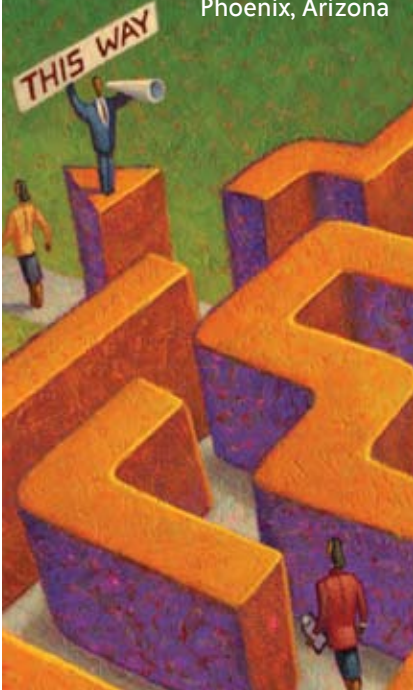


# ACCC's 2nd Annual Hospital Summit

December 7–8, 2006  
JW Marriott Desert Ridge Resort  
Phoenix, Arizona



## Guide Your Cancer Program Team through the Maze

There are many solutions to the challenges you face in your hospital. But only with the right guidance and strategies can you overcome the obstacles and reach the best solution. The Association of Community Cancer Centers' Hospital Summit will help you achieve superior results.

### WHO SHOULD ATTEND:

- > Hospital Chief Executive Officers and Chief Financial Officers
- > Vice Presidents of Oncology Services
- > Pharmacy Leaders
- > Program Administrators
- > Cancer Service Line Leaders

For information call 301.984.9496 or go to [www.accc-cancer.org](http://www.accc-cancer.org).

## Reality Check

by Christian Downs, JD, MHA

Recently I experienced one of those events that make you realize why you do what you do.

I was at the doctor's office getting a routine physical. Everything was going fine until my doctor began to examine a bluish mark on my calf. "Let's biopsy that," he said causally.

Suddenly, this physical became something more than routine. "It's probably nothing," he assured me. Sure, I thought. It's *always* nothing, until it's *something*.

As I drove home, my thoughts turned first to my family. My wife and I have two little boys. If this is cancer, I thought to myself, my wife is going to *kill* me.

Then my thoughts took a practical turn. What about my life insurance policy? Did I have enough coverage? Let's say this is cancer and I am treated successfully, will I be able to get additional life insurance? Having done advocacy work on insurance issues, I am uncomfortably aware how the insurance system works against cancer patients and survivors. In 2004, the adjusted rate for life insurance for these individuals was nearly three times that of other applicants. (That's assuming the person can even get life insurance after a cancer diagnosis.)

Health insurance brings its own problems. Most health plans today are an 80/20 split. But with the exorbitant price-tag of some of the newer therapies, many patients cannot even make the 20 percent co-pay.

I am fortunate enough to be able to afford good insurance and to have enough money saved to cover most treatment. Then again, wasn't that the boys' college fund?

As I continued to drive home, I thought about how and where I would be treated. First, I wanted the

"best." (And yes, I know that's what *every* person with a cancer diagnosis wants.) Would it be the physician who had the most experience, but who did not really "click" with me? And just how, I had to ask myself, would I go about verifying or quantifying what would be the "best" physician, the "best" treatment team, or the "best" cancer program for me? Our country is experiencing a great push to measure quality care across medicine; however, much of the work is in its infancy.



Second, I knew that *wherever* I was treated, I wanted access to oncology certified nurses. I know firsthand how important this member of the multidisciplinary cancer team is to patients and family members. Who takes care of you when you are throwing up? Who do you call when you are confused about your course of treatment or just plain scared to death?

But with ongoing cutbacks in reimbursement, would there be adequate nurse staffing, and would these nurses have the training and experience to deal with my particular case?

Finally as I pulled into my driveway, I thought about the support that would be available for my family and me, including programs developed by the American Cancer Society, the Patient Advocate Foundation, and the National Coalition for Cancer Survivorship.

I took a deep breath, walked into the house, hugged my wife and kids, and waited.

Ten days later, I was back in the doctor's office to hear the results. It was not cancerous, it was a—well, actually it does not matter *what* it was. To me, it was more important what it *wasn't*. ☐