Gooooood Morning, ACCC!

BY BECKY L. DEKAY, MBA



t is with great honor that I serve you, the membership, as ACCC President, 2014–2015. I must admit, however, to experiencing a bit of trepidation at writing my first

President's Message. I've read many informative and inspirational ACCC presidential columns throughout the years from many great thought leaders, and I am grateful for the opportunity to add my "voice" to the oncology discussion.

ACCC is an incredible organization for all members of the cancer care team. As my predecessor and mentor, Ginny Vaitones, MSW, OSW-C, so eloquently stated during her presidency, "It takes a team that works together to help our patients and their caregivers negotiate the complex world of cancer care." Each of you reading this edition of *Oncology Issues* is a member of that team—as are all of your colleagues. So it is my sincere hope that you share valuable ACCC resources with them and include them in ACCC activities and programs.

Each ACCC president is given the opportunity to develop a theme for his or her presidential term, and I've chosen to focus on quality in cancer care. The first step is to understand that quality is a journey—not a destination. Delivering quality care takes buy-in from every member of the cancer care team, and especially from the physicians who must serve as champions for quality initiatives.

We all practice quality care; no one enters this field to not do their very best for our patients. But many times we fail at providing the best care simply because outdated processes stand in our way. We're accustomed to doing things a certain way because that's how it's always been done. Have you ever found yourself manually completing monthly statistical reports (census, no shows, LOS, etc.) for administration, only to find out that administration has been pulling the same reports via the EHR installed years earlier? I have! You'll remember that Albert Einstein

defined insanity as "doing the same thing over and over and expecting different results." Recognizing these "because it's always been done this way" traps and resolving to overcome them is precisely where quality improvement comes into play.

Discussions of quality care inevitably will involve decisions around data collection and metrics. If you attended ACCC's 40th Annual National Meeting in March, you heard Dr. Kavita Patel of the Brookings Institution talk about an increased focus from public and private payers on data for contracting and value-based payment. Wouldn't you rather develop and drive the appropriate measures in cancer quality than be told what to do by your payers? I would.

ACCC will not create new quality measures. Our member programs all participate in quality-related initiatives—whether it's QOPI, PQRS, RQRS, or any of the other "alphabet soup" measures. But ACCC can play a role in some of the following issues:

- How does your program use data to make changes in care provision?
- How and to whom does your program present its data? To payers? To patients? To hospital or health system leadership? To your community at large?
- When and how do you bring in the voice of the patient?
- How do you identify appropriate and easily demonstrated quality measure to your payers? How do you identify measures valued by your patients and their caregivers?

In the next 12 months be on the lookout for ACCC projects related to quality, and participate! My hope is that ACCC's wonderful education programs, networking opportunities, and advocacy efforts can spread the science of quality nationwide. The "alphabet soups" are necessary reporting, but we know that measuring only retrospectively is like driving a car while looking in the rearview mirror. Rapid turnaround studies with concurrent measures are needed to create true change and improvements. I look forward to traveling on the quality journey with you this year!

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