ACCC's 5th Annual Hospital Summit



Friday, December 11, 2009 8:30 am-3:30 pm

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The premiere meeting for CEOs, CFOs, VPs, administrators, and other hospital leadership to hear about:

- ✓ Trends in the oncology marketplace, a presentation by The Advisory Board
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- ✓ Innovative strategies for dealing with workforce shortages
- ✓ Legislative update—what are Congress and the White House doing that will affect community cancer centers
- ✓ Plus, what do the final HOPPS rule and Physician Fee Schedule mean for the oncology community?

Only \$169 a person!
Bring your entire team and register online at:

www.accc-cancer.org

Take Advantage

by Christian Downs, JD, MHA

T's fitting that this special edition of Oncology Issues arrives in September—Prostate Cancer Awareness Month. All the feature articles—developed as part of ACCC's Prostate Cancer "Best Practices" Project—discuss delivery of prostate cancer care in the community setting. But don't let the focus on "prostate cancer care" allow you to miss out on some broader themes.

First, as you know, ACCC is committed to multidisciplinary care.

This type of care means involving not only physicians from different medical specialties, but also nurses, pharmacists, administrators, social workers, and all other team members committed to treating cancer. Prostate care delivery is a prime example of the benefits *and* challenges involved in multidisciplinary treatment.

Most of our prostate cancer patients have a choice of treatment options. They also have a choice of physicians to provide these services—surgeons, urologists, radiation oncologists, and medical oncologists. Studying how these different specialties work together (or in some cases do not work together) can provide insight into exactly how to deliver better quality multidisciplinary care in our communities.

Second, as you read this issue, you will notice that the "best practices" model programs are your colleagues. They see patients every day and struggle—just like you—with reimbursement constraints, workforce shortages, and increasingly restrictive regulations while still providing the best care possible care to their patients. The recommendations made in ACCC's Guide to Best Practices in a Comprehensive Prostate Cancer Program were not hatched in some

business school or insurance company or planned out by a Washington, D.C., think tank. These "best practices" come from community cancer centers across the country.

Over the next year, ACCC's educational initiatives will continue to use the experiences of its member programs to educate the entire membership. To do so, we have to continue sharing information on what works and does not work, where our programs have succeeded, and where

we have struggled.

Finally, remember this educational tool is but one part of the resources you can take advantage of with your ACCC membership. Visit ACCC's website www.accc-cancer. org for the latest information about reimbursement trends and policy issues. Read and pass on your copy of Oncology Issues to all of your team members.

In fact, go one step further and email our managing editor (*mmarino@accc-cancer.org*) with an idea for an article.

Be sure to attend ACCC meetings—designed to optimize opportunities for member networking. Check out the Meetings section on ACCC's website for information on the 5th Annual Hospital Summit (December 2009) and ACCC's 36th Annual National Meeting (March 2010 in Baltimore). If traveling is a challenge, take advantage of ACCC's webinars and conference calls.

ACCC's multidisciplinary membership is unique and uniquely experienced in working across disciplines. As you read this special issue of ACCC's journal, I hope you see—as I do—how the strength of the information provided comes from the participation of ACCC membership. Your ACCC membership is valuable, and you are a valuable part of ACCC's membership. Take advantage!



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