



## Regional and State Oncology Organizations

Irvin D. Fleming (President)

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## REGIONAL AND STATE ONCOLOGY ORGANIZATIONS



We have now come to appreciate that problems in reimbursement for cancer treatment amount to problems with the delivery of high-quality cancer care. With the economic crunch on the availability of third-party support for medical care, reimbursement for cancer treatment is being threatened on a variety of levels: the national level through government and national insurance carriers; and the state and regional levels through regional third-party carriers, self-insured companies, and state governmental activities.

To be effective, the problems impeding the delivery of quality cancer care must be addressed at all levels.

National and specialty organizations and national oncology organizations, such as ACCC and the American Society of Clinical Oncology (ASCO), are becoming increasingly effective in identifying and addressing national goals—many of them in concert.


However, practicing oncologists are increasingly being burdened with unique local and regional problems that involve dealing with third-party insurance carriers, local and state government, and local peer review mechanisms. Because these problems are not being appropriately addressed by national organizations, oncologists have begun to develop local organizations to address these difficulties.

The ACCC, through a series of regional meetings with its members and other concerned parties, has identified the kind of local and regional problems oncologists are facing, and it is taking steps to address these needs. A proposed bylaws amendment allowing the formation of state chapters and the creation of a new category of membership to accommodate the chapters will be considered by the House of Delegates at the ACCC National Annual Meeting in March. Some of the potential benefits for ACCC state chapters that are being considered include newsletter communications, lobbying assistance, assistance in bylaws development, extension of ACCC's tax-exemption status, and access to directors and officers liability insurance.

Other expertise and support is available to state chapters from ACCC members and staff, who will be available as consultants to emerging state chapters. At the present time, ACCC is discussing with a number of state oncology societies ways to assist them in becoming effective state organizations and to qualify them as ACCC state chapters. And, recognizing the pressing needs of some state groups, ACCC is volunteering its help. In Illinois, for example, ACCC was able to assist James Wade, M.D., President of the Illinois Medical Oncology Society, mobilize oncologists to stop a bill which would have defined all off-label indications as experimental (see the news story on page 5).

Without a doubt, work at every level will continue to be important. It is heartening to see the Health Insurance Association of America (HIAA) adopting ACCC's reimbursement recommendations (see the news story on page 7), but this is only a first step. Now we must see HIAA member companies adopt these recommendations and, of course, Blue Cross and Blue Shield, which is going the wrong way, needs to be completely turned around.

Our work is cut out for us at the national, regional, and state levels.

  
Irvin D. Fleming, M.D.  
President