



**Association of Community Cancer Centers  
2013-2014 Annual Report**

# Celebrating the Multidisciplinary Cancer Care Team



Photos courtesy of:  
 Opposite and cover  
 Top row: University of Alabama at Birmingham Comprehensive Cancer Center; Cabell Huntington Hospital, Edwards Comprehensive Cancer Center  
 Middle row: Florida Hospital Memorial Medical Center Comprehensive Cancer Center; Seattle Cancer Care Alliance; St. Vincent Regional Medical Center, St. Vincent Regional Cancer Center; MultiCare Health System (MHS), MultiCare Regional Cancer Center  
 Bottom row: Indiana University Health Goshen Center for Cancer Care; South Jersey Healthcare, Frank and Edith Scarpa Regional Cancer Pavilion; Mercy Health Saint Mary's, The Lacks Cancer Center; Virginia G. Piper Cancer Center at Scottsdale Healthcare

Pages 6-7  
 ACCC's Journal of Cancer Program Management, August 1986; Banner Good Samaritan Medical Center; The Don & Sybil Harrington Cancer Center; South Jersey Healthcare, Frank and Edith Scarpa Regional Cancer Pavilion; Christiana Care Health System, Helen F. Graham Cancer Center

Pages 16-17  
 Florida Hospital Memorial Medical Center Comprehensive Cancer Center; Rex Cancer Center, Rex Hospital; MultiCare Health System (MHS), MultiCare Regional Cancer Center

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# A Message from ACCC's President



It has been a particular privilege and honor to serve as ACCC's President (2013-2014) during this exciting time as we celebrate our 40th anniversary.

My presidential theme has been, "It takes a multidisciplinary team to help our patients navigate the complex world of cancer care." A look at ACCC's history reveals that our very first annual meeting addressed collaboration by members of the multidisciplinary team. This focus continues to make ACCC unique.

Over the last 12 months, we have seen many examples of how multidisciplinary team members—working together—help patients access the care they need and succeed in bringing the latest advances in diagnosis and treatment to the communities they serve. This annual report highlights many of these examples.

I'm proud of the role ACCC plays in facilitating multidisciplinary solutions. The Association's successes over the past year as "the leading education and advocacy organization for the cancer team" were made possible through the involvement of ACCC's multidisciplinary membership. Whether participating in grassroots advocacy efforts, contributing on ACCCExchange, or sharing resources as part of an educational project, the ACCC membership achieves powerful results when we work together.

In my first President's Message in the May/June 2013 *Oncology Issues*, I wrote, "My goal for this year is to promote the multidisciplinary team and many of its 'unsung' heroes. Cancer care teams that truly value and utilize *all* of their members deliver safe, effective, quality patient care." I'd like to think that with the combined support of the ACCC membership and ACCC staff, this goal has been met.

