ANNUAL MEETING HIGHLIGHTS

Summary: *The ACCC's Annual Meeting, held March 16-19 in Washington, DC, focused on such issues as measuring quality of care, pharmaceutical reimbursement, and membership's ongoing involvement in governmental affairs.*

NEW BOARD MEMBERS, OFFICERS APPOINTED

Three new ACCC board members were elected by the House of Delegates at the Association's Annual Meeting, March 16-19: Simeon Cantril, M.D., Chief of Radiation Therapy, Children's Hospital of San Francisco, CA; Robert Clarke, M.H.A., President and Chief Executive Officer, Memorial Medical Center, Springfield, IL; and Diane Van Ostenberg, Administrative Director, Grand Rapids (MI) Clinical Oncology Program. Thomas Beck, M.D., St. Luke's Regional Medical Center, Mountain States Tumor Institute, Boise, ID, was reelected for a second term.

The House of Delegates also recognized the contributions of three board members whose terms have now expired: Ralph Scott, M.D., The Christ Hospital, Cincinnati, OH; Candace Adye, R.N., Deaconness Hospital, Inc., Evansville, IN; and Paul Anderson, M.D., Cancer Center of Colorado Springs, CO.

Newly elected officers of the board included Irvin Fleming, M.D., Methodist Hospital of Memphis (TN), President-Elect; Jennifer File Guy, Grant Hospital, Columbus, OH, Secretary; and Lloyd Everson, M.D., Community Hospital of Indiana, Indianapolis, Treasurer.

The new ACCC President, David K. King, M.D., made the following chairperson appointments to board committees:

Bylaws:
Susan Dimpfel, R.N., Phoenix, AZ

Membership:
Jennifer File Guy, Columbus, OH

Government Relations:
Lloyd Everson, M.D., Indianapolis, IN

Program:
Vincent Caggiano, M.D., Sacramento, CA

Scientific Review:
Larry Nathanson, M.D., Mineola, NY

Ad Hoc Core Committee:
Irvin Fleming, M.D., Memphis, TN

Ad Hoc Standards Committee:
Linda O'Halloran, R.N., Fargo, ND

Special interest group (SIG) chairperson appointments included:

New ACCC board members included: (above) Diane Van Ostenberg; (top, left to right), Thomas Beck, Robert Clarke, Simeon Cantril. ACCC Immediate Past President Robert Enck (bottom left) and new President David King (third from left) congratulate new committee chairpersons Irvin Fleming (second from left), Jennifer Guy (second from right), and Lloyd Everson (right).

Administrator:
Martha Gorman, Providence, RI

Medical Director:
James Ungerleider, M.D., Dayton, OH

Freestanding Cancer Centers:
Thomas Sawyer, M.D., Orlando, FL

CCOP:
Albert Einstein, M.D., Seattle, WA

Nursing:
Catherine Hogan, R.N., Ann Arbor, MI

In addition, John Yarbro, M.D., Ph.D., Columbia, MO, was asked to serve as liaison to the Association of American Cancer Institutes, and Robert Frelick, M.D., Wilmington, DE, was reappointed as liaison to the National Cancer Advisory Board.

ACCC HONORS TWO MEMBERS

At a special awards luncheon during the ACCC Annual Meeting, two founders of

John Yarbro (left) and J. Gale Katterhagen received plaques for their scientific, clinical, and leadership contributions to community cancer care

the Association were honored for their scientific, clinical, and leadership contributions to community cancer care. J. Gale Katterhagen, M.D., Executive Director of the Comprehensive Cancer Center at Memorial Medical Center, Springfield, IL, and John Yarbro, M.D., Ph.D., Professor of Medicine, University of Missouri School of Medicine, Columbia, were presented with plagues by ACCC's immediate past president, Robert Enck, M.D., for their numerous and diverse efforts in cancer care.

Yarbro, M.D., was cited for his advocacy of medical oncology units, his contributions to the literature of oncology, and his definitive role in shaping the comprehensive cancer centers of this nation.

Katterhagen was honored for his involvement in the formulation of the CCOP initiative, his past service as ACCC president, and his contributions to clinical trial literature.

HOUSE OF DELEGATES PASSES DUES INCREASE

The ACCC House of Delegates unanimously passed a resolution to increase delegate membership dues from $400 to $650 per year (individual memberships remain at $100) to strengthen the financial base of the Association and to permit all Association members to receive DRG reimbursement information. Other actions passed by the House included an amendment to the bylaws abolishing the marketing & strategic planning committee and transferring its duties to the membership committee. The House also deleted the clinical practice and clinical research committees as standing committees. In the future, those committees will be reestablished on an ad hoc basis at the discretion of the ACCC president. Finally, the House voted to limit the duration of ad hoc committees to one year.

