

➤ more online @
www.accc-cancer.org



A New Look for ACCC's Website

WEBSITE Bigger, brighter, better! All the current need-to-know information at your fingertips, with links to ACCC and oncology news, provider resources, advocacy efforts, meeting information, and more. Plus, members-only content is now more accessible through ACCC's MyNetwork. www.accc-cancer.org.



ACCC's New Advocacy Brochure

INFO Read about the issues impacting your program today—a fix for the sustainable growth rate (SGR), oral parity legislation, the sequester, and elimination of the prompt pay discount—then contact your representatives to effect change. www.accc-cancer.org/getinvolved.



Oncology Reimbursement Meetings

MEETING These free meetings will be held in Minneapolis, Columbus (Ohio), and Salt Lake City. Attend the meeting that's most convenient to you for a 360° look at oncology reimbursement issues, tools to strengthen your program, and information to help you weather market changes. www.accc-cancer.org/reimbursementmeeting.



2014 ACCC Innovator Awards

AWARD Now in their fourth year, these awards recognize and honor pioneering strategies for the effective delivery of cancer care in the community setting. Innovations should advance the goals of improving access, quality, or cost-effectiveness. Apply today at www.accc-cancer.org/innovator.

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fast

Do ACOs Make the Grade?

Accountable Care Organizations (ACOs) are expected to improve the quality of patient care and reduce overall costs. To achieve those goals, ACOs must first leverage optimal medication use. One study found that ACOs reported high readiness in some areas, but have room for improvement in others.

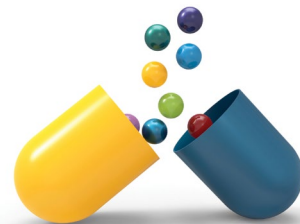
Making the Grade

- Transmit prescriptions electronically (70%)
- Integrate medical and pharmacy data into a single database (54%)
- Offer formularies that encourage generic use when appropriate (50%)

Improvement Needed

- Quantify the cost offsets of medication use and demonstrate the value of appropriate medication use (7%)
- Notify a physician when a prescription has been filled (9%)
- Have protocols in place to avoid medication duplication and polypharmacy (17%)
- Have quality metrics in place for a broad diversity of conditions (22%)

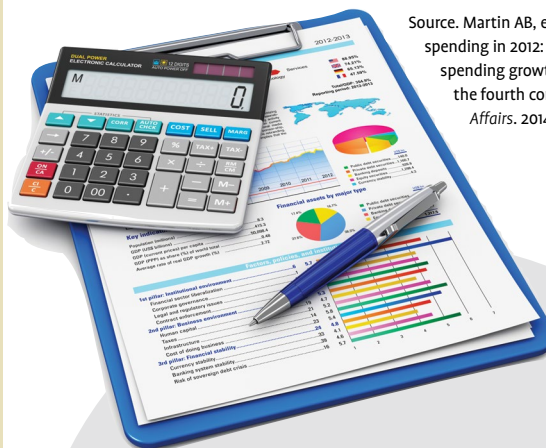
Source: Dubois RW, et al. Are ACOs ready to be accountable for medication use? *J Managed Care Pharm.* 2014;20(1):17-21.



4th Consecutive Year of Slow Growth in Healthcare Spending

Healthcare spending in the U.S. rose by just **3.7 percent** in 2012, continuing to reflect the impact of the recent economic recession. Healthcare spending in 2012 reached **\$2.8 trillion**, or **\$8,915** per person.

Source: Martin AB, et al. National health spending in 2012: rate of health spending growth remained low for the fourth consecutive year. *Health Affairs.* 2014;33(1):67-77.



facts

Study Finds Out-of-Pocket Costs Play Major Role in Treatment Adherence for Cancer Patients

- Patients with higher co-payments were 70 percent more likely to stop taking their cancer treatment.
- Patients with higher co-payments were 42 percent more likely to skip doses.

Source. Dusetzina SB, et al. Cost sharing and adherence to tyrosine kinase inhibitors for patients with CML. *J Clin Oncol.* 2013 Dec 23.