Virginia T. Vaitones, MSW, OSW-C  
President, ACCC

# 40 Years and Growing!

## ACCC is...

680 Cancer Program Members

376 Individual Members

6 System Members (as part of pilot project)

4,081 Members through State Societies

19,290 Total Members

## New Cancer Program Members in 2013-2014

as of March 10, 2014

- Adventist Hinsdale Hospital, Adventist Cancer Institute, Hinsdale, IL
- AnMed Health Cancer Center, Anderson, SC
- Associates in Oncology and Hematology, P.C., Rockville, MD
- Baptist Healthcare Systems, Baptist Cancer Center, Memphis, TN
- Baylor College of Medicine, Dan L. Duncan Cancer Center, Houston, TX
- California Cancer Associates for Research & Excellence, Inc., San Diego, CA
- Cancer Center of Santa Barbara with Sansum Clinic, Santa Barbara, CA
- Centura Health Cancer Network, Englewood, CO
- Community Medical Center, Community Cancer Care, Missoula, MT
- Covenant HealthCare, Covenant Cancer Care, Saginaw, MI
- DuPage Medical Group Integrated Oncology Program, Lisle, IL
- Einstein Medical Center Montgomery, East Norriton, PA
- Inova Comprehensive Cancer and Research Institute - Fair Oaks, Falls Church, VA
- Jewish Cancer Care, part of Jewish Hospital and Saint Mary's Healthcare, Louisville, KY
- Kalispell Regional Healthcare, Kalispell Regional Cancer Program, Kalispell, MT
- KentuckyOne Health, Louisville, KY
- Loyola University Health System, Cardinal Bernardin Cancer Center, Maywood, IL
- Marin General Hospital, Marin Cancer Institute, Greenbrae, CA
- Massachusetts General Hospital Cancer Center, Boston, MA
- Mayo Clinic Health System, Andreas Cancer Center, Mankato, MN
- Memorial & St. Elizabeth's Healthcare Services, LLP, Swansea, IL
- Mills-Peninsula Health Services, Dorothy E. Schneider Cancer Center, San Mateo, CA
- Mount Sinai Medical Center, The Derald H. Ruttenberg Treatment Center, New York, NY
- Parker Adventist Hospital, The Cancer Center at Parker Adventist Hospital, Parker, CO
- Southeast Georgia Health System, Cancer Care Centers, Brunswick, GA
- St. David's Healthcare System, Austin, TX
- St. David's Medical Center, St. David's CancerCare, Austin, TX
- St. David's North Austin Medical Center, St. David's CancerCare, Austin, TX
- St. David's Round Rock Medical Center, St. David's CancerCare, Round Rock, TX
- St. David's South Austin Medical Center, St. David's Cancer Care, Austin, TX
- St. Joseph Hospital Cancer Care Program, Eureka, CA
- St. Joseph Mercy Oakland Hospital, SJMO Cancer Center, Pontiac, MI
- St. Vincent Frontier Cancer Center, Billings, MT
- The Lahey Center for Oncology and Hematology at Parkland Medical Center, Derry, NH
- University of Cincinnati Medical Center, Barrett Cancer Center, Cincinnati, OH

# Looking Back on 40 Years



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 oncology care 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 Cancer Centers Program to increase research opportunities for community cancer programs. 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.

## In the 1980s...

By the 1980s, the membership of ACCC began to reflect the multidisciplinary nature of oncology care. During the decade, ACCC's membership grew to include medical oncologists and radiation oncologists, oncology nurses, hospital and practice administrators, medical directors, radiation therapists, oncology pharmacists, social workers, and cancer registrars employed in a variety of settings, including hospitals, physician practices, hospice and home care, and freestanding cancer centers.

ACCC developed into the only national organization promoting the collective concerns of the oncology team. Beginning with its first annual meeting, ACCC has facilitated multidisciplinary oncology collaboration in a variety of forums dedicated to diverse aspects of cancer program management.

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



## In the 1990s...

Throughout the 1990s, ACCC worked tirelessly to overcome reimbursement challenges 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. Yet these advances occurred against a backdrop of payer restrictions. ACCC worked to ensure that cancer patients received the care they needed in their communities and expanded its reach through educational programs, publications, and advocacy efforts to help the multidisciplinary team of oncology professionals.

## ...And Today

In 2014, ACCC celebrates 40 years of service with an ongoing commitment to advancing access to quality comprehensive cancer care for all. ACCC continues to build on its efforts as the leading education and advocacy organization for the multidisciplinary cancer care team.



*"I was a new oncology program administrator when I first got involved with ACCC back in 2004. I knew I needed help and mentors for me to grow in my role. I was fortunate enough to find the ACCC listserve. I would not be the experienced leader I am without being involved with ACCC and most importantly other members willing to share their knowledge. I am now able to pay that forward by sharing my thoughts and experiences with other people within ACCC."*

*Matt Sherer, MBA, MHA  
Oncology Service Line Administrator  
Tallahassee Memorial Cancer Center*

# Fostering Collaboration



*“ACCC has given me the opportunity to view oncology through a wider lens of the multiple disciplines that make up oncology care. Connecting with other cancer centers, sharing ideas and developing action plans with colleagues has been invaluable. I’m excited to continue taking a multidisciplinary approach with ACCC helping to guide us, as we continue to better oncology care as well as the quality of life of the patients we serve.”*

*Jennifer Bires, LICSW, OSW-C  
Program Coordinator, Patient Support  
Services & Community Outreach  
The George Washington University,  
GW Cancer Institute*



This year, under the leadership of President Virginia T. Vaitones, MSW, OSW-C, ACCC strengthened its distinctive position as the leading organization for the multidisciplinary cancer care team. Here are a few ways that we enhanced your work by harnessing the collective wisdom of our nearly 20,000 members.

