ACCC 51st Annual Meeting & Cancer Center Business Summit

March 5 – March 7, 2025 Capital Hilton, Washington DC

Wednesday, March 5, 2025		
Time	Session	Location
7:00 AM – 8:00 AM	Breakfast for Capitol Hill Attendees	Federal Ballroom (Floor 2)
8:00 AM – 4:00 PM	ACCC Capitol Hill Day	
	ACCC Capitol Hill Day gives ACCC members the opportunity to meet with members of Congress and their staff to inform them of	
	priority issues affecting access to—and delivery of—cancer care. Members will advocate for legislative and policy changes on issues	
	important to the cancer care community and the patients they serve.	
	To register for this session, click the "Add" button in the registration process.	
	This event is open only to providers and administrators at health care institutions. Corporate members and industry should not register for Capitol Hill Day.	
12:00 PM - 7:00 PM	Registration Open	
4:00 PM – 5:00 PM	The Future of Cancer Care Delivery: 2025 and Beyond	Presidential Ballroom (Floor 2)
	NE-DW-LL	
	Nick Webb	
	Health Care Futurist Author, Chaotic Change: Embracing Chaos to Drive Innovation and Growth	
	Author, Graduc Grange. Emblacing Grads to Drive Inflovation and Glowth	
	This keynote will focus on 3 transformative trends that cancer programs must address to drive growth and enhance both clinical outcomes and patient experiences: Hyper Consumerization, Integration of Advanced Technologies, and Human Experience Innovation. Gain actionable insights into the growing impact of consumerism on revenue generation and how it enhances experiential value for patients, families, providers, staff, referring physicians, payers, and all participants within the oncology ecosystem. Then also delve into emerging technologies and their transformative role in automating routine tasks, allowing providers and staff to focus on delivering exceptional patient experiences while improving their own quality of work life. Finally, drawing from his acclaimed book Happy Work, Nicholas will share practical strategies for addressing provider and staff burnout by fostering a "culture of happiness" that drives well-being, and engagement that benefits providers, staff and the patients they serve.	

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	ACCC Awards Ceremony and Presentations	Presidential Ballroom (Floor 2)
	ACCC Annual Achievement Award	
	Christian G. Downs, JD, MHA	
	2003-2024 Executive Director	
	Association of Cancer Care Centers	
5:00 PM – 6:00 PM	ACCC Clinical Research Award	
	Mandi Pratt-Chapman, PhD	
	Associate Center Director, Patient-Centered Initiatives and Health Equity	
	GW Cancer Center	
	ACCC David King Community Clinical Scientist Award	
	J.Thaddeus Beck, MD, FACP	
	Highlands Oncology	
6:00 PM – 7:30 PM	Welcome Reception with Exhibitors	
	<u>Poster Presentations</u>	
6:00 PM – 7:30 PM	Click hard to view who will be precenting poster precentations	
	Click here to view who will be presenting poster presentations. Thursday, March 6, 2025	
7:00 AM – 4:00 PM	Registration Open	
7:30 AM - 8:30 AM	Networking Breakfast with Exhibitors	
8:00 AM – 8:30 AM	Breakfast Tech Sessions	
		Statler Ballroom and Pan American Ballroom (Floor 2)
8:30 AM – 10:00 AM	A Q&A with ASCO President Robin Zon and ACCC President Nadine Barrett	Statler Ballroom and Pan American Ballroom (Floor 2) Presidential Ballroom (Floor 2)
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Oncology Services, St. Elizabeth Healthcare Editor-in-Chief, Al in Precision Oncology

ROI On an Al Solution in Early Lung Cancer Detection

Amie J. Miller, MSN, APRN, AOCNP, ACHPN, CTTS
APRN Lung Cancer Screening and Incidental Pulmonary Nodule Program Coordinator
Brian D. Jellison Cancer Institute
Sarasota Memorial Health Care System

In 2019, Sarasota Memorial Healthcare System invested in Al-driven software to improve its lung cancer screening program and launch an incidental pulmonary lung nodule program to drive stage shift and grow the oncology service line. After adoption of this Al solution, annual screening volume surged by 99%, increasing from 676 patients in 2019 to 1342 patients in 2023. In addition to exceeding national benchmarks, with 70% of lung cancer screening and 44% of incidental pulmonary nodule cancer cases diagnosed in Stages I and II, the health care system achieved a successful return rate of over 85% for high-risk lung cancer patients, averaging 91% from 2019 through Q2 2024, compared to the national average of 22.3%. More, the Al solution helped generate \$8,321,128 in downstream charges and \$803,106 in contribution margin from 1,702 cases and \$5,559,125 in charges and \$349,121 in contribution margin from 275 cases, from the lung cancer screening and incidental pulmonary nodule programs, respectively.

