Oncology Issues

Oncology Issues

ISSN: 1046-3356 (Print) 2573-1777 (Online) Journal homepage: https://www.tandfonline.com/loi/uacc20

ACCC's 1997 Membership Survey

A Revealing Look at the Chief Concerns and Future Plans of ACCC Members

James L. Wade III & Robert L. White

To cite this article: James L. Wade III & Robert L. White (1998) ACCC's 1997 Membership Survey, Oncology Issues, 13:1, 26-28, DOI: 10.1080/10463356.1998.11904731

To link to this article: https://doi.org/10.1080/10463356.1998.11904731

ACCC's 1997 Membership Survey

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

by James L. Wade III, M.D., and Robert L. White, M.D., F.A.C.R.

This past year was a time of tremendous growth for the Association of Community Cancer Centers. Membership within the organization is at an all-time high, with more than 520 Institutional members, 316 General members, and 14 Chapter members. Attendance records were set at ACCC's 21st Annual National Meeting and 14th National Oncology Economics Conference, both of which received high marks from attendees on program content and the expertise of speakers. In 1997 ACCC's web site (http://www.assoc-cancer-ctrs.org) logged up to 25,000 hits per month from users who can browse the site for the latest edition of ACCC's *Standards for Cancer Programs*, search for off-label drug indications in the *Compendia-Based Drug Bulletin*, read key articles from *Oncology Issues*, retrieve ACCC news and meeting updates, and more. More than ever, the oncology community is turning to ACCC for up-to-date information on the issues and trends affecting community cancer programs.

ACCC continues to participate in national and state legislative efforts, particularly off-label legislation, that affect the membership. The tally of states with off-label legislation now numbers twenty-seven, with seven states—Tennessee, Mississippi, Louisiana, Oregon, North Dakota, Missouri, and New Mexico—passing such legislation in 1997. ACCC continues to support the federal Rockefeller-Mack bill, which would initiate a five-year demonstration project in which Medicare recipients enrolled in cancer clinical trials would have their routine patient care costs covered.

Through the collective efforts of the American Society of Clinical Oncology, ACCC leadership and executive staff, state oncology society members, and other ACCC members, we were able to change for the better language in the 1998 federal budget that affects reimbursement for drugs administered to Medicare patients. The final budget provision requires that the amount payable for a drug or biological be equal to average wholesale price (AWP) minus 5 percent.

In 1997 the Association disseminated valuable information to hospitals and physicians through a series of regional symposia. This year nine sessions took place across the country, offering to more than 800 attendees information on oncology guidelines, capitation and case rates, clinical research, challenges to oncology specialists, and national and state legislation of interest to oncology providers.

The past year saw ACCC further develop its relationships with the National Cancer Institute and leading patient advocacy organizations. ACCC's two patient advocacy retreats, held in January and October, aimed to promote dialogue with NCI and patient advocates about partnering opportunities in patient education/dissemination of patient information, provider education, business and payer education, advocacy research, and political and legislative issues. In addition, last fall ACCC leadership met with NCI Director Richard Klausner, M.D., and other NCI officials to address NCI and CCOP funding issues.

Members received oncology patient management guidelines for early stage breast cancer, the first in a series that will include advanced stage breast cancer, small cell and non-small cell cancers, colon cancer, rectal cancer, and several supportive therapies. Members also received ACCC's revised *Standards for Cancer Programs* featuring new sections on multimodality treatment, clinical research, patient advocacy and survivorship, and pain management. A revised *Cancer DRGs* monograph was also published.

MEMBERSHIP CONCERNS

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 June 1997. Approximately 6,900 surveys were mailed and 692 were returned for an overall response rate of 10 percent, although only 677 surveys were returned by deadline and used in the analysis to follow. Of 509 member institutions, 266 were represented in the survey, which

James L. Wade III, M.D., is ACCC President, and Robert L. White, M.D., F.A.C.R., is ACCC President-Elect.

TABLE 1. Respondents by position/title within ACCC member organization

Title	Total respondents
Oncology Program Administrative Director	168 (25%)
Medical Oncologist/Hematologist	110 (16%)
Oncology Program Medical Director	82 (12%)
Oncology Nurse	53 (8%)
CEO, CFO, Vice President	48 (7%)
Cancer Registrar	46 (7%)
Radiation Oncologist	43 (6.4%)
Oncology Practice Manager	41 (6%)
Pharmacist	31 (5%)
Surgeon	28 (4%)
Social Worker	27 (4%)

TABLE 2. New program elements under consideration within the next twelve months

Program	Total respondents
Cancer program marketing	381 (56%)
Screening or prevention clinic	279 (41%)
Hospital/physician bonding	236 (35%)
Recruiting additional medical oncologists	234 (35%)
Pain or rehabilitation program	223 (33%)
Breast center	198 (29%)
Hereditary risk assessment program	184 (27%)
Stem cell/bone marrow transplant program	149 (22%)
Hospital alliance	137 (20%)
Patient advocacy program	88 (13%)
Home care	85 (13%)
Recruiting medical director	64 (10%)

TABLE 3. Which hospital cancer program elements are the most challenged by the changing health care environment?

