Oncology Issues

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

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To cite this article: Robert L. White & Margaret A. Riley (1999) ACCC's 1998 Strategic Planning Survey, Oncology Issues, 14:2, 27-30, DOI: 10.1080/10463356.1999.11904819

To link to this article: https://doi.org/10.1080/10463356.1999.11904819

Published online: 17 Oct 2017.

ACCC's 1998 Strategic Planning Survey

by Robert L. White, M.D., F.A.C.R., and Margaret A. Riley, M.N., R.N., C.N.A.A.

The annual synopsis of results from ACCC's Strategic Planning Survey takes on special significance this year against the backdrop of the Association's coming celebration of 25 years of oncology leadership. The organization's many accomplishments to date have been achieved in large part due to the input of an active membership and ACCC's consistent response in meeting the needs of its members. Through national and regional meetings, the bimonthly *Oncology Issues*, legislative actions and updates, and the newly initiated newsgroup on the ACCC website, ACCC has facilitated communication to and among its members, as well as with our allies in the oncology community. The 1998 Strategic Planning Survey is a valuable part of our tradition, assisting the Association to continually revisit both its mission and organizational strategies and to better understand the concerns of the membership.

This past year was marked by a flurry of activity in response to a number of challenges presented in the form of proposed HCFA regulations. If enacted as originally written, regulations on chemotherapy drug discounts (Stark II), practice expense, and ambulatory payment classifications (APCs) would hinder the delivery of quality oncology care by seriously limiting oncology reimbursement. Several times throughout the year ACCC mobilized the oncology community, including survivors and their families, to respond to HCFA and members of Congress. The ACCC Presidents' Retreat, an annual gathering of representatives from national and state oncology organizations, served as a platform to educate oncology society presidents and other leaders about these proposed regulatory changes. ACCC's biannual patient advocacy meetings convened representatives from the major national patient advocacy groups as well as from the National Cancer Institute to explain the deleterious effect that these HCFA regulations would have on patient care. Ultimately, a series of influential ACCC letter-writing campaigns directed to HCFA and members of Congress has led HCFA to re-evaluate its course of action. (HCFA has since incorporated ACCC recommendations into its revised practice expense regulations; its final regulations on Stark II are still pending. The final comment period on APCs was extended to June 30, 1999.) Clearly, the leadership of ACCC, coupled with the involved participation of its membership and colleagues, has played a crucial role in representing the concerns of oncology providers and their patients to HCFA officials and members of Congress.

Not surprisingly, ACCC again witnessed a steady increase in growth in 1998. Institutional membership reached an all-time high of 570. General membership continues to make solid gains.

Both the Annual National Meeting and the Oncology Economics Conference set new attendance records. Additionally, more than 800 physicians, nurses, social workers, and office managers participated in ACCC's regional oncology symposia held throughout the nation. This year ACCC presented ten regional meetings on legislative and regulatory issues affecting oncology reimbursement. As part of these symposia, psychosocial and oncology nursing issues were presented. Responses culled from session evaluations indicate that the majority of attendees are drawn to the timeliness of the symposia programs.

ACCC continues to serve as a resource for varied information on day-to-day cancer program management issues. For the second year, ACCC, in conjunction with the U.S. Pharmacopeia, published the *USP Oncology Drug Information*, a reference volume providing information on new cancer therapeutic and supportive care drugs and updates on many new indications for previously approved drugs. Each day, oncologists, oncology pharmacists, and health care payers turn to the *USP Oncology Drug Information* for the latest off-label indications for all cancer agents. In addition, ACCC's *Compendia-Based Drug Bulletin* continues to compile cancer indications from both the USP and the American Society of Hospital Pharmacists' *Drug Information.* The bimonthly *Oncology Issues* remains a valuable reference for innovative cancer program management strategies.

MEMBERSHIP CONCERNS

As part of a formal, committed effort to gauge the needs and concerns of the ACCC membership, the Strategic Planning Survey was mailed to members in June 1998. Approximately 7,000 surveys were

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distributed, and 488 were returned for an overall response rate of 7 percent. Survey responses reveal a diverse, highly informed membership in search of innovative solutions to the widening scope of difficulties and challenges facing oncology.

The composition of the membership continues to reflect the interdisciplinary nature of the oncology team (Table 1). The administrative and medical specialties lead all categories. A total of 40 percent of respondents report themselves as administrators of oncology programs, institutional chief executive or chief financial officers, or practice managers. Taken together, medical oncologists/hematologists, radiation or surgical oncologists, oncology program medical directors, and surgeons make up slightly more than 30 percent of members responding. Oncology nurses and directors of nursing make up approximately 9 percent of members responding. Oncology social workers, cancer registrars, and directors of clinical research and various other programs account for more than 18 percent of respondents.

Likewise, the organizations in which these professionals practice also vary across the membership. (See Table 2). Members belonging to regional health care systems make up 29 percent of respondents, while 28 percent work at single institutions or organizations. Physician practice representation holds steady at 21 percent. However, in the future this constituency is expected to grow as a result of a 1998 ACCC initiative

Table 1. Respondents by Position/Title within ACCC Member Organization

Title	Total Respondents	
Oncology Program Administrative Director	132	(27%)
CEO, CFO, Vice President	40	(8%)
Oncology Practice Manager	23	(5%)
Medical Oncologist/Hematologist	57	(12%)
Oncology Program Medical Director	54	(11%)
Radiation Oncology	32	(7%)
Surgeon	7	(1%)
Oncology Nurse/Director of Nursing	42	(9%)
Other	88	(18%)
Cancer Registrar		
Pharmacist		
Social Worker		
Manager, Radiation Oncology		
Director of Clinical Research		
Director of Health Information		

