

Meet ACCC's New President **Luana R. Lamkin, RN, MPH**



In March 2009 Luana R. Lamkin, RN, MPH, became President of the Association of Community Cancer Centers. She brings more than 25 years of oncology experience to her leadership role at ACCC.

Q. *Can you tell us about your career in oncology, your present position, and how you first became involved with ACCC?*

A. I began my career in oncology in 1972 as a staff nurse on an oncology unit at the Queens Medical Center in Honolulu. I went there thinking I would work a couple of years and then move back to the mainland. I ended up being there for 22 years and during that time served as a chemotherapy nurse, Director of Nursing, and finally as the Executive Director of the Queens Cancer Institute. I subsequently served as Chief Operating Officer of two hospitals in Denver, as Administrative Director for cancer services for the OhioHealth system in Columbus, and assumed my present position as Administrator of the St. Luke's Mountain States Tumor Institute (MSTI) in 2004.

Today I am responsible for the quality and financial success of MSTI's five cancer centers around Idaho, an inpatient oncology nursing unit, and seven breast care centers. We are a \$150 million dollar company now with 450 employees. Regardless of the positions I have held, the joy is always working with staff and physicians who care about making the cancer patients' experience as positive as it can be.

I attended my first ACCC meeting in 1982. I knew from the first meeting that this organization was unique—truly multidisciplinary in its purpose and actions. I have served on the board for the last six years and on a number of committees; perhaps the most fruitful work has been the Program and Strategic Planning Committees. In ACCC you can be as involved as you choose to be, but the involvement is always fulfilling and you meet wonderful people who share our challenges and our values.

Q. *What would you like to accomplish during your term?*

A. Every ACCC President has the opportunity to choose a focus area for his or her term. I have selected the oncology workforce. It is clear to me that 10 years from now—perhaps even two years from now—we will not be caring for patients in the same way we do today. The number of cancer patients continues to grow while the number of specially educated oncology physicians, nurses, pharmacists, medical physicists, and a host of other staff is not keeping up with the demand. I hope to shine a light on these workforce issues and work through ACCC's economic and annual meetings to explore ways we can adjust our thinking about

how we deliver care and identify new models.

We also have a wonderful opportunity to influence our policy makers to increase their support of researching new models of care and paying for advanced education for oncology professionals, as well as for specific pro-

grams such as survivorship, patient navigation, and patient education.

Q. *What do you see as the most significant challenges facing the oncology community?*

A. Our biggest challenges are the uninsured or underinsured cancer patients and our ability to provide care with a shrinking oncology workforce. I do not pretend to understand the connection between cancer cell biology and the national economy, but it is clear that the number of patients seeking care has declined in the last few months along with the economy. I fear those people with symptoms are avoiding healthcare because of the expense and lack of insurance, and we will see them in the future, only later in their disease process. The healthcare reform measures proposed will hopefully result in having no—or at least fewer—uninsured or underinsured in America. This is the good news. The bad news is the anticipated shortage of educated oncology professionals available to deliver that care to the newly insured over the coming years.

Q. *In tough economic times, how can we work to meet these challenges?*

A. We can prepare by educating ourselves on providing quality care at less expense; by seeking newer, better ways to provide care; and by making our voices heard in the legislative arenas. We need a paradigm shift of our own, and we need to work with policy makers to help them see what our future and the future of our patients will look like if no relief is forthcoming.

Q. *What role can ACCC play in helping its member cancer programs meet these challenges?*

A. ACCC is the perfect organization to tackle these challenges. Our strategic plan is so elegantly simple: educate our members, advocate for patient care, and keep the organization financially viable so we can do this important work. All three goals are daunting in this economy, but no organization or group of leaders is better prepared for this work! ■