Over the past several years, the Cancer Institute has expanded and refined its approach to disease-site specific multidisciplinary care. St. Joseph Medical Center is one of the 16 original pilot sites in the National Cancer Institute Community Cancer Centers Program (NCCCP) network.



Member Profiles



The Cancer Center at North Cypress Medical Center, Cypress, Texas

In 2007 the community of Cypress, Texas, a thriving suburb of greater Houston, welcomed the opening of the North Cypress Medical Center. The new facility is the realization of a vision for high-tech healthcare delivered in a high-touch environment. To serve this growing community, North Cypress Medical Center Founder, Chairman, and CEO, and University of Stanford-trained radiation oncologist, Robert Behar, MD, envisioned an environment of care designed with the patient's comfort in mind. The result is a medical facility that boasts unique design details—including an elegant lobby with the look of a five-star hotel, creating an ambience of comfort and luxury for patients and their families. Located on a 60-acre campus, the North Cypress Medical Center is comprised of a one million square-foot, 150-bed acute care hospital, flanked by two professional buildings.

Treasurer's Report

Treasurer's Report

George Kovach, MD

Treasurer

The statement of Financial Position shows an increase in net assets from \$2,673,385 to \$3,223,948 for fiscal year 2009-2010, and the Statement of Activities and Change in Net Assets shows total unrestricted net assets at year end of \$816,395, up from \$652,171 at the beginning of the year. The cash reserve account increased from \$345,305 to \$382,788. Audited financial statements for the fiscal year ended June 30, 2010, are provided below.

Amendments to the budget for the purpose of conducting special projects in conjunction with the Corporate Development Committee have been approved for fiscal year 2011. The Board approved budget amendments for up to \$4,900,000 of revenue with associated direct project costs of \$4,655,000. Funding commitments as of December 31, 2010, total \$3,990,000, with associated project costs estimated at \$3,790,500. ♦



University of Wisconsin Carbone Cancer Center, Madison, Wisc.



Association of Community Cancer Centers Statement of Financial Position as of June 30, 2010

ASSETS

Current Assets

Cash	\$ 3,843,575
Accounts Receivable	67,701
Sponsorship Receivable	276,250
Prepaid Expenses	47,630

Total Assets **\$4,235,156**

LIABILITIES AND NET ASSETS

Current Liabilities

Accounts Payable & Accrued Liabilities	\$ 406,260
Deferred Revenue	
Membership Dues	530,148
Other	74,800

Total Current Liabilities 1,011,208

Net Assets

Unrestricted	\$ 816,395
Temporarily Restricted	2,407,553

Total Net Assets \$3,223,948

Total Liabilities and Net Assets **\$4,235,156**

Association of Community Cancer Centers
Statement of Activities and Change in Net Assets
for the Year Ended June 30, 2010

Revenue	Unrestricted	Temporarily Restricted	Total
Membership Dues	\$ 824,988	\$ -	\$ 824,988
Conferences and Meetings	431,095	263,000	694,095
Journal	221,481	116,950	338,431
Interest	20,714	-	20,714
Other	151,903	454	152,357
Pharmaceutical Reimbursement Project	14,646	4,254,300	4,268,946
Net Assets Released from Donor	<u>4,248,365</u>	<u>(4,248,365)</u>	<u>-</u>
Total Revenue	<u>\$5,913,192</u>	<u>\$386,339</u>	<u>\$6,299,531</u>
Expenses			
General	\$ 637,395	\$ -	\$ 637,395
Conferences and Meetings	745,504	-	745,504
Journal	416,002	-	416,002
Membership	268,300	-	268,300
Other	20,443	-	20,443
Pharmaceutical Reimbursement Project	3,661,324	-	3,661,324
Total Expenses	<u>\$5,748,968</u>	<u>\$ -</u>	<u>\$5,748,968</u>
Change in Net Assets	\$ 164,224	\$ 386,339	\$ 550,563
Net Assets, Beginning of Year	\$ 652,171	\$ 2,021,214	\$ 2,673,385
Net Assets, End of Year	<u>\$816,395</u>	<u>\$2,407,553</u>	<u>\$3,223,948</u>

Committee Reports

Membership Committee

Becky L. DeKay, MBA, Chair

Total ACCC membership as of March 1, 2011, is 671 Cancer Program Members, 467 Individual Members, and 3,811 members through state societies for a total of 17,048 members.

