

EVERYONE'S ASKING



- ◆ How can we create greater efficiencies and a culture of safety for our patients?
- ◆ How can we continue to offer a full range of services, including palliative care, nutritional support, and social services?
- ◆ What will ASP be in the hospital setting?
- ◆ Is the Competitive Acquisition Program right for my practice?
- ◆ What are model programs and practices doing to increase patient and staff satisfaction?

ACCC's National Oncology Economics Conference has the answers!

Partnering to Shape the Future of Cancer Care

**September 13-16, 2005
Doubletree Hotel & Executive Meeting Center Portland—Lloyd Center
Portland, Oregon**

And there's more...Partnering is also key to success, especially in times of reimbursement restraints. Joint ventures between hospital-based cancer programs and private oncology practices are becoming increasingly popular. But be careful: One size does not fit all. Learn about partnership options and pitfalls.

Plus, you'll have the opportunity to network with other community cancer programs across the country via roundtable sessions and networking receptions, and visit more than 50 exhibitors with the latest technologies and treatments.

Log on to www.accc-cancer.org for updates and to register online or call 301.984.9496.

| FROM THE EDITOR |

Good People Doing Good

by Christian Downs, JD, MHA

Each year, the oncology community is fortunate to have several important national meetings dedicated to helping us “succeed” in our mission of delivering quality cancer care. The American Society of Clinical Oncology (ASCO) and the Oncology Nursing Society (ONS) held their annual meetings in Orlando, Fla. The Association of Oncology Social Work (AOSW) annual meeting took place in Austin, Tex. Upcoming, on September 13-16, 2005, is ACCC's National Oncology Economics Conference, *Partnering to Shape the Future of Cancer Care*, in Portland, Oregon.

While family obligations kept me from this year's AOSW meeting, I attended both the ASCO and the ONS gatherings. And I look forward to seeing many of the same folks I met at these meetings at ACCC's September conference. I hope you come to our meeting, not only for the exceptional educational sessions and continuing education credits; I hope you come to Portland for the opportunities to network, to share your successes, and to learn not just from our presenters but from your colleagues.

When I attend these annual oncology meetings, I try to take away from each something that I can use throughout the next 12 months. This year, my “take home” message from these meetings had less to do with the formal presentations—the science, data, and hard facts—and much more to do with the *people* I met. This year, I spent more time listening to other folks at the meeting, hearing about what they are doing back home in their community cancer centers, and seeing just how passionate they are about caring for their patients with cancer.

In my home community, we have a saying that sums up a person we respect—we say he (or she) is “good people.” Well, I can tell you that I met some “good people” at these annual oncology meetings.

“Good people” is the Indiana nurse who spent all week caring for patients in a cramped office. At the end of that hectic week, she flew to Orlando and spent her entire weekend attending educational sessions and listening to lectures. And on Monday morning, she was back in the office caring for patients all over again.

“Good people” is the physician from Ohio. Over the past year, this doctor has survived a real threat to the economic viability of his practice. He came to Orlando to hear how to make his practice more efficient so that he could continue to treat his patients. At the same time this physician was learning about a new drug regimen that treats a rare form of cancer. He may never see a case of



this cancer, but still he is preparing himself should a patient ever appear in his office with this condition.

“Good people” are the pharmaceutical representatives—yes, representatives from the pharmaceutical industry—arguably the most maligned industry in recent U.S. business history. These reps were promoting a patient assistance program for indigent patients, as well as making sure that providers had access to their life-saving therapy.

All of these “good people” bring their passion, intellect, and selflessness to the field of oncology care and the patients that they treat. Remember, we make a living by what we get, but we make a life by what we give. ☐