

➤ more online @  
www.accc-cancer.org



### Access New Pancreatic Cancer Tools

We're rolling out practical resources for providers treating pancreatic cancer patients, including effective practices in use at ACCC member programs, a patient education booklet on Whipple surgery, and more. [www.accc-cancer.org/pancreatic](http://www.accc-cancer.org/pancreatic).



### Town Hall on Value in Cancer Care

How do we define value and quality in cancer care? Panelists at ACCC's 40th Annual National meeting explored this question from the payer, patient, and provider perspectives. The wide-ranging conversation touched on the forces driving the high cost of care; the potential for reform; and the struggle to reach consensus. [www.accc-cancer.org/resources/TownHall.asp](http://www.accc-cancer.org/resources/TownHall.asp).



### ICD-10-CM Delay: What Next?

ACCC asked *Oncology Issues'* Compliance columnist Cindy Parman, PC, CPC-H, RCC, for her views on the ICD-10 implementation delay and next steps for cancer programs. <http://accbuzz.wordpress.com/2014/04/11/icd-10-cm-delay-what-next/>.



### Meet the 2014 Innovators!

Now in their fourth year, ACCC's Innovator Awards recognize and honor pioneering strategies for the effective delivery of cancer care in the community setting. See what this year's award winners have done to advance quality care. [www.accc-cancer.org/innovator](http://www.accc-cancer.org/innovator).

Oncology Issues is published bimonthly at the Association of Community Cancer Centers, 11600 Nebel St., Suite 201, Rockville, MD 20852. Copyright ©2014. Association of Community Cancer Centers. All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means without permission in writing. Editorial correspondence, changes of address, manuscripts, and letters to the editor should be addressed to: Managing Editor, Oncology Issues, 11600 Nebel St., Suite 201, Rockville, MD 20852-2557. Author's instructions available at [www.accc-cancer.org](http://www.accc-cancer.org).

Articles, editorials, letters to the editor, and other contributed materials represent the opinions of the authors and do not represent the opinions of the Association of Community Cancer Centers or the institution with which the author is affiliated unless the contrary is specified.

Basic rate: \$55 per year for healthcare providers, plus \$4.99 for shipping. ACCC membership dues pay for general, delegate, and chapter member subscriptions. Back issues available for \$12.50 per copy, prepaid. Bulk rates available upon request.

Send correspondence, display advertising, insertion orders, printing materials to Mal Milburn, Oncology Issues, 11600 Nebel St., Suite 201, Rockville, MD 20852. Questions for general information may be directed to 301-984-5704.

Please send address changes to Association of Community Cancer Centers, 11600 Nebel St., Suite 201, Rockville, MD 20852.

For permission to photocopy or use material electronically from Oncology Issues, ISSN#1046-3356, please access [www.copyright.com](http://www.copyright.com) or contact the Copyright Clearance Center, Inc. (CCC) 222 Rosewood Drive, Danvers, MA 01923, 978-750-8400. CCC is a not-for-profit organization that provides licenses and registration for a variety of users.

# fast



## Oncology Remains Most Restrictive Specialty in 2013

About **65%** of oncologists in the U.S. placed moderate-to-severe restrictions on visits from pharma sales reps. (**58%** of cardiologists and

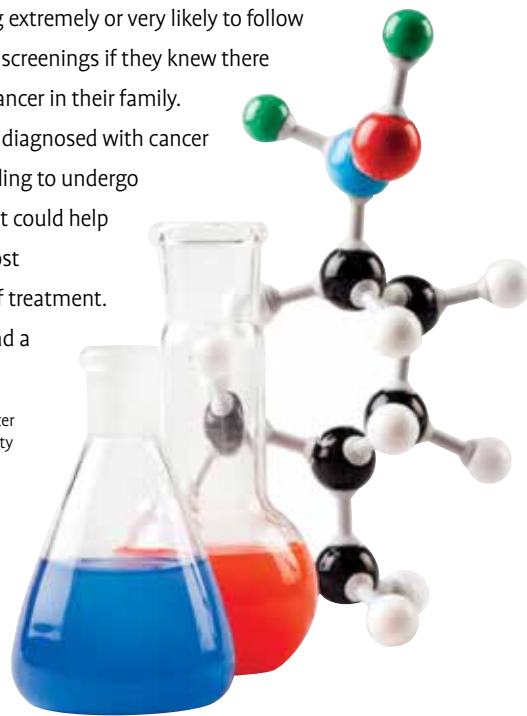
**47%** of primary care physicians restrict rep access to the same degree.) By comparison, only **17%** of oncologists restricted access to reps in 2008.

