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Shaping Strategic Planning: ACCC's 1994 Membership Survey

by Carl G. Kardinal, M.D., and Diane Van Ostenberg, B.S., R.N.

The Association of Community Cancer Centers has experienced enormous growth and change over the past several years. The Association has significantly added to the active membership, encouraged the development of chapters, targeted hospital and physician reimbursement issues, championed uniform legislation of the off-label and experimental trials issues, revised oncology standards,

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established the Collaborative Research Group (CRG), and attempted to help with NCI and CCOP funding issues. Add to these achievements the successful coordination of two large national meetings and 20 regional reimbursement symposia and publication of the updated membership directory, the DRG monograph, the quarterly *Compendia-Based Drug Bulletin*, and our bimonthly journal *Oncology Issues*.

To help the Association redefine both its mission and long-term goals and to better understand the concerns of membership, the Strategic Planning Committee conducted a member survey in July 1994. Approximately 4,600 surveys were mailed. Although the response rate

was low (7.3 percent), analysis of survey results reveals much about the challenges confronting membership in a changing health care environment and how ACCC can help members meet these challenges.

MEMBERSHIP CONCERNS

As in past years, reimbursement for state-of-the-art cancer care remains a major concern for institutions, practices, and the entire multidisciplinary team. 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. More than half of respondents (56 percent) noted they require additional skills in understanding reim-

Table 1. ACCC Strategic Planning Survey: 1994

What new program elements are you considering within the next 24 months?	Total Respondents			
	Total Respondents	Medical Director/ Oncologist	Admin. Director/ VP Oncology	Other/ Unknown
Screening/prevention clinics & programs	50.7%	32.6%	61.0%	54.3%
Cancer program marketing	43.7	39.1	45.9	45.7
Hospital/physician bonding	38.0	37.0	37.7	41.3
Recruiting additional medical oncologists	34.9	31.5	39.0	28.3
Pain or rehabilitation program	32.7	18.5	44.5	23.9
Stem cells	25.0	23.9	30.8	8.7
Hospital alliance	24.6	21.7	29.5	15.2
Relationship with cancer center	17.3	22.8	16.4	8.7
Home care	17.3	14.1	22.6	6.5
Patient advocacy programs	11.3	8.7	11.0	17.4
ABMT unit	10.9	12.0	12.3	4.3
Recruiting medical director	10.6	6.5	13.0	10.9

Table 2. ACCC Strategic Planning Survey: 1994

Which hospital cancer program elements are most threatened by the changing health care environment?	Total Respondents			
	Medical Director/ Oncologist	Admin. Director/ VP Oncology	Other/ Unknown	
Clinical trials	53.9%	69.6%	48.6%	39.1%
Hospital/physician relations	46.8	66.3	38.4	34.8
New technology	44.7	53.3	45.9	23.9
Oncology unit staffing	42.6	39.1	41.8	52.2
Oncology marketing	31.0	18.5	39.0	30.4
Multidisciplinary team concept	28.2	31.5	27.4	23.9
Social work	22.2	25.0	21.9	17.4
Ambulatory chemotherapy	19.7	16.3	21.2	21.7

bursement issues, and 41.5 percent expressed the need to improve their ability to deal with insurers.

It is no surprise that members are also concerned about managed care, capitation, and hospital mergers, as well as learning to operate at maximum efficiency and minimum cost without decreasing the quality of patient care. Close to one in four respondents is considering joining a hospital alliance within the next 24 months (see Table 1). More than 43 percent of respondents noted that they are planning to launch new cancer marketing programs. An almost equal number of respondents (about 40 percent) noted the need to improve skills in marketing their programs, and 32 percent desire additional skills in negotiating with physician groups and other cancer facilities.

Respondents are also concerned about communication barriers and the trend from inpatient treatment to home care and outpatient services in order to decrease costs.

THE ROLE OF ACCC

Once again, economic issues, such as helping to assure research funding and reimbursement for clinical trials and screening/prevention programs, were cited as the major political areas on which the Association needs to focus. Almost 54 percent of respondents expressed concern that clinical trials are threatened by the changing health care environment (see Table 2).

Respondents also want ACCC priorities to include lobbying for health care reform issues, cancer patient advocacy, and assistance in improving hospital/physician relationships.

Many respondents expressed the desire that ACCC promote development of clinical pathways/critical paths and clinical outcomes measurement. One hundred fourteen respondents (43.5 percent) have developed critical pathways/care maps; 148 (56.5 percent) have not. Among the pathways that members have created are those for neutropenic fever, chemotherapy administration, breast cancer, pain management, colon cancer, leukemia, bone marrow transplantation, and prostate cancer.

The opportunity to network was cited as an important way in which

the Association helps its members, through access to resources at meetings and the use of the ACCC publication *Community Cancer Programs in the United States*. Members appreciate the up-to-date information regarding health care reform, reimbursement, cancer program guidelines, and oncology economics provided via meetings and publications.

THE PLAN AHEAD

In 1991, the ACCC Board of Trustees established a strategic planning process. In 1993, the membership approved a Bylaws amendment which added strategic planning to four existing permanent committees of the Association (Bylaws, Governmental Affairs, Membership, and Program). This action requires the existence of a Strategic Planning Committee and assures a regular planning process as directed by the Board of Trustees.

The Board of Trustees is committed to an annual strategic planning process. To that end, the Strategic Planning Committee conducted this survey to ascertain members' concerns and needs. The Committee will analyze survey data; review the mission statement and three- to five-year goals; and revise, if appropriate, and establish annual objectives for fiscal year 1995-96. After the Board of Trustees reviews the Committee's recommendations, the document will be distributed to the entire membership for comments. ■

Members of the 1994-95 Strategic Planning Committee

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