## Connecting on the Exchange

ACCCEXchange continued to grow as a forum for discussion, enriched by participation from members who represent all disciplines involved in cancer care.

For example, this year ACCCEXchange has been ablaze with posts about low-dose CT screening for lung cancer. Members have raised many practical “how to” questions about best approaches in developing and implementing a screening program, and asked for ACCC’s help. ACCC responded by offering a member-driven webinar on this issue and by identifying members with success in this area willing to share their strategies.

Members representing the diverse range of practice settings and professional disciplines are always at the ready to respond with tools, advice, and solutions, making the discussion group one of the most valued member benefits.

## Coming Together at Meetings

Meetings are an ideal venue for members to gather to share ideas, offer solutions, and gain new perspectives. Hundreds of ACCC members representing all disciplines took advantage of unparalleled learning and networking opportunities in Boston, Mass.; Eugene, Ore.; St. Louis, Mo.; Savannah, Ga.; and Arlington, Va.

Topics addressed ranged from reimbursement to understanding new Commission on Cancer standards, implementation of clinical trials, payment methodologies, applying benchmarking data, models for delivering multidisciplinary care, and so much more. Attendee feedback demonstrated a high level of satisfaction with the quality of programming and the return on investment.

## Celebrating Multidisciplinary Care

The critical role that each member of the multidisciplinary cancer care team plays in the delivery of quality care was showcased in a 2014 calendar, which was mailed to each ACCC member. Each month spotlights ACCC members representing a different discipline—from surgical oncologists to genetic counselors to nurse navigators to dietitians. Team members shared their thoughts about the role they play in multidisciplinary cancer care, what they enjoy most about their profession, and what the future may hold for their specialty and the oncology community at large.

## ACCCEXchange 2013-2014 Statistics

Total number of subscribers: **14,375**

Total number of content contributions: **5,079**

Average number of posts per day: **7.7**

Some popular discussion topics included:

*What benchmarks are you using to evaluate infusion chair utilization?*

*What are you doing to comply with the CoC standard on patient navigation?*

*How does your program handle obtaining pre-certifications?*

*What tool are you using for distress screening?*

*Do you have a crash cart in your infusion suite?*

# Addressing Changes in Care Delivery



Keeping up with changes in how cancer care is delivered in the community is one of the greatest challenges facing the ACCC membership. Over the past year, ACCC has worked to support members during this transformative time in healthcare.

## Creating the Institute for the Future of Oncology

ACCC created the Institute for the Future of Oncology and hosted an inaugural forum held in Chicago in June 2013 to help identify and meet knowledge and information gaps related to key issues facing oncology today and in the future. The 2013 invitation-only forum brought together oncology leaders to examine two timely issues:

- the trend of oncologist and hospital consolidation and integration and its impact on communities and cancer providers
- the potential of electronic health information exchanges to improve patient care.

In the fall of 2013, ACCC released two white papers based on the forum discussions: “Opportunities and New Realities in Cancer Care: Oncologist/Hospital Integration in the ACA Era” and “Cancer Care in the Age of Electronic Health Information Exchange.”

## Assessing Trends in Community Cancer Centers

ACCC released the results of the “2013 Trends in Community Cancer Centers” survey, a joint project between ACCC and Eli Lilly that helps members to understand nationwide developments in the business aspects of cancer care and to benchmark performance.

The 2013 survey identified trends related to data collection and measuring quality, consolidation of practices and hospitals, strategies for containing costs, affordability of care for patients, and ACOs. ACCC is currently gathering data for the 2014 survey.

## Piloting System Membership

ACCC’s Membership Committee addressed the growing trend for cancer program members to affiliate with healthcare systems by creating a pilot program for system membership. The goal of the pilot was to determine interest in an ACCC membership category that recognizes systems as distinct entities and provides a dues discount for cancer programs affiliated with system members. ACCC’s House of Delegates will vote on bylaws changes to adopt this new membership category at the Annual National Meeting in Arlington, Va., in April 2014.