Source: Spring 2013 AccessMonitor™ report from global consulting firm ZS Associates.

## Survey Finds Public Divided on Genetic Testing to Predict Cancer Risk

- **34%** of respondents would not seek genetic testing to predict their likelihood of developing a hereditary cancer—even if cost was not an issue. Concerns about employment and insurability were cited as the primary reasons.
- **35%** would be extremely or very likely to seek aggressive prophylactic or preventive treatment, such as a mastectomy, if they had a family history of cancer and genetic testing indicated a genetic pre-disposition to cancer.
- **63%** report being extremely or very likely to follow all recommended screenings if they knew there was a history of cancer in their family.
- **85%** state that if diagnosed with cancer they would be willing to undergo genetic testing if it could help determine the most effective course of treatment.
- Only **8%** have had a genetic test.

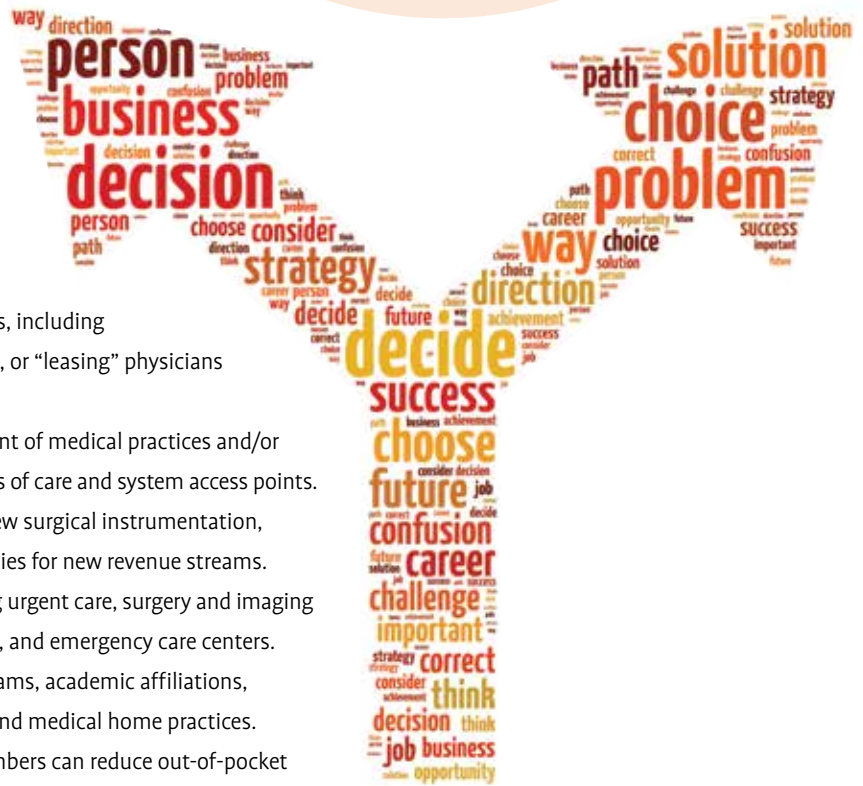
Source: Huntsman Cancer Institute at the University of Utah.



## 7 Growth Pathways for Hospitals & Health Systems

1. Recruitment or acquisition of medical groups already in-market, but not fully aligned with the hospital.
2. Clinical program development and service expansions, including recruiting new physicians, expanding existing groups, or “leasing” physicians from a nearby academic or tertiary center.
3. Geographic market expansion through the deployment of medical practices and/or ambulatory resources to establish additional locations of care and system access points.
4. Targeting emerging clinical technologies (robotics, new surgical instrumentation, imaging devices, nanotechnology, etc.) as opportunities for new revenue streams.
5. Ambulatory care development, including freestanding urgent care, surgery and imaging centers, strategically located medical office buildings, and emergency care centers.
6. Primary care development, including residency programs, academic affiliations, employment, use of mid-level health professionals, and medical home practices.
7. Preferred arrangements with health plans where members can reduce out-of-pocket costs by remaining in-network with the hospital and its affiliated physicians.