Program Element	Total respondents
Clinical trials	389 (58%)
New technology/treatments	341 (50%)
Hospital/physician relationships	326 (48%)
Ambulatory chemotherapy	236 (35%)
The multidisciplinary team concept	224 (33%)
Social work	196 (29%)
Oncology marketing	192 (28%)
Oncology leadership and/or staff	177 (26%)
Oncology nursing	161 (24%)

TABLE 4. Major political or legislative issues that ACCC should address

Issue	Total respondents
Managed care/capitation	445 (66%)
Reimbursement for clinical trials	417 (62%)
Protection of clinical research/funding	409 (60%)
Insurance reform/universal coverage	299 (44%)
Federal budget constraints affecting chemotherapy delivery/reimbursement	296 (44%)
Patient advocacy	266 (39%)
Lobbying for off-label drug coverage	264 (39%)

represents a 52 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.

Of members responding, nearly 40 percent reported belonging to a single institution or organization, while 33 percent are a member of a regional health care system and 20 percent are in a group practice. Twenty-five percent of respondents described themselves as an oncology program administrative director, compared to medical oncologist/hematologist (16 percent) and oncology program medical director (12 percent). (See Table 1.) The Association enjoys an integrated mix of long-time and new members, with 36 percent of respondents involved in ACCC for more than five years. New members (less than two years) comprise 30 percent of membership; 35 percent have belonged from two to five years.

Managed care and capitation ranked highest among the list of concerns for institutions, practices, and the entire interdisciplinary team for the third consecutive year. More than 72 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. Outcomes measurement, a significant prerequisite for successful managed care contracting, was listed by 66 percent of respondents as an expected challenge.

As in past years, respondents anticipate that reimbursement for state-of-the-art cancer care will continue to be a major hurdle. Sixty-seven percent of those surveyed expect reimbursement to be a major problem. Containing costs in the face of shrinking reimbursement was also noted as a major concern by 59 percent of those surveyed.

Increased competition in the

market place is forcing hospitals and oncology practices to reconsider their traditional marketing strategies. The survey again this year revealed that 56 percent of respondents are planning to launch new cancer marketing programs within the next twelve months (Table 2). The trend toward hospital/physician bonding appears to be on the rise, with nearly 35 percent considering such a move, compared to just 23 percent in 1996. Screening/prevention programs, recruitment of medical oncologists, and development of pain or rehabilitation programs are also high on ACCC members' agendas.

At the request of ACCC's Ad Hoc Committee for Advocacy, this year members were asked to provide information on their institutional/organizational pain programs. More than 67 percent of respondents already have an identified pain management program in place. In 59 percent of these programs, there is a specific focus on the management of cancer pain. Surgery/anesthesiology and nursing departments are equally represented within these pain management programs (48 percent), as are pharmacists and physician pain specialists (40 percent). Social work and pastoral care also contribute to these programs (24 percent and 19 percent, respectively). Of organizations with pain management programs, only 43 percent have implemented guidelines for treating cancer pain.

THE ROLE OF ACCC

Survey results indicate that the changing health care environment, namely, the growth of managed care, is having debilitating effects on the quality of interdisciplinary cancer care (Table 3). For the second year in a row, clinical trials are considered a critical component of cancer care currently under siege in a managed care environment. Three hundred and eighty-nine respondents (58 percent) view the spread of managed care as a threat to clinical trials. New technology/treatments follow, considered to be at risk by half of those surveyed. Nearly 35 percent of respondents consider ambulatory chemotherapy to be seriously challenged by managed care. Oncology nursing, a new entry in this year's survey, is rated by 24 percent of respondents as being negatively affected by managed care.

Oncology nursing is rated by 24 percent of respondents as being negatively affected by managed care.

Sixty-six percent of respondents cited oncology managed care as the major political issue on which the Association should focus. Sixty-two percent of responding members call for ACCC's continued focus on reimbursement issues for clinical trials. Respondents want ACCC priorities to include protection of research funding (60 percent), insurance reform (44 percent), and attention to legislative issues such as Medicare reform (44 percent). (See Table 4.)

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 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 1998–1999. After the Board of Trustees reviews the Committee's recommendations, the document will be distributed to the entire membership for comments.

MEMBERS OF THE 1997-98 STRATEGIC PLANNING COMMITTEE

Robert L. White, M.D., F.A.C.R., Chair
James L. Wade III, M.D., (*ex-officio*)
Edward L. Braud, M.D.
Susan J. Brown-Wagner, R.N., M.S.N., A.O.C.N.
Albert B. Einstein, Jr., M.D.
John E. Feldmann, M.D.
Dale E. Fuller, M.D.
Carl G. Kardinal, M.D.
Teresa D. Smith, R.N., M.S.N.
Joyce (Joy) Stair, M.S., R.N.
James R. Zabora, M.S.W.