# **Association of Community Cancer Centers**

# Annual Report 2012-2013





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### **Association of Community Cancer Centers**

Our Core Purpose

The Association of Community Cancer Centers is the leading education and advocacy organization for the cancer team.

#### **Our Core Values**

ACCC will fulfill its core purpose by pursuing and adhering to these core values:

Integrity

Collaboration

Stewardship

Knowledge

Respect

Innovation

Excellence

### Our Strategic Objectives

Long-Range Goal:

ACCC will be recognized as the leader that promotes comprehensive cancer care for all.

Three-to-Five-Year Goals:

ACCC will be an indispensable resource for knowledge exchange, education, and networking for its members.

ACCC will be the recognized leader in advocating for quality cancer care.

ACCC will be financially secure and stable in order to achieve its mission and goals.

Cover photos courtesy of (I-r) PeaceHealth St. Joseph Medical Center, St. Joseph Cancer Center; Cancer Care NorthWest; Broward Health - Broward Health Medical Center, Comprehensive Cancer Center; Southwest Cancer Center, UMC Health System Since its inception nearly four decades ago, the Association of Community Cancer Centers has supported community cancer programs as equal partners in the war against cancer. The message that ACCC worked to convey to its members in 2012-2013 is "You Don't Have to Do It Yourself." By harnessing the collective wisdom of its more than 18,000 members, who represent the majority of multidisciplinary cancer care teams throughout the country, ACCC helps position these cancer care professionals for greater success in a landscape that continues to shift.

In 2012 and 2013, ACCC increased access to a powerful combination of resources, expertise, and opportunities, harnessing popular technology and new tools, including the MyNetwork online community, digital publications, and virtual meeting sessions, to better reach its growing audience of oncology professionals. ACCC facilitated the exchange of ideas and information for its membership through the development of relevant and replicable programs based on members' own experiences and measurable successes. And at a time of continued challenges in reimbursement and access to care, ACCC helped its membership combine their voices through coordinated grassroots advocacy efforts on key issues likely to impact access to quality care.

ACCC's commitment to ensuring that "You Don't Have to Do It Yourself" is evident in the wealth of resources designed to support its members, from publications such as the 2013 Patient Assistance and Reimbursement Guide, which remains the leading resource for those seeking to help meet the challenge of the cost of care, to the "Cancer Care Trends Survey," now in its fourth year, which utilizes member input to create critical benchmarking data and analysis of the current oncology landscape, to national and regional meetings designed by ACCC members for ACCC members.

ACCC members are the vanguard of oncology professionals that are committed to advancing quality oncology care. This year ACCC members furthered this effort by serving on education project advisory boards and helping to develop and define effective practices, by contributing articles outlining real-world solutions

and practical tools for ACCC's journal, *Oncology Issues*, and by sharing their ground-breaking achievements as recipients of ACCC's Innovator Awards.

This annual report is more than a record of ACCC's activities in 2012-2013. It is a reflection of the association's unwavering commitment to supporting our members with powerful tools.

In 2013-2014, ACCC's Board of Trustees will embark on a new phase of the strategic planning process for the association. We hope that you will get involved by providing input on how ACCC can help you continue to achieve excellence in providing quality care.

ACCC membership gives you access to a toolbox of resources.



### 2012-2013 Executive Committee



PRESIDENT George Kovach, MD



PRESIDENT-ELECT Virginia T. Vaitones, MSW, OSW-C



SECRETARY
Steven L. D'Amato, BSPharm, BCOP



TREASURER Becky L. DeKay, MBA



IMMEDIATE PAST-PRESIDENT Thomas L. Whittaker, MD, FACP

### **Board of Trustees**

Frances Becker, LCSW, OSW-C Jennie R. Crews, MD, FACP Faye Flemming, RN, BSN, OCN Heidi Floden, PharmD John E. Hennessy, MBA, CMPE Ali McBride, PharmD, MS, BCPS Brenda Nevidjon, MSN, RN, FAAN W. Charles Penley, MD Matt Sherer, MBA, MHA Kim Woofter, RN, OCN

### A Message from ACCC's President

What a busy, challenging year! As implementation of the Affordable Care Act (ACA) rolls out, the oncology community faces an avalanche of regulations that aim to control healthcare costs while simultaneously increasing access to healthcare. Since "the devil is in the details," it remains to be seen whether these efforts will succeed. Still, now is the time for the oncology community to speak up.