Source: Stephen Gelineau, MS. The Camden Group. August 2013.



## Taking the “Temperature” of Prostate Cancer Patients & Their Caregivers

### PATIENTS

- **41%** percent do not feel like people understand what they are going through in terms of managing and treating their prostate cancer. Of these, **78%** wish people better understood the stress of coping with prostate cancer, and more than half wish others understood the inconvenience caused by prostate cancer (**59%**) or the side effects of treatment (**59%**).
- While **66%** said that the level of discomfort they will experience is important or very important to them when choosing therapies, only **45%** believe that this factor is important or very important to their physicians.

### CAREGIVERS

- **73%** said they are concerned or very concerned about their ability to continue providing care over a long period of time. The top area of concern (**83%**) is their ability to help their patient cope with the physical and emotional effects of the disease.
- **93%** report experiencing troublesome feelings as a result of caregiving, such as stress, sadness, and fear.



Source: Advanced Prostate Cancer Patient and Caregiver Burden of Illness Survey. Commissioned by Astellas Pharma US, Inc., and Medivation, Inc., through Harris Interactive.

## Provider Resources

[www.accc-cancer.org/resources](http://www.accc-cancer.org/resources)

ACCC offers a range of resources to help cancer programs learn practical strategies for meeting the challenges of providing cancer care today. Webinars, publications, toolkits, and more are available on a variety of topics designed to meet the needs of the multidisciplinary oncology team.



### Cancer Types

Acute Promyelocytic Leukemia (APL)  
 Chronic Myeloid Leukemia (CML)  
 Gastric/GE Junction Cancer  
 Melanoma  
 Multiple Myeloma  
 Myelofibrosis  
 Pancreatic Cancer



### Supportive Care

Cancer Nutrition  
 Financial Advocacy & Assistance  
 Patient Navigation  
 Survivorship



### Practice Improvement

ACCC Cancer Program Guidelines  
 Molecular Testing  
 Payment Systems (Town Hall)  
 Trends in Community Cancer Centers



### Pharmacy

Dispensing Pharmacy  
 Oncology Pharmacy Education  
 Network (OPEN)



### CME/CE

Web-based CME/CE Opportunities



## ACCC Leads the Charge for Survivorship Services

In 2007 ACCC launched an education project to raise awareness about the importance of comprehensive survivorship programs. The very next year, ACCC added survivorship services to its *Cancer Program Guidelines*, stating that “an optimal comprehensive cancer program should make available information and programs specific to survivorship issues to cancer patients and their families.” By comparison, the CoC standard on survivorship care does not go into effect until 2015. Learn more at [www.accc-cancer.org/survivorship](http://www.accc-cancer.org/survivorship).



# fast facts

## Cancer Nutrition— Back by Popular Demand!

In 2002 ACCC published “Integrating Nutrition into Your Cancer Program.”

Ten years later ACCC launched a comprehensive education program, which included:

- An update of the nutrition services guidelines in ACCC’s *Cancer Program Guidelines*
- A supplement with practical strategies, model nutrition programs, tools and resources, and more
- A series of nutrition-specific webinars
- Podcasts on symptom management and meeting the unique nutrition and supportive care needs of patients with head and neck cancer.

Learn more at [www.accc-cancer.org/nutrition](http://www.accc-cancer.org/nutrition).



## Members Spoke, ACCC Listened!

In 2013 ACCC’s listserv was flooded with requests for information, tools, and resources around low-dose CT screening for lung cancer. ACCC responded with a webinar that offered practical tips for establishing a lung cancer screening program, a session at the ACCC 30th National Oncology Conference, and a cover article in the March-April 2014 *Oncology Issues*. The webinar and meeting session are archived on ACCC’s website. View the article online at [www.accc-cancer.org/oi/MA2014](http://www.accc-cancer.org/oi/MA2014).

## ACCC Embraces Patient Navigation Efforts

ACCC’s 2009 education program had four key goals:

1. Identify barriers to access to care that patient navigation can address
2. Increase successful implementation of patient navigation services
3. Refine staffing models
4. Establish effective metrics for measuring and benchmarking patient navigation services.

To meet these goals, ACCC offered members a wide variety of tools and resources, including publications, one-day training sessions, online virtual lectures, webinars, and more. Learn more at [www.accc-cancer.org/patientnavigation](http://www.accc-cancer.org/patientnavigation).