Cancer Program Membership

A new membership brochure was created with the theme “Step Up Your Cancer Program.” This theme illustrates how ACCC gives cancer care teams the information and resources to excel, including new approaches and best practices in the delivery of state-of-the-art cancer



St. Vincent Hospitals and Health Care Center, St. Vincent Cancer Center, Indianapolis, Ind.



St. Joseph's Hospital of Atlanta, Atlanta, Ga.

treatment, strategies and tools for marketing and streamlining programs, fundraising ideas, and how to's for expanding a research program. Member testimonials in the brochure and in an accompanying letter help to illustrate the tangible benefits of ACCC membership.

Mailings were sent to hundreds of prospects, including former members, administrators at nonmember cancer programs, and individuals who attended ACCC meetings and visited ACCC exhibits. New strategies included the placement of two membership ads in *Oncology Times*, as well as the dissemination of a recruitment email to a rented list of 1,800 cancer program executives. Another new strategy includes making personal visits to nonmember programs in conjunction with regional meetings or when key staff members attend out-of-town meetings.

The retention goal for this year is 95 percent. A campaign to personally follow-up with all unpaid and cancelled members has resulted in this goal being surpassed. The addition of a number of member benefits including ACCC's *Part B-Drug Information Guide*; *Reimbursement and Patient Assistance Programs: A Guide for Community Cancer Centers*; MyNetwork, ACCC's new online community; and a number of education programs have helped facilitate recruitment and retention efforts.

Individual Membership

A new recruitment brochure was created with the theme “The Future is in Your Hands.” A direct mail package was distributed to 1,200 prospects. An email campaign was conducted in February, which promoted ACCC's

Reimbursement and Patient Assistance Programs: A Guide for Community Cancer Centers, and the change from open access to members-only.

Outreach to Delegate Representatives

Delegate Representatives play an integral role in helping ACCC provide members with high-quality, comprehensive educational and advocacy opportunities. Delegate Representatives are often relied upon to provide benchmarking data to ACCC via survey research, and as the point person for ongoing education projects. Communication with Delegate Representatives is key. This is done through the bi-monthly “Delegate REPartee” e-newsletter and an online community in MyNetwork. Delegate Representatives convene at the House of Delegates held at ACCC's Annual National Meeting. They receive a special packet annually, which details their role and includes a special token of ACCC's appreciation for their work.

Committee members: Becky L. DeKay, MBA, Chair; Thomas Asfeldt, RN, BAN, MBA; Gabriella Collins, RN, MS, OCN; Steven L. D'Amato, RPh, BCOP; Fuad M. Hammoudeh, FACHE; Chad Knight, MSHA; Mark Lopshire; Jeanne Tunnicliffe, MS; E. Strode Weaver, FACHE, MBA, MHSA; Thomas L. Whittaker, MD, FACP; Joseph F. Woelkers, MA; and Cecilia R. Zapata, MS. ♦