BI Technology to Help Manage Workflow and Treatment Schedules in Radiation Oncology

Liz Hyde, MBA, RTT, ODS
Director of Radiation, Imaging, and Special Support Services
Oklahoma Cancer Specialists and Research Institute

An early adopter of technology, Oklahoma Cancer Specialists and Research Institute implemented oncology-specific analytics software 7 years ago to address staffing shortages, support staff workflows, and reduce the burden of labor-intensive manual data tracking. Leveraging this automated platform, the practice tracks daily and monthly treatment volumes averaging approximately 30,000 treatments annually, staff workloads for physics, dosimetry, and simulation, and reasons for treatment interruptions, such as machine downtime or patient no-shows leading to a heightened focus of patient no-shows and a decrease of the no-show from 636 no-shows (2%) to 339 no-shows (1%). This Al-assisted technology also facilitates the development of customized reports, like hypofractionation tracking by disease site for breast, lung, and prostate. 1817 cases analyzed over a 5-year period with trending details, leading to actionable insights that support patient care improvements. It has been instrumental in helping the practice prepare for and operate within alternative payment models, providing compliance-ready data aggregation and real-time patient tracking. This session will explore the practice's journey with oncology-specific analytics software, highlighting practical strategies to streamline workflows, optimize resource management, and improve patient outcomes in radiation oncology.

Harnessing Al Across the Continuum of Cancer Care: Empowering Teams to Achieve Measurable Impact Nicole Centers, MBA, BSN, RN, OCN, CBCN, CN-BN

Executive Director, Oncology Service Line at Wellstar Health System

Explore how an end-to-end, Al-powered oncology platform is transforming the oncology service line at Wellstar Health. By automating critical workflows, identifying cancer diagnoses and suspicious incidental findings in real-time, connecting patients to care sooner, managing their journey from suspicion through survivorship, and delivering actionable insights, this platform enables care teams to achieve unparalleled results across the cancer care continuum. Learn how leveraging advanced Al tools not only augments the capabilities of care teams but also supports the Quadruple Aim: improving patient outcomes, enhancing the care team experience, reducing costs, and promoting health equity. Hear real-world examples from Wellstar, demonstrating how Al empowers the health care system to deliver care more efficiently, retain more patients, and achieve measurable operational and financial success.

Supported by AZRA AI.

Leveraging AI to Increase Clinical Trial Enrollment and Streamline Processes

James F. Maher, MD, PhD

Medical Director

TriHealth Precision Medicine Institute

During a 15-month implementation period of the Tempus AI TIME trial program, TriHealth Cancer and Blood Institute successfully screened over 18,800 patients for 135 clinical trials. Leveraging this AI solution, nursing staff screened more than 2,000 patients, which led to a 2.3-fold increase in trial activations and an 80% reduction in the time required for activation. Furthermore, enrollment rates for TIME studies saw a 9.3-fold increase compared to studies without the TIME program. The average billable revenue generated per TIME study amounted to approximately \$34,500. This session will delve into the advantages—and challenges—of using oncology-specific AI platform to identify and then enroll patients to clinical trials.

Supported by AZRA AI.

Deep Dive 2: Growth Opportunities in Oncology

Financial recovery after COVID-19 has been a slow process for the US health care system. Oncology faces additional challenges related to escalating treatment costs, reimbursement cuts, and cost-containment strategies driven by value-based care delivery models. To continue to provide quality care to a growing patient population, both hospital- and office-based cancer programs are looking for ways to diversify their revenue stream, grow services, and increase market share. Hear from 4 cancer programs just how they are doing that through virtual care solutions, strategies for increasing referrals, use of subspecialists, and pharmacy optimization.

