Second Is Not Good Enough

by Christian Downs, MHA, JD

Growing up I had a quick-tempered football coach who always preached the importance of being "Number 1." I believe he originated the line, "What's second place? First loser!"

Recent analysis of data from Association of Community Cancer Center members shows a "Number 1" team. Our institutions accession 50 percent of all new cancer patients seen in the United States each year. With our state societies and physician membership, ACCC now includes the providers of more than 60 percent of all cancer care. A majority of ACCC member institutions participate in clinical research protocols (a little more than 82 percent), up significantly from last year. The percentage of hospitals with ambulatory chemotherapy units remains high and has increased slightly. A high percentage has American College of Surgeons' (ACoS) approval. Our institutions continue to invest in state-of-the-art equipment. In 2004 the number of ACCC-member institutions offering MRI, PET scans, and intensity modulated radiation therapy increased significantly.

Comparing 2003 and 2004 data, it appears that most ACCC-member institutions are *not* reducing their staff. We continue to see significant clinical commitments to a multidisciplinary oncology team, including oncology social workers, liaison psychiatrists, and rehabilitation therapists. More than two-thirds of ACCC institutions report having a hospice program.

But one trend is disturbing.

Across all hospitals, the average number of oncology nurses at ACCC-member institutions has declined. Whatever the underlying causes for this decreasing workforce among oncology nurses, the effect it will have on the quality of patient care cannot be underestimated. As the number of patients with cancer is expected to double within the next decade, questions about whether there will be enough oncology nursing staff to treat these patients become critical.

The effect of an oncology nursing shortage is not just chairside. A sufficient supply of trained, educated, and experienced oncology nurses is absolutely necessary to conduct clinical trials and cancer research.

While the enrollment in nursing programs is starting to increase, the rate of growth is not sufficient to meet the expected demand. What's even more discouraging, in 2003 U.S. nursing schools turned away nearly 16,000 qualified applicants. These applicants were denied education for systemic problems such as insufficient numbers of faculty, limited classroom space, few clinical sites, and few preceptors.

The shortage of nurses, along with a shortage of radiation physicists, imaging technicians, radiation therapists, and even pharmacists and medical oncologists, is a great worry for hospitals. Close behind, of course, are widespread concerns that reimbursement for cancer therapies may ultimately restrict access to cancer care. When you add to the mix the unrolling of average sales price and rumblings of a new controversy over the off-label use of oncology drugs, the oncology community is facing its share of challenges.

My coach (who had cancer himself, was treated, and survived) would be disappointed to learn that although the oncology community has a "Number 1" team, obstacles in 2005 are placing us in danger of coming in second in our fight against the disease.