2010-2011 New Cancer Program Members*

Arizona Cancer Center, Tucson, Ariz.
Augusta Health, Fishersville, Va.
Baylor Medical Center, Baylor Irving Cancer Center,
 Irving, Tex.
Butler Health System, BHS Cancer Center, Butler, Pa.
Feather River Cancer Center, Paradise, Calif.
Florida Hospital Flagler Cancer Institute, Palm Coast, Fla.
**Forsyth Medical Center, Derrick L. Davis Forsyth Regional
 Cancer Center**, Winston-Salem, N.C.
Great River Hematology and Oncology,
 West Burlington, Iowa
JFK Comprehensive Cancer Center, Lake Worth, Fla.
Johnston Hematology Oncology Center of Johnston Health,
 Smithfield, N.C.
Kennewick General Hospital, Kennewick, Wash.
North Colorado Medical Center, Cancer Institute,
 Greeley, Colo.
North Memorial, Humphrey Cancer Center,
 Robbinsdale, Minn.
Orange Coast Memorial Cancer Institute,
 Fountain Valley, Calif.
**Oregon Health & Science University, Knight Cancer
 Institute**, Portland, Oreg.
Park Ridge Health, Hendersonville, N.C.
POH Regional Medical Center, Great Lakes Cancer Institute,
 Pontiac, Mich.
**Presbyterian Healthcare Services, Cancer Center at
 Presbyterian**, Albuquerque, N.M.
Queens Medical Associates, PC, Fresh Meadows, N.Y.
Renown Health, Institute for Cancer, Reno, Nev.
Sibley Memorial Hospital, Washington, D.C.
Southside Regional Medical Center, Petersburg, Va.
St. John's Hospital Cancer Institute, Springfield, Ill.
St. Tammany Parish Hospital, Covington, La.
Tennessee Oncology, Nashville, Tenn.
Texas Oncology, Allison Cancer Center, Midland, Tex.
The Nebraska Medical Center, Omaha, Nebr.
Trident Medical Center, Charleston, S.C.
The University of Texas Health Science Center at Tyler,
 Tyler, Tex.
**Virginia Mason Medical Center, Floyd & Delores Jones
 Cancer Institute**, Seattle, Wash.
Winship Cancer Institute, Atlanta, Ga.

**as of March 1, 2011*

Committee Reports

**“Delegate
 Representatives play
 an integral role in
 helping ACCC provide
 members with high-
 quality, comprehensive
 educational and
 advocacy opportunities.”**

*Center for Cancer Care and Research,
 Lakeland, Fla.*



*Exempla Saint Joseph Comprehensive
 Cancer Center, Denver, Colo.*

Committee Reports

Program Committee

*Brenda K. Gordon, RN, MS, OCN,
Chair*

ACCC's Program Committee strives to reach ACCC's goal: to be the leading education organization for the cancer team. This past year has seen a number of high-quality meetings and programs with strong agendas that address the most current issues.

The **27th National Oncology Conference** was held in St. Louis, Mo., September 29 – October 2, 2010. More than 450 attendees gathered to hear thought-leaders in the oncology field. Among the highlights, Leslie Greene, MD, FACS, second vice-president-elect of the American College of Surgeons (ACoS), offered an update on the *ACoS Commission on Cancer (CoC) Cancer Program Standards 2011 Project*. Stuart L. Goldberg, MD, chief, division of leukemia, and associate clinical professor of medicine at John Theurer Cancer Center, examined small-population cancers, such as chronic myeloid leukemia (CML). In addition, the conference featured updates on several educational programs from ACCC's Center for Provider Education. The popular Oncology Pharmacy Education Network (OPEN) Meeting was held before the National Oncology Conference on Wednesday, September 29.

ACCC's **Regional Oncology Economic and Management Symposia** continue to be popular with our members and supporters alike. Three spring symposia were held, one each in Kansas City, Mo., Richmond, Va., and Seattle, Wash. Fall 2010 symposia were held in New Orleans, La., Atlanta, Ga., and Los Angeles, Calif.

ACCC's **6th Annual Hospital Summit** was held in Phoenix, Ariz., on January 14, 2011. The 2011 Hospital Summit agenda was designed to create an interactive workshop environment where attendees learned from the experiences of other attendees.

The **37th Annual National Meeting** is being held at the Washington Hilton in Washington, D.C., on March 24-26, 2011. Unlike annual meetings in the past, this meeting's sessions focus on the policy and economics of oncology. This shift in focus helps to create a distinction between the Annual National Meeting and the National Oncology Conference currently held in the fall, which focuses to a greater extent on the best practices of the membership.