Facilitator: John Shevock, FACHE, FACMPE

Senior director of Operations, Oncology Services Line Bayhealth Medical Center, Bayhealth Cancer Institute

Virtual APP Visits Increase Revenue and Improve Patient Access and the Patient Experience

Calliope Bodenhorn Payne, MHA Coordinator, Virtual Care Texas Oncology South American Ballroom (Floor 2)

In 2022, Texas Oncology created a team of 4 remote advanced practice providers to conduct virtual visits for select services, including established patient follow-up, treatment review and coordination, chemotherapy follow-up, urgent care, genetics, nutrition, and advanced care planning. Today the Virtual APP team has grown to 9 providers, seeing patients for over 90 sites of service across the state. Learn how this virtual team improved patient access, decreased patient out of pocket expenses, and generated additional revenue by increasing the number of patients who can be seen at one time.

An Oncology Diagnostic Clinic Can Help Increase Referrals and Reduce Time to Treatment

Kathleen LaRaia, MS Vice President Oncology & Professional Services Munson Healthcare, Cowell Family Cancer Center

Staffed by a medical oncology physician champion, 2 advanced practice providers, a specialty clinic coordinator, and an intake specialist, this new clinic was piloted for 1 year to emergency department (ED) providers only, resulting in 213 referrals, including 32 referrals from the ED for patients without a primary care provider. After additional clinic staff resources were added, the clinic expanded to patients at the Hospital Medicine Group, with plans to roll out to the primary care provider community.

A Virtual Expert Review Program Improves Access to Subspecialists

Tatjana Kolevska, MD Medical Director, National Cancer Excellence Program Kaiser Permanente

Kaiser Permanente's Cancer Expert Review Program connects community oncologists with cancer subspecialists across the entire enterprise—which covers 9 states and D.C. and serves 12.5 million members—for physician-to-physician consultations and second opinions. Piloted from October 2022 to June 2023 for medical oncology patients with diagnoses or a need for molecular/genomic testing, the virtual program increased the number of second opinions and facilitated early intervention for complex case review. More than 90% of oncologists who used this virtual service indicated that expert advice influenced the patient's care.

Leveraging Infusion Pharmacy Strategies to Deliver Organizational Value

Jorge J. García, PharmD, MS, MHA, MBA, FACHE
Assistant Vice President
System Oncology Pharmacy Services | System Infusion Pharmacy Services
Corporate Pharmacy Clinical Enterprise
Miami Cancer Institute | Baptist Health South Florida

Pharmacy optimization is a key growth opportunity in oncology. In this session, review emerging market challenges and opportunities, discuss practice cases showcasing value opportunities, and learn how providers are helping to shape viable and sustainable infusion pharmacy services.

This session explores current oncology partnership models being developed across different sites of care. Learn how to identify services most valued by community and academic programs and how these services align with current partnership models. Potential legal and regulatory considerations impacting these partnership and affiliation structures will be shared. Real-world case studies will offer specific examples of existing partnerships and unique service offerings being developed today that may be options for your cancer program.

Facilitator: Carla Sims, MBA

Associate Vice President, Atrium Health Wake Forest Baptist

Marcy Cent, MBA Senior Manager, PYA, P.C.

Debbie Fernandez, MS, MHSA, LMLP, CPHQ Director of Quality, *University of Kansas Cancer Center*

Tynan Kugler, MBA, MPH, CVA Managing Principal, *PYA*, *P.C*.

Jenny Scott

Executive Director Oncology Service Line, The Christ Hospital Health Network

Lisa Serig, MBA, FACMPE Senior Director of Operations, University of Kansas Cancer Center

Adria Warren, JD Partner, Foley & Lardner LLP

Deep Dive 4: Research and Clinical Trials

As clinical trials continue to evolve, decentralization of trials offers an opportunity to expand access, enhance patient convenience, and improve operational efficiency. But how can oncology programs navigate the complexities of decentralized clinical trial models while maintaining rigorous oversight and care standards? In this session, hear insights on the latest efforts to refine principal investigator oversight requirements, streamline personnel listing processes, and address regulatory and policy considerations. Attendees will also explore case studies, operational guidance, and successful strategies for integrating decentralized clinical trials into their research programs, with a focus on improving trial access and outcomes for diverse patient populations.

Facilitator: Christopher McNair, PhD

Associate Director for Data Science,

Director of Cancer Informatics, Sidney Kimmel Cancer Center

Decentralized Clinical Trials 101

Jane E. Myles, Program Director, Decentralized Trials Research Alliance

A history of decentralized trials, goals of these types of trials, elements of decentralized trial design, and relevant regulatory and compliance issues.

