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| FROM THE EDITOR |

## The Good, the Bad, and the Ugly

by Christian Downs, JD, MHA

As summer fades and we roll into fall and ACCC's 28<sup>th</sup> National Oncology Conference, it's a good time to take stock of community-based cancer care in this country. And like the classic Clint Eastwood film, the news is good, bad, and ugly.

The bad includes concerns about adequate payment for cancer services—by both public and private payers. Significant reimbursement cuts to cancer care loom on the horizon. And these cuts will have real consequences for cancer patients—which leads us to the ugly.

Cancer programs (both in the hospital and private practice setting) are already struggling to stay afloat financially. In some of the more rural areas, when a provider closes, patients have no viable alternatives for care—somber news for us all.

And while Clint Eastwood's movie had a somewhat grim conclusion, I'd like to end my column on a more positive note by delivering the "good."

Cancer care providers remain committed to improving the quality of care by developing new and better treatments. In fact, exciting breakthroughs are taking place at a rapid pace. Read about these advances in Dr. Cary Presant's article, "The Best of ASCO 2011."

At the same time, cancer care providers continue to exhibit great energy and vitality, focusing on the "good" instead of the "bad" and the "ugly."

In "Making the Case for Nurse Navigators—Benefits, Outcomes, and Return on Investment," the cancer care team at HCA Virginia Health System shows how they improved quality of care, patient and provider satisfaction, and their bottom line.

Sharing another "good" story, Fran Feehan writes about how Grant



Medical Center in Columbus, Ohio, developed a simple, cost-effective way to increase community-based mammography screening. Their easily replicable solution—partner with local businesses and remove transportation and scheduling barriers for women. Since its program inception in 2004, ConvenientCare Mammography has grown an average of 29 percent annually.

Similarly, New York's Huntington Hospital describes how it added breast cancer risk screening and breast cancer prevention to annual patient exams. In their article, "Nurse-Physician Collaboration—Implementing a Community-Based Breast Cancer Risk-Assessment Model," the authors include solutions and tools that can be modified and used by other community cancer programs.

Finally, in our continuing series on the NCI Community Cancer Centers Program (NCCCP), ACCC members can learn from NCCCP pilot site experiences with information technology assessment and expansion. While IT infrastructure is both labor- and cost-intensive, NCCCP sites share a number of practical strategies to select and implement an EHR, as well as to evaluate how tools from NCI's caBIG® can be used at the community level.

And a surefire way to keep the "good" going is by attending ACCC's 28<sup>th</sup> National Oncology Conference, Oct. 19-22, in Seattle. Along with unique networking opportunities, we will feature presentations from 14 cancer programs from around the country. Programs—just like yours—that have used ingenuity and innovation to solve problems and improve patient care. ACCC is here to help its members share the "good" while tackling both the "bad" and the "ugly." 🐻