Committee members: Brenda K. Gordon, RN, MS, OCN, Chair; Susan P. Baker; Frances Becker, LCSW, OSW-C; Nicole A. Bradshaw, MS, CIC; Steven L. D'Amato, RPh, BCOP; George Kovach, MD; Mark J. Mogul, MD; Robert D. Orzechowski, MBA; Diane M. Otte, RN, MS, OCN; W. Charles Penley, MD; John R. Russell, MD, MS; Virginia T. Vaitones, MSW, OSW-C; and Cecilia (Cec) Zapata, MS.

Expert Advisory Panel members: Marsha Fountain, RN, MSN; Teri U. Guidi, MBA, FAAMA; and Elaine L. Towle, CMPE. ♦



Governmental Affairs Committee

Brendan Fitzpatrick, MBA, Chair

The Association of Community Cancer Centers champions the importance of access to cancer specialists and appropriate cancer therapies and leads efforts to respond to regulations and legislation that threaten to compromise the delivery of quality cancer care. Under the guidance of ACCC's Governmental Affairs Committee, ACCC works with the Centers for Medicare & Medicaid Services (CMS), the U.S. Government Accountability Office, the Medicare Payment Advisory Commission (MedPAC), and other key policy makers in Washington, D.C., to ensure patient access to quality cancer care in community cancer programs and in physician offices.

ACCC serves as a policy advocate to its **hospital members** on federal legislative/regulatory issues before the United States Congress and federal government agencies. The Association also serves as an essential information resource on all Medicare reimbursement issues facing its hospital members. ACCC works with CMS staff to help correct the underpayment for therapies under the Hospital Outpatient Prospective Payment System (HOPPS).

ACCC continues to monitor, respond, and communicate to our **physician practice members** any changes in Medicare reimbursement to Part B-covered drugs and biologicals, drug administration, and coding.

Medicare coverage policies and off-label issues continue to be a

primary area of focus for ACCC. The Association has emerged as a leader in this area, and is committed to ensuring that our members' views are considered as policies are developed. ACCC works to ensure patient access to new oncology drugs. ACCC spearheaded efforts to make citation of a cancer drug in any of the standard reference compendia sufficient to require insurers to pay for its use outside of FDA-labeled use. To date, 39 states have passed ACCC's off-label legislation and similar language is in Medicare and Medicaid statutes.

2010-2011

Hospital Issues

CMS decided to increase the payment rate for drugs and related overhead services to ASP+5 percent in its final HOPPS Rule, released Nov. 2, 2010. That is up one percent from ASP+4 percent in 2010. While the final figure is slightly lower than the proposed rate (ASP+6 percent), the fact that CMS raised the rate at all is a major victory for ACCC. The Association had advocated for fair drug reimbursement rates and submitted comments to CMS on a number of issues, including the packaging of certain imaging services, packaging threshold, physician supervision, and brachytherapy, as well as drug reimbursement.

ACCC also commented on the proposed increase to the exempt cancer centers in the proposed rule. After receiving numerous comments on the subject, CMS decided not to change the payment rates at the exempt cancer hospitals. However, we expect CMS to revisit this issue in 2012.

Committee Reports



DCH Cancer Center, DCH Regional Medical Center, Tuscaloosa, Ala.



Genesis Health System, Genesis Cancer Care Institute, Davenport, Iowa

“The Association of Community Cancer Centers leads efforts to respond to regulations and legislation that threaten to compromise the delivery of quality cancer care.”

Committee Reports

Presbyterian Cancer Center, Charlotte, N.C.



ACCC's message to CMS in the early part of 2011 will continue to be cautious optimism. First, we will relate to CMS our satisfaction that the ASP payment rate was increased in 2011. Second, we will continue to address the major flaws that still remain in the methodology. ACCC remains concerned that CMS's formula will never be able to accurately capture drug and pharmacy cost data with their current system. Unfortunately, CMS did not finalize ACCC's proposal to change the payment formula so as to utilize more appropriate data.

ACCC attended the APC Panel meeting in February 2011 where we voiced our continued concerns to Panel members and CMS staff.

ACCC has submitted a nomination for the MedCAC committee and the APC Panel, and plans to submit names for other openings as they become available.

