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Margaret A. Riley

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An Interview with ACCC President

Margaret A. Riley, M.N., R.N., C.N.A.A.

Q: You are about to lead ACCC into its next quarter century of service to the oncology community. What challenges remain ahead?

A: The major challenge ACCC currently faces is protecting reimbursement for cancer care. The implementation of ambulatory payment classifications as put forth in the *Federal Register* would severely restrict reimbursement for cancer care in the hospital ambulatory setting and would directly inhibit hospitals' ability to provide chemotherapy and other services on an outpatient basis.

Likewise, within the physician practice setting, the attempt to set reimbursement of pharmaceuticals at acquisition costs threatens chemotherapy administration in that setting. If reimbursement is ratcheted down to the extent that makes it impossible to provide the services, the patient will suffer by losing access to treatment. The impact will be felt far beyond the treatment settings, however. The progress made in clinical research, new drugs, and emerging technologies, as well as overall excellence in standards of cancer care would be severely affected.

ACCC's goals have been and will continue to be patient and community access to excellent cancer care. Innovations in technology and industry, in addition to the field of genetics, offer tremendous promise. Other challenges include maintaining ACCC's leadership in setting standards for cancer programs, continuing our work in guidelines and outcomes, and influencing all members of the cancer care team to join us in our efforts. Our work in these areas must continue to reflect the ever-evolving oncology field.

Q: One might speculate that ACCC's accomplished history could make your job a little bit easier—or much more difficult. To which belief do you subscribe?

A: ACCC is an organization that has been responsive to and involved in remarkable changes that benefit patients, cancer care standards, and the professional multidisciplinary team. Thus, as ACCC president, I will maintain a high level of responsiveness to create positive change for the future of cancer care.

ACCC's accomplishments to date certainly speak to our members and their commitment to those we serve. Maintaining and continuing such a high level of commitment takes a great deal of energy, time, and passion.

Until cancer is eradicated, however, our work is not done. ACCC will continue to respond to the evolution of oncology care and the delivery of that care, as it has throughout our first twenty-five years.

I am very proud of and thankful to each of the past presidents for their contributions. I would, with the support of the membership and the ACCC Board of Trustees, hope to make the same level of superb contribution as my past president colleagues.

Q: As an oncology nurse, and an administrator, you bring a special perspective to the role of ACCC president. Please reflect on how your own professional experience has prepared you for this role.

A: I began my career in oncology nursing at the Beth Israel Hospital in Boston, Mass., where I was fortunate to have excellent mentorship in clinical practice, primary nursing, and nursing leadership. From there I pursued a master's degree in nursing with a subspecialty in oncology from Emory University in Atlanta. While doing so I had the opportunity to fulfill the role of hospice nurse with Hospice Atlanta, a program of the VNA.

Since 1987 I have held a leader-

ACCC President Margaret A. Riley, M.N., R.N., C.N.A.A., is director of the Specialty Center for Cancer Care and Research at Saint Joseph's Hospital of Atlanta in Atlanta, Ga.

ship position for the oncology program at Saint Joseph's Hospital of Atlanta in Atlanta, Ga., where I have overseen development of all aspects of the cancer care continuum. In doing so, I have gained valuable understanding of the collaboration that must occur between practice-based and hospital-based oncology providers. For example, it is important for administrators to understand the challenges and difficulties that physicians face in providing cancer care. Similarly, physicians must acquaint themselves with hospital cancer program issues. Such understanding can lead the constructive partnerships that are vital to all the other aspects of the cancer program, such as support of clinical research, cancer registry, oncology committee work, quality nursing in oncology in all settings, and other elements of a comprehensive community oncology program.

I joined ACCC at a time when the Association needed nursing leaders to step up and be a part of that collaboration with physicians and the interdisciplinary team. My involvement in ACCC has been a good balance in fulfilling my professional needs while allowing me to offer my expertise to the organization.

Q: *Your involvement in the Association began with membership in the Nursing and Administrator Special Interest Groups and volunteering on the Standards Committee. How have these experiences shaped your experience as a member of ACCC?*

A: As someone who has attended every ACCC meeting since 1987, I have found ACCC to be a welcoming organization. From the very beginning, I was a member of the Nursing SIG, eventually chairing that group. As the years went on, opportunities included chairing the Administrator SIG as well as the Standards and Strategic Planning Committees, participating on the *Oncology Issues* Editorial Board, serving two elected terms on the ACCC Board of Trustees, and as treasurer on the Executive Committee prior to being elected president-elect.