"How To" Decentralize Clinical Trials

Pan American Ballroom (Floor 2)

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to have at the table when starting your decembrated clinicals trials program. Plus, a look at current trials and how to assess whether they can be transitioned to documentated clinicals trials and/or or utilize decembrated dimensis. 2 Case Studies A review of successful decentralized clinicals trials and programs in cancer programs. Large Program: Trials Seyond Walts Rebecca Kottschade, Director of Research Operations, Mayo Clinic Small Program: Lone Black, RN, MBA Vice President. The Industry Perspective Brad P, Kleinschmidt Senior Director, Liny Sponsorod by Lilly. Networking Lunch with Exhibitors Desp Des S. Industrials Teach Enalement to Exceed Patient Access in Cancer Care. Explore how administrative and physician leadure can think critically about current issues and constraints facing their cancer program—one is a coparating patient access and delivering housessay survices as efficiently as possible—white understanding how technology enabled solutions can be packed these godes within the context of relevant distillations. Process of how againstaints can directively define the problems they need to solve, assess their readmess to solph technology versus addressing foundational spen in the operating model, and consider the perspective colours. Expensive the common propries and companies of the perspective of countries of the common propries and considerable and considerable perspective of cause decision—makes within proposing rever solutions. Expensive the common propries accessed valuations, and expendition of the companies of the programs toward improved care delivery and community impact. Facilitator: Lill Hay Senior House and the programs toward improved care delivery and community impact. Facilitator: Lill Hay Senior House and the programs toward improved care delivery and community impact. Facilitator: Lill Hay Senior House and Consultants CIO Perspective: Stephanie Hobbs Principal, ECO Management Consultants COO Perspective: Stephanie Hobbs Principal, ECO Management Consultants CO		Shaalan Beg, MD, MBA, FASCO, Senior Advisory for Clinical Research, National Cancer Institute	
A review of successful decentralized clinical trials programs in cancer programs. Large Program: Trials Beyond Walts Rebecca Korbachae, Girector of Research Operations, Mayo Clinic Small Program: Lora Black, RN, MBA Vice President, Clinical Research, Sanford Health The Industry Perspective Brad P. Klömichmid Senior Director, Lilly Sponsored by Lilly Sponsored by Lilly Sponsored by Lilly Sponsored by Lilly Deep Dive S. Navigating Tech Enalement to Expand Patient Access in Cancer Care Explore how administrative and physician leaders can think critically about current issues and constraints facing their cancer programs—such as expanding patient access and delivering necessary services as efficiently as possible—while understanding how technology-enabled solutions can inelp achieve these posis within the context of real-world limitations. Pocus on how administrative own programs—such as expanding patient access and delivering necessary services as efficiently as possible—while understanding how technology-enabled solutions can inelp achieve these posis within the context of real-world limitations. Pocus on how administrative and physician leaders on think critically as a possible—while understanding how technology-enabled solutions or inelp achieve these posis with the context of real-world limitations. Pocus on how administrative and physician leaders and delivering necessary services as efficiently as possible—while understanding how technology-enalizations can defectively define their readiness to adopt technology-enalizations can defectively define their readiness to adopt technology-enal services for common program leaders can frame their recommendations to adopt new technologies in a compositing way that eligins proved technologies, access molecular macersals. Examine common pritalial associated with implementing and integrating nove technologies, access molecular macersals in additional program to accessful and program to accessful and program to accessful and program to accessful and program to accessf		to have at the table when starting your decentralized clinical trials program. Plus, a look at current trials and how to assess	
Large Program: Trials Beyond Walls Rebecea Kotschade, Director of Research Operations, Mayo Clinic Small Program: Lora Black, RN, MBA Vice President, Clinical Research, Sanford Health The Industry Perspective Brad P. Kleinschmidt Senior Director, Lilly Sponsored by Lilly. 12:30 PM — 1:30 PM Networking Lunch with Exhibitors Deep Dive S: Mavigating Teeh Enakement to Expand Patient Access in Cancer Care Explore how administrative and physician leaders can think critically about ourrent issues and constraints facing their cancer program—such as expanding patient access and delivering necessary services as efficiently an possible—while understanding how technology-enabled solutions can in high achieve these golds within the context of real-work inflantations. Focus on how openizations can effectively define the propients they need to solve, assess the randers to a read addressing foundational gaps in their operating model, and consider the perspective of a subs detailson-maken when proposing new solutions or investments. Examine common pitalist associated with impermenting and integrating new tochnologies, research search associated substance program leaders can there to real-work international substances and constraints adoptions and/or application of technology, and how cancer program leaders can there their commendations to adopt new technologies in an completing way that aligns with cancer program toward improved care delivery and community impact. Facilitator: LII Hey Senior Manager, ECG Management Consultants CIO Perspective: Minil Taylor Principal, ECG Management Consultants COO Perspective: Stephanie Hobbs Principal, ECG Management Consultants Industry Perspective: Brook Blackmore Chief Strategy & Product Officer, Azra Al I		2 Case Studies	
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Deep Dive 6: Comprehensive Cancer Care Services Pan American Ballroom (Floor 2)			
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This foundation is partnering with TFA Analytics to develop a value-based insurance design model based on patient-centered value assessment for palliative care services for patients with advanced cancers. The model modifies cost-sharing and plan design elements to incentivize "high-value" services while discouraging "low-value" care. Built upon traditional cost-effectiveness analysis that evaluates the costs and health benefits of palliative care services compared to alternative care options, the framework incorporates patient-centered value elements unique, such as reducing caregiver burden and improving and patient and caregiver quality of life.