## Advocating at State and National Levels

ACCC helps members adapt to an ever-changing cancer policy landscape and encourages grassroots advocacy efforts at the national and local levels on issues affecting patient care.

In 2013-2014 ACCC united our efforts with like-minded organizations by participating in numerous coalitions: the Stop Cuts to ASP

Coalition, the Patient Equal Access Coalition, the State Patient Equal Access Coalition, Fair Access to Cancer Treatment, MAPRx, C-Change, ProtectMDx, and the Commission on Cancer Advocacy Committee.

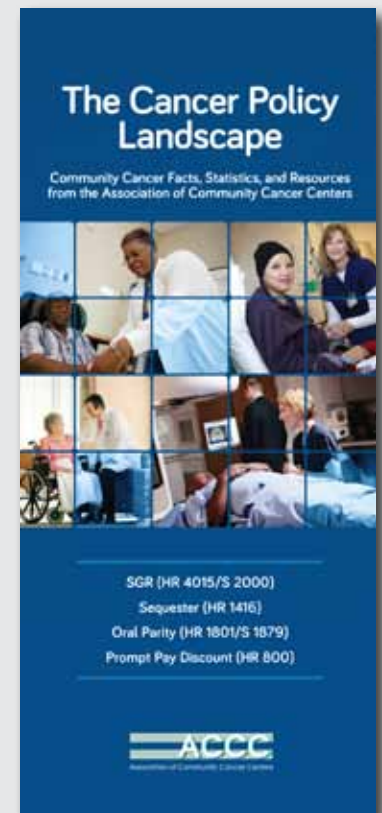
ACCC also focused on state implementation of the Affordable Care Act and continued to fight for the passage of oral parity and specialty tier legislation to reduce patient cost-sharing for life-saving therapies.

## ACCC’s Advocacy on Capitol Hill

- ACCC is continuing to work with Congress and related organizations to repeal and replace the flawed sustainable growth rate (SGR) formula with a policy that would create stable payments and to move to a system that rewards quality care.
- ACCC is advocating to revitalize interest in legislation that would eliminate cancer drugs from the 2% Medicare sequester.
- In Congress, oral parity legislation is gaining strength in the Senate, and ACCC continues to encourage bipartisan support for this legislation.

## ACCC’s Advocacy to CMS

- ACCC submitted comments to the Centers for Medicare & Medicaid Services (CMS) on the 2014 proposed Physician Fee Schedule (PFS). CMS agreed with ACCC comments and did not implement a proposed cap on payments for more than 200 procedures, which could have resulted in reductions for numerous medical and radiation oncology procedures.
- ACCC also commented on the 2014 proposed Hospital Outpatient Prospective Payment System (HOPPS) rule, which included a proposal to bundle numerous chemotherapy administration codes and some radiation oncology procedures. ACCC commented against this proposed bundling; the agency agreed and did not finalize these proposals for 2014.
- Throughout the year, ACCC responded to requests for information and submitted comments on CMS proposed rules in the following areas: changes to the Medicare Part D program; coverage of low-dose CT screening in lung cancer, phase two of the Pioneer ACO Demonstration Project, coverage and reimbursement rates for molecular testing, the Inpatient Prospective Payment System Rule, and the future of the 340B Drug Discount Program.



# Demonstrating the How



The healthcare landscape is continuing to evolve. Now more than ever, ACCC members are working to coordinate care, reduce costs, and demonstrate quality through innovative initiatives aimed at improving patient experience and outcomes. ACCC helps members go beyond understanding “what” must be done to uncovering “how” and putting knowledge into practice to deliver quality care.

## Growing Online Provider Resources

ACCC offers a range of resources to help cancer programs access practical, proven strategies. Webinars, publications, toolkits, and more are available to help members meet challenges and stay abreast of trends. ACCC recently revamped its website, [www.accc-cancer.org](http://www.accc-cancer.org), with a redesigned homepage and reorganized Provider Resources section for easier, more direct access to information. Under Provider Resources, content is categorized by cancer type, supportive care, practice improvement, pharmacy, and CME/CE opportunities.