Physician Issues

The Sustainable Growth Rate (SGR) remains a major issue for physicians. After a series of short-term fixes throughout 2010, Congress passed a 13-month fix through December 31, 2011, that provided a zero percent update in 2011. Physicians will now face a roughly 28-30 percent reduction on January 1, 2012, if Congress does not act during the 112th Congress.

CMS released the Physician Fee Schedule final rule on November 2, 2010. ACCC had commented on a number of issues, including: the rebasing of the Medicare Economic Index (MEI), the SGR formula, and drug overfill, among others.

In the final 2011 rule, due to the rebasing of the MEI, most of the cuts that medical and radiation oncology would have faced will no longer happen. The rebasing, which essentially recalculates practice expense (PE) and malpractice rates, will increase the practice expense. This change will have a major effect on specialties with high PE, such as medical and radiation oncology. The 2 percent reduction for both medical and radiation oncology has been replaced with a 1 percent reduction and a 2 percent increase for medical and radiation oncology respectively. ACCC supported this update in its comments.

ACCC also commented on the issue of drug overfill. CMS had proposed to update its regulations "to clearly state that Medicare ASP payment limits are based on the amount of product in the vial or container as reflected on the FDA-approved label." CMS also proposed to update its regulations "to clearly state that payment for amounts of free product, or product in excess of the amount reflected on the FDA-approved label, will not be made under Medicare."

In the final rule, CMS finalized part of its proposal and decided not to alter how it determines ASP, figuring that doing so would be too administratively burdensome. However, CMS did finalize the rule that providers may not bill for overfill used for any other than its intended purposes. CMS stresses that overfill can be utilized, but only for the use of ensuring the patients have the proper dose. ACCC commented against this proposal, but CMS dismissed ACCC's concerns in the final rule. ACCC believes that CMS's final ruling is based on several misunderstandings



Northern Michigan Regional Hospital, Petoskey, Mich.

"In its comments on the proposed ACO rules, ACCC addressed numerous concerns relating to start up costs, legal issues, patient access, and shifting sites of service."

about overfill and its role in providing drug therapies to Medicare beneficiaries in the most efficient manner.

ACCC was active in the final months of 2010 submitting comments to CMS and other carriers on National Coverage Decisions (NCDs) and Local Coverage Decisions (LCDs). ACCC submitted formal comments to the November MedCAC meeting, and also submitted comments to CMS and Pinnacle (Medical Administrative Contractor) on policies related to reimbursement of new and innovative therapies.

Legislation and Healthcare Reform

ACCC is working to keep the membership informed as new aspects of the healthcare reform bill are announced. Thus far, some of the insurance reform changes have taken effect, but we are still awaiting more information on the Patient Centered Outcomes Research Institute, Accountable Care Organizations, the CMS Innovation Center, and others.

In December 2010, ACCC commented on the proposed rules for the Accountable Care Organization program (ACO). In its comments, ACCC addressed numerous concerns relating to start-up costs, legal issues, patient access, and shifting sites of service. The final ACO rules are expected in 2011.

ACCC plans to work closely with other members of the oncology community in 2011 on issues ranging from chemotherapy teaching for physicians and nurses, to the prompt pay discount, to the implementation of other Accountable Care Act (ACA) initiatives.

In 2011 ACCC will be closely following many of the trends that began in 2010 and what these will mean for community oncology. For example, 2010 marked a major increase in private payer use of benchmarks, pathways, and new reimbursement methods, such as bundling and episodic care. ACCC will be monitoring this trend in 2011 and assessing the implications for the oncology community.

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; Steve Fahey; 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; Cheryl Gelder-Koger, MHSA; Thomas A. Marsland, MD; Jeanne A. Musgrove, MBA; Randall A. Oyer, MD; and Jim Whiting, MHSA.

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

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;

Committee Reports



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

Committee Reports

Awards Committee

Luana R. Lamkin, RN, MPH, 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 David S. Alberts, MD, to receive ACCC's 2010 Outstanding Achievement in Clinical Research Award. Dr. Alberts is director of the Arizona Cancer Center and professor at the University of Arizona School of Medicine. Dr. Alberts was honored for his work in translational cancer prevention in the fields of breast, ovarian, and skin cancer; his work in chemo-sensitivity testing for personalized cancer therapies; and his lab research with bio-markers for cancer prevention clinical trials.