As community providers, we experience the challenges of providing quality cancer care daily. For my term as ACCC President I've chosen to focus on the advocacy message of "the right treatment at the right time." Central to this theme is my belief that ACCC members are best positioned to educate decision-makers on how coverage and reimbursement issues affect community oncology. To advocate successfully for continued access to quality cancer care, we must prioritize the key issues and engage with government leadership and legislators. And we must be prepared to continue our advocacy efforts until we achieve this goal. Together, we can have a voice in ensuring "the right treatment at the right time" for our patients.

As it has for decades, the Association of Community Cancer Centers is speaking with a loud and clear voice. ACCC's Grassroots Advocacy Campaign provides tools and resources to help our members engage with government leadership, elected representatives, and policymakers at both the federal and local levels. This year the effort will focus on three core areas that we believe must be addressed:

- Preserve Patient Access to Care, including oral parity, medical malpractice reform, access to new drugs, and establishing comprehensive health benefits.
- Advance Medicare, including eliminating the Independent Payment Advisory Board (IPAB), establishing appropriate payment models, and ensuring appropriate care for dual-eligible patients.
- Create Appropriate Reimbursement, including eliminating the sequester, permanently fixing the SGR, eliminating the prompt pay discount in the ASP calculation, establishing codes for chemotherapy planning and teaching, establishing codes for

palliative care, and removing radiation oncology reimbursement cuts.

ACCC's Capitol Hill Day held March 6 just before the ACCC 39th Annual National Meeting was a powerful way to help ensure continued access to quality cancer care. Meeting attendees helped educate legislators on how budgetary, coverage, and reimbursement issues affect the oncology community.

Voicing concerns on issues that matter to patients and cancer care providers helps cancer programs and the communities they serve. As you know, there are a multitude of issues currently before Congress that may affect the oncology community, including cuts to Medicare payments, drug reimbursement issues, creating codes for chemotherapy teaching and palliative care, and halting drug shortages. ACCC believes that its members can help Congress become better informed on how these issues affect cancer patients and their care providers on a day-to-day basis. By sharing their stories and concerns, ACCC members can help their patients and their cancer programs.

ACCC members are at the forefront of the healthcare discussion and, I believe, help affect the future of community oncology.

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George Kovach, MD ACCC President

## 2012 and 2013 At a Glance

ACCC is:

679 Member Cancer Programs

409 Individual Members

3,915 Members through State Societies

**18,582** Total Members

95%

of ACCC Cancer Program Members have renewed membership this year

41,000

average monthly page views of www. accc-cancer.org in 2012. Find a Cancer Program, Education, Meetings, and Publications were the most popular areas of the website.



ACCC's MyNetwork online community continues to be one of our most popular member benefits. The ACCCExchange all-member discussion group saw amazing growth in 2012 and 2013.

ACCCExchange Subscribers on MyNetwork: 14,261

Content contributions to MyNetwork: 4,157

(including discussion posts, shared documents, & blogs)

Average number of posts per day: 9.31

That's almost twice as many posts peday as last year!

#### The most active discussion threads in 2012-2013 were:

"How many facilities have the pharmacy prime the tubing in the hood vs. nurses priming tubing with saline in the med room then spiking the chemo bag?"

"I am interested in hearing how cancer centers are implementing Standard 3.2, Psychosocial distress screening."

"On which holidays are other hospital-based infusion centers closed?"

"What annual competency checks for therapists do radiation oncology sites require?"

"I am trying to put together a policy and procedure on patient navigation with both a nurse and social worker leading that team. Does anyone have one they can share?"

"What 'traditions' do other cancer centers have to acknowledge when an individual's treatment in the infusion center is complete?"

# Membership

ACCC has a broad reach into community-based cancer care with members working in approximately 875 hospitals and more than 1,200 physician group practices nationwide.

Members are representative of the entire cancer care team: medical and radiation oncologists, surgeons, cancer program administrators and medical directors, senior hospital executives, practice managers, oncology nurses, pharmacists, radiation therapists, oncology social workers, navigators, dietitians, and cancer program data managers. Together, this group of organizations and individuals is estimated to treat more than 60 percent of all new cancer patients in the United States each year.

