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ACCC Membership Survey Shapes Strategic Planning Effort

By Robert T. Clarke, M.H.A.

This article details the results of the ACCC Strategic Planning Survey, which was distributed to members in April of this year. The author, Robert T. Clarke, Chairman of the ACCC Ad Hoc Committee for Strategic Planning and President-Elect for ACCC, discusses the results of the survey and the Committee's short- and long-range plans.

In April of this year, the ACCC Board appointed an Ad Hoc Committee on Strategic Planning to review the direction, mission, organization, and goals of the Association (see roster on next page). To that end, the Committee conducted a survey of the membership to ascertain its concerns, needs, and how ACCC could be of assistance. (See "How the Survey Was Conducted" on page 22) After an analysis of the survey results was completed, the Committee began to develop a specific strategic plan for the Association that will redefine both the mission and the long-term goals for the ACCC.

Results of the Survey

The survey requested information from membership about the major ways ACCC has helped membership; major problem areas in which ACCC can be of assistance; the program elements that membership believes are most threatened in the current environment; the skills that membership needs to meet today's challenges; major political issues that ACCC should tackle over the next year; what membership believes should be ACCC's top three priorities over the next few years; and the issues that should be discussed at future ACCC educational conferences and in the ACCC journal, *Oncology Issues*.

Membership Concerns

Reimbursement for state-of-the-art cancer care is clearly a major concern for all segments of ACCC's membership. It was cited as the number-one problem that respondents believe they will have to confront over the next three years, and the major problem area in which respondents believe that ACCC can be of assistance (see Table 1 below).

> *"Reimbursement for state-of-the-art cancer care is clearly a major concern for all segments of ACCC's membership. It was cited as the number-one problem..."*

When membership was asked which hospital cancer program elements are the most threatened, the three elements most frequently mentioned by all respondents were oncology unit staffing, clinical trials, and hospital/physician relationships.

However, these responses did vary when the survey data was analyzed by type of respondent—medical director/ medical oncologist, administrative director, and others (nurses, surgical and radiation oncologists, etc.) (See Table 2 on page 12.)

Survey respondents were also asked what skills were needed to meet current and future challenges. The skills cited by the majority of respondents were in the area of negotiating, management, planning, finance, budgeting, communications, and marketing.

In addition, the new program elements that the majority of respondents are planning to implement include cancer program marketing, screening/prevention clinics and programs, and the recruitment of additional medical oncologists.

Meeting/Journal Topics

Suggested topics for ACCC's Annual and Fall Leadership Conferences and for inclusion in future editions of Oncology Issues most frequently mentioned by survey respondents included new technology and research, second tier development in the maturing cancer program, career development/leadership training, community research issues, management roles and relationships, dealing with insurers, marketing, and guidelines for quality care.

WHAT ACCC MEMBERS WANT...

Table 1: Major problem areas in which ACCC can help:

- ❑ Reimbursement for Cancer Care
- ❑ Assistance With Clinical Trial Programs/CCOPs
- ❑ Cancer Program Development
- ❑ Physician/Hospital Relationships
- ❑ Economic Issues
- ❑ Patient Advocacy/Quality of Care/New Technology

The ACCC Ad Hoc Committee For Strategic Planning

The membership survey was the first step in a program aimed at developing a strategic plan for the Association. Charged with that goal is ACCC's Ad Hoc Committee for Strategic Planning, which is now developing a long-range plan for the Association.

Members of the Committee include:

Chairman:
Robert T. Clarke, M.H.A.
Chief Executive Officer
Memorial Medical Center
Springfield, IL

Albert B. Einstein, Jr., M.D.
Medical Director
Virginia Mason Cancer Center
Seattle, WA

Irvin D. Fleming, M.D.
Surgical Oncologist
Mid-South Oncology Group
Memphis, TN

Mary C. Kitchens, R.N., M.H.A.
Director, Oncology Services
Brookwood Regional Cancer Institute
Birmingham, AL

Michael E. Mohnsen, M.A.
Assistant Administrator
Mercy Medical Center
Cedar Rapids, IA

Margaret Riley, RN, MN
Director, Outpatient Oncology Services
Saint Joseph's Hospital
Cancer Research and Treatment Center
Atlanta, GA

James Wade, III, M.D.
Director, Medical Oncology
Decatur Memorial Hospital
Decatur, IL

The Role of ACCC

Once again, economic issues, such as research funding and reimbursement, were cited as the major political areas that the Association needs to focus on (see Table 3 on next page). Currently, respondents said that the major ways in which ACCC has helped membership is through cancer program development and standards, comparative DRG data, assistance with clinical trials/CCOPs, networking, information sources (journal, meetings, other publications), reimbursement issues, and through legislative/political advocacy.

When membership was asked what should be the top three priorities of the ACCC over the next few years, the majority of respondents stated that reimbursement for cancer care should be the top priority of the Association.

Other priorities most frequently mentioned by respondents included legislative issues affecting cancer patients and centers; cancer patient advocacy; community cancer research; coordination among cancer centers, physicians, and government leaders for cancer program development;

(Continued on page 23)

WHAT ACCC MEMBERS FACE...

