

ACCC's Incoming President Patti A. Jamieson-Baker, MSSW, MBA Speaks Out....



Welcome. As incoming ACCC President, please tell us about your background and experience.

I have been working in oncology for over 20 years. I began my career as a medical social worker and then became a director of hospice and home health at two community hospitals. I decided to go on to graduate school and earned a master's degree in business administration.

Since then, I've been in cancer management as an administrator of cancer services at five hospitals as well as a senior consultant in oncology services. Currently, I am executive director of The Cancer Institute at Alexian Brothers Hospital Network in Elk Grove Village, Ill.

What will be your agenda and what would you like to accomplish during your term as president?

A top priority will be ACCC's continuing efforts to advocate to federal lawmakers and regulators for appropriate Medicare reimbursement for oncology services in both the hospital as well as the physician-office setting.

A new ACCC initiative that I'll propose is to provide educational programs to ACCC-member hospitals, physician groups, nurses, social workers, and pharmacists. Such educational programs might include seminars and telephone conference calls, as well as web-based courses.

In addition, manpower resource management will be another major initiative. This year, ACCC's President's Grant will be to work with major national organizations such as the Oncology Nursing Society (ONS), the Association of Oncology Social Work (AOSW), and the American Society of Health-System Pharmacists (ASHP) to develop an optimal model for staffing resources in these three healthcare disciplines and how to budget for such staffing in the hospital inpatient and outpatient setting as well as in the physician's office.

ACCC wants to continue to provide "value added" services as a component of ACCC membership.

What challenges face oncology in 2004?

Declining reimbursement rates for hospitals and physician practices threaten the healthcare community's ability to provide patients with new technologies, new treatments, and new cancer drugs.

For example, early detection of cancer through imag-

ing, molecular/biological testing—these are just some ways that we can detect earlier stages of cancer, which can mean either a cure and/or longer remission period.

Another challenge is that we need to find solutions to the nursing workforce shortage. For example, how do we fill nursing vacancies due to a large pool of nurses that are beginning to retire? We need to find ways to keep nurses at the bedside, especially with the aging baby boomers who are expected to need a great deal of healthcare in the near future.

How can the oncology community work to overcome these obstacles?

ACCC continues to work jointly with other major oncology organizations such as ASCO, COA, US Oncology, and ONS, on influencing public policymaking on reimbursement issues. ACCC also will continue to ask its members to advocate for oncology-related public policy issues on the grassroots level.

In addition, we need to reach out and partner with our local colleges, universities, and high schools to help recruit students, upon graduation, into the healthcare field, particularly oncology. Perhaps we can encourage these students to enter any of the areas of oncology by first offering them an opportunity to tour or spend a day at our cancer centers. Our partnerships with other professional organizations representing oncology nursing, oncology social work, and oncology pharmacy can also aid us in our outreach efforts to help overcome this healthcare manpower shortage.

As an administrator and medical social worker in cancer care services, what advice can you share with others who work in these fields today?

I believe getting involved in national oncology organizations such as ACCC is important for networking among healthcare professionals in our field. Networking with hospital administrators, oncology physicians, oncology pharmacists, and oncology social workers provides an invaluable resource. There is a sharing of information as well as the knowledge that you are a part of a larger organization that is working on your behalf.

In addition, it is important to stay abreast of continuing education courses being offered in your specialty. Many hospitals are looking at being "early adopters" of new technology, which provides a real challenge for community hospital programs, particularly because of the upfront costs involved and the uncertainty as to whether the new technology will be financially feasible. ☐