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Association of Community Cancer Centers



Connect with your colleagues in 900 hospitals and more than 1,200 private practices. Ask questions, share information, and take advantage of opportunities to network.

ACCCExchange. More than 1,000 ACCC members discuss hot topics and share innovative ideas on ACCC's listserve.

ACCCBuzz. Blog posts from ACCC leaders on timely topics of concern to you and your cancer program at <http://acccbuzz.wordpress.com>.

Facebook & LinkedIn. Social media is a great way to interact and exchange ideas. Our Facebook Fanpage and LinkedIn group are growing. Join us today.

www.accc-cancer.org



Neither Here Nor There

by Christian Downs, JD, MHA

One theme I'm hearing more and more from the cancer community revolves around questions concerning the integration of physician practices and hospital-based cancer programs. The follow-up question is often—"So, what should we do?" Before we attempt to answer that question, let's take a step back to get some perspective.

Over the last several decades, the "site of service" (where we treat cancer patients) has swung back and forth between practices and hospitals. In the early '80s, with the advent of DRGs, most cancer care migrated from the hospital setting to physician offices. Advances in radiation treatment and imaging in the '90s caused some cancer care to move back into the hospital outpatient setting.

In the new millennium, the HOPPS had some providers thinking that the "best" option was to send patients back to the practice setting.

Then, like now, there is no simple either/or answer to identifying the "best" site of service in which to treat cancer patients. Instead, this question requires careful and nuanced analysis of factors such as the local market, the types of patients and cancers being treated, and the culture of the providers and institutions involved in the discussion.

With that background in mind, this edition of *Oncology Issues* takes a fresh look at physician-hospital integration, presenting two very different options for "coming together" and discussion aimed at understanding what these new partnerships might mean to the site of service.

In his article, Chad Schaeffer writes that professional services agreements (PSAs) can strengthen physician-hospital clinical integration, decrease overhead and operating expenses, improve revenue streams,



and enhance patient care management. Sounds easy, right? Well, Schaeffer also points out some key steps for hospitals and oncologist to take *prior to* entering into any PSA.

In "Hospital Employment of Physicians," *Oncology Issues* talks with the director of a community

cancer center in Raleigh, N.C., and a hospital-employed medical oncologist. This interview covers a wide variety of issues—from governance to return on investment to compensation models. And what you read may have you taking a second look at this hospital-physician collaboration model.

For further discussion, I encourage you to take advantage of ACCC's listserve. *ACCCExchange* addresses all aspects of community cancer care. The information is available for free to members who can join the listserve and read and post questions to colleagues going through similar issues and decision-making challenges. More than 1,000 members strong, ACCC's listserve is an exceptional resource for getting answers to real-world questions in real time.

Hungry for more? Join us at ACCC's 27th National Oncology Economics Conference, Sept. 29-Oct. 2, in St. Louis, Mo. Not only is physician-hospital integration on the menu, you will have the opportunity to network with colleagues from both care settings.

Turning back to our original question, I think you'll find that you already *know* what to do. Gather your data, talk to your colleagues, understand your marketplace, do careful and deliberate analysis of the information and then...never forget that the *last thought* on the mind of your patients sitting in their chemo chairs is whether they are in a hospital or physician office. ☐

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