In ACCC anyone can become actively involved. If an individual is interested and wants to contribute, his or her efforts are very much appreciated, encouraged, and quickly responded to. A great way to get involved is to volunteer to serve on a committee, offer to speak at a conference, or submit an article to *Oncology Issues.* As my experience has demonstrated, you can grow in this organization through commitment and dedication to ACCC goals.

Q: *ACCC is unique in representing the entire oncology interdisciplinary team. Within ACCC, you have been particularly vocal regarding nurse and administrator representation at the leadership level. Please comment on the value of the interdisciplinary voice within ACCC.*

A: From the very beginning of my tenure as an oncology administrator, I needed ACCC. I wanted to understand all aspects of community care. I soon discovered that the best way to learn about CCOPs and all the other aspects of excellent cancer care was to surround myself with the providers and supporters of that care: the interdisciplinary team.

True, there are several organizations such as ONS, ASCO, and ASTRO that contribute to an understanding of one's professional role. However, what I needed was an understanding of the issues that oncology team members face as a whole, what their struggles are. Although I have been a member of the Oncology Nursing Society since the early 1970s, I believed that in my role as a nurse administrator, I needed to be among the oncology team to understand how we build collaborative relationships to better patient care.

Q: *Will you initiate a specific agenda during your term as President? What will be your major areas of focus?*

A: First of all, we must continuously evaluate the definition of quality cancer care to the benefit of patients and the community. Patient advocacy is the most important agenda for ACCC. I will continue to promote that agenda, including patient access to care and clinical research. Advocacy must include ensuring that the professionals involved in providing care have access to fair reimbursement to ensure the survival of the multidisciplinary team.

If the economics of cancer care and delivery are not reasonable and fair, it will be impossible to maintain the standards we have achieved to date. We must commit to educating legislative and policy leaders at the state and federal levels, as well as private insurers, regarding appropriate reimbursement for quality cancer care.

Q: *Do any threats lie ahead that place quality nursing care for patients with cancer at risk?*

A: Several alarming trends alert us to an oncology nursing shortage. Of note, there are fewer people choosing nursing as a career. Enrollment in nursing programs is reported to have decreased 30 percent. In addition, as more and more hospitals eliminate dedicated oncology units, there will be fewer nurses choosing oncology nursing as a career path.

Recently an ONS study explored the ethical dilemmas that nurses face in a managed care environment. Oncology nurses are the central facilitators of the multidisciplinary care team through several ongoing actions, such as explaining complex treatment plans, evaluating clinical responses to interventions, collaborating with physicians about patient care management and initiating referrals to social workers, pastoral care, nutritionists, and others. Thus, the greater degree of managed care's restrictions on patient care, the greater impact on the role of oncology nurses in offering their expertise in providing care.

As nurses, we have the power to overcome these threats to oncology nursing. Nurses should not underestimate their potential to influence oncology care at the policy level. After all, nurse participation in ACCC's successful 1998 letter-writing campaign against Stark II regulations, which would have reduced chemotherapy reimbursement to 85 percent of average wholesale price (AWP), and which would have led to elimination of oncology nurses in physician practice, points to the oncology nurse's ability to make a difference. To date, close to 10,000 letters have been sent to HCFA from patients, physicians, and oncology nurses describing the detrimental effects on hospital-based oncology care in the outpatient setting if APCs are enforced.

Nurses have a unique perspective and understand the critical role the whole team provides and what each member contributes to patient care. Thus, oncology nurses must use their voice of authority to protect comprehensive cancer care.

Q: *You are also a strong supporter of community clinical research. How can oncology nurses, administrators, and other members of the oncology team more strongly advocate for clinical research?*

A: There is a significant opportunity for nurses and administrators to influence clinical research. Obviously, clinical research is a team effort with our physician colleagues. However, nurses and administrators can facilitate participation in clinical trials by managing efficient processes and quality research standards.

First, administrators can promote the value of maintaining clinical research as a program component. Once established as a component, administrators are obligated to support the accrual process by several mechanisms. The first is to choose committed nurse research staff and support their efforts in patient accrual. Organizing the protocol selection process, communicating available protocols, assisting with eligibility and consenting processes, collecting and submitting data, and managing overall quality of the research effort are just a few of the multifaceted roles of the oncology research nursing staff.

Talking with patients about considering a clinical trial takes time, effort, and objectivity. An experienced oncology research nurse is able to provide information, along with the physician. This role requires a very articulate, experienced, and clinically astute oncology nurse.

Oncology nurses can have a tremendous impact on the collegial, collaborative roles that are vital among all oncology professionals for the betterment of patient care. Our patients need us to be colleagues. Thus, it is imperative that oncology professionals see themselves as parts of a whole—a circle around the patients and families we aim to serve.