

**Are you a member**  
of the premier education and  
advocacy organization for the  
oncology team—ACCC?

Yes  Not Sure  No

■ If you answered “Yes” to the above question, **Thank You** for your support! And don’t forget to visit **ACCC’s Members-Only Web Site** for great educational opportunities.

■ If you answered “Not Sure,” log onto ACCC’s web site ([www.accc-cancer.org](http://www.accc-cancer.org)) to see if your organization is a member, and to learn how to take advantage of your membership. Or, if your organization is not a member, download the membership application and apply today!

■ If you answered “No” to the above question, we’d like to hear from you! Go to ACCC’s web site, download the membership application, and apply today!

Today’s cancer programs face numerous obstacles to providing quality cancer care to their patients. As the premier education and advocacy organization, ACCC stands ready to help all members of the multidisciplinary oncology team. We provide our membership with:

- Authoritative information on legislative and regulatory issues affecting the oncology community
- An extensive understanding of today’s reimbursement climate, including the most recent changes and forecasts
- Educational and networking opportunities through two national conferences and free regional meetings
- Valuable leadership opportunities
- Support for state societies

ACCC is dedicated to providing these services; and ACCC membership remains an incredible value for the oncology team.

## Part of the Solution

by Lee E. Mortenson, D.P.A.

I can’t remember a time when so much has been up in the air all at once. Physician office margins are under attack. Hospital drug reimbursement has fallen below costs. Even the Compendia procedure and ACCC’s *Drug Bulletin* have been threatened. And, under duress, the oncology community has done its best to pull together and work on each individual issue.

It’s not always pretty. The oncology community is as diverse a group of players as you can imagine, from mammoth comprehensive cancer centers to NASDAQ-listed corporations to one-man offices. Not surprisingly, the members of the oncology community don’t always see things in the same light.

Still, to their credit, most of the oncology societies do manage to work together on the big issues. Even recently, when setbacks on Capitol Hill could have led to a spate of finger pointing, the major stakeholders were able to conduct weekly calls about issues important to providers and generally be civil. Even more importantly, these groups were able to pool their talents, especially on the physician office side.

ACCC has always had a unique voice in this dialogue since our multidisciplinary membership is strong in both the physician office setting and in hospitals. As I recently mentioned to some office managers, we often hear that we are a “physician office-driven” association from our hospital members and a “hospital-dominated” association from our physician members. In both cases, the accusations are correct.

One of ACCC’s tag lines in many presentations has been, “Advocating for Quality Cancer Care Wherever It Is Delivered,” because that’s really

our charter and the standard we’ve upheld to every activity we’ve undertaken over the last 30 years. This task isn’t always easy and would not be possible without the strong support and backing of ACCC’s Board of Trustees and membership who agree that ACCC personifies the notion that if we don’t hang together, we’ll all hang separately.

With this (survival) philosophy in mind, we’ve been working hard to assure that hospital reimbursement for drugs comes up to break even. This past year, hospitals have been paid significantly below their costs,

especially on many of the sole-source drugs that our patients rely on so heavily. The situation is bad for hospitals and not the best precedent for office reimbursement pricing.

In 2003 ACCC developed and championed legislation that was incorporated into the Medicare Prescription Drug Benefit package, and we intend to continue working with a coalition of cancer organizations to assure that this measure stays in the bill. Not coincidentally, this initiative may end up increasing hospital reimbursement up to the level that a coalition of cancer organizations suggested might be a floor for physician office reimbursement.

While hospital and physician office reimbursement for drugs have remained in tandem for many years, hospital reimbursement fell precipitously last year, and now we are faced with the possibility of a similar decline in office payments. Hopefully, we can once again align the two payments at the same level so that patients can receive their drug therapy in both settings. By working to get hospitals back to break even, we’ve taken the first step. ■