John E. Niederhuber, MD, will be honored with ACCC's 2011 Annual Achievement Award for his long-standing advocacy, dedication, and commitment to the study and treatment of cancer. The award will be presented at ACCC's 37th Annual National Meeting on Friday, March 25, 2011, at the Washington Hilton in Washington, D.C. Dr. Niederhuber recently joined Inova Health System in Fairfax, Va., as executive vice president and CEO of the Inova Institute for Translational Research and Personalized Medicine. Prior to his position with Inova Health Systems, Dr. Niederhuber served as director of the National Cancer Institute (NCI), one of the National Institutes of Health from 2006 until July, 2010. During his tenure as NCI director, Dr. Niederhuber shaped

the nation's investment in cancer to address areas that are likely to pay the largest health dividends.

Thomas M. Beck, MD, of St. Luke's Mountain States Tumor Institute in Boise, Idaho, will be honored with ACCC's 2011 David King Community Clinical Scientist Award for his outstanding service, leadership, and commitment to the oncology community.

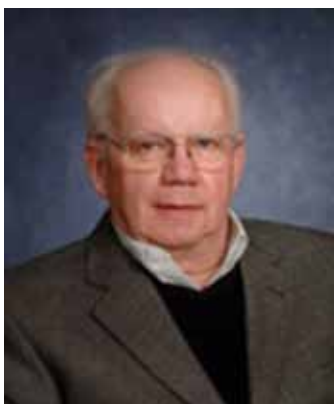
Committee members: Luana R. Lamkin, RN, MPH, Chair; Ernest R. Anderson, Jr., MS, RPh; Al B. Benson III, MD, FACP; James C. Chingos, MD, CPE; Albert B. Einstein, Jr., MD, FACPE; Richard B. Reiling, MD, FACS; E. Strode Weaver, FACHE, MBA, MHSA; and Alan S. Weinstein, MD, FACP. ♦



David S. Alberts, MD



John E. Niederhuber, MD



Thomas M. Beck, MD

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. In 2010, the Committee reviewed the Policy and Procedures Manual and proposed to the Board of Trustees new policies relating to new IRS regulations regarding disclosure and political activities. The Board of Trustees voted to include these policies during their Winter Board Meeting in January 2011. These policies took effect immediately.

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

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 on Cancer as a model for its own Standards. Suggestions and comments about ACCC's *Cancer Program Guidelines* are welcome.

In March 2010 ACCC proposed a unique needs assessment to address the use of clinical practice guidelines (CPGs) in the community oncology setting. ACCC's Guidelines Committee guided this educational project in collaboration with Avalere Health, a leading healthcare consulting company. We identified 50 programs that use CPGs and developed a survey that a medical oncologist, oncology nurse, and oncology pharmacist at each program were asked to take. Survey results were tabulated and analyzed, with the intent to find solutions to inconsistencies in CPG usage and understand differences within institutions and across disciplines. The full report is available on ACCC's website and documents a perception of high guideline use among oncologists and likely non-physician practitioners as well.

With its multidisciplinary membership, ACCC is uniquely positioned to gain insight into the use of CPGs across disciplines in the community setting. Through its "Use of Clinical Practice Guidelines in

Community Cancer Centers" study, ACCC has taken a critical step toward understanding community oncology practices' use of and adherence to CPGs.

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. ♦

Strategic Planning Committee

Thomas L. Whittaker, MD, FACP, Chair

The Strategic Planning Committee is charged with developing and tracking ACCC's Strategic Plan. 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. The Committee continues to track the goals set forth in the Strategic Plan as they progress over the next three years.

