



ASSOCIATION
of CANCER
EXECUTIVES

SAVE THE DATE FOR
A NEW KIND OF
ACE CONFERENCE

Presented in Collaboration with
Association of Community Cancer Centers and
American Society for Health Care Engineering

**CANCER CENTER
BUILDING BLOCKS**

**HOW
TO PLAN
DESIGN
BUILD**

**A CUTTING-EDGE
CANCER CENTER**

**April 29 – May 1, 2009
Indianapolis, Indiana**

This new ACE conference will bring together architects, cancer center leaders, hospital administrators, planners, project managers, technical experts, and all those who plan or implement new construction, renovation, or expansion projects for cancer centers.

Participants will have the opportunity to actively engage in sessions and discussion about the process, promise, and pitfalls of cancer center building projects.

**Connect with
Industry Leaders
and Experts
Ahead of New
and Expanding
Cancer Center
Projects!**

**Registration and Exhibiting
Information Coming Soon!**

More details are at
www.cancerexecutives.org

| FROM THE EDITOR |

What We Do

by Christian Downs, JD, MHA

As Editor-in-Chief of *Oncology Issues* and Executive Director of ACCC, part of my role is to represent the Association at public events and social functions. This is one of my favorite parts of the job, as I am always willing to “toot the horn” about our organization and its membership.

At one recent event, a woman outside of the healthcare field posed an interesting question to me. She asked: “What do ACCC members do?” Not “Who is ACCC?” or “What are community cancer centers?” But “What do our members do?” Now I’ve been asked this question before and gone into a long explanation about cancer treatment. But this time, I stopped to reflect on exactly what ACCC members do.

As I reviewed the January/February 2009 edition of *Oncology Issues*, I realized that these articles offer some answers to that deceptively simple question. Spend some time with this issue and you will begin to understand the breadth, depth, and diversity of what ACCC members do.

For example, we are concerned with our patients’ clinical care. In this issue’s “New Technology” column, Brandon McMahon, MD, talks about improving the quality of care for patients with malignancy-associated thrombosis. How? By first looking at mechanisms of action and development risks of VTE, and then outlining the treatment options.

Another activity we all engage in: improving the way we care for our cancer patients. In “Designed for Success,” Virtua Health System did just that by developing and imple-

menting a pilot breast navigation program. Not only did they improve the care they offered their breast cancer patients, they improved communication with referring physicians, increased patient retention, and achieved higher patient satisfaction scores.

ACCC members also want to offer the right resources to the right patients. Christiana Care Health System’s High Risk Breast and Ovarian Cancer Surveillance Program does just that by providing personalized cancer risk assessment; same day screening; and specialized consultation services (the “right” services) to at-risk individuals (the “right” patients).

ACCC members are committed to providing care in their home communities. To be able to do so, hospitals and practices must be financially sound. Often, this requires generating “money for the mission.” Retail programs and services are just one way to raise this money. Turn to John Surprenant’s article for information about “The Retail Side of Hospital Allied Care.”

Finally, ACCC members want their patients to be satisfied with their care experience. The first step is to ask patients *what* they want and then *listen* to their answers. Aptium Oncology did just that when they conducted a retrospective study that appeared to show that increased use of support services increased patient satisfaction scores.

So, the next time someone asks you, “What do ACCC members do?” here’s my suggestion—grab a copy of *Oncology Issues*, hand it to them, and say, “You can start here.” ☐