New tools and resources can be found on the following topics:

- Cancer Care Trends Survey
- Financial Advocacy and Assistance
- Gastric/GE Junction Cancer
- Melanoma
- Molecular Testing
- Multiple Myeloma
- Myelofibrosis
- Oncology Pharmacy Education Network (OPEN)
- Pancreatic Cancer
- Prostate Cancer

## Sharing Replicable Programs

ACCC continues to honor members that have developed pioneering strategies for the effective delivery of cancer care. In 2013, ACCC presented 10 Cancer Program Members with Innovator Awards (see page 15 for the list of winners). These award-winning programs shared their replicable innovations at the 30th National Oncology Conference in Boston, Mass., online ([www.accc-cancer.org/innovator](http://www.accc-cancer.org/innovator)), and in *Oncology Issues*. ACCC’s website now houses

“I was so grateful when I found your Patient Assistance and Reimbursement Guide. In it, I found not only a wonderful flowchart to model my entire position after, but also an excellent reference guide to streamline my process of finding available assistance programs.”

Randi Brocious, RN, OCN  
Resource Advocate  
Aultman Health Foundation  
Cancer Center

more than 30 creative, impactful, and replicable solutions from ACCC Innovator Award winners.

ACCC’s Community Resource Centers volunteer to share their experience and expertise in treating patients with less common cancers with other ACCC members. ACCC currently has Community Resource Centers for chronic myeloid leukemia, acute promyelocytic leukemia, and multiple myeloma and, in 2014, will also offer Community Resource Centers for pancreatic cancer, gastric/GE junction cancer, and myelofibrosis.

## Providing Practical Tips

*Oncology Issues* remains the premiere publication delivering practical “how tos” to the oncology community. Each issue features articles focused on solutions and strategies to help members achieve programmatic success. Over the past year, ACCC’s journal offered articles on such cutting-edge topics as:

- A model for developing an integrated psychosocial oncology program
- How to develop and implement a robust financial assistance program



- A step-by-step guide to developing a virtual cancer program
- How cancer survivorship programs can improve communication between oncology and primary care.
- A quality improvement project to improve the financial performance of outpatient infusion services
- Practical tips to help cancer programs meet new Commission on Cancer standards.

## Facilitating Patient Advocacy

One of ACCC’s most valued tools is the *Patient Assistance and Reimbursement Guide*. The 2014 edition includes:

- Financial counselor and patient advocate position descriptions
- A tool to estimate patient responsibility of treatment costs
- A charge capture flow chart
- Checklists to help meet the financial needs of uninsured and underinsured patients.

Lehigh Valley Health Network in Allentown, Pa., also shares its staffing model and the processes behind its robust financial coordination services.

# Honoring Achievements



**ACCC's Clinical Research Award** is bestowed upon an individual or individuals whose research has significantly and positively impacted the oncology patient, family, and/or community.

Paul F. Engstrom, MD, was recognized as the 2013 Clinical Research Award recipient. As Acting Chairman of Medical Oncology and the Senior Vice President of Extramural Research Programs at Fox Chase Cancer Center in Philadelphia, Pa., Dr. Engstrom has devoted his professional and academic career to improving cancer prevention and early detection research and service. He is also recognized for establishing the first Cancer Prevention and Control Program at Fox Chase.



**ACCC's Annual Achievement Award** honors an outstanding individual for excellence in advocacy, dedication, and commitment to the care and treatment of patients with cancer.

Paula Kim is the 2014 Annual Achievement Award recipient. A Senior Research Fellow at the Center for Health and Risk Communication at George Mason University, and Founder, CEO, and Chairman of Translating Research Across Communities (TRAC), Ms. Kim is recognized for her commitment to advocacy, advancing research, and helping cancer patients as well as their families.



**ACCC's David King Community Clinical Scientist Award** recognizes an outstanding researcher for excellence in service to the oncology community.

John D. Powderly II, MD, CPI, is the 2014 David King Community Clinical Scientist Award recipient. The Founder and President of Carolina BioOncology Institute, PLLC, a practice focused on early phase clinical research and development, Dr. Powderly is recognized for his dedication to cancer research and education, and for promoting the goals of cancer prevention, early detection, and quality cancer treatment.



