

ONCOLOGY ISSUES

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FROM THE EDITOR

Getting It Done

BY CHRISTIAN DOWNS, JD, MHA



At the March ACCC 39th Annual National Meeting in Washington, D.C., about 60 attendees visited their representatives on Capitol

Hill. It was a great showing of physicians, nurses, pharmacists, administrators, and social workers all talking about quality cancer care.

Many of your colleagues experienced firsthand the gridlock that has overtaken the country's legislative process. From sequesters to healthcare reform, your fellow providers saw how maddeningly difficult it is for Congress to get any work done.

Now, compare what is happening in Washington, D.C., with what is happening out in our communities around the delivery of quality cancer care. This edition of *Oncology Issues* highlights just a few of your activities.

For example, we're all familiar with the market consolidation that is happening across our industry. Amanda Henson's piece on Central Baptist Hospital focuses on the hospital's efforts to integrate a new physician group. According to Henson, "The good news [is that] these relationships can be developed successfully, and integrated delivery of care can benefit all parties involved—providers, hospitals, and patients." She also shares some of the challenges related to staffing, billing, and financial incentives. Henson's takeaway message is that physician engagement and communication are key to the success of any physician acquisition.

Next, with the new CoC standards, many ACCC members are trying to improve or enhance their research programs. After failing to meet its clinical trial accrual in 2011, St. Luke's Mountain States Tumor Institute took immediate action. The first

step: a comprehensive review of its existing processes. With this data in mind, a dedicated team was then able to develop a formalized, accountable, and organized method for tracking and reviewing potential new clinical research studies. Read about their experience and the tools they subsequently developed to strengthen MSTI's research program.

In that same vein, Louis Pavia's article highlights the relationship between research and affiliation. If your physician practice or cancer program is looking into an affiliation arrangement, Pavia suggests that you first assess six clinical trial dimensions: vision and culture, trials portfolio, trial initiation, accrual, outreach, and support.

Finally, Congress can learn much from Jan Rothman and his colleagues about working together to overcome challenges and barriers. In his article, Rothman shares how two competing hospitals, a freestanding cancer center, and private practice physicians were able to come together and develop a multidisciplinary thoracic cancer clinic in Erie, Pa. In a companion article, Kimberly Rohan talks about her program's thoracic cancer clinic model. At Edward Hospital in Naperville, Ill., a nurse practitioner coordinates the multidisciplinary conference and collects data related to the clinic's PI goals.

Amazing! In this one issue of our journal, ACCC member programs offer four strong examples of providers taking action to get things done—real action, action that means something to our patients and communities.

ACCC is holding its third Hill Day on March 31, 2014, in conjunction with the ACCC 40th Annual National Meeting. Next year, join your colleagues and help educate Congress about the issues affecting your cancer programs and cancer patients. And who knows? You might even give your representatives a few ideas about "how to get things done" in Washington, D.C. 