ACCC MEMBERSHIP CONTINUES TO INCREASE

Irvin Fleming, M.D., chairman of the Membership Committee, reported a "marked increase in interest" in ACCC membership over the past year. He reported that 43 new applications for ACCC membership have been received; 14 of which have been approved and 29 of which are being reviewed. To date, the ACCC has 339 delegate members and 288 general members, for a total of 628 members.

During the ACCC Annual Meeting, the following delegate memberships were approved by the board of trustees:

- Frederick (MD) Memorial Hospital
- St. Anne's Hospital, Fall River, MA
- Shore Memorial Hospital, Somers, NJ
- North Bay Medical Center, Fairfield, CA

ACCC HEALTHY AND MOVING IN RIGHT DIRECTION: PRESIDENT

The ACCC is "moving in appropriate directions," and exhibiting "healthy signs for an organization," said David K. King, M.D., the new president of the Association at the ACCC House of Delegates meeting.

ACCC House delegates vote for a dues increase (right), while new President David King notes the organization's growth.

King said that "more people are taking notice of ACCC than in the past," which he attributed to its continued leadership in quality cancer care. The work on "clinical indicators is going full steam," King reported, "the ACCC will continue to investigate reimbursement issues, and it will continue to increase its government relations activities in support of community cancer care."

King also commended immediate past president, Robert Enck, M.D., noting his "outstanding leadership, especially in the areas of standards and clinical indicators."

ACCC CLINICAL INDICATORS PROJECT NEARING FIELD TRIALS

The ACCC "is head and shoulders above many other organization's attempts to measure quality," according to Irvin Fleming, M.D., a member of the clinical indicator core committee and president-elect of the ACCC. Fleming, who presented an update of the clinical indicator project at the annual meeting, said that the core committee has developed a preliminary list of potential clinical indicators for the following 13 disease sites: ovary, colon/rectal, Hodgkin's disease, non-Hodgkin's lymphoma, melanoma, testes, small cell and non-small cell lung cancers, breast, prostrate, bladder, soft tissue sarcoma, and non-lymphocytic leukemia.

Irvin Fleming

The committee is using the ACCC's access to ELM Services, Inc.'s CHOP-DS II national database to evaluate, by site, those elements that it believes significantly impact quality cancer care, such as histology and grade, performance status, recurrence, site and stage, biological markers, residual tumor, etc. Such core data is necessary if cancer programs are to "have an effective mechanism to evaluate end results," Fleming said.

"We believe we can come up with a set of indicators that will give you a clear look at your program," Fleming said. However, he emphasized the need to view clinical indicators as an "evolving" process that must continually change if it is to keep pace with treatment advances.

Lee Mortenson, ACCC executive director, told meeting participants that during the next six months, the ACCC will complete its identification of preliminary indicators, collect and field test variables at 400 CHOP-DS user hospitals, and begin to provide the oncology task force of the

Joint Commission on Accreditation of Healthcare Organizations (JCAHO) with ACCC's recommendations and data on oncology indicators.

He noted that 200,000 to 300,000 new cancer cases per year are expected to be added to the ACCC database provided by ELM Services. Currently, he said, "the database accounts for 10 percent of all cancer cases in the United States." Mortenson also noted that, in the future, the outpatient database that ELM is developing will add 24,000 to 30,000 matched hospital/office cases to the database.

