

A Conversation with

Christian Downs, JD, MHA,

ACCC's New Executive Director



Q For the past six years you've been at ACCC, most recently serving as the Association's Deputy Executive Director. Previously, you've worked as an administrator at a tertiary care hospital, and you've managed a large multi-specialty practice. You have experience in the public policy arena on both the state and national level. How do you feel your background has prepared you for the role of ACCC Executive Director?

A I think it's very important to have some practical knowledge about what the Association membership—including hospital and practice administrators—is facing. I believe my professional experience helps me connect with our membership. When working on a policy level, for example, it's helpful to be able to connect with the practical, day-to-day realities of delivering quality cancer care in community settings around the country. It's also important to have an understanding of how cancer care delivery issues intersect with policy and economic issues.

Q What is your vision for the Executive Director's role?

A On the macro level, it's important to build on the work Lee Mortenson has done in helping ensure that community-based quality cancer care is available and remains viable for both patients and providers.

On a micro level, I believe it's critical to look at how ACCC can best serve its membership. In this regard, providing effective tools, information, and education to our membership is key.

Q What do you see as the number one challenge facing oncology care today?

A In terms of long-term structural issues, a major challenge is ensuring that cancer patients have enough caregivers—physicians, nurses, pharmacists, social workers, and others. This is a long-term structural challenge facing cancer programs. Staffing and recruiting issues continue to be a major concern.

A related challenge is looking at staffing issues in the context of the changing cancer care landscape. Increasing numbers of cancer cases, advances in technology and treatments, and the good news of increased survivorship—all affect the oncology workforce. The change and evolution in cancer care results in fallout that, in turn, creates financial and managerial issues affecting the office side of cancer programs.

ACCC's Center for the Oncology Workforce will be playing a major role in helping our members respond to these challenges. The Association's role is to help our membership adapt to these clinical and programmatic changes and successfully deal with the managerial challenges these changes create.

Q The Centers for Medicare & Medicaid Services (CMS) seems focused on moving toward quality of care, outcomes-based measures. What role will ACCC have as this unfolds?

A Cancer is unique. It's very individualized. Many in the cancer field worry about cost-benefit, cost-effectiveness issues. In pay-for-performance quality measures for the cancer field, it's important to take a "go slow," thoughtful approach with carefully designed pilot projects.

ACCC has an important role here both in helping explain pilot projects to our membership and to advocate on behalf of our members, providing information back to CMS on its pilot projects.

Q Looking ahead, where do you see ACCC heading in the next year or two?

A Our bread-and-butter has always been our advocacy work to protect cancer patients' access to quality cancer care at the community level. Over the coming years, our advocacy role will remain strong.

Moving forward, we need to ensure that our membership has adequate educational resources to keep up to date—not only on the reimbursement front—but to help our member institutions look at program viability from multiple perspectives. ACCC educational programs will help our members answer critical programmatic questions such as: *How do we make effective choices on the new technology that's available? How do we ensure adequate employee retention? How do we build a strong clinical trials program?*

The Association will also be looking at how best to communicate this information/education to its membership through Webcasts and a newly designed Web site.

ACCC plans to continue to build on its successful educational offerings, including the Cancer Program Improvement Program, "Staying Alive" educational seminars, and perhaps a practice efficiency program.

Cancer is a complex disease, and today our members face increasingly complex challenges as they strive to continue to provide patients with high-quality care in their communities. ACCC looks forward to being a partner in this effort. As we move forward together, I believe the best is yet to come. ☐