## 2013 Innovator Award Recipients

**Avera McKennan Hospital and University Health Center, Avera Cancer Institute**  
*Rural Chemotherapy*

**Baton Rouge General Medical Center, Pennington Cancer Center**  
*Disaster Charts Provide Informational Security Net for Patients*

**The George Washington University, GW Cancer Institute**  
*Catalyzing Patient-Centered Care to Exceed New Accreditation Standards*

**Gibbs Cancer Center & Research Institute**  
*Integration of Palliative Care into a Medical Oncology Practice*

**Methodist Healthcare System, Methodist Cancer Center**  
*Emergent Care for Oncology Patients via the VIP (Very Immunocompromised Patient) Program*

**St. Luke's Mountain States Tumor Institute**  
*Improving Oncology Genetic Counseling*

**Temple University Hospital, Temple Cancer Program**  
*Creating Transparency with an Electronic Dosimetry Whiteboard*

**Texas Health Harris Methodist Hospital Fort Worth, Klabzuba Cancer Center**  
*Community/Corporate Collaborations for Mobile Health Outreach*

**UT Southwestern Medical Center, Harold C. Simmons Comprehensive Cancer Center**  
*CancerGene Connect—Creating a Virtual Genetic Counseling Environment*

**Winship Cancer Institute, Emory University**  
*Implementation of a Community-Based Program for Cancer Survivors and Caregivers*





# Looking Ahead to the Future

## ACCC's Three-to-Five Year Goals

**Goal A:** Members will recognize the value of ACCC and utilize its resources for knowledge exchange, education, and networking.

**Goal B:** ACCC will expand its influence and advocacy for quality cancer care.

**Goal C:** ACCC will manage its resources to meet its financial objectives.

**Goal D:** ACCC will establish meaningful collaborations & partnerships.

**Goal E:** ACCC will examine its leadership and membership structure.



*"Happy Birthday ACCC! I have enjoyed the benefits of being a part of ACCC many times over, which can be summed up as the "power of network." Upon returning home from each ACCC event, both my family and clinic staff comment that I am "recharged" and once again excited about cancer care. So true! The multidisciplinary group of equals always refreshes my love of oncology and how we continually work to improve care."*

*Thomas Whittaker, MD  
Physician  
IU Health Central Indiana  
Cancer Centers*

As ACCC marks 40 years of service, we look ahead to the exciting changes and daunting challenges that the cancer care community faces today and tomorrow. Looking to the future, ACCC will continue to work diligently to identify and address the needs of the multidisciplinary cancer care team. Our strategic objectives guide us, as ACCC strives to be recognized as the leading education and advocacy organization for the multidisciplinary cancer team. Read on for what to expect in the months and years ahead.

## Expanding Pharmacy-Related Resources

The Oncology Pharmacy Education Network (OPEN) explores the latest trends in pharmacy practice, including clinical and management issues in both hospitals and private offices. In 2014, look for enhanced online resources, a pre-conference meeting at the 2014 ACCC National Oncology Conference, and a series of regional clinical programs.

ACCC's Oncology Drug Database is the newest resource for the multidisciplinary cancer care team. This online tool is a comprehensive, easy to use, and authoritative source of information on coding, billing, and reimbursement for oncology drugs.

A mobile application for the multidisciplinary team is being developed to assist providers in the assessment of potential oral regimen candidates and to educate patients who are beginning an oral regimen.

## Supporting Financial Advocacy

ACCC's groundbreaking financial advocacy program, which offers resources and tools for providers who help patients with financial challenges, will expand to include a "Train the Trainer" three-part online course for intermediate and advanced financial advocates, additional online resources, CE certification, and a series of live regional programs.

## Providing Programmatic Resources

In 2014 *Oncology Issues* will continue to feature articles from ACCC's Innovator Award winners, as well as practical "how to" content designed to help cancer programs and practices stay current, including information on ACCC's prostate cancer and gastric/GE junction cancer education projects, and more.

## Meeting Member Needs

ACCC meetings offer insights and resources on a wide range of topics to support ACCC members' team collaborative efforts.

