

## The Value of ACCC Membership

Here are just a few of ACCC's accomplishments this past year...

✓ **Advocacy Efforts Pay off for Hospitals and Practices**

Legislative successes include maintaining drug reimbursement at ASP+6 percent in 2007; increasing payments for drug administration; and getting separate payments for subsequent hours of drug administration.

✓ **ACCC's Survey on Hospital Outpatient Department Drug Reimbursement**

Survey results were submitted to CMS and Congress and were instrumental in staving off reductions in drug payments for hospitals and practices.

✓ **Updated and Improved Cancer Program Guidelines**

Now available on ACCC's website, new features include: an extensive revision to the Pharmacy Services section; the addition of an Integrative Medicine section; and an improved reference section.

✓ **ACCC's Hospital Pharmacy Survey**

Survey data help ACCC educate CMS and Congress on the current state of pharmacy practice, including the need for additional payments for drug handling and preparation. Survey results also provide ACCC members with important benchmarking data.

**Join today!**  
[www.accc-cancer.org](http://www.accc-cancer.org)

## An Issue in Review

by Christian Downs, JD, MHA

I enjoy reviewing *Oncology Issues* right before it goes to press. The practice allows me to get a full sense of the articles in that issue—their breadth, depth, and, for lack of a better term, readability.

In this issue, former ACCC President Cary Presant, MD, once again provides an outstanding summary of the 2007 ASCO meeting and the papers that will make news in oncology practices. Drs. Mellott and Mulcahy offer another perspective on this same conference—highlighting new findings that may affect cancer treatment in the outpatient oncology clinic today.

We also focus on timely issues affecting our patients and programs. From ethnic diversity and cultural competency to tips for improving health literacy and cancer communication to a navigation program for an at-risk and underserved patient population, this issue features practical strategies that you can implement in *your* program to improve the quality of care you deliver to *your* patients.

I also urge you to carefully read our regular columns, such as “Issues.” Here you will learn about the latest regulatory and congressional changes—issues you must know something about if you are to effectively advocate on behalf of your program and patients.

ACCC staff has taken the proposed rule on the 2008 hospital outpatient prospective payment system (HOPPS)—500 pages and counting—and boiled it down, highlighting those proposals that will immediately affect ACCC members. For example, again this year, CMS is proposing to reduce the payment for cancer drugs provided in the hospital outpatient setting to ASP+5 percent. While ACCC is still conducting a thorough

analysis, we can already say that this proposed change will mean that some anti-cancer drugs will cost your program *more* than the amount you will be reimbursed. We all understand that this scenario is not sustainable in the long term. And while that understanding is the first step—it is not nearly enough. Now it becomes incumbent upon your program—the ACCC member on the front line with the real world experience—to educate both CMS and Congress

about the potentially devastating effects of this proposed change.

This month's “Issues” column also alerts you to two more areas of concern that should be on your radar screen: Medicare's final National Coverage Determination (NCD) on the use of ESAs and Medicare's proposed NCD on clinical trial coverage. Both

have the potential to negatively affect the quality of care your program can provide to its cancer patients. Blood growth factors are critical to our patients and yet are now being limited by CMS—despite information from both the FDA and ASCO. Further, ACCC believes that a spike in the number of infusions would also put a strain on our blood supply and would create a logistical nightmare for our cancer programs and blood banks. In its new proposed NCD on clinical trials, CMS suggests implementing some serious restrictions and conditions for Medicare coverage of services normally covered during a clinical trial. If you are doing research in your facility—or thinking about it—you need to be up to date on this issue.

Take full advantage of the information and resources provided in *Oncology Issues*. After all, that is why ACCC publishes its journal—to be of service to community cancer programs and their patients. ☐

