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ACCC's 1995 Membership Survey

by Diane Van Ostenberg, B.S., R.N., and John E. Feldmann, M.D.

The Association of Community Cancer Centers continues to experience growth and change. This year the Membership Committee has pursued opportunities to identify potential new partners, including some of the newer specialties to the oncology community. The Association has significantly committed to patient advocacy efforts and is actively pursuing a President's Educational Grant to support a Patient Advocates' Workshop with the intent of developing a detailed plan for mobilizing

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patient advocates in the country. The Association continues to encourage the development of state chapters and the Collaborative Research Group, address hospital and physician reimbursement issues, pursue passage of legislation that would include provisions for coverage of patient care costs and clinical trials, develop patient management guidelines, and address NCI and CCOP funding issues. In addition, the Association has coordinated two successful national meetings and six regional reimbursement symposia and published a new membership brochure, 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 June 1995. Approximately 6,200 surveys were mailed and 558 were returned. Of 490 ACCC member institutions, 297 were represented in the survey, which represents a 60.6 percent response from ACCC's active membership. 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

Managed care and capitation topped the list of concerns for institutions, practices, and the entire multidisciplinary cancer care team. Almost 90 percent of respondents cited positioning for increased managed care as the number one problem that they will have to confront over the next three years, and the major problem area in which they believe

Table 1. ACCC Strategic Planning Survey: 1995

New program elements that respondents are considering within the next 24 months	Total Respondents	Medical Director/ Oncologist			Admin. Director/ VP Oncology		Other/ Unknown
Cancer program marketing	255 (45.7%)	89 (49.2%)	87 (45.1%)	79 (42.9%)			
Screening/prevention clinics & programs	225 (40.3)	62 (34.3)	99 (51.3)	64 (34.8)			
Hospital/physician bonding	160 (28.7)	56 (30.9)	70 (36.6)	34 (18.5)			
Pain or rehabilitation program	152 (27.2)	30 (16.6)	69 (35.8)	53 (28.8)			
Recruiting additional medical oncologists	150 (26.9)	51 (28.2)	62 (32.1)	37 (20.1)			
Hospital alliance	123 (22.0)	52 (28.7)	46 (23.8)	25 (13.6)			
Stem cells	121 (21.7)	38 (21.0)	53 (27.5)	30 (16.3)			
Relationship with cancer center	49 (17.3)	21 (22.8)	24 (16.4)	4 (8.7)			
Home care	96 (17.2)	30 (16.6)	40 (20.7)	26 (14.1)			
Patient advocacy programs	76 (13.6)	20 (11.0)	32 (16.6)	24 (13.0)			
Recruiting medical director	48 (8.6)	11 (6.1)	20 (10.4)	17 (9.2)			
ABMT unit	47 (8.4)	17 (9.4)	20 (10.4)	10 (5.4)			

Table 2. ACCC Strategic Planning Survey: 1995

Hospital cancer program elements that respondents believe are most challenged by the changing health care environment	Total Respondents			
	Total Respondents	Medical Director/ Oncologist	Admin. Director/ VP Oncology	Other/ Unknown
Hospital/physician relations	307 (55.0%)	118 (65.2%)	108 (56.0%)	81 (44.0%)
Clinical trials	295 (52.9)	120 (66.3)	103 (53.4)	72 (39.1)
New technology	224 (40.1)	93 (51.4)	81 (42.0)	50 (27.2)
Oncology unit staffing	220 (39.4)	64 (35.4)	71 (36.8)	85 (46.2)
Oncology marketing	189 (33.9)	59 (32.6)	67 (34.7)	63 (34.2)
Ambulatory chemotherapy	175 (31.4)	55 (30.4)	58 (30.1)	62 (33.7)
Multidisciplinary team concept	168 (30.1)	50 (27.6)	57 (29.5)	61 (33.2)
Social work	106 (19.0)	30 (16.6)	45 (23.3)	31 (16.8)

that ACCC can be of assistance. It is no surprise that members are also concerned about learning to operate at maximum efficiency and minimum cost without decreasing the quality of patient care.

As in past years, reimbursement for state-of-the-art cancer care remains a major concern. Also high on the list of concerns (67 percent of respondents) was development of critical pathways. According to the survey, just half of all respondents have developed critical pathways, the greatest number being breast cancer and chemotherapy paths.

The survey revealed that more than 45 percent of respondents are planning to launch new cancer marketing programs (see Table 1). An equal number of respondents (45 percent) noted the need to improve skills in marketing their programs. Slightly more than 40 percent are considering developing a screening or prevention clinic or program within the next year. More than one in five respondents (22 percent) is considering joining a hospital alliance within the next 24 months. Perhaps because so many hospitals have already gone through the alliance/merger process, this percentage is down slightly from last year's figures.

THE ROLE OF ACCC

Members are clearly troubled by this turbulent time of hospital downsizing, mergers, increased competition, and rethinking of

traditional strategies and systems for the delivery of multidisciplinary cancer care. About 72 percent of respondents cite oncology managed care as the major political area on which the Association needs to focus. More than half of respondents view the spread of managed care as a threat to hospital/physician relations and clinical trials (see Table 2). Of related concern was how the Association can help to assure research funding and reimbursement for clinical trials. Respondents also want ACCC priorities to include cancer patient advocacy and lobbying for off-label drug approval.

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 *Oncology Issues*.

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 1996-97. After the Board of Trustees reviews the Committee's recommendations, the document will be distributed to the entire membership for comments. ■

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