



The Cancer Program Balancing Act of 2000

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As I was leaving for Long Beach, Calif., to attend ACCC's recent 16th National Oncology Economics Conference, I was completing the Year 2000 budget process for the oncology departments at Saint Joseph's Hospital of Atlanta. Throughout the process, our oncology team discussed anticipated growth and expansion of services, volume, outreach, and other comprehensive care issues to be explored for next year. Invariably, the reality of restrictive legislation and government regulations set in—the Balanced Budget Act, the ambulatory payment classification system, “buckets” of reimbursement for chemotherapy, and bundling of radiation therapy treatments. We had a feeling of quiet desperation, knowing that what would be missing from the budget was revenue if the Health Care Financing Administration's proposed regulations were accepted by Congress and the Administration.

Creating the Year 2000 budget felt at times like an exercise in futility.

As we worked on the budget, I had an image of an act I remembered from the “Ed Sullivan Show.” A man balanced spinning plates on sticks and placed the sticks on various parts of his head and shoulders. We would all watch, holding our breath, waiting for something to fall. The man's near-impossible feat is a lot like the act of being an oncology program administrator these days—keeping the plates spinning and holding one's breath, hoping that everything stays intact.

Members of the Strategic Planning Committee gathered for a meeting on the first day of the ACCC conference to review the current strategic plan for accuracy of content and priorities. As each section was discussed, the prevailing concern became the fundamental

economic viability of community cancer centers and, therefore, patients' access to care. Those same plates started spinning again. This time, however, it seemed that all the spinning plates needed to hold still long enough for us as a committee to focus on the important work at hand: creating our future plans and strategies to ensure the basic tenet of our organization, supporting excellence in cancer care.

It seemed schizophrenic for us to be working on strategic plans that require financial resources to fulfill and at the same time to be planning how to fight tooth and nail to protect our programs and patients from unfair government regulations. The draft of ACCC's plan includes strategies both for obtaining needed funds and for fighting the many threats that our members and patients face. The document will be sent to all ACCC members for review.

Following the Strategic Planning Committee meeting, it became clear to me that everyone is balancing those spinning plates—physicians, nurses, administrators, social workers, and of course, our patients. Preventing the plates from falling and the act from ending requires a community effort. There is strength in numbers, and we can all derive hope from a community of dedicated people.

Thanks to all of our members and supporters for helping ACCC fight this fight with you. Winning requires all of us.

Margaret A. Riley