



## ACCC's New President Speaks Out...

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# ACCC's New President Speaks Out...

An interview with David H. Regan, M.D.

**Q:** *As newly elected president, you will be leading ACCC at the start of a new millennium. What challenges do you see ahead for community cancer centers?*

**A:** I believe that the biggest challenge that lies ahead for community cancer centers is in the reimbursement systems for cancer therapy, specifically APCs for hospital-based cancer centers and practice expense problems for freestanding cancer centers. Although some of these reimbursement issues have been debated for several years, the economic pressures of today are having an even greater impact on the delivery of quality cancer care than in the past.

Another challenge ahead will be to continue to build on ACCC's strength of networking with the multidisciplinary in the cancer care continuum. It is crucial that we convey our message on several pressing issues to the public, Congress, and the Health Care Financing Administration. Historically, ACCC set a precedent by initially networking with hospital-based and freestanding cancer programs. The value of networking is enormous. Networking provides a means to share innovative ideas in cancer program development and to maintain as well as promote high-quality cancer care. However, to effectively network, all of the multidisciplinary, namely administrators, clinicians, nurses, and social workers as well as physicians, need to be an active part of the team.

*ACCC President David H. Regan, M.D., is a medical oncologist with Northwest Cancer Specialists, Hematology Clinic, in Portland, Oreg.*

Also ahead will be effective management of new information systems designed to produce patient outcome data. Such data will serve as a means of measuring quality of care at cancer centers. To date, no such system is operational, but it will be here soon. I believe ACCC can effectively prepare and assist its members on this front when the time arrives.

With the steady growth of networks in the health care system, I would hope that any integrated cancer center (hospital-based, joint venture, or freestanding) will seek to participate in ACCC. Such comprehensive cancer centers with their multidisciplinary should be part of the ACCC organization.

**Q:** *How can your role with US Oncology, Inc. be beneficial to ACCC members and community cancer centers?*

**A:** As National Medical Director for Health Outcomes at US Oncology, I have been involved with projects in disease management, health outcomes, and managed care. ACCC, a not-for-profit organization, and US Oncology, a for-profit entity, are both working on and moving forward on several similar issues, such as cancer management guidelines, participation in and funding for clinical trials, and the economics of managed care. These parallel paths should



strengthen our relationship. We share at least one common goal: assuring patients have access to quality cancer care.

**Q:** *What will be your agenda for ACCC during your term as president? What will be your priority issues?*

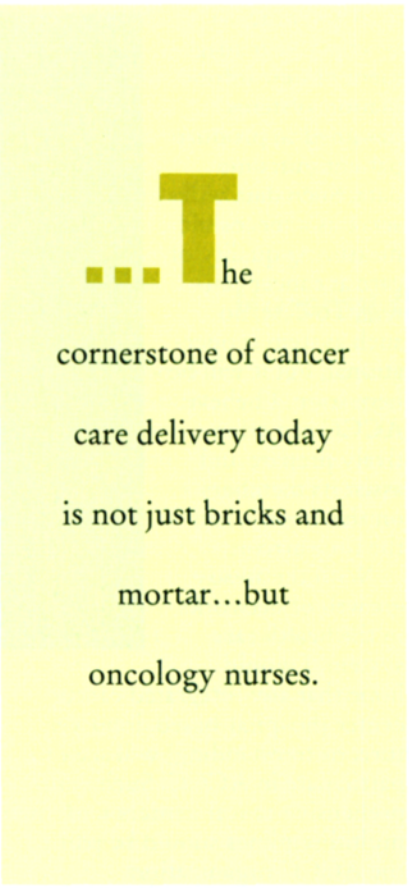
**A:** We need to make sure that Congress clearly understands ACCC's position on ambulatory payment classifications (APCs), and the financial support for the outpatient cancer care delivery platform. In addition, ACCC will need to continue to work to maintain Medicare beneficiary access to growth factors and other pharmaceuticals perceived to be self-injectable. These issues are vitally important to maintaining access to quality cancer care.

I strongly believe that the cornerstone of cancer care delivery today is not just bricks and mortar,

for example, but oncology nurses. These specialized nurses play a vital role in the cancer care delivery platform. We need to make sure that legislators, regulators, and third-party payers clearly understand the importance of oncology nurses in the delivery of quality cancer care. The resource-based relative value scale (RBRVS) payment system undervalues their professional services substantially. There is a growing shortage of qualified oncology nurses, which must be addressed. Failure to deal with this shortage of oncology nurses could have a devastating impact on how we handle the growing number of cancer cases expected in the coming years.

Another major issue that needs attention is for ACCC to continue to seek legislation at the federal and state levels for support of routine medical expenses for clinical trials. Insurers in a few states, namely Maryland and New Jersey, have already agreed to provide some funds.

Additionally, I would like to encourage many more ACCC members of all disciplines as well as their patients to visit their congressional offices in March 2001 during the ACCC annual meeting in order to press ACCC's policy issues on the Hill. ACCC members/patients could potentially visit all congressional offices. We need to make a big push to advocate our concerns on the Hill and with the incoming Administration in January 2001. Furthermore, I will also encourage ACCC members as well as their patients to invite their respective members of Congress to visit their cancer centers to observe the daily activities at the center. We must press the concerns of providers and patients. Those concerns include access to quality cancer care, funding for clinical trials, and



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chemotherapy reimbursement, among others.

*Q: Your involvement in ACCC has spanned many years, starting with membership in the Association's Collaborative Research Group and moving up the ladder to eventually be leader of the organization. How have these positions in ACCC shaped your experience as a member of the organization?*

*A: My participation in ACCC, which began 12 years ago, started as a member in the Collaborative Research Group and in ACCC efforts to promote clinical research. Gradually, I became involved in*

other aspects of the organization, specifically, as chairman of the Program and Membership Committees, then as a trustee of the Board, and as treasurer. Each of these positions has built on my knowledge and experience in the organization and has allowed me to better assess new directions for the organization. Actively participating in ACCC over these years has helped me carry forward ACCC's mission and vision.

I believe ACCC's current organizational structure serves its members well. Additionally, ACCC's recent changes in membership classification have resulted in an increasing number of members joining the organization.

I'd also like to mention that ACCC has taken a strong leadership role in providing management services to state oncology societies. Some of these services include meeting planning and advice on infrastructure as well as on reimbursement. The increasing number of state societies affiliating with ACCC means that they recognize the value that ACCC can bring to their organizations.

*Q: What other issues do you believe ACCC should be watching down the road?*

*A: ACCC will continue to support its members in their efforts to deliver the highest quality of cancer care. This will be done through all ACCC initiatives. Additionally, ACCC will be ready to deal with any new challenges that might impact on our members to be successful in their cancer center programs. ■*