ACCC membership provides access to a toolbox for constructing solutions to today's challenges in cancer care.





"You Don't Have to Do It Yourself" is a theme that was incorporated into 2012-2013 recruitment materials, a guide for Delegate Representatives, and a membership update mailing to all 18,000 ACCC members.

A special website, "Access Your Tools," was created to give members easy access to some of the most sought-after ACCC resources at www.accc-cancer.org/accessyourtools.

#### **System Membership Pilot Program**

As consolidation continues to affect cancer care delivery, ACCC's Board of Trustees approved a pilot program to allow hospital systems to join ACCC. While Cancer Program Membership provides access to ACCC resources for all staff affiliated with a specific hospital, it does not currently apply to those who work on a system level for the oncology service line. This option extends the benefits to these individuals, and provides an opportunity for discount pricing for cancer programs within a system. Three hospital systems joined ACCC through the pilot project: Advocate

Health Care, Aurora Cancer Care, and Indiana University Health, bringing with them five new cancer program members and providing discount membership rates to six existing members. ACCC's Board of Trustees recently voted to continue the pilot project in 2013-2014.

---ACCC

**DELEGATE REPRESENTATIVE** 

**USER'S MANUAL** 

Thank you for serving as an ACCC Delegate presentative for your cancer program. You have pecial tools to help the members of your cancer.

The ACCC Delegate Rep User's Manual is designed

#### **Individual Membership**

A new recruitment brochure with the theme "Power Your Future" was created and disseminated throughout the year. Individual Membership continues to be an effective means of introducing oncology professionals to ACCC.

# ACCC Welcomes 40 New Cancer Program Members in 2012-2013

Advocate Health Care (system), Oak Brook, IL

Aurora BayCare Medical Center, Aurora Cancer Care, Green Bay, WI

Aurora Cancer Care (system), Milwaukee, WI

Aurora Sheboygan Memorial Medical Center, Aurora Cancer Care, Sheboygan, WI

Baptist Health System, Baptist Cancer Services, San Antonio, TX

Baptist Hospital, Baptist Cancer Center, Nashville, TN

Cape Fear Cancer Specialists, Wilmington, NC

CaroMont Health, CaroMont Cancer Center, Gastonia, NC

Cedars-Sinai Medical Center, Samuel Oschin Comprehensive Cancer Institute, Los Angeles, CA

Diablo Valley Oncology & Hematology Medical Group, Pleasant Hill, CA Emanuel Cancer Center, Turlock, CA

Epic Care, Antioch, CA

Genesis HealthCare System, Cancer Care Center, Zanesville, OH

Hematology-Oncology Associates of the Treasure Coast, P.A., Port St. Lucie, FL

Hudson Valley Hospital Center, Lindenbaum Comprehensive Cancer Center, Cortlandt Manor, NY

Indiana University Health (system), Indianapolis, IN

Indiana University Health West Hospital, IU Health West Cancer Center, Avon, IN

IU Health Ball Memorial Cancer Center, Muncie, IN

IU Health Proton Therapy Center, Bloomington, IN

Mercy Hospital, Mercy Cancer Center, Coon Rapids, MN

Mercy Medical Center Merced, Mercy UC Davis Cancer Center, Merced, CA

Methodist Healthcare System, Methodist Cancer Center, San Antonio, TX

Northeast Georgia Cancer Care, LLC, Athens, GA

PeaceHealth St. Joseph Medical Center, St. Joseph Cancer Center, Bellingham, WA

Regional Cancer Center at Johnson City Medical Center, Johnson City, TN

Rochester General Hospital, Lipson Cancer Center, Rochester, NY

Saint Elizabeth Regional Medical Center, Cancer Institute, Lincoln, NE

Saint Francis Hospital, Natalie Warren Bryant Cancer Center, Tulsa, OK

Sanford Bemidji Medical Center, Sanford Bemidji Cancer Center, Bemidji, MN Sarah Cannon Cancer Center, Nashville, TN

Siouxland Regional Cancer Center, dba June E. Nylen Cancer Center, Sioux City, IA