Facilitator: Lindsey Causey, DNP, APRN, ANP-BC, AOCNP

Nurse Practitioner, Cone Health Cancer Center

A Value-Based Model for Early Palliative Care in Advanced Cancer

Torrie Fields, MPH CEO and Founder TFA Analytics

This foundation is partnering with TFA Analytics to develop a value-based insurance design model based on patient-centered value assessment for palliative care services for patients with advanced cancers. The model modifies cost-sharing and plan design elements to incentivize "high-value" services while discouraging "low-value" care. Built upon traditional cost-effectiveness analysis that evaluates the costs and health benefits of palliative care services compared to alternative care options, the framework incorporates patient-centered value elements unique, such as reducing caregiver burden and improving and patient and caregiver quality of life.

A Business Case for Whole Person Care Navigation

Anne Marie Rainey, MSN, RN, CHC, CPHQ, FACCC Director of Value Based Care American Oncology Network

Learn how a tech-enabled solution, SocialHealth360, has helped AON practices screen patients for social determinant of health needs. Through implementation across multiple states and practice types, enhanced navigation services are being offered in a more structured format, improving service to patients while generating revenue opportunities. Lessons learned, opportunities for growth, and key findings to date will be shared.

Leveraging Digital Technology to Reduce Stress and Improve Access to Psycho-Oncology Services

Mariusz Wirga, MD, LSSBB, FACCC Medical Director, Psychosocial Oncology Memorial Care Todd Cancer Institute

Learn how this cancer program implemented a mobile application-based cognitive-behavioral therapy intervention to measure distress and improve patient care. Outcomes included significant improvements in patient psychological outcomes, patient engagement, and operational efficiency. With this digital tool, this cancer program extended the reach of its psycho-oncological services, addressed staffing limitations, and provided timely support to a larger number of patients.

Building on 2 years of sessions at the 2023 and 2024 ACCC Annual Meeting & Cancer Center Business Summits and the 2024-2025 ACCC President's Theme, Reimagining Community Engagement and Equity in Cancer, this experienced team will share how it has been able to engage, educate, screen, and improve early detection efforts and treatment of at-risk patient populations.

Facilitator: Yulonda Greene, MBA, BSN, RN, OCN

Director, Patient Care Services,

Sarasota Memorial Health Care System, Institute for Cancer Care

The Power of Mobile Cancer Screening: An Implementation Playbook

Renea Austin-Duffin, MPA, FACCC Vice President, Cancer Support and Outreach

Amanda LaGrange , MBA Grants Director

Kyle Bove Communications Specialist Mary Bird Perkins Cancer Center

A soups-to-nuts playbook for developing and implementing a robust mobile cancer screening program. In a use case study, this experienced team will guide attendees through answering these key questions:

- ~ The Why. You must first understand your specific patient population and your marketplace. Who are your at-risk or underserved patients? Where are there gaps in care?
- ~ The What. Based on these data, you can identify the issue(s) you are going to solve and/or the service(s) you are going to offer.
- ~ The Who. Now that you know what gaps in care you want to address and the service(s) you want to offer, you need to identify your internal and external stakeholders. Who needs to be at the table, for example, the hospital's marketing and development teams. From the community perspective, what individuals and organizations need to be involved, for example, employers and civic and religious organizations.
- ~ The How. With all interested parties engaged, how will you implement the program in terms of identifying staffing needs, developing operational processes and costs, creating financial pro formas, understanding funding and revenue streams, exploring grant, and fundraising opportunities, building relationships with partnering organizations, creating advertising and marketing campaigns, and more.

