



## ACCC's 1996 Membership Survey

John E. Feldmann & James L. Wade III

To cite this article: John E. Feldmann & James L. Wade III (1997) ACCC's 1996 Membership Survey, *Oncology Issues*, 12:1, 28-29, DOI: [10.1080/10463356.1997.11904661](https://doi.org/10.1080/10463356.1997.11904661)

To link to this article: <https://doi.org/10.1080/10463356.1997.11904661>



Published online: 18 Oct 2017.



Submit your article to this journal [↗](#)



Article views: 2



View related articles [↗](#)

ACCC's

# 1996 Membership Survey

by John E. Feldmann, M.D., and James L. Wade III, M.D.

*A revealing look at the chief concerns and immediate plans of ACCC members*

**T**he Association of Community Cancer Centers is committed to providing its members with up-to-date information on the issues and trends affecting community cancer programs, including third-party reimbursement, critical pathway development, measurements of quality care, and clinical research. This year the Association introduced its home page on the World Wide Web (<http://www.assoc-cancer-ctrs.org>). Members can now browse the Web for information on cancer treatment and standards, read key articles from *Oncology Issues*, retrieve ACCC news and meeting updates, search for ACCC institution and chapter member listings by state, and more. The ACCC web site is a great way for members to generate public awareness about their hospitals, physician practices, or state oncology chapters.

The Association continues to encourage the development of state chapters and the Collaborative Research Group, address hospital and physician reimbursement issues,

*John E. Feldman, M.D., is ACCC president. James L. Wade III, M.D. is ACCC president-elect and chair of the 1996-1997 Strategic Planning Committee.*

pursue passage of legislation that includes 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 eleven regional reimbursement symposia.

This past year members received the *Oncology Critical Pathways* supplement, featuring fourteen critical paths provided by member institutions. ACCC has also published a new membership brochure, the 1996 *Cancer DRGs* monograph, the quarterly *Compendia-Based Drug Bulletin*, and our bimonthly journal, *Oncology Issues*.

To help the Association redefine both its mission and organizational strategies and to better understand the concerns of membership, the Strategic Planning Committee conducted a member survey in July 1996. Approximately 6,500 surveys were mailed and 475 were returned. Of 490 member institutions, 202 were represented in the survey, which represents a 41 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 ranked highest among the list of concerns for institutions, practices, and the entire multidisciplinary team. More than 80 percent of respondents cited positioning for 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 ACCC can be of assistance. Not surprisingly, nearly 64 percent of respondents listed cost containment among many looming challenges. Members are concerned about learning to operate at maximum efficiency and minimum cost without decreasing the quality of care.

As in past years, reimbursement for state-of-the-art cancer care remains a major concern. Sixty-seven percent of those surveyed expect reimbursement to be a major problem, with 49 percent noting the need to improve their understanding of reimbursement issues.

Critical pathways are also a priority for ACCC members. Sixty-five percent of respondents are planning to develop critical paths. Of those respondents who have already developed critical pathways, the most prevalent are breast cancer and chemotherapy paths.

The survey revealed that 44 percent of respondents are planning to launch new cancer marketing

**Table 1. New program elements under consideration within the next twelve months**

	Total respondents
Cancer program marketing	209 (44%)
Screening or prevention clinics	185 (39)
Recruiting additional medical oncologists	122 (26)
Pain or rehabilitation programs	113 (24)
Hospital/physician bonding	109 (23)
Stem cells	94 (20)
Relationship with cancer center	81 (17)
Patient advocacy programs	65 (14)
Home care	65 (14)
Hospital alliance	60 (13)
Recruiting medical director	37 (8)
ABMT unit	35 (7)

programs within the next twelve months (Table 1). A nearly equal number of respondents (46 percent) indicated the need to improve skills in marketing their programs. Thirty-nine percent are considering developing a screening or prevention clinic within the next year. Nearly one in four (24 percent) is exploring the development of pain or rehabilitation programs within the next year. Additional program elements under consideration by members include recruiting additional medical oncologists (25 percent) and hospital/physician bonding (23 percent).

In this turbulent time of hospital downsizing and mergers, members report a change in roles and responsibilities. In the past year, 17 percent of respondents have assumed more duties unrelated to oncology, with an equal number expecting to soon take on such responsibilities. Sixteen percent report having taken on more oncology duties, while 20 percent of respondents expect more oncology duties in the future.

#### THE ROLE OF ACCC

Members are clearly concerned about the threat of managed care and its impact on delivering quality multidisciplinary care. Two hundred and eighty-two respondents (60 percent) view the spread of managed care as a threat to clinical trials. Hospital/physician relationships ranked second among program elements placed at risk by managed care. Another 32 percent believe that managed care jeopardizes the multidisciplinary team concept (Table 2).

Sixty-seven percent of respondents cite oncology managed care as the major political issue on which the Association should focus. Sixty-three percent of responding members also called for ACCC's continued focus on reimbursement issues for clinical trials. Respondents want ACCC priorities to include patient advocacy and lobbying for off-label drug approval (Table 3).

The opportunity to network and share information was cited by the membership as an important way in which the Association assists its members, through access to resources at meetings and ACCC's membership directory, *Community*

#### Members of the 1996-97 Strategic Planning Committee

James L. Wade III, M.D., Chair  
 John E. Feldmann, M.D.  
 (ex-officio)  
 Robert T. Clarke, M.H.A.  
 Albert B. Einstein, Jr., M.D.  
 Dale E. Fuller, M.D.  
 Carl G. Kardinal, M.D.  
 Gordon R. Klatt, M.D.  
 Diane M. Otte, R.N., M.S.,  
 O.C.N.  
 Teresa D. Smith, R.N., M.S.N.  
 Joyce (Joy) Stair, M.S., R.N.  
 Diane Van Osternberg, B.S.,  
 R.N.

**Table 2. Which hospital cancer program elements are the most challenged by the changing health care environment?**

Clinical trials	282 (59%)
Hospital/physician relationships	229 (48)
New technology	167 (35)
Oncology marketing	159 (33)
The multidisciplinary team concept	152 (32)
Oncology leadership and/or staff	143 (30)
Ambulatory chemotherapy	135 (28)
Social work	125 (26)

**Table 3. Major political or legislative issues that ACCC should address**

Managed care (oncology)	317 (67%)
Reimbursement for clinical trials	300 (63)
Protection of clinical research/funding	292 (61)
Insurance reform/universal coverage	229 (48)
Patient advocacy	182 (38)

*Cancer Programs in the United States*. Members also credit the Association with providing timely information on health care reform, benchmarking information, 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 analyzed survey data and reviewed and revised the Association's mission statement and organizational strategies for fiscal year 1997-1998. After the Board of Trustees reviews the Committee's recommendations, the document will be distributed to the entire membership for comments. ■