Data Driven

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As incoming ACCC President, I welcome this privilege and opportunity to work with the Board of Trustees and the membership throughout the upcoming year. Reflecting on my many years as a practicing medical oncologist and an academician, I am aware of the profound changes in oncology care delivery over the past 30 years. We should be exceptionally proud of these accomplishments, which include exhaustive educational efforts that have brought cancer medicine to the forefront of public discourse—removing the shroud of mystery, denial, shame, and avoidance of any mention of "the word" in public or in private. We have seen cancer care shift from an inpatient hospital-based service to an extensive outpatient delivery system, saving billions of dollars while providing a continuum of safe and convenient cancer care delivery. The emergence of specific disciplines, including medical oncology, oncology nursing, surgical oncology, palliative medicine; the advances in the fields of radiology and radiation oncology; and the advances in technology, diagnosis, and treatment are among the hallmarks of these changes that continue today at an even more rapid pace.

Although, clearly, much work remains to be done to further improve the outlook for cancer patients, advances over the past three decades have made inroads and provided the framework to offer the right treatment at the right time for the right patient—the mantra of "personalized medicine." As healthcare reform unfolds over the coming months, we must keep this historical perspective so that we do not deconstruct what has been built, but rather refine and enhance oncology care delivery by exploring new models, integrating evidence-based medicine, fostering clinical research, and encouraging technology transfer when clinical benefit is clearly demonstrated.

How healthcare reform legislation will affect the oncology community and care delivery over time is uncertain; however, cost containment is sure to remain a central theme. Other pressures faced by the oncology community include the growing emphasis on the practice of evidence-based medicine. The federal government has made a substantial recent investment to enhance comparative effectiveness research (CER). CER will include oncology care, which will likely mean increased demands for data acquisition. This change will affect both hospitals and practices. Already, increasing requirements for data and documentation are profoundly affecting oncology practice management—and we are seeing some migration from an office-based oncology practice to a hospital-based oncology office environment. How pervasive this shift will become and its repercussions on oncology care delivery remain to be seen. We must monitor these trends to understand what changes are occurring and to avoid any negative impact on the delivery of quality oncology care.

During my presidency, I plan to work with ACCC to study the emerging demands for data generation—in both office-based and hospital-based oncology practices, particularly as these relate to evidence-based medicine and CER. An important question is whether increasing data requirements—entailing related demands on personnel—will have a deleterious effect on cancer programs' ability to participate in clinical trials. ACCC will ask its members to help document how data requests are affecting your practice environment—that's right, a request for more data!

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- The Impact of the Economy on Pharmacy Services
- Mentoring a New Cancer Program Administrator
- The Role of Genetics in Cancer Care
- Treatment of Adolescents and Young Adults with Cancer: Implications for Community Cancer Centers
- Ensuring Long-term Sustainability of Patient Navigation Services
- Diagnostic Imaging: Usage and Reimbursement
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