Deep Dive 8: Payer-Driven Challenges and Solutions

Building on 2 years of sessions at the 2023 and 2024 ACCC Annual Meeting & Cancer Center Business Summits, hear innovative solutions to address challenges related to payer contracts, revenue cycle management, prior authorizations, PBM reform, and more.

Facilitator: Susanne Tameris, MHA

Senior Director Cancer Services, Luminis Health, Anne Arundel Medical Center, DeCesaris Cancer Institute

Use of Payer Contract Intelligence to Improve Financial Performance

Federal Ballroom (Floor 2)

Matt Mulherin Chief Growth Officer AC3

Gain insights into the creation and use of payer scorecards and key performance indicators to proactively find problem payers, negotiate better reimbursement rates, and address underpayments. Learn how the implementation of payer contract intelligence can enhance visibility into payer contracts, fee schedules, and performance metrics, leading to the identification of errors and increased net collections. Explore how consolidating and benchmarking fee schedules, performing underpayment analysis, and using fee schedule lookup tools can optimize financial performance and support point-of-service collections in healthcare practices.

Creation of a Centralized Medication Prior Authorization Team in a Community Cancer Center

Andrea Ledford, PharmD, MBA, BCOP, BCSCP, FASHP, FHOPA Senior Pharmacy Director, Oncology Services Orlando Health Cancer Institute

A specialized home medication prior authorization team leveraged AI to increase the use of prospective prior authorizations. The EHR-integrated prospective prior authorization platform decreased patient wait time for medications to an average of less than 48 hours. Improvements in clinical operational efficiency improved as nurses were able to focus on non-prior authorization medication tasks, nurse, physician, and patient satisfaction. To further increase approval rates, the next step is the creation of a targeted medication education guide for prior authorization staff. The program is also expanding to include oncolytic home medication treatment prescribed in the inpatient setting to expedite patient discharge and to improve continuity of care.

Leading Policy Change at the State Level

Wade T. Swenson, MD, MPH, MBA, FACP Medical Director, *Lakewood Health System*

Advocacy for legislative change is key to mitigating many burdensome payer challenges. Learn about Minnesota's collaborative efforts to improve patient care through policy change in key areas like prior authorization, co-pay accumulators, and fertility preservation. Today, Minnesota providers are focused on preserving telehealth coverage that is critical for the state's largely rural patient population.

Effective Strategies for Pharmacy Benefit Management Reform

Sucharu Chris Prakash, MD
Director, Quality Services and Chair, Medical Oncology Quality
Texas Oncology
President, Texas Society of Clinical Oncology

	Pharmacy benefit managers (PBMs) often create barriers to timely access to critical oncology medications through prior authorizations and step therapy requirements, delaying potentially life-saving treatments. These administrative hurdles lead to increased stress for patients and providers, as well as potential treatment interruptions. Hear how Texas is leading efforts to reform PBM practices by implementing legislation aimed at increasing transparency and accountability in the industry. State lawmakers have introduced measures requiring PBMs to disclose pricing structures and rebate arrangements to ensure patients and providers have clearer insights into drug costs. Additionally, Texas is pushing for reforms to limit harmful practices like clawbacks and non-medical switching, prioritizing patient care and fair access to medications.	
	The Value of Subcutaneous Injection in Community Oncology Raghava Induru, MD Thoracic Oncologist, Director of Operations, Atrium Health Advocate Aurora, Levine Cancer Institute Just as the introduction of oral oncolytics changed practice patterns, subcutaneous injection can play a similar role and help cancer programs address patient access issues, operational concerns, and/or economic challenges. Hear use case studies and what is involved in switching patients from IV to subcutaneous administration. Understand the operational benefits involved in subcutaneous administration for cancer programs faced with ongoing financial and regulatory pressures.	
	Supported by Bristol Myers Squibb.	
3:30 PM – 4:00 PM 4:00 PM – 5:00 PM	Networking Break with Exhibitors Health Policy Panel	Presidential Ballroom (Floor 2)
	An Executive Branch official, Congressional staff and seasoned policy experts participate in a panel discussion on current and possible policy actions impacting the US health care system and cancer care delivery. Moderator: Nicole Tapay, JD Director, Cancer Care Delivery & Health Policy, Association of Cancer Care Centers Conor Sheehey Senior Health Policy Advisor, Senate Finance Committee, Majority Amy Hall Staff Director, House Ways and Means Health Subcommittee, Minority Debbie Curtis Principal, McDermott+	
	Rodney Whitlock	
	Principal, McDermott+	
	Friday, March 7, 2025	
7:30 AM – 10:30 AM	Registration Open	
7:30 AM – 1:00 PM	Exhibit Hall Open	
7:00 AM – 8:30 AM	Networking Breakfast with Exhibitors	
7:30 AM – 8:30 AM	ACCC House of Delegate Meeting	Presidential Ballroom (Floor 2)
8:30 AM – 10:30 AM	Evidence-Based Decision-Making in Healthcare Management and Leadership (ACHE credits available) Neel Pathak, DSc, FACHE Assistant Professor of Practice, Heider College of Business	Presidential Ballroom (Floor 2)