The ACCC 31st National Oncology Conference will be held October 9-11, 2014, in San Diego, Calif. The conference will focus on replicable tools and best practices for topics including clinical trials, rural cancer care, and quality measures. ACCC will also honor member programs that have exhibited forward-thinking strategic planning and developed pioneering

programs and creative solutions with its 2014 Innovator Awards.

Six regional Oncology Reimbursement Meetings, designed to address critical issues including specifics of documentation, coding and billing, updates on reimbursement changes, and a review of legislation and regulations, will take place in 2014:

- Minneapolis, Minn.: April 16, 2014
- Columbus, Ohio: April 29, 2014
- Salt Lake City, Utah: May 13, 2014
- Philadelphia, Pa.: October 28, 2014
- Memphis, Tenn.: November 13, 2014
- Austin, Texas: December 2, 2014

# Treasurer's Report

Jennie R. Crews, MD, FACP, Treasurer

The statement of Financial Position shows a decrease in net assets from \$3,822,299 to \$3,201,165 for fiscal year 2012-2013. The decrease is largely due to the timing of commitments for future educational programming. The Statement of Activities and Change in Net Assets shows total unrestricted net assets at year end of \$809,766, down from \$897,366 at the beginning of the year. The decrease was caused by lower conference revenue. The cash reserve account increased from \$448,525 to \$480,371. Financial statements for the fiscal year ended June 30, 2013, are provided.

Amendments to the budget for the purpose of conducting special projects in conjunction with the Corporate Development Committee have been approved for fiscal year 2014. The Board approved budget amendments for up to \$5,520,000 of revenue with associated direct project costs of \$5,244,000. Funding commitments as of December 31, 2013, total \$4,340,000, with associated project costs estimated at \$4,123,000.

## Statement of Financial Position as of June 30, 2013

<b>ASSETS</b>	
<b>Current Assets</b>	
Cash	\$ 3,112,484
Accounts Receivable	125,546
Sponsorship Receivable	934,850
Prepaid Expenses	38,570
<b>Total Assets</b>	<b><u>\$4,211,450</u></b>
<b>LIABILITIES AND NET ASSETS</b>	
<b>Current Liabilities</b>	
Accounts Payable & Accrued Liabilities	\$ 493,450
Deferred Revenue	
Membership Dues	448,040
Other	68,795
Total Current Liabilities	1,010,285
<b>Net Assets</b>	
Unrestricted	\$ 809,766
Temporarily Restricted	2,391,399
Total Net Assets	\$3,201,165
<b>Total Liabilities and Net Assets</b>	<b><u>\$4,211,450</u></b>

## Statement of Activities and Change in Net Assets for the Year Ended June 30, 2013

<b>Revenue</b>	<b>Unrestricted</b>	<b>Temporarily Restricted</b>	<b>Total</b>
Membership Dues	\$ 879,105	\$ -	\$ 879,105
Conferences and Meetings	441,446	271,300	712,746
Journal	245,881	117,200	363,081
Interest	5,191	-	5,191
Other	61,282	49,000	110,282
Pharmaceutical Reimbursement Project	3,624	3,752,560	3,756,184
Net Assets Released from Donor Restrictions	<u>4,723,594</u>	<u>(4,723,594)</u>	-
<b>Total Revenue</b>	<b><u>\$6,360,123</u></b>	<b><u>(\$533,534)</u></b>	<b><u>\$5,826,589</u></b>
<b>Expenses</b>			
General	\$ 752,233	\$ -	\$ 752,233
Conferences and Meetings	945,035	-	945,035
Journal	440,518	-	440,518
Membership	244,656	-	244,656
Other	35,165	-	35,165
Pharmaceutical Reimbursement Project	4,030,116	-	4,030,116
Total Expenses	<b><u>\$6,447,723</u></b>	\$ -	<b><u>\$6,447,723</u></b>
<b>Change in Net Assets</b>	<b>\$ (87,600)</b>	<b>\$ 533,534</b>	<b>\$ (621,134)</b>
<b>Net Assets, Beginning of Year</b>	<b>\$ 897,366</b>	<b>\$ 2,924,933</b>	<b>\$ 3,822,299</b>
<b>Net Assets, End of Year</b>	<b><u>\$809,766</u></b>	<b><u>\$2,391,399</u></b>	<b><u>\$3,201,165</u></b>

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