more online @ accc-cancer.org

RESOURCE

ACCC COVID-19 Resource Center & Listserv

The latest news from ACCC leadership and information and insight from other leading cancer care organizations. Resources include links to peer-reviewed articles like, "Managing Cancer Care During the COVID-19 Pandemic: Agility and Collaboration Toward a Common Goal." Share these resources with your staff. Then join the conversation. How is your program or practice being impacted by supply shortages, patient scheduling, staffing issues, and more? Post your experiences and advice on the ACCCExchange listserv at, mynetwork.accc-cancer.org. Members are already posting information, as well as questions such as, "COVID 19: What Is YOUR Practice Doing?" and "Community Spread: PPE for Patients in Infusion." Keep up to date at accc-cancer.org/COVID-19.

TOOL

ACCC Comprehensive Cancer Care Services Matrix

In 2019 ACCC launched a national Comprehensive Cancer Care Services Survey, outcomes of which were used to develop this tiered matrix of recommendations that cancer practices and programs of varying sizes and resource levels can use to benchmark and advocate for service line growth. Provision of these key services can elevate patient care and the patient experience; reduce healthcare costs; improve care coordination; and help differentiate your cancer program in your marketplace. Download the matrix today at accc-cancer.org/surveymatrix. Then share it with your team and submit feedback on these recommendations to matrix@accc-cancer.org.

BLOG

Waste Not, Want Not

Medicare and private health insurers combined waste nearly $3 billion worth of cancer drugs each year. So how can ACCC members help? The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute began addressing the issue of wasted oral cancer therapy drugs in January 2020, when it launched a program enabling cancer patients to donate prescribed oral oncolytics they no longer need for use by other patients who cannot afford their prescribed medications. Learn more at accc-cancer.org/blog-waste-not-want-not.

PODCAST

What's Trending in Cancer Care?

On this episode of CANCER BUZZ, Randall A. Oyer, MD, ACCC President and Medical Director, Oncology Program, Penn Medicine Lancaster General Health, and Ashley Riley, MPH, Consultant, Advisory Board's Oncology Roundtable, discuss the results of the 2019 Trending Now in Cancer Care Survey. Listen to the full episode at accc-cancer.org/podcast.

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Five Key Areas to Engage Your Physicians

1. Program Building with APPs: Working together, physicians and APPs can define care team models, develop inpatient and outpatient staff models, establish workload, and define clinical roles and appropriate acuity limits. They can also identify specific APP position opportunities, create recruitment plans, and participate in recruitment efforts.

2. Compensation and Productivity Improvements: Responsibilities include identifying individuals or groups whose productivity is not consistent with compensation, interviewing them to identify impediments to aligning compensation with productivity or other priorities, proposing solutions to those barriers, and reviewing how well current incentive compensation aligns with value-based payment initiatives and recommending improvements.

3. Quality and Utilization Initiatives: Responsibilities include identifying where new clinical protocols can address payer opportunities, such as reducing re-admissions, developing those protocols, operationalizing and reinforcing the protocols at the practice level, and monitoring physician performance against protocols and standards.

4. Front-End Revenue Cycle Solutions: Improving the completeness and quality of information that goes into the EHR—documenting visits and procedures, coding, and charge capture—can help maximize revenues. The work group assigned to identify these front-end opportunities should include administrators, clinicians, and revenue cycle staff. Develop metrics linked to incentive compensation (e.g., closed visits and up-to-date work queues).

5. Referral Loss Initiatives: Responsibilities include collecting data on referral patterns, holding discussions about opportunities or impediments to referrals, making process changes or improvements, and identifying recruiting .

facts
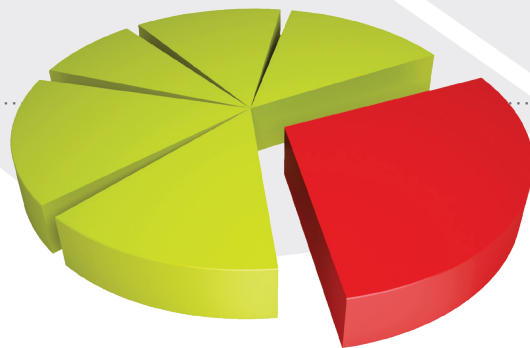
Greater mindfulness is associated with lower pain, fatigue, and psychological distress in women with metastatic breast cancer, a recent study found.

Source. Zimmaro LA, et al. Greater mindfulness associated with lower pain, fatigue, and psychological distress in women with metastatic breast cancer. Psychooncol. 2019 Sep 11. doi: 10.1002/pon.5223.

Nurses Most Trusted Profession for 18th Consecutive Year

Americans say they trust nurses more than any other profession, according to an annual Gallup survey released this year. Nurses are viewed as having "very high" or "high" ethical and honesty standards by 85% of the public— 19 points higher than any other profession and significantly higher than professionals such as business executives, who are trusted by only 20% of Americans.

Source. Annual Gallup Poll. news.gallup.com/poll/274673/nurses-continue-rate-highest-honesty-ethics.aspx.

Health Insurance Eating up a Larger Share of Our Incomes

Both health insurance costs and deductibles are growing faster than median income. For middle-income people with employer insurance, the combined cost of premium contributions and deductibles amounted to **11.5%** of income in 2018, up from **7.8%** in 2008. In **42** states, premiums and deductibles were **10% or more** of the median income, compared to only 7 states in 2008.

Source. The Commonwealth Fund. Trends in Employer Health Care Coverage, 2008–2018: Higher Costs for Workers and Their Families. commonwealthfund.org/publications/2019/nov/trends-employer-health-care-coverage-2008-2018.

R-E-S-P-E-C-T

A recent study found that non-white, low-income, and uninsured patients were less likely to report being treated with respect and more likely to view healthcare professionals' knowledge of culture as important, which highlights deficiencies in providing access to culturally appropriate care for these populations. Study authors conclude: medical schools should consider improving the pipeline of diverse healthcare professionals and increasing efforts to eliminate structural racism that persists in the healthcare delivery system

Source. Blewett LA, et al. Patient perspectives on the cultural competence of U.S. health care professionals. JAMA Netw Open. 2019;2(11):e1916105. doi:10.1001.