



ACCC's 'LVVs'

Lee E. Mortenson (Senior Editor)

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FROM THE EDITOR

ACCC's 'LVVs'

better! And, when we asked members what we should do next, the answer was a resounding "more of the same!"

So, are all of our members happy? Of course not. Nor should they be. They have new ideas for topics, for issues, for advocacy, for formats. Some think that we favor medical oncologists; others believe we are dominated by hospital administrators. Yet 83 percent of all respondents feel that the Association is currently appropriately organized to carry out its priorities! Not bad. Not bad at all. After all, how many organizations do you belong to that don't have any priorities to carry out?

Many LVVs emerge when you read the strategic planning report. But there are many that are not so obvious: ACCC's uniform off-label legislation has been introduced in legislatures in almost a dozen states; in Hawaii, insurers capitulated to the proposed legislation and agreed to follow our standards for off-label reimbursement of cancer drugs; in Illinois, the off-label bill awaits the Governor's signature; we've distributed more than 200,000 copies of our patient brochure, *Cancer Treatments Your Insurance Should Cover*; more than 2,000 people have attended ACCC regional reimbursement meetings over the past 18 months; more than 18,000 people receive the *ACCC Compendia-Based Drug Bulletin*; four new state societies have joined the ranks with a half dozen more now applying; member institutions have received more than \$3 million in pharmaceutical research grants through the Association's Collaborative Research Group.

While ACCC cannot hope to meet a limitless list of priorities and agendas, we can strive to continue our abundance of LVVs in the areas that matter to you and, ultimately, to cancer patients and their families. Incremental victories do add up! ■

Lee E. Mortenson, D.P.A.
Senior Editor

Some years ago, Dr. Katterhagen, one of ACCC's founding fathers, told me that LVVs were important to any appraisal of effectiveness; individual or organizational. When I asked what an LVV was, he said, "A little verifiable victory."

ACCC, like any association, is a group with an infinite set of priorities and agendas limited only by a finite budget. Over the course of its existence, the organization has focused on only some of the multitude of issues that trouble its members.

Any member of any organization always votes on the utility of the organization when it's time to pay membership dues. On that basis, we might say that ACCC has been a growing success, with an increase in membership of more than 300 percent over the past decade. Yet the Board, membership, and the executive staff have many more questions. What does membership want? Are we here to exchange information? What are we supposed to be doing as an organization? Are we serving members' needs for information? For action?

Last year, the Board initiated a strategic planning activity and developed a questionnaire for members that was repeated this year. I wish you could all read the survey results: 77 action-packed pages of information on what you and your colleagues are about, what you fear is ahead and, most of all, what ACCC has done for you and should do next. To oversimplify, ACCC has told you about reimbursement and oncology economics, legislation and regulation, new technology and new program development, standards and quality, research in the community, competition and cooperation, and about how to prepare for the future. If that is what we wanted to do, we are right on target. But what clearly emerges from the report, is the overwhelming impression that ACCC is an active participant in outcomes; in *changing things to make them work*