Table 2: Most threatened cancer program elements:

All Respondents
- ❑ Oncology Unit Staffing
- ❑ Clinical Trials
- ❑ Hospital/Physician Relationships

Medical Directors/Medical Oncologists
- ❑ New Technology
- ❑ Hospital/Physician Relationships
- ❑ Clinical Trials

Administrative Directors
- ❑ Hospital/Physician Relationships
- ❑ Ambulatory Chemotherapy
- ❑ Oncology Unit Staffing

Others (Nurses, Radiation Oncologists, Surgeons, etc.)
- ❑ Oncology Unit Staffing
- ❑ Clinical Trials
- ❑ Oncology Marketing

WHAT ACCC MEMBERS WANT...

Table 3: Political issues ACCC should focus on:

- ❑ Research Funding
- ❑ Reimbursement (Off-Label/CPT/RBRVS/Screening & Prevention)
- ❑ Defining Experimental/Investigational
- ❑ Indigent Care/National Health Care/Long-Term and Chronic Care
- ❑ Smoking Cessation

ACCC Membership Survey

(Continued from page 12)

and the expansion of membership to include CCOPs, ACoS programs, and new ACCC chapters. Secondary priorities mentioned by respondents included education, marketing, standards/guidelines, indigent care, and partnerships with other cancer care organizations.

The majority of respondents believe that the ACCC is equipped to carry out these priorities. However, membership suggested such organizational changes as broadened participation among members (especially new members), more effective use of board committees, and better communications between the board and membership. A number of respondents also said that the ACCC needs to ensure that position statements and official actions do not favor a limited segment of the membership, and that all initiatives are supported by the majority of the membership and its constituencies.

ACCC's Future Plans

The membership survey results are being used by ACCC Board Committees in a number of ways, including program planning for future ACCC educational conferences, and editorial planning for *Oncology Issues*.

Input from membership is also being used by the Ad Hoc Committee for Strategic Planning as it drafts a new ACCC Mission Statement and develops a three-year strategic plan for the Association. The strategic plan will be implemented through the development of annual objectives for the review and approval of the ACCC Board.

The final three-year plan and annual objectives for 1992-1993 will be presented to membership at the House of Delegates meeting during the ACCC Annual Meeting in March 1992. ■

How The Survey Was Conducted

A total of 2,229 surveys were mailed to members of the ACCC in April 1991. A total of 297 completed surveys were received for a response rate of 13.3 percent. For data analyses, respondents were categorized into three groups: oncology program medical director or medical oncologist/hematologist; oncology program administrative director or institutional vice president with responsibility for oncology; and radiation oncologist, surgical oncologist, oncology nurse specialist, tumor registrar, and others.

CORRECTION

In the article, "An Overview of New Modalities and Expected Advances," which appeared in the Summer 1991 issue of the *Journal,* Karl Erik Hellstrom, M.D., Vice President, Oncology Drug Discovery, Bristol-Myers Squibb, was inaccurately quoted. The article stated that the radioactive isotope L6 has "already been tested on 50 patients at the University of California, Davis. . ."

In fact, L6 has been given to over 50 patients located at various hospitals (Seattle, Houston, Davis) and 5 patients, not 50, have been given therapeutic doses of radiolabelled antibody at the University of California, Davis.

NOTES TO CONTRIBUTORS

Contributors are encouraged to submit a brief outline of proposed articles or to discuss proposed articles with the Managing Editor of *Oncology Issues* prior to submission. Articles are accepted with the understanding that they have not been published, submitted, or accepted for publication elsewhere. Authors submitting an article do so on the understanding that if it is accepted for publication, copyright shall be assigned to the Association.

Articles

Articles submitted to *Oncology Issues* for consideration for publication should be no longer than 8 to 10 double-spaced manuscript pages in length. Submissions should include the original manuscript and two duplicate copies. Author(s)' identification (title and affiliation) should be included. If there are multiple authors, one author should be designated as correspondent.

Review and corrections

Articles will be reviewed by two or more members of the editorial review board. Authors will be informed of acceptance, rejection, or need for revision within 6 to 8 weeks, but at times longer delays may be unavoidable. All articles are subject to copy editing. Author corrections and revisions should be kept to a minimum and must be received within seven days of receipt; after this time, no further changes may be made by the author.

Articles should be submitted to: Marilyn M. Evans, Managing Editor, *Oncology Issues*, 11600 Nebel St.,Suite 201, Rockville, MD 20852, 301/984-9496

Illustrations and Tables

Authors are encouraged to submit illustrations, tables, figures, sidebars, etc. that help clarify the text. Tables, figures, and sidebars should be typed on separate pages and their position indicated in the text. Photographs should be unmounted, glossy prints. Photographs will not be returned unless the author indicates "Please return" on the back of the prints. Photo captions should be listed on a separate page.

Footnotes and References

Footnotes should appear at the bottom of the page on which the corresponding text appears and should be cited in the text with an asterisk, dagger, etc. References should be limited in number and submitted on a separate page.

The following form should be used:

Books:

Last name of author, first initial; title; editor; publisher:city and state; year of publication.

Journals and Periodicals:

Last name of author, first initial; "title of article;" title of journal; number: volume; date of publication.

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