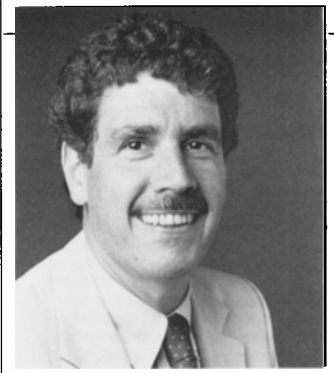
The President's Corner. . .

BUT WHAT IS A FREESTANDING CANCER CENTER?



This issue of **The Journal of Cancer Program Management** is devoted to the newest and hottest topic in oncology, i.e. the freestanding cancer center (FCC). Although FCCs are not really new, having been around for several years, they have in a sense been discovered and popularized especially with DRG 409 (Radiotherapy) identifying in-hospital radiation therapy as a financial loser. Interest is high as evidenced by over 160 attendees at the July FCC Conference the Association of Community Cancer Centers (ACCC) co-sponsored with the American Hospital Association in New York City. The conference was so successful that another is planned for December 3-4 in San Diego, California.

But what is an FCC? Therein lies the rub. Some critics have suggested that development of an FCC is like the old marketing game: If your product doesn't sell, change its name, like UnCola, call it the UnRadiation Therapy Department, or just simply FCC. Confuse the payors, especially Medicare, by moving unprofitable radiation therapy services out from under the hospital umbrella into the more lucrative, less restrictive, ambulatory care environment. Skim off the well reimbursed cases and refer the more complicated ones to your hospital-based competitor down the street.

But what is an FCC? Is it the new name for radiation therapy practices that have simply moved out of the hospital? The name cancer center suggests that they are more than simply freestanding radiation therapy practices. Is theory reality? How many FCCs are truly multidisciplinary care-oriented with medical and surgical oncology services available in the same building? How many FCCs provide extensive support systems for patients and families? Do FCCs have tumor boards/conferences? Are patient data collected and are they analyzed with appropriate quality control? Are these data linked to other systems or simply stand-alone? Are FCC patients offered access to clinical trials studies? Is the FCC next door to other hospital-based cancer resources? A block away? Or miles away?

These and many other issues related to FCCs were discussed and reviewed by the Ad Hoc Committee on Standards during the course of the standards process. In an effort to produce broad-based applicability of cancer care standards, the committee recommended that a program need not have all components at one site but must have access to the missing pieces. For example, a freestanding cancer center might not provide on-site psychosocial services but must demonstrate ready access to this service. All of us would agree that quality cancer care means multidisciplinary care as well as all the other components of our standards. If FCCs are to outlive the fad stage, these definitional problems must be addressed along with integration or linkages to quality of care measurement systems for data collection, evaluation, and eventually accreditation.

ACCC will take a leadership role in defining FCCs and their relation to our quality standards. FCCs must be prepared to meet the same standards as other cancer care providers. Otherwise, quality of care will not be maintained. FCCs appear to offer a good opportunity for enhanced cancer care, but as they say in Columbus, before you jump on the bandwagon, make sure the tires are inflated!

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