



## Reminiscing

Lee E. Mortenson

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## The Association of Community Cancer Centers

**FACT** More than 550 medical centers, hospitals, and cancer clinics across the U.S. are ACCC members. This group treats 40 percent of all new cancer patients seen in the U.S. each year. ACCC members also include more than 300 individual members and 14 state oncology society chapters.

**FACT** Only ACCC represents the entire interdisciplinary team caring for oncology patients, including medical, radiation, & surgical oncologists, oncology nurses, cancer program administrators, oncology social workers, pharmacists, and cancer registrars.

**FACT** ACCC is committed to federal and state efforts to pass legislation that ensures access to off-label uses of FDA-approved drugs and clinical trials for cancer patients, appropriate reimbursement to physicians for drugs administered to Medicare patients, and other patient advocacy issues.

**FACT** ACCC provides information about approaches for the effective management, delivery, and financing of comprehensive cancer care through its national meetings, regional symposia, and publication of oncology patient management guidelines, standards for cancer programs, critical pathways, oncology-related drugs and indications, and *Oncology Issues*.

**FACT** Membership in ACCC will help my organization/me better serve patients and will foster my professional development.

Please send membership information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Return to ACCC, 11600 Nebel St., Suite 201, Rockville MD 20852-2557/Fax: 301-770-1949.

## FROM THE EDITOR



## Reminiscing

by Lee E. Mortenson, D.P.A.

It's hard to believe that it's been twenty-five years. Looking at the photos of the good old days tends to remind me of all the mistakes that we made, as well as the accomplishments. After twenty-five years, you gain some perspective. Here is some of mine:

### THE CHAOTIC YEARS

From 1974 to about 1982, ACCC gained its footing. We helped hospital programs organize, set up oncology units, and develop a multidisciplinary approach to cancer. We encouraged development of the Community Oncology Program (COP) and Community Hospital Oncology Program (CHOP) to prove that communities could provide quality care.

Among the core leaders of those first few years were Sim Cantril and Jim Donovan. Gale Katterhagen and John Yarbrow were among the founding visionaries. Yarbrow wanted community centers to be founded on the best practices at the university cancer centers. Katterhagen was one of the first to push for oncology units at hospitals. He also believed that focusing on public policy issues surrounding quality care should be an ACCC priority.

In the late 1970s, NCI funding brought a whole new group into the picture. Tom Tucker and Ed Moorhead in Grand Rapids and Bill Dugan and Donna Minnick in Indianapolis established patient management guidelines. Tucker and Moorhead also pioneered the development of computerized tumor registries. A core group of community leaders emerged from CHOP, enough to fill up the rest of this page, but a few deserve special mention. Paul Anderson and Bob Enck, along with Dugan and Moorhead, went on to serve as presidents of ACCC. Enck pushed

for development of the ACCC standards, while Anderson, with his extraordinary vision of the future, steered ACCC toward economic and policy issues. I also remember his concept of a physician-owned organization that looks strikingly like today's physician practice management organizations.

### BUILDING THE AGENDA

From the early 1980s until 1989, ACCC consolidated its focus and staked out some ground of its own. In the early 1980s, we pushed for access to clinical trials in the community. Katterhagen and Dave Johnson were in the middle of this fight, along with Moorhead, Dugan, and the rest of the CHOP group. Concern over the DRG funding caps influenced a shift toward understanding the new economics of cancer care.

It is important to note the role of Herb Kerman, a radiation oncologist and an ACCC president. He and Irv Fleming, a surgical oncologist, were vital in assuring that the Association had a strong multidisciplinary mix of physicians to complement the administrative members of the Association.

Clinical trials introduced yet another group to ACCC. In addition to many of the CHOP programs, Dave King started a multiple hospital program in Phoenix, as did Jenny and Jerry Guy in Columbus. Several groups in Minneapolis came together into one large consortium involving John Brown, Mike Ryan, Joe Cardamone, and Harold Londer. Gordon Doty started another large group in Portland, while Cary Presant put together one in Los Angeles. These innovators, including Dave Regan, have been active and influential in ACCC.

