THE SURGEON AND ACCC

One of the traditional roles of the Association of Community Cancer Centers is to improve the care of cancer patients through the effective organization of cancer diagnostic and treatment resources. This effort is in concert with the American College of Surgeons' (ACoS) Commission on Cancer's promotion and approval process of hospital cancer programs. In fact, the majority of ACCC delegate institutions have ACoS-approved hospital cancer programs.

A second major area of ACCC activity is to identify areas of concern and factors that interfere with the delivery of effective cancer treatment. These factors may include: coverage policy decisions by third-party payers, the actions of regulatory bodies, and legislative decisions or activities—all of which may impede the physician's ability to provide cancer patients with the best possible care.

Once areas of concern are identified, there must be an organized approach to find solutions to such problems. The physicians, patients, and those involved in setting health care policies need to be educated about the impact policy, regulatory, and legislative decisions will have on cancer treatment.

In the past, ACCC has focused on medical oncology and constraints on physicians' ability to treat cancer patients with state-of-the-art antitumor drugs as a major area of concern. However, decisions by third-party payers, the Health Care Financing Administration (HCFA), and others have begun, more and more, to encroach on surgical treatment decisions. Some years ago, HCFA published a list of surgical procedures could no longer be performed on an inpatient basis, but must be done in an outpatient setting on all Medicare patients, virtually without regard to age or general medical status. While the new regulations were satisfactory for the majority of patients, these arbitrary policy decisions caused considerable hardship for many elderly patients and an increased health risk to others.

HCFA has now published (June 1, 1989) a list of operative procedures that can no longer be done in outpatient surgical units, but must be performed in the physician office setting. Notable is the inclusion of all malignant skin cancers, including face and neck tumors, up to 5 cm. in size. This means that large tumors will have to be removed with local anesthesia and, in most circumstances, without benefit of frozen section study of the margins. Clearly, in certain situations, the new regulations do not represent the best surgical management of skin malignancies. However, in an era of cost containment, we can expect that more and more surgical treatment decisions are going to be made by "health managers" and not by the patient or the surgeon.

The ACCC is an excellent forum for community-based surgeons to address these problems. We must work together if we are to find solutions that will benefit our patients.

Irvin D. Fleming, M.D.
President

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Senior Editor
Lee E. Mortenson, M.S., M.P.A.
ACCC Executive Director

Managing Editor
Marilyn Mannisto

Production Editor
Carol K. Johnson

Oncology Issues is published quarterly at the Association of Community Cancer Centers' Executive Office, 11600 Nebel Street, Suite 201, Rockville, Maryland 20852. Editorial correspondence, changes of address, manuscripts, and letters to the Editor should be addressed to: Lee E. Mortenson, Senior Editor, *Oncology Issues*, 11600 Nebel Street, Suite 201, Rockville, Maryland 20852.

INFORMATION FOR CONTRIBUTORS

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