Southwest Mississippi Regional Medical Center, The Mississippi Cancer Institute, McComb, MS

United Hospital, United Cancer Care, Saint Paul, MN

University of Alabama at Birmingham Comprehensive Cancer Center, Birmingham, AL

UT Southwestern Medical Center, Harold C. Simmons Comprehensive Cancer Center, Dallas, TX

VCU Health System, VCU Massey Cancer Center, Richmond, VA

Virginia Oncology Associates, Norfolk, VA

Wake Forest Baptist Medical Center, NCI Comprehensive Cancer Center, Winston-Salem, NC

Winchester Medical Center, Winchester, VA

Yuma Regional Medical Center Cancer Center, Yuma, AZ

# Education

Finding ways to excel in providing quality care doesn't have to be a "do it yourself" project. ACCC's education programs provide tools to build services, strengthen member programs, and empower staff.

The information and tools that are developed through ACCC's education projects are shared with members in a variety of ways, including publications, reports, webinars, sessions at ACCC national meetings, workshops, and on our website.

Here are some of our recent and ongoing projects.



# Projects completed or nearing completion in 2012-2013

The Financial Information and Learning Network provides information and education to members who deal directly with patients on complex financial issues surrounding their cancer diagnosis and provides standards to build support for financial counseling within their programs.

This multi-component project includes a dedicated section on ACCC's website; 10 online courses that are now available on-demand; a series of regional workshops conducted throughout the country; five video feeds; and a Financial Assistance Toolkit that includes information, tools, and templates to assist cancer programs in developing a robust patient financial assistance program, including:

- Worksheets to help assess benefits
- Tools to estimate the cost of chemo care plans
- Sample appeal and collection letters

### Improving Quality Care in Small-Population Cancers



"I value ACCC for its legislative and regulatory updates, financial tools, and general administrative information. ACCC has a broad depth of information available for clinicians as well as administrators."



• Tools to track patient assistance and drug replacement programs, and more.

The toolkit is available in print and as a PDF.

In 2012, new guidelines for Patient Advocacy and Financial Services were added to ACCC's Cancer Program Guidelines, available online at www.accc-cancer.org/guidelines.

Molecular Testing in the Community Oncology Setting identified and addressed the needs of centers regarding the use of molecular testing. Member surveys for the multidisciplinary team and for pathologists were completed. As part of the project's final report, case models of four member programs were highlighted for effective practices. A molecular testing primer webinar was conducted, and a special education session was held at the ACCC 29th National Oncology Conference in San Antonio. The project's final report is available on the ACCC website. A special six-panel gatefold highlighting the results of the project was mailed with the January/February 2013 *Oncology Issues*.

The Role of Histology and Molecular Markers in NSCLC: Implications for Practice provided members with a two-

part PI-CME activity on the appropriate and adequate use of histologic and molecular markers to personalize therapy and improve the quality of care of patients with NSCLC. This project was conducted in collaboration with Rockpointe Oncology and provided ACCC members with the opportunity to actively participate in the planning and content development as well as directly participate in the activity.

#### **Current Education Projects**

Prostate Cancer Programs: Developing Tools and Measuring Effectiveness provides information, outcome measures, and decision-aids and tools to help members improve patient outcomes for prostate cancer patients with advanced disease. This project features both retrospective and prospective outcomes data collection phases. Results of the program have been shared with members and widely disseminated. A final report was made available to members in December 2012, and a summary article for the initial segments of the project was published in the January/February 2013 *Oncology Issues*. The project has been extended, and in 2013 six of the original participating sites will continue with data collection.



**2013 Cancer Care Trends in Community Cancer Centers**, now in its fourth year, identifies key trends in hospital-based cancer programs. Last year's survey indicated that programs are:

- actively looking to cut costs without compromising quality or services
- seeing more and more people who need help paying for their cancer treatment
- concerned about meeting new CoC standards and other accreditation requirements
- seeking new ways to affiliate with community providers.

Preliminary results of the 2013 survey were presented at the ACCC 39th Annual National Meeting, and the final results will be disseminated with the July/August 2013 *Oncology Issues*.

