

ACCC's CE Blackboard

New Educational Programs Available on ACCC's CE Blackboard

■ *iPointOfCare for Non-Small Cell Lung Cancer*

Offered by DIME, this web-based tool brings peer-reviewed articles and expert opinion about NSCLC as close as your computer or web-enabled mobile device. iPOC's Conference Highlights section allows you review the proceedings of important cancer meetings you may not have been able to attend. Through this new program, you can also save articles and abstracts for future reference and share with colleagues. Earn CME credit through this innovative program.

Supported by an educational grant from Genentech BioOncology and OSI Oncology.

■ *The Role of Multi-gene Predictors in Early Breast Cancer*

Although significant advances in the prevention, diagnosis, and management of breast cancer have been made in recent years, these scientific discoveries are not being translated effectively into clinical practice. More consistent application of evidence-based medicine and timely integration of scientific advances could improve the outcomes of thousands of lives.

Offered by MedEd Architects, LLC, this television studio-based educational activity uses a town hall format, bringing together breast cancer experts and an academic audience to discuss, debate, and challenge trial results and approaches on the use of diagnostic and prognostic molecular profiling in breast cancer.

Supported by an educational grant from Genentech and Pfizer.

For more information go to ACCC's CE Blackboard at: <http://www.accc-cancer.org/education/education-blackboard.asp>.

| FROM THE EDITOR |

Change for the Better

by Christian Downs, JD, MHA

Cancer care delivery is moving and changing faster than at any point in the last 30 years. There are new therapies, new payment models, new methods of caring for patients, and, sadly, there are new patients. This *Oncology Issues* focuses in on two key aspects of this change: *where* cancer patients are being treated and *how* cancer patients are being treated.

As faithful readers of *Oncology Issues*, you know we are seeing a national trend of consolidation—practices and hospitals going into business together, as well as hospitals merging with hospitals and practices merging with practices. ACCC's *2010 Cancer Care Trends in Community Cancer Centers* survey documented this trend. Cancer patients often move between these care settings—from the hospital inpatient unit to the oncology group practice. ACCC wanted to address a particular concern: *How are patients transitioning between the two settings of care?*

With support from Eisai Inc., ACCC launched the *Transitions Between Care Settings* educational project to study three key components of the care transition: adequacy and completeness of the medical record; medication reconciliation; and communication among providers—both within their own programs and between the two care settings.

We all agree that quality care is of the utmost importance. Moreover, many providers understand that quality care is multifaceted and ensuring that cancer patients have smooth “transitions” between hospitals and practices is part of the quality care experience.

As part of its study, ACCC

identified nine cancer programs that exhibited exemplary transition activities. In this issue, they provide snapshots of key transition procedures and/or policies. They also share replicable strategies and tools that other community cancer programs and practices may want to implement, adapt, or take under consideration.

So that's the *where*. But in this issue, we also focus on *how* cancer patients are being treated.

For years, providers have struggled to increase accrual to clinical trials, particularly in the community setting. There are well-documented barriers—cost, misinformation, and most importantly, identifying eligible patients. And these challenges are exacerbated in minority and traditionally underserved populations.

As our series from the NCI Community Cancer Centers Program (NCCCP) continues, articles in this issue focus on the NCCCP's efforts to increase clinical trial accrual. From implementing a trial screening and accrual log, to developing a trial portfolio, to using a patient navigator, the NCCCP sites are collaborating and innovating to better serve their patients.

If you have been caring for cancer patients and their families for any amount of time, you know that if there is one constant, it is change. But that is why you have an ACCC membership. As you continue to care for your patients, ACCC will continue to support your work by keeping you updated on important legislative, regulatory, and market changes and providing strategies and resources to help improve your cancer program. Together we will ensure that these changes translate into change for the better. ☐