BURROUGHS-WELLCOME DONATES $35,000 TO CLINICAL INDICATORS PROJECT

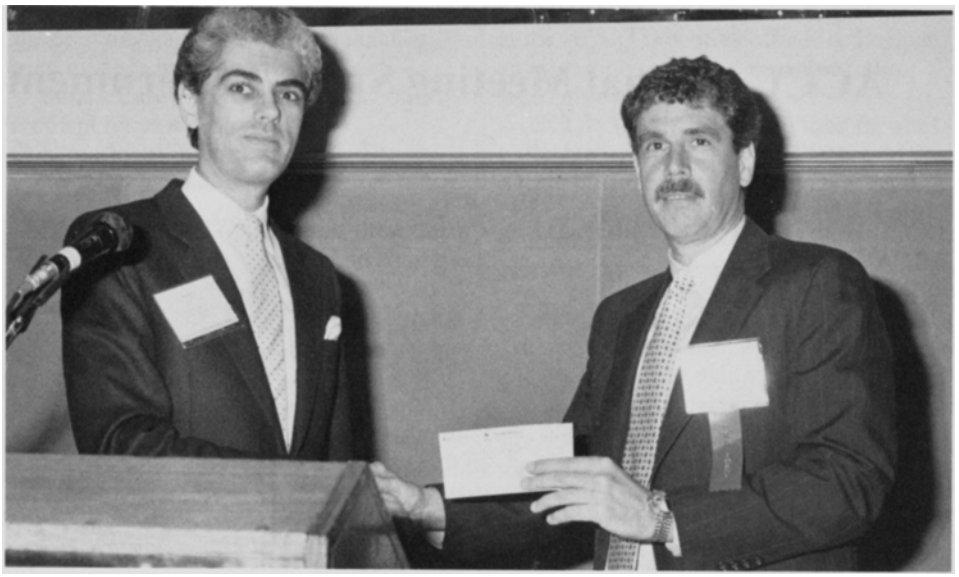
The ACCC was presented with a $35,000 contribution to its clinical indicator project by Jerald Breitman, Director of Professional Relations, Burroughs-Wellcome Co., Research Triangle Park, NC, during its annual meeting. Breitman called the clinical indicator project "a valuable model to other medical specialties," and "one more important effort of the Association," which "has taken a commanding lead in assisting the JCAHO initiative."

EXECUTIVE DIRECTOR OUTLINES FUTURE ACCC EFFORTS

Three critical areas that the Association has addressed this year include "reimbursement problems, Congressional initiatives, and quality assessment," said Lee Mortenson, ACCC executive director.

Mortenson announced that the ACCC will be organizing meetings with insurers, purchasers, consumers, and other involved parties to address the kind of reimbursement issues that were raised at the Los Colinas conference last year. He also noted that additional CCOPs have been funded and that Congressional hearings will take place this spring on Cancer Control and CCOP funding. In the area of quality assessment, the ACCC will continue to work with JCAHO staff regarding clinical indicators for oncology. Mortenson also noted that a new DRG report on 90 institutions will soon be completed, work will continue on patterns of care guidelines, and that new sources of funding continue to be identified for a variety of ACCC projects.

Lee Mortenson



Jerald Breitman from Burroughs-Wellcome Co. (left) presents ACCC Immediate Past President Enck with a $35,000 check for the association's clinical indicators project.

JCAHO PRESENTS UPDATE ON ITS CLINICAL INDICATOR INITIATIVE

The Joint Commission on Accreditation of Healthcare Organization's (JCAHO's) commitment to "ensuring improvements in patient care" through the development of "relevant standards, useful monitoring programs, performance-based surveys, and more relevant accreditation decisions," is continuing, said James Roberts, JCAHO's senior vice-president for research and planning, Chicago.

Roberts explained that the JCAHO is testing clinical indicators at 17 pilot site hospitals and, on the basis of that information, will "reconceptualize, redesign and then retest its indicators prior to implementing any innovations in its accreditation process."

The JCAHO is forming steering committees (composed of practitioners, administrators and outside experts who are experienced with quality issues), expert task forces (comprised of practitioners from across the country), and pilot sites to test clinical indicators this fall in the areas of oncology, cardiovascular care, surgical care, mental health, trauma, and long-term care. This process will continue, Roberts said, "until we have covered all the major areas of health care." In addition, he stressed that the JCAHO "will continue to redefine indicators. It can't be a one-shot process," he noted.

Roberts pointed out, however, that the clinical indicators which are developed "will not be used to evaluate quality, but to make better overall accreditation decisions." To that end, the JCAHO is not only developing clinical indicators, but indicators of institutions' organizational structures and functions, such as strategic program and resource plans, mission statements, and leadership qualifications. It is important to determine, he said, if "quality is the ruling principle and an essential part" not only of clinical practice, but in the organization's structure and function as well.

The goals of JCAHO "will not be easy to accomplish," Roberts said, noting that four issues in particular make improvements in quality difficult: integrating practitioners and health care organizations in the face of increasing competition; providing continuity of care in an industry that is fragmented by specialties and the movement of patients across different delivery systems; balancing realism with raised expectations without destroying confidence in our health care system; and reaching common views when there are a diversity of opinions in the industry. Nevertheless, he predicted that the JCAHO's clinical indicators initiative will help "transform the art of quality assurance to the science of quality improvement."

James Roberts

ACCC CORE COMMITTEE EXPANDED

William Creasman, M.D., University of South Carolina, Charleston, SC, has been appointed to the Core Committee of ACCC's Clinical Indicator Project. Dr. Creasman is also a representative of the Gynecologic Oncology Group. ■