

The Association of Community Cancer Centers 1st Annual Hospital Summit

During his keynote address, Uwe Reinhardt, PhD, warned attendees at ACCC's 1st Annual Hospital Summit that he sees "a storm brewing" for U.S. healthcare. In an overview of economic trends in U.S. healthcare, Reinhardt noted that an erosion of employment-based health insurance is underway, and that this, in turn, has the potential to lead to an increase in the number of "underinsured" in the United States. Reinhardt indicated that trend may result in many low-income Americans essentially becoming "priced out" of the healthcare system. More than 100 cancer program administrators, CFOs, and CEOs attended the two-day meeting in Washington,

D.C., November 3-4, 2005.

Zeroing in on economic trends affecting hospital oncology service lines, speaker Andre Cheng, MD, PhD, of the Advisory Board Company, noted that oncology is both a "turbulent" and "exciting" market. While demographics are driving a robust growth in demand for oncology services, a key challenge facing hospital administrators is "planning for uncertainty," Cheng said. In the high-cost, high-demand area of new technology, Cheng cautioned that "thinking through the investment," is critical for hospital programs. Programs must know why they are making the investment [in new technology] and what they are trying to accomplish, he cautioned. For hospital CEOs, Cheng sug-

gested taking a wider view—not just a DRG view—of oncology services provided at their institutions. Looking to the future, cancer centers should be analyzing their oncology service line, re-evaluating their physician partnerships, managing their referral chains, competing on quality, and planning for "uncertainty," Cheng said.

Bringing the discussion down to the service-line level, Jim Yates, MSPH, MBA, CHE, of the Swedish Cancer Institute, identified traits common to many leading hospital oncology programs. These programs are early adopters of new technology, offer multidisciplinary care and individualized therapy, provide oncology services that are coordinated across the continuum of care, and demonstrate high-quality outcomes. Addressing opportunities for innovation in service line management, Yates said that the transformational potential for many hospital oncology services lines lies in moving away from fragmented care toward offering fully integrated oncology care.

Will Suvvari, MBA, Sg2, called the economic realities of healthcare "grim." Part of the problem: a growing cancer population. People are living longer, using more services, and coming to the table more informed about treatment options, Suvvari said. This increased utilization is hitting hospitals at a time when payers (both public and private) are looking at ways to reduce healthcare costs. Today, hospitals and physician practices struggle to provide quality cancer care under this dichotomy. And, according to Suvvari, supportive services may be the first casualty. "Uniform payment cuts ultimately result in a reduction in supportive care services, such as nurse navigator programs," Suvvari said.

continued on page 46



Keynote speaker and healthcare economist Uwe Reinhardt, PhD, (at left) joins ACCC President E. Strode Weaver, FACHE, MBA, MHSA, (center) and ACCC Executive Director Christian Downs, JD, MHA, during ACCC's recent 1st Annual Hospital Summit.

The summit's keynote luncheon speaker, Joe Leveque, MD, MBA, spoke about future directions in oncology treatment, contrasting classic oncology with what he termed "evolutionary oncology." We [the oncology community] are transitioning into a more biological, molecular level of care with interventions targeted more at genes and proteins, Leveque said. He went on to talk about the "new" direction of cancer treatment—angiogenesis (the growth of new blood vessels; without angiogenesis tumor growth stops). He educated meeting attendees about targeted anticancer therapies that will go in three future directions: cellular processes or signal transduction (apoptosis); epigenetic mechanisms or changes (DNA methylation); and immunomodulation (cancer and therapeutic vaccines). "Targeted therapies and oral chemotherapies will have the most impact on cancer programs,"

Leveque concluded, "bringing increased survival, increased efficacy, and fewer side effects [for patients]."

Presenter Mary Lou Bowers, MBA, of ELM Services, Inc., spoke on "Pathways to Oncology Service Line Excellence." Hospitals today face critical challenges providing services in an environment where reimbursement and revenues are declining while expenses continue to escalate, Bowers said. For the oncology service line, looming workforce shortages create additional pressures, particularly as oncology treatments are becoming increasingly complex. The journey to service line excellence begins by going back to basics, Bowers emphasized. Hospital oncology programs must understand their mission and their market. Finally, Bowers noted that, in many hospitals, the cancer program's services are "invisible." Key for these programs is communicating their services to both patients and others in the healthcare community.

ACCC's 2nd Annual Hospital Summit will be held in Scottsdale, Ariz., in December 2006. ☎

ACCC Website Poll Results

Challenged by nurse resource allocation issues, community cancer centers across the United States are looking for staffing guidelines for their oncology nurses. We asked visitors to ACCC's website (www.accc-cancer.org) to share their nurse-to-patient ratio for infusion services. Here's what we found:

- About 71 percent of respondents said that their nurse-to-patient ratio was between 1:3 and 1:5.
- The most popular answer (34 percent of respondents) was a 1:4 nurse-to-patient ratio.
- About 20 percent reported that their nurse-to-patient ratio was 1:7. ☎



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IMPAC Medical Systems www.impac.com	25
Oncology Supply www.oncologysupply.com	17
Professional Opportunities	47
sanofi aventis en.sanofi-aventis.com	49, 50, 51, 52, Inside Back Cover, Back Cover
Varian Medical Systems www.varian.com	39
Wal-Star, Inc. www.wal-star.com	46

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