

San Francisco Success!

Nearly 600 cancer care professionals met in San Francisco, Calif., Sept. 17-20, for ACCC's 25th Oncology Economics Conference. Attendees enjoyed a variety of sessions, panel discussions,

and roundtables focused on solutions, strategies, and innovations aimed at helping cancer programs meet increasing demands for oncology services in an environment of rising costs and reduced reimbursements. The three-

day conference featured in-depth sessions on many of the regulatory, reimbursement, and programmatic changes affecting oncology today. In addition, oncology pharmacists gathered for ACCC's Oncology Pharmacy



Keynote speaker Ezekiel J. Emanuel, MD, PhD, Chair of the Department of Bioethics, Warren G. Magnuson Clinical Center, National Institutes of Health with ACCC President Ernest R. Anderson, Jr., MS, RPh (on left). Dr. Emanuel's remarks focused on effective solutions for healthcare reform.



ACCC's Annual Oncology Economics Conference provided networking opportunities for attendees.



Pictured are attendees at the one-day Oncology Pharmacy Education Network (OPEN) meeting in San Francisco.



ACCC President Ernest R. Anderson, Jr., MS, RPh, (on left) and Christian Downs, MHA, JD, ACCC Executive Director, (on right) present Donald Morton, MD, (center) with ACCC's Annual Clinical Research Award for his extensive research, leadership, and commitment to individuals with melanoma. The award presentation was made during a luncheon at ACCC's 25th National Oncology Economics Conference in September.

Education Network (OPEN) meeting on Sept. 18.

Keynote speaker Ezekiel Emanuel, MD, PhD, opened the conference with an address on “Curing the Sick American Health Care System.” To achieve true healthcare reform, we must fix “both the financial and the delivery systems,” he said. While most public discussions on health-care reform focus on the problem of providing universal coverage, Dr. Emanuel noted that “...you can’t get to universal coverage if you ignore the delivery system.”

Among the conference highlights were the following sessions. On Wednesday, Cliff Goodman, PhD, of the Lewin Group moderated an informative panel discussion on model supportive care programs that provided snapshots of a range of supportive care programmatic options being provided in both the community-hospital setting and at a large NCI-designated program. One take-away message: supportive care programs can be scaled to work effectively in small programs as well as large.

Updating attendees on recent change to the Stark Law, attorney Michael L. Blau, JD, of Foley & Lardner, LLP, noted that in the last few months of 2008, Stark III has brought a “sea change” and “not a lot of good news.”

Brian Ward of Genomic Health gave an overview on the present and future of targeted therapies and personalized medicine for cancer care.

Attendees from both the hospital and the practice setting benefited from hearing Luci Power, MS, RPh, speak on new standards for pharmaceutical compounding under USP 797.

On the conference’s final day, Matt Farber, ACCC’s manager of Provider Economics & Public Policy, provided a regulatory update, briefing attendees on the potential impact of the proposed 2009 Hospital Outpatient Prospective Payment System (HOPPS) and Physician Fee Schedule (PFS) rules.

ACCC’s Prostate Cancer Educational Program

The Association of Community Cancer Centers has launched its Prostate Cancer “Best Practices” project. ACCC seeks to identify best practices in a community

ACCC Welcomes Its Newest Members

- Charlotte Kimelman Cancer Institute, St. Thomas, Virgin Islands
- New York Presbyterian Hospital Cancer Programs, New York, N.Y.
- Anne Arundel Medical Center, DeCesaris Cancer Institute, Annapolis, Md.
- Richardson Regional Cancer Center an Affiliate of UT Southwestern Medical Center, Richardson, Tex.
- Southwest Oncology, PC, Durango, Colo.
- The Chester County Hospital, The Chester County Hospital Cancer Program, West Chester, Pa.
- Willmar Medical Services, Willmar Cancer Center, Willmar, Minn.
- Delta Oncology Associates, P.C., Portsmouth, Va.
- Eisenhower Medical Center, Lucy Curci Cancer Center, Rancho Mirage, Calif.
- Lake Regional Health System, Oncology Services Department, Osage Beach, Mo.
- Marshall Medical Center, Placerville, Calif.
- North Cypress Medical Center, Cypress, Tex.
- Parkland Health and Hospital, Dallas, Tex.
- Reid Hospital, Richmond, Ind.
- Schneck Medical Center, Cancer Center, Seymour, Ind.
- Slidell Memorial Hospital, Slidell, La.
- Centra Alan B. Pearson Regional Cancer Center, Lynchburg, Va.
- Medical Oncology and Hematology, P.C., Woodbridge, Conn.
- Providence Centralia Hospital/Providence Regional Cancer Center, R. I.
- Seattle Cancer Care Alliance-Network, Seattle, Wash.

cancer center prostate program that ensure a multidisciplinary approach to prostate cancer care, open communication, and patient access to state-of-the-art treatment within the community. ACCC plans to examine such components as:

- How patients are referred and moved through the program
- Clinical and referral guidelines
- Communication among different specialists
- Innovative partnerships with urologists
- Details of treatment and equipment
- Effectiveness and outcomes measures
- Outreach and marketing.

Prostate cancer will be one of the fastest growing cancers treated in the community setting in the next ten years. Gaining knowledge about best practices will go a long way to improving quality prostate cancer care.

ACCC has assembled a multidisciplinary advisory panel consisting of leading medical oncologists,

urologists, radiation oncologists, surgeons, nurses, pharmacists, and program administrators with experience in prostate cancer care treatment. Five prostate program “models” from across the country that represent a diverse population and geographic diversity and have programmatic and administrative innovations will participate in this program. ACCC will produce a report for its membership scheduled for publication in July 2009, as well as educational materials, including webcasts.

A key goal of the ACCC project is to “transform” the way prostate cancer care is delivered. To that end, the next phase of the project will be to conduct educational sessions and training at five different community cancer centers that express interest in enhancing their own prostate cancer programs. ACCC will develop effectiveness measures and pilot these measures at the selected institutions over a one-year period.

The project is made possible by an educational grant from sanofi-aventis. ☐