	Creighton University	
	Project Administrator	
	Johns Hopkins Hospital	
	John Chapter	
	This session explores the fundamental concepts of using evidence to make managerial and leadership decisions. It highlights the	
	importance of asking the right questions, finding the best available evidence, and using them to make managerial decisions in the	
	rapidly evolving healthcare landscape. We will discuss practical tools that can guide this process, and strategies for successfully	
	executing these changes within your organization, specifically in the areas of operations, management, and leadership.	
	This is a 2-hour session worth 2.0 in-person education credits awarded if the attendee participates for the full length of time.	
10:30 AM – 11:00 AM	Networking Break with Exhibitors	
11:00 AM – 12:00 PM	Growth Strategies and Marketplace Differentiators	Presidential Ballroom (Floor 2)
11.00 Al-1 = 12.00 F1-1	Gregory P. Calosso	residential ball com (ricor 2)
	Vice President, Network Development	
	Department of Business Strategy	
	Dana-Farber Cancer Institute	
	Jodi Conachen	
	Chief Operating Officer	
	Mary Bird Perkins Cancer Center	
	Nick Jaidar, MHA, FACHE	
	Senior Director of Oncology Operations & Business Development	
	Oncology Faculty Practice Administrator	
	University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center	
	Laura Matthews, MBA, MPH, FACHE	
	Vice President & Administrator	
	Inova Schar Cancer	
	Inova Fairfax Hospital	
	Mark Course	
	Matt Sturm	
	Partner, ECG Management Consultants	
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	In this panel session, presenters will share how they addressed competitive market dynamics and implemented novel differentiation strategies that led to growth in cancer case volumes. Learn how to set your cancer program apart from marketplace competition with tactics like improved patient throughput and convenience, increased access to clinical specialists and clinical trials, adoption of cutting-edge technology, patient-centered facility design, and more. Come away with key strategies that your cancer program can deploy to grow the service line, attract, and keep clinicians and staff, and create competitive advantage.	
12:00 PM – 1:00 PM	The Importance of Pairing Women's Health and Oncology Matt Cox, MPH Partner, Whitecap Health Advisors, LLC Kevin Davidson, MPH Vice President of Ambulatory Services & Network Development Cottage Health Tessa Kerby, MBA, MPH Principal, Whitecap Health Advisors, LLC Women's health is the fastest growing sector of investment in the healthcare space. Transformative disruptors are seeking to reimagine how, when, and where women's health services are provided. Critically, a key intersection for women's health is with oncology, as post-obstetric patients start to focus on longevity health, including breast and gynecology cancer screening and prevention. In the landscape of women's health, this connection point with oncology services is an opportunity for both patients and health systems. For patients, having connected and coordinated care is shown to lead to better outcomes and higher quality. For health systems, women's health services can serve as a strategic entry point for its broader oncology services for women and their families. From this panel discussion, learn about the evolving landscape of women's health, understand existing models and crossover connection opportunities for women's and oncology service lines, and hear opportunities to develop models that build on the strengths of both service lines to achieve organizational strategic goals.	Presidential Ballroom (Floor 2)