Oncology Issues

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AN INTERVIEW WITH

ACCC President
John E. Feldmann, M.D.

Q *What do you see as the major issues affecting cancer care?*

A Increasingly limited access to cancer care is obviously a major problem. Even in markets with light managed care penetration, more and more cancer patients are managed exclusively by physicians with no oncology training and without appropriate referral. The quality of this management varies greatly, particularly with regard to symptom management programs. An even more serious problem is the delay in referrals for treatment seen in more mature managed care markets. At the same time, hospitals are tightening their budgets with less technology and support personnel available to the practicing oncologist. As the paperwork burden increases in the office and hospital unit, less time is available for patient care. Provider "exhaustion" is setting in, not only among physicians, but also among nurses, social workers, and administrators.

A second issue concerns the threat to clinical research. This threat includes a decrease in funding for research projects, both at the national level and in the community hospital itself. It also includes, however, an attempt to freeze the search for new treatments as a means of cost control. ACCC has been very active in searching for a legislative solution to this problem, but progress has been slow.

Another major problem we face is the gradual despecialization of our oncology units. Oncology nurses are feeling this pressure right now with the national tendency to convert oncology units to general medical-surgical units. With declining hospital revenues, oncology social work—one criterion of a full community cancer center by ACCC standards—is threatened as well.

The potential competition for market share between the new outpatient cancer centers and the traditional hospital centers poses an additional threat to cancer care. Because of its multidisciplinary character, ACCC is in a unique position to keep dialogue open among all providers.

Q *Is the quality of cancer care threatened?*

A Yes, but only because of outside influences. I believe that our members, whether physicians, administrators, nurses, social workers, or pharmacists, are firmly committed to solving these problems and maintaining the highest level of cancer care possible. Preservation of quality in cancer care should be at the core of all ACCC programs.

Q *In the age of managed competition and HMOs, should cancer specialists fear for their practices?*

A Whether they should or not, they certainly do. The externally driven erosion of the physician-patient relationship by managed care companies is particularly frightening. Fear of losing patients to other providers because of managed care contracts forces physicians

to accept programs and arrangements they do not always find very palatable. Physicians tend to react to these changes by increasing their office services and holding on to as much control as they can. They may also look to the new national networks for help. These networks offer practice management services, which physicians see as an important resource. This search for security in chaotic times can create rifts in the traditional ways of providing cancer care in the community, especially if communications break down. ACCC should be the forum to keep those lines of communication open.

Q *How can ACCC help its members meet both the challenges and threats of the new health care environment?*

A Networking among our members remains a strong point of the organization, particularly when the health care environment differs markedly from place to place as it does now. The planned ACCC home page on the World Wide Web may provide even better communications during the coming year—a continuous ACCC meeting online! We must continue to deliver the message about quality care, whether through electronic media, publications to our members, legislative efforts, or support of advocacy activities.

Q *How has your experience prepared you to take over leadership of the Association of Community Cancer Centers?*

A My experience is a bit different from that of recent presidents. I practice medical oncology in a three-physician group in a medium-sized market. I also work part-time with a large community hospital, assisting with cancer program development and running the clinical research program. Thus, I see firsthand every day the tremendous effect health care changes have on patients and community providers. Our community is in transition to managed care right now and is experiencing all the problems that transition implies. I deal every day with the problem of shrinking research dollars and the difficulty of getting patient care costs covered for clinical trials. Although we are an independent practice, I am familiar with the national networks and what they offer practicing physicians. I am firmly convinced that we must keep cancer care together and try to understand each other's problems.

Q *What are the Association's plans for working with other professional cancer organizations?*

A ACCC is uniquely positioned to work with other organizations. Most of our members have their own specialty organizations, which are necessarily more narrowly focused. ACCC can be the link that gives a unified voice to the call for quality cancer care. We will maintain close links to the American Society of Clinical Oncology through goals shared with the Clinical Practice Committee and through ASCO support of advocacy activities. We will work closely with the Oncology Nursing Society during its restructuring process and continue our support of oncology nursing as vital to quality cancer care. The increasing role of the radiation oncologist in ACCC will allow us to network more closely with radiation oncology specialty societies. We need to be active with those organizations representing our administrators and oncology executives. Support of the major advocacy groups will have a high priority, especially in areas such as development of meaningful patient report cards for managed care. We also need to work closely with the National Cancer Institute this year as it takes a fresh look at clinical research in this country.

Q *What is the future of clinical research, and how can ACCC promote further development of research activities at the community level?*

A Anyone involved in clinical research knows how frightening that situation is. I cannot give enough credit to the cancer program administrators in our communities for their continued financial support of research despite declining revenues and government funding. With its recent change in leadership, the NCI may look at the structure of research in the community. Certainly anything that can be done by the NCI to reduce cost and paperwork at the community level will help, although considerable restructuring may be needed to stabilize the present situation. ACCC must be available to represent our members in these discussions. We must also continue internal discussions at our national meetings. A planned change in the name of the CCOP special interest group to something with more global appeal such as Community Research will help. We should address these research problems as serious issues for the delivery of quality cancer care.

Q *What is ACCC's role in the development of clinical guidelines to evaluate the processes of patient cancer care and patient outcomes?*

A The development of clinical guidelines in oncology is a fascinating process to watch. Several groups have become involved, each with a different focus. ACCC has decided to develop general guidelines that will be useful in almost every situation. The purpose of these guidelines is to assure access to uniform, high-quality care. In the long run, this may well prove to be the most effective use of guidelines. ACCC is certainly the leader in developing this type of document. Input from membership will be crucial this year as several new guidelines are planned.

Q *In what direction is ACCC headed?*

A Delivery of cancer care is certainly a challenge to all of us in these difficult times. Yet, I see this challenge as a real opportunity for ACCC to make a major impact on the national scene. Review of our Strategic Plan will show that we are uniquely positioned to deal with many of these important issues. I see ACCC as developing a coordination and facilitation function to link specialty organizations with their more limited agendas. We can then speak with a powerful voice on the issues we know so well—quality of cancer care, access to that care and to clinical trials, and support of cancer care in the patient's own community. This is the time for all of us to pull together and learn from each other. I ask all of our members to participate actively in the Association as we face the challenges ahead.