

Meet ACCC's New President

Edward L. Braud, M.D.

ILLINOIS ONCOLOGIST VOICES CONCERNS
ABOUT PATIENT ACCESS TO QUALITY
CANCER CARE



Edward L. Braud, M.D., a medical oncologist with the Springfield Clinic, a multispecialty group in Springfield, Ill., became president of the Association of Community Cancer Centers (ACCC). He assumed leadership on March 22, 2002, at the Association's 28th Annual National Meeting held in Washington, D.C.

As former chair of ACCC's Governmental Affairs Committee, Dr. Braud has been active in ACCC efforts to make the case to Congress that advances in cancer treatments must be adequately reimbursed to assure quality patient care.

Dr. Braud serves as clinical associate in the Department of Medicine of the Southern Illinois University School of Medicine. He is actively engaged in clinical research, serving as associate principal investigator of the Central Illinois Community Oncology Program and member of the Cancer Control Committee of the Southwest Oncology Group. He is active in medical oncology affairs, serving as the immediate past president of the Illinois Medical

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Oncology Society, and is a presidential appointee to the Clinical Practice Committee of the American Society of Clinical Oncology.

Dr. Braud has served on ACCC's Board of Trustees as president-elect, treasurer, and chair of the Governmental Affairs Committee.

Born in New Orleans, La., Dr. Braud attended Louisiana State University School of Medicine and trained in internal medicine at the Oklahoma University Health Science Center, where he also served a fellowship in hematology/oncology. He has held appointments with the Illinois Cancer Council and authored or co-authored many papers and abstracts.

Q What challenges face oncology in 2002?

A Several major obstacles face the practice of oncology today in both the hospital outpatient and private practice settings. These obstacles can be summarized as access, quality, and adequate reimbursement.

Key among the many policy issues that continue to be of concern are reimbursement problems with Medicare's new ambulatory payment classifications (APCs), which may threaten patient access to quality cancer care. At the same time, hospitals and oncology practices may be forced to radically alter their services in the face of challenges from the Centers for Medicare and Medicaid Services (CMS) on drug margins.

Although new drugs and devices with the potential to turn cancer from a fatal to a chronic disease are on the horizon, hospital cancer programs and oncology practices are both facing some of the most significant challenges to organizational viability that cancer care providers have ever seen.

Q How can the oncology community work to overcome these obstacles?

A It is important for us all—physicians, nurses, and administrators—to remember that we must also be advocates outside of the office or cancer center. We can

take control of many of the issues that affect us simply by taking action.

ACCC is a strong voice that is heard in the legislative halls of Congress. What's more, through the Association's state chapters, we can help solve state-specific and local issues.

Q You have been very active on the state level in helping to assure patient access to quality cancer care. Can you give us an example of how advocacy can work at the state level?

A In 1990 an issue surfaced in Illinois that threatened patient access to chemotherapy. A bill was passed by both the State House and Senate that required informed consent for all medication given outside the FDA-approved label. This practice would have eliminated most chemotherapy to patients not on a clinical trial.

Members of the Illinois Medical Oncology Society (IMOS) worked hard to convince the governor to veto the bill. They were successful, and then had the veto upheld in the fall legislative session. Since then, IMOS has been successful in passing off-label legislation, allowing coverage for chemotherapy medications when used for indications listed in the *US Pharmacopeia* or the *American Hospital Formulary Drug Information*.

Q You have been actively engaged in clinical research for many years. What concerns do you have about the future of clinical research?

A At the state and federal levels, an ongoing struggle continues regarding language for adequate coverage of clinical trials. In addition, and equally troubling, is the enormous amount of paperwork required to conduct trials.

ACCC is working on solutions to ensure that quality clinical research can continue in the local community setting so more patients can achieve cure.

Q What is the future of oncology?

A I believe the future of oncology holds great promise. Each day new discoveries are made about the molecular control of cell growth. With each new molecular target, we gain better control or cure. 🐾