Committee members: Thomas L. Whittaker, MD, FACP; Al B. Benson III, MD, FACP; Steven L. D'Amato, RPh, BCOP; Becky L. DeKay, MBA; Luana R. Lamkin, RN, MPH; George Kovach, MD; Diane M. Otte, RN, MS, OCN; and Virginia T. Vaitones, MSW, OSW-C. ♦

Committee Reports



NCCCP screening event, Our Lady of the Lake and Mary Bird Perkins Cancer Center

Sanford USD Medical Center, Sanford Cancer Center, Sioux Falls, SD



Committee Reports

“In 2010, *Oncology Issues* explored such topics as personalized medicine; the role of genetics in the treatment of cancer; translational research; and the outlook for diagnostic imaging in oncology.”



Palo Alto Medical Foundation, Palo Alto, Calif.



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, *Oncology Issues* explored such topics as personalized medicine; anthracycline extravasation: reducing risk and improving quality in the community setting; the role of genetics in the treatment of cancer; translational research; and the outlook for diagnostic imaging in oncology.

The Clinical Affairs Committee also guided development of a series of articles within *Oncology Issues* based on White Papers from the National Cancer Institute Community Cancer Centers Program (NCCCCP). *Oncology Issues* was approached by NCCCCP to publish the White Papers that resulted from the multi-year pilot project. Among the tools community cancer centers can adapt and use from the NCCCCP are a template for Medical Staff Conditions of Participation, an MDC matrix, and a clinical trials screening and accrual log. Additional research findings and tools will be published in future issues of ACCC’s journal.

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. Present, MD, FACP; and John R. (Ron) Russell, MD, MS. ♦

Corporate Development Committee

Edward L. Braud, MD, Chair

The Corporate Development Committee oversees ACCC’s Industry Advisory Council, Emerging Companies Council, 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 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; George Kovach, MD; and Richard B. Reiling, MD, FACS. ♦

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 2010-2011, ACCC published six *Oncology Issues*, including an entire issue examining the oncology workforce shortage and another with in-depth reports from the National Cancer Institute Community Cancer Centers Program. A special pull-out section of ACCC's 2010 *Cancer Care Trends* survey appeared in the July/August 2010 issue.

Highlights in 2010-2011 include:

- ◆ Launch of the digital edition of *Oncology Issues*, featuring such functionalities as hotlinks within articles and advertisements, ability to email articles to colleagues, post notes, and bookmark, as well as improved archiving of articles.
- ◆ A special edition of *Oncology Issues* focused on the looming oncology workforce shortage (theme issue of ACCC immediate past president Luana Lamkin, RN, MPH).
- ◆ Development and launch of a new online community, ACCC's MyNetwork. This replaces the former ACCCExchange listserve, which now resides within MyNetwork, as one of several discussion boards available to ACCC members. MyNetwork

includes resource libraries; easy search tools for finding conversations and documents; special interest communities for in-depth discussions on important topics; and more.

- ◆ ACCC's *Reimbursement and Patient Assistance Programs: A Guide for Community Cancer Centers*. The *Guide* includes practical information on pharmaceutical and non-pharmaceutical patient assistance programs in an easy-to-use format. This new resource is available in both a print edition, which mailed with the January/February 2011 *Oncology Issues*, and a digital edition, available on the ACCC website. The digital edition includes valuable functionalities, such as hotlinks directly to patient assistance programs' websites and enrollment forms.
- ◆ Publications staff continues to develop ACCC's social media through the Association's blog (acccbuzz.wordpress.com), Facebook page (www.facebook.com/accccancer), Twitter feed (@ACCCBuzz), and YouTube channel (ACCCvision). Through social media ACCC promotes Association activities, *Oncology Issues* content, and ACCC-member programs, for example, announcements of new facility construction or special events.
- ◆ ACCC's blog, "ACCCBuzz," continues to feature weekly posts. Staff has worked to encourage new bloggers to post, including ACCC Board members.

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

Committee Reports

ACCC Delegate Representative. The Board has extended the project until the end of December 2011.

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, MBA, FACHE; 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 members: Teri U. Guidi, MBA, FAAMA; Chad Schaeffer, FACHE; and Matthew R. Sturm, MBA. ◆

Schneck Medical Center, Cancer Center, Seymour, Ind.



Cookeville Regional Medical Center Cancer Center, Cookeville, Tenn.

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