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The ABC's of ACCC

by Christian Downs, JD, MHA

ACC Cis the premier education and advocacy organization for the oncology team. From time to time, I find it helpful to parse this tagline to truly understand its multiple meanings.

For example, "oncology team" seems relatively straight forward. Your institution or practice is an ACCC member; therefore, everyone on your team is an ACCC member—with access to all its resources. "Oncology team" also has a second layer of meaning, reflecting your

program's commitment to the multidisciplinary treatment of cancer.

Now consider the word "advocacy," which by definition entails speaking or writing "in support" of something. Effective advocacy is a comprehensive approach that examines not only the economic issues affecting the delivery of quality cancer care in the community setting, but also

"speaks out" in support of community cancer care on a range of challenges. ACCC advocates on behalf of *all* of its members on such current issues as survivorship, patient safety, access to quality care, and disparities in cancer care, as well as on the difficult economic challenges confronting today's community cancer programs.

But it's that first word that I want to focus on today—"education." One of the true values of ACCC membership is the opportunity to learn more about providing high quality cancer care in the community setting. This learning happens in many forms—from expert presentations, to interactive small group sessions, to peer-topeer discussion. Take for example, this month's Oncology Issues.

Noted expert Howard McLeod, PharmD, discusses UGT1A1 testing, which helps identify patients with a greater risk for irinotecan toxicity. He does an excellent job translating some very technical information into language that your entire cancer care team can understand. Most importantly, he clearly outlines how this test can be applied at *your* program and how it will affect *your* cancer patients.

Our next example involves peerto-peer learning as you read how the University of Wisconsin's Radiation Oncology and Nuclear Medicine Department worked together to acquire hybrid CT/PET technol-

ogy. This effort is at the true heart of multidisciplinary teamwork— applied to decision-making that extends beyond the clinical setting.

Next, Pat Grusenmeyer takes a big swing at the issue we're all facing: the one-two punch of skyrocketing drug and treatments costs coupled with rapidly declining payments. He

starts you on a journey of identifying what the implications are for your program or practice, including practical suggestions you can adopt right now. And to show you exactly how it's done, Oncology Issues highlights a model oncology practice that has successfully adapted to these reimbursement changes.

ACCC also offers education in the form of regional and national meetings. And one of these meetings is right around the corner: ACCC's 2nd Annual Hospital Summit, Dec. 7-8, 2006 in Phoenix, Ariz. Coming March 28-31, 2007, is ACCC's 33rd Annual National Meeting at a new and exciting location: the Baltimore Inner Harbor. I urge you to visit ACCC's website (www.accc-cancer. org) to stay up-to-date on ACCC's educational and meeting offerings. It's an ACCC member benefit you can count on.