Improving Quality Care in Small-Population Cancers: Multiple Myeloma, part of ACCC's small-population cancer (SPC) initiative, raises member awareness about the unique needs of this patient population. An interdisciplinary Advisory Board continues to provide guidance for the project's components. The project's website is continually updated with new resources, including information on clinical trial resources and other provider and patient education materials. A

special four-part blog series on multiple myeloma, written by members of the Advisory Board, will run in ACCCBuzz, the association's blog. A summary of the effective practices identified for this project, along with a companion document on reimbursement for oral drugs, was provided to members at the ACCC 39th Annual National Meeting. The Community Resource Centers for the multiple myeloma project were announced at the ACCC 39th Annual National Meeting, and a special print SPC supplement is scheduled for release with the May/ June 2013 *Oncology Issues*.

Improving Quality Care in Small-Population Cancers: Acute Promyelocytic Leukemia provides members with a compendia of effective practices. The project encourages members to recognize these effective practices, adapt them to their own situation, and measure their success in improving patient care. The project's website includes clinical trial information, along with patient education and provider resources.

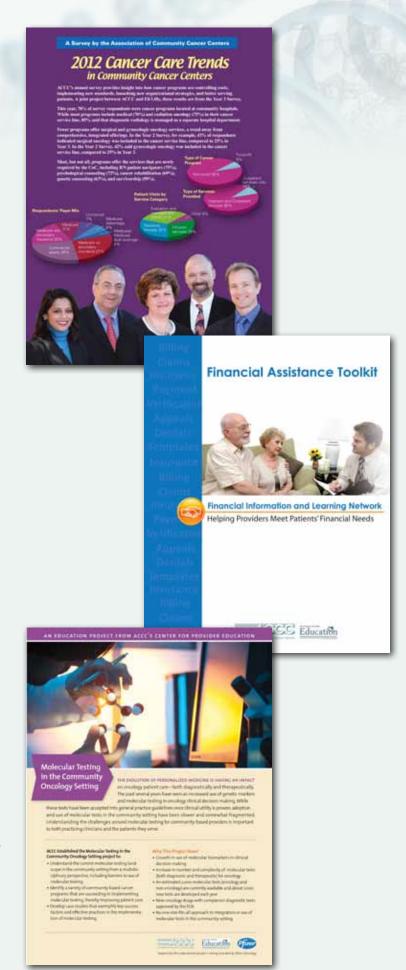
Getting Tissue for Molecular Testing: A Strategic Initiative for NSCLC is a new, tailored CME activity that assists member programs in increasing the percentage of lung biopsies adequate for molecular testing. Five member sites will be participating in the project, which "One gap ACCC fills particularly well is reimbursement. ACCC is my number one source. It can be very specific, focused pieces of information regarding how a procedure is billed, or more global information: how are trends changing? I have not found a good substitute for this information anywhere else."

will provide CME-accredited education and other activities to improve performance. This project is being conducted in collaboration with MCM Education and Temple University School of Medicine.

Melanoma: Strategies & Tools to Improve the Patient Experience is a new project that will provide members with effective strategies for improving the patient experience through the identification of effective practices from member programs, along with tools and resources to share across disciplines. This project will include the development of a non-clinical print supplement, a dedicated webpage, and a series of meetings.

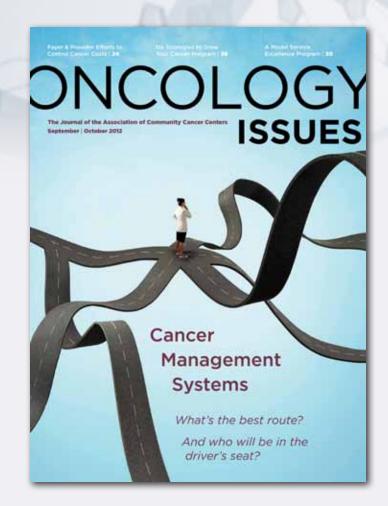
ACCC and Medscape Oncology's collaborative relationship continues through an online educational initiative that offers a community provider perspective about emerging data and treatment strategies presented at scientific meetings, including the American Society of Clinical Oncology (ASCO) and the American Society of Hematology (ASH).

A special thanks to those who have given their time serving on Advisory Boards for ACCC's education projects.



## **Publications**

