An Interview with ACCC's New President:

Teresa D. Smith, R.N., M.S.N.

Q: Welcome to your new position as ACCC President. Please tell us about your background and experience.

A: Thank you. Currently, I am director of oncology at the University of Wisconsin Hospitals and Clinics in Madison, Wisc. Prior to my arrival in Wisconsin, I was the administrator for the service lines at Baptist Health System in Memphis and was responsible for the service lines of cancer, cardiovascular, women's health, children's health, seniors' health, the neurosciences, and orthopedics. I served as administrator of the Regional Cancer Center at Memorial Medical Center in Springfield, Ill., from 1993 to 1997. In the 1980s I was also director of cancer services and senior network director and hospice patient care coordinator at McKennan Hospital in Sioux Falls, S.D.

Q: How will your background and experiences help you as ACCC's new president?

A: I am a nurse and have been actively involved in cancer care for the past 18 years. I believe I have a good understanding of the overall health care system and, more specifically, cancer care delivery. As a nurse and administrator, a member of ACCC, and now as ACCC president, I am committed to providing quality cancer care to patients, which means care based on scientific clinical research, provided by compassionate clinical staff, and using evolving new technologies in diagnosis and treatment.

Q: As a nurse, how do you believe the serious problem of the nursing workforce shortage, particularly in oncology, can be resolved?

A: I am very much concerned about the current nursing shortage, which is already affecting hospital cancer programs in both urban and rural areas. *Oncology Issues* and other sources have reported that 114,000 full-time registered nurse vacancies will be recorded in the United States by the year 2015. Many of these vacancies will occur in oncology units. Long-term strategies are essential for preserving the nursing profession.

ACCC is recommending a multifaceted approach to increasing the number of oncology nurses. We must seek adequate reimbursement for nursing costs in the hospital setting and encourage enrollment in nursing programs through scholarships, government incentives, and collaborative efforts between nursing schools and providers.

The current shortage of oncology nurses—as well as shortages of radiation therapists and even medical oncologists—means that ACCC must work in partnership with the Oncology Nursing Society to alert lawmakers to the devastating impact such a workforce shortage will have on the delivery of cancer care services.

Q: What have you been doing at your institution to help resolve the escalating workforce shortage of nurses?

A: We offer a nurse internship program at the University of Wisconsin Hospitals and Clinics in Madison, which has been very

successful in encouraging new nurses to stay in oncology. We are providing a healthy work environment for nursing by implementing flexible work schedules and involving nurses in the decision-making process for patient care.

Recently, we started a Caregiver Renewal Course. The three-day course, led by a trained instructor, is conducted at a site away from the hospital. The course is designed to teach hospital nursing staff, including those from the cancer program, how to relieve daily stresses and anxieties by using massage and guided imagery, among other methods of relaxation. The course was offered in December 2000 and in early January 2001. It will be offered again in April and June. To date, small groups of 26 people have attended, and the program has been very well received.

Q: What should ACCC's priorities be in 2001?

A: I believe that the priority issues for ACCC and the cancer care community this year include working to ensure:

- A solution to the critical health care workforce shortages
- Appropriate chemotherapy reimbursement, so patients have access to the latest chemotherapy drugs
- Availability of more oral chemotherapy agents and their coverage by insurers
- Appropriate reimbursement for oncology nurses for the time they spend educating and monitoring patients in the administration of oral chemotherapy agents
- Appropriate reimbursement for radiotherapy services.

We must also study how to best implement forthcoming medical privacy standards as defined by the Health Insurance Portability and Accountability Act (HIPAA). These very costly standards—if they become law—are expected to have great impact on the operation of cancer programs.

We must listen carefully to the concerns of our membership and help ensure quality, state-of-the-art cancer care in an era of cost restraints.

ACCC must continue its partnerships with national cancer organizations, patient advocacy groups, and the pharmaceutical industry, so the cancer care community can send a strong and unified message to lawmakers and regulators.

Q: You have served in several senior posts at ACCC—on the Board, the Executive Committee, the Strategic Planning Committee, and the Program Committee, among others. Based on your experience, how do you believe ACCC can better serve its members?

A: We must listen carefully to the concerns of our membership and help ensure quality, state-of-the-art cancer care in an era of cost restraints. ACCC should continue to advocate for the entire cancer care community. Hopefully, our successes in influencing legislation and putting pressure on the Health Care Financing Administration in 2000 will be followed by more gains in 2001. Finally, bringing new ideas to our annual meeting and reaching out to our members through ACCC's regional meetings are vitally important.

Q: To whom should ACCC be reaching out?

A: ACCC is a multidisciplinary organization that must reach out to the entire oncology team: cancer program administrators, oncology nurses, physicians in a broad range of disciplines—medical oncology, radiation oncology, surgical oncology, among others—as well as directors of radiation therapy programs.

Q: What must community cancer centers do to better serve their patients?

A: Recruitment of well-trained, qualified staff to provide quality care is paramount. Next, cancer centers must analyze and possibly refine their operational care systems to provide easier patient access to all aspects of the hospital's cancer program. Cancer programs must also continue their focus on clinical trials. Since an increasing number of payers are providing coverage for clinical trials, more cancer programs should be able to participate in quality clinical research.

Cancer as a service line is threatened in many hospitals as administrators look to cut services that are not economically viable because of the new prospective payment system, ambulatory payment classifications, or APCs. Cancer programs must learn everything they can about cost-based reimbursement for outpatient oncology programs. They should audit their current charge capture and billing processes, as well as make changes to improve current billing.

Most important, all members of the cancer care team must become politically proactive and use every avenue possible to protect cancer care access, research, and quality.