

## Oncology Issues

The Journal of the Association of Community Cancer Centers

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## The President's Corner

# ACCC'S NEW CHALLENGES, ONGOING COMMITMENTS



Fresh (or perhaps not so fresh) from the ACCC Fall Leadership Conference (see highlights of the conference on page 24), I have once again come away with the belief that the ACCC has an increasing role to fulfill. In no other arena are the economic issues that impact community cancer care so candidly and forthrightly discussed. The board of trustees has again been encouraged by the membership to lead the Association in the areas of health care legislation, standards for community cancer care, clinical indicators in oncology, and reim-

bursement. The board committees working in these areas will continue their efforts throughout the coming months and report to the board in January. Several initiatives are expected to be launched and strengthened at that time, and these actions will be reported to the membership in this journal or through a special president's communique.

During the fall conference, the board of trustees also heard a request from the Oncology Nursing Society to support its stance in opposition to the American Medical Association's proposal for the development of a new category of health care provider: a Registered Care Technologist (RCT). An ad hoc committee has been created to look into this issue, and it will report back to the board in the near future. In the interim, I would like to hear the opinions of Association members. Do you believe that implementation of the RCT proposal would have a positive or negative impact on cancer patient care in your community? In what ways will it impact patient care? Please do not hesitate to address your comments to me at ACCC headquarters. I will forward members' responses to the ad hoc committee.

It appears that our membership is on the verge of significant expansion. I believe this is due, in large part, to an increasing recognition that a formal cancer program is essential to the delivery of high-quality care for the cancer patient. A corollary of this issue is that appropriate reimbursement for such care may depend on the ability to demonstrate quality, ergo, a formal cancer program. I believe that a virtual explosion of such programs is in the offing across the country. This can have both positive and negative results, of course, but the ACCC will continue to try to ensure that the information and mechanisms necessary to the delivery of appropriate, quality care are available to the membership.

Again, do not hesitate to contact me, either through the ACCC headquarters or by phone, with your suggestions, concerns and, yes, even your criticisms. I welcome and continue to support an open dialogue with our members on behalf of the board of trustees.

David K. King, M.D.  
President