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ACCC: COMING OF AGE

The bright lights and fantasy atmosphere of Las Vegas are now only a memory for the more than 200 ACCC members who attended the 1990 Fall Leadership Conference last month. Hopefully, the memories are pleasant and the program was stimulating, allowing us to return home energized to meet the challenges of the home front, enthused by new ideas, and with a sense that the battle to continue to provide cancer patients with state-of-the-art care is worth fighting for and, perhaps, even possible to win.

How different the agenda for ACCC meetings is today, compared to the first meeting I attended in 1978. At that time, the program predominately related to accessing state-of-the-art technologies in the community. Sessions addressed the necessity of having full radiation therapy capabilities in the community, and how to convince a hospital administrator to invest in a new linear accelerator; as well as how to administratively establish an oncology unit and how to manage the special needs of the oncology patient. We also recognized the need for the extension of clinical trials into the community-based practice of oncology to provide patients with access to new antineoplastic agents and new therapeutic interventions.

We won most of those battles, but time marches on. Things change dramatically in health care. Now our meeting agendas are filled with a new set of topics. The premeeting workshop, "Cancer Program Management: An Operational Overview," sponsored by the Administrators Special Interest Group, showed us how to analyze our product line, determine its contribution to the institution's bottom line, how to study the marketplace and, most importantly, how to use that analysis in making programmatic and financial decisions. The workshop also addressed the issues that plague us on the homefront: integration of the product line into traditional hospital hierarchies, turf battles and how to deal with them, and the relationships between medical directors and administrators.

On subsequent days, the program dealt with issues that reach far beyond our own institutions and practice settings. A sterling group of speakers addressed issues in state and federal legislation that impact how we do business, ranging from the federal budget negotiations to HCFA's rulings on CPT coding. We also learned how state and federal regulations affect our ability to negotiate contracts, mandate "due diligence," and expand or limit our ability to develop joint ventures—practical information that can be applied at home.

And we still continue to address the advances in the art and science of oncology that influence our practices. New horizons in treating cancer patients were presented in the "New Technology Symposium: Fourth Modality Technologies." Speakers discussed current NCI research, the current role of genetics in hematologic malignancies and solid tumors, applications of growth factors, and photodynamic therapy, as well as the changing environment and its impact on the development of new drugs and biologicals.

The Fall Leadership Conference also afforded the opportunity for the first meeting of the Collaborative Research Group, which now has 31 institutional members and two protocols open for patient accrual.

In addition, the first developmental meeting of the Industrial Advisory Council was held. This initiative of the Ad Hoc Committee on Reimbursement explored common concerns of the health care industry relative to our ability to continue to improve cancer care in the current health care environment. Collaborative efforts evolved that will allow the ACCC to better address the needs of its members and the cancer patients they serve, such as developing uniform insurance language to ensure reimbursement for protocol participation and new drugs, and providing educational information to our membership about current and future changes in practice and program management.

All in all, the Fall Leadership Conference provided a blend of administrative and clinical topics. If you attended, please send in your evaluation of the program, if you haven't already done so. If you weren't able to attend, please contact the Association's Executive Office and inform the staff of the topics you would like to see addressed at the ACCC National Meeting, to be held on March 6–9, 1991, in Washington, DC.

In January, the board will join the American Cancer Society (ACS) for a two-day workshop, "Opportunities for Partnership." The goal of this ACS-sponsored meeting is to foster interaction between the community, the ACS, and university-based centers. In March, prior to the beginning of the National Meeting, the board will meet with Samuel Broder, M.D., Director of the National Cancer Institute, to share mutual concerns, to discuss programs, and to foster collaborative efforts in the conquest of cancer.

In summary, the ACCC has adapted and changed over the years. Our agendas differ from those of a decade ago, but our goal remains the same: providing the membership with the tools it needs to meet the challenges of change and to continue to provide state-of-the-art cancer care. It seems to me we've "Come of Age" in the last decade, and I believe we are in an even better position to realize some of those objectives.

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