Much of the late 1980s focused

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on development of the clinical trials mechanism in the community setting, made possible by the encouragement of people like Bob Frelick, a former ACCC president who worked on NCI's CCOP program. Leslie Ford at NCI, Chuck Coltman at SWOG, and Rodger Winn, who went from a strong community program to head up M.D. Anderson's program, have been key allies.

Jenny Guy and Dave King played a major role in the stabilization of ACCC. Along with Lloyd Everson, Irv Fleming, and Bob Clarke, all of whom served as ACCC presidents, they worked to strengthen the financial underpinnings of the organization, to broaden the involvement of the entire multidisciplinary team in Association activities, and to formalize strategic planning as a core corporate purpose. Much of the Association's strength comes from this era of foundation building.

### EXPLOSIVE GROWTH

Since 1989, ACCC has undergone an era of truly explosive growth. With a solid foundation in place, King and Everson launched a series of initiatives in rapid succession that have become the hallmark of the Association over the last decade. Yarbro, Fleming, and Enck worked with the Joint Commission on clinical guidelines. On the backs of bar napkins, King sketched out a plan for off-label legislation and the *Compendia Bulletin*. We added state chapters and offered regional reimbursement meetings, the total of which has now far surpassed 100.

As the 1990s rolled along, another group of leaders added their maturity to the organization. Carl Kardinal brought his thoughtful, low-key sense of humor and passion for clinical trials. Al Einstein brought his awareness of the complexity of care, his vision, and his understanding of care in multiple settings. Diane Van Ostenberg brought a personal passion to ACCC involvement in patient advocacy activities. John Feldmann increased ACCC's involvement in issues such as cancer pain and genetic risk assessment. Jim Wade brought his thoughtful approach to national policy issues and his care for cancer patients. Larry White has brought his great interest in the reimbursement issues affecting radiation oncologists and his recognition of the need to bolster the multidisciplinary team concept. And Maggie Riley, next up at bat, brings her decade-long crusade to assure that oncology nursing and administration are equal partners at the table.

With ACCC a true presence in national and state policy arenas, it is hard to remember the little group in the (yes, it's true) smoke-filled room at the Denver airport in 1974. The individuals assembled there had a great idea. They wanted to make certain that quality cancer care was available to people all over the country, wherever they lived. They wanted a team approach. They wanted seamless continuum of care for patients in hospital, outpatient, and home settings, from prevention to terminal care. They wanted access to clinical trials. Of course it was the impossible dream. Perhaps because they didn't know that, they went right ahead and did it. 🍷

### DIRECTOR COMPREHENSIVE CANCER CENTER

South Georgia Medical Center seeks an individual to provide administrative leadership and direction for the Pearlman Comprehensive Cancer Center. The Pearlman Comprehensive Cancer Center (PCCC) joins medical oncology and radiation oncology together to assure a continuity of care within a state-of-the-art facility which was designed to encourage interaction among physicians, professional staff, patients, and family members. The facility is nationally acclaimed for its unique design and offers many features such as a patient library, activity room, nutrition center, and an on-site satellite pharmacy and laboratory. The PCCC is accredited by JCAHO, ACoS, and ACR.

Requirements for the Director position include a Baccalaureate degree in Business or Healthcare with a Master's degree preferred. Two to five years' experience at a senior management level is preferred. Management background must include proven ability for developing and implementing long and short range plans, planning and development of marketing programs.

South Georgia Medical Center is the major medical referral center for the 13-county region it serves in South Central and North Central Florida. The 250,000 residents of this region look to SGMC to meet their medical needs through a medical staff of more than 150 and a bed capacity of 288.

For consideration, please forward resume to: Diane Mauldin, Assistant Personnel Director, South Georgia Medical Center, P.O. Box 1727, Valdosta, GA 31603, 912-259-4704/FAX: 912-259-4701.

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