Table 2. Organizational Structure of the Membership

Type of Organization	Total Respondents	
Regional health care system	141	(29%)
Single institution/organization	138	(28%)
Group practice	100	(21%)
Freestanding cancer center	27	(6%)
National health care system	26	(5%)
Academic cancer center	12	(2%)
Other	32	(7%)

Table 3. Issues to be Confronted Over the Next Three Years

Issue	Total Respondents	
Reimbursement	384	(79%)
Outcomes measurement	324	(66%)
Managed care/ capitation	303	(62%)
Cost containment	271	(56%)
Cancer program development/ integration	259	(53%)
Quality assessment/ improvement	229	(47%)
Cancer program/ physician relationships	222	(46%)
Hospital alliances/ integrated delivery systems	197	(40%)
Competition	172	(35%)
Physician mergers	86	(18%)

Table 4. Major Political/Legislative Issues ACCC Should Address

Issues	Total Respondents	
Chemotherapy reimbursement/APCs/Stark II	351	(72%)
Reimbursement for clinical trials	296	(61%)
Managed care	246	(50%)
Patient advocacy	210	(43%)
Collaboration between federal agencies	201	(41%)
Quality management methodologies	197	(40%)
Protection of core research funding at NCI	176	(36%)
Off-label drug coverage legislation	170	(35%)

to expand membership opportunities for physician group practices.

LOOKING AHEAD

This year's survey reveals a shift in members' perceptions of the challenges ahead. For the first time in three years, members rank reimbursement and outcomes measurement above managed care as serious obstacles. (See Table 3). Of course, declining reimbursement and increased emphasis on outcomes measurement have sprung from the managed care environment. However, such perceptions may indicate that ACCC members may be learning to live with managed care itself and are moving on to tackle its ramifications.

Members' concerns about reimbursement may also be linked to increasing legislative and regulatory pressure to limit chemotherapy reimbursement, as seen in Table 4. When asked about the political or legislative issues ACCC should address in the upcoming year, nearly 72 percent of respondents gave the highest priority to reimbursement as affected by APCs and Stark II regulations. Significantly, 41 percent of respondents call for ACCC's involvement to improve collaboration among the various federal agencies. Sixty-one percent of members would like to see ACCC continue its focus on passing legislation that ensures payment for the patient care costs of clinical trials.

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Table 5. Cancer Program Elements Most Challenged by the Health Care Environment

Cancer Program Elements	Total Respondents	
Clinical trials	278	(57%)
Maintenance of high-quality patient care	271	(56%)
New technology/ treatment	244	(50%)
Ambulatory chemotherapy	227	(47%)
Cancer program/ physician relationships	202	(41%)
Multidisciplinary team process	161	(33%)
Qualified oncology professionals	139	(29%)
Dedicated oncology leadership	136	(28%)
Program marketing	128	(26%)

Most members believe that restricted reimbursement continues to have grave repercussions for oncology care. Clinical trials programs, investment in new technology and treatments, and ambulatory chemotherapy infusion units are all perceived to be at risk by the membership. More than half of members responding (56 percent) report that these issues are adversely affecting their ability to maintain a high level of quality patient care (Table 5).

This year members were asked specific questions on the impact of HCFA's proposed APC reimbursement restrictions for medical

and radiation oncology practice in the hospital setting. Eighty-one percent of respondents report having an ambulatory infusion center at their institution. Similarly, 89 percent of respondents report operating an ambulatory treatment center. Both medical and radiation oncology reportedly are largely driven by a Medicare-dominated payer mix (50 and 53 percent, respectively).

Respondents to both sections share a number of common concerns regarding APCs. They include:

- Reimbursement would not cover the cost of care
- New, expensive technology would be difficult or impossible to obtain
- Co-payment will be a burden to the patient
- Other programs such as research, prevention/screening, and survivorship may be jeopardized
- Relationships with hospital-based physicians may be jeopardized.

At the time of survey (June 1998), only 5.2 percent of respondents' institutions had participated in APC research or APC studies. However, we attribute this low figure to the fact that HCFA's initial APC regulations did not appear in the *Federal Register* until September 9, 1998. We expect that, if taken today, the survey would reveal a greater number of hospitals participating in such studies.

ONCOLOGY 1999

Despite the many alarming threats to oncology, the majority of oncology programs are moving forward to develop new, progressive programs that increase their standing within the community and enhance care for patients.

Of members surveyed, 273 (56 percent) expect to initiate new marketing initiatives for their cancer programs. This number likely reflects the ever-growing competition among institutions and the need to attract a high volume of patients to compete for managed care contracts. A slight percentage of members (just under 4 percent) has begun to track patient referrals that come as a result of their institution's listing in *Community Cancer Programs in the United States,* the annual membership directory of the Association. These members report an average of five referrals arising from their respective roster pages. Most likely patients are accessing this information through the Association's web site. (Members' directory listings appear on the ACCC web site as a benefit of membership.) With more and more people accessing the Internet every day, we might presume both the number of institutions receiving referrals as well as the referrals themselves to increase over time.

Screening/prevention, oncology genetics, disease-specific centers, oncology pain, and other programs exemplify some of the many areas in which ACCC members are investing renewed efforts.

The delivery of oncology care continues to evolve, as evidenced by the types of programs being developed at member institutions across the nation. Screening/prevention, oncology genetics, disease-specific centers, oncology pain, and other programs exemplify some of the many areas in which ACCC members are investing renewed efforts. These developments signal the exciting transformations in the field to come.

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 the Association's mission statement and organizational strategies for fiscal year 1999–2000.