Effects of Prostate Cancer Go Beyond the Physical

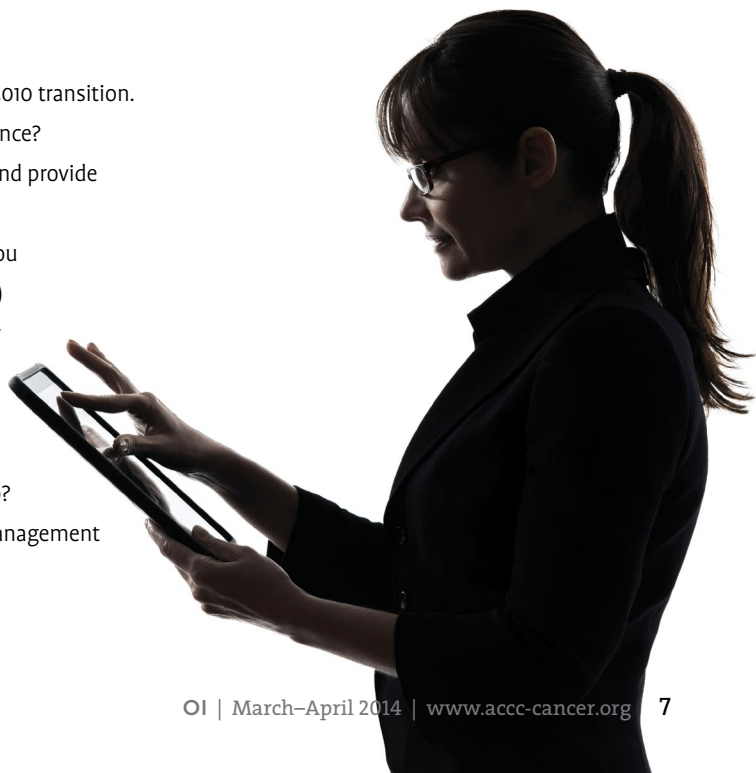
- The majority of men with prostate cancer (**70%**) in the early stage of the disease report having an excellent or very good quality of life compared to only **39%** of those with advanced prostate cancer.
- **36%** of men living with prostate cancer surveyed say the disease has impacted their ability to participate in daily activities, such as using the bathroom, being physically active, and traveling.
- The most reported physical concern (**64%**) for all men surveyed is being unable to maintain an erection.
- Among men with early stage prostate cancer, sexual dysfunction, urinary incontinence, and fatigue are the most common physical challenges experienced.
- Men with advanced (stages 3 and 4) prostate cancer reported psychological concerns (**69%**) and social concerns (**50%**), including feelings of loss of masculinity, loss of dignity, loss of identity, and missing out on important life events.

Source. A survey conducted by Leger Marketing on behalf of Janssen Inc., and in partnership with the Canadian Cancer Survivor Network.

6 ICD-10 Questions for Your Medical Claims Clearinghouse

1. Our practice experienced a disruption of cash flow during the HIPAA 5010 transition. What will you do differently with ICD-10 to prevent a repeat performance?
2. Can you run a report of claims rejections and denials by ICD-9 code, and provide guidance on how to prevent these errors?
3. Can you run a similar report by payer? (Bring this information when you meet with your key payers and discuss their ICD-10 conversion plans.)
4. Can you run a report that identifies the "generic" codes each provider uses regularly? (Generic ICD-9 codes are most likely to be denied by payers going forward. These codes should be your first priority during ICD-9 to ICD-10 mapping.)
5. Could you share advice on mapping my superbill from ICD-9 to ICD-10?
6. Could you share the progress of your discussions with my practice management vendor and my payers? When can we start sending test claims?

Source. Physicians Practice. www.physicianspractice.com.



Association of Community Cancer Centers

Core Purpose, Core Values, and Strategic Objectives

Core Purpose

To be the leading education and advocacy organization for the multidisciplinary cancer team.

Core Values

ACCC will fulfill its core purpose by pursuing and adhering to these core values:

- Integrity
- Service
- Collaboration
- Innovation
- Stewardship
- Excellence
- Knowledge
- Compassion

Strategic Objectives

Long-Range Goal

ACCC will be recognized as the leading organization that advocates for quality comprehensive cancer care for all.

Three-to-Five Year Goals

- **Goal A:** Members will recognize the value of ACCC and utilize its resources for knowledge exchange, education, and networking.
- **Goal B:** ACCC will expand its influence and advocacy for quality cancer care.
- **Goal C:** ACCC will manage its resources to meet its financial objectives.
- **Goal D:** ACCC will establish meaningful collaborations and partnerships.
- **Goal E:** ACCC will examine its leadership and membership structure.

Learn more at www.accc-cancer.org.

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The Voice of the Community Physician is Heard

In 1979 J. Gale Katterhagen, MD, past president of ACCC (1976-1978), became the first community physician appointed to the National Cancer Advisory Board. “Community representation on the NCAB

was a significant step in vying with the academic centers for NCI research funding,” Katterhagen said at the time.



ACCC Instrumental in Bringing Research to Community Programs

ACCC Presidents William M. Dugan, Jr., MD, (1983-1984) and Edward L. Moorhead III, MD, (1985-1986) both testified before Congress about the need and value of clinical trials in the community. ACCC’s efforts were rewarded with the CCOP (community clinical oncology program) and CGOP (cooperative group outreach) programs.



Christiana Care Health System, Helen F. Graham Cancer Center

fast facts

AWARD FOR SERVICE
to
CANCER PATIENTS



ACCC Gives Advocacy Award to Former President

In 1986 ACCC presented former President Richard M. Nixon with an Award for Service to Cancer Patients at its 12th Annual National Meeting. In his remarks, President Nixon said, "The 300 community cancer centers you represent...are the front line troops in the war against cancer. All Americans are in your debt." Today, ACCC represents about 900 hospitals and 900 physician group practices nationwide.

Access to Off-Label Therapies

In 1990, in an effort to get payers to revise coverage policies for off-label indications, ACCC developed uniform health insurance language that defined off-label use and provided legitimate sources for off-label recommendations; 39 states adopted ACCC's model legislation, along with Medicare and Medicaid. Since 1989 ACCC has assisted more than 40 states in developing legislation and regulations requiring coverage for off-label drug indications.



Grassroots Advocacy Campaign



ACCC launched this campaign in 2012, partnering with key stakeholders at the local, state, and federal level to preserve access to quality care, advance Medicare, and ensure appropriate reimbursement. One key effort: oral parity legislation that requires payers to cover oral and infused drugs at the same rate. Today, 27 states and the District of Columbia have passed oral parity legislation. ACCC continues to work with the other states and Congress on similar legislation.