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The Strategic Plan: Where Are We Headed?

Traditionally each year ACCC's president-elect chairs the Strategic Planning Committee, which attempts to define the Association's organizational goals. As providing cancer care becomes more complicated, this seemingly simple task of strategic plan revision becomes more complex as well.

Two years ago, under the able leadership of then-President-Elect Diane Van Ostenberg, the committee made fairly extensive revisions to the strategic plan, which were accepted by the membership at the 1994 annual meeting. When I assumed the role of Strategic Planning Committee chairman last year, the plan did not appear to require many changes. The document that evolved from our discussions, however, proved to be very different from the previous strategic plans. I would like to share with you some of the thinking that led to these changes.

We began the strategic planning process with a review of the membership survey. This survey was shorter and simpler than in previous years, and it produced the highest institutional response rate ever. I was impressed with the variety of opinions that our members, with their diverse backgrounds and perspectives, offered.

The survey enabled the committee to focus on the critical parts of the strategic plan, since it highlighted those things you, our members, considered important to our mission as a whole and to your institution or practice in particular. This led us to the extensive revision of the plan, which was recently mailed to the membership.

The committee's first step was to simplify ACCC's mission statement into a single sentence, stressing the promotion of the continuum of quality cancer care in the community. After all, this mission distinguishes ACCC from all other oncology organizations.

When we next examined our three-to-five year goals, the committee concurred that, in the present health care environment, the only feasible long-term goal is simple survival. The committee instead chose to adopt a set of strategies for achieving the mission. We then set up short-range plans (one-year "goals") to implement each strategy, which can be modified from year to year. These basic strategies of service to our membership, which are based on your survey responses, form the heart of the strategic plan. I urge you to review them if you have not done so already.

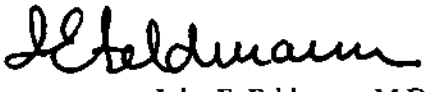
When ACCC was founded in 1974, the treatment of cancer patients, once the domain of large academic centers, had begun to move into the community. In addition, cancer care was becoming a model for the multidisciplinary approach to treatment. The traditional community cancer center based at the hospital was the hub of all this activity, and this was reflected in most of the early strategic plans. To be sure, there were always rebels, such as freestanding radiation therapy centers, but these were in the minority.

In 1993 the Membership Committee established a definition of a cancer center for delegate membership. The prospective member was required to have a cancer committee overseeing the program, a medical or radiation oncologist available to the program, and access to inpatient oncology beds. Prophetically, we did not require that the delegate member have all these features itself, but merely have formal access to them.

The hospital-based cancer center is not ancient history. It is still the major provider of cancer care in the community and forms the cornerstone of our organization. However, it is clearly not the only model of cancer care delivery. ACCC now represents many different types of programs. These include hospital-physician mergers, freestanding radiation oncology centers, and the new multidisciplinary centers being organized around the county into networks by for-profit corporations. Each has a unique (and sometimes competing) view of the marketplace. Each also has valuable information to share with the oncology community about the best way to care for our patients.

The very threats that have generated such diversity of opinion within our organization create opportunities for ACCC to be stronger and more relevant than ever. No other organization is positioned to represent the continuum of cancer care as reflected in the mission statement. If we stand behind our basic strategies of policy development to support access to care, membership support and education for oncology program management, development of quality care standards, and assistance with patient advocacy, ACCC should remain a strong voice for the cancer patient and a stabilizing influence in changing times.

I invite each of you to become active members of ACCC as we face the challenges ahead. Each member has something to contribute. Please contact me this year with your ideas or comments (my e-mail address is hocmobile@aol.com) or catch me at the meetings. I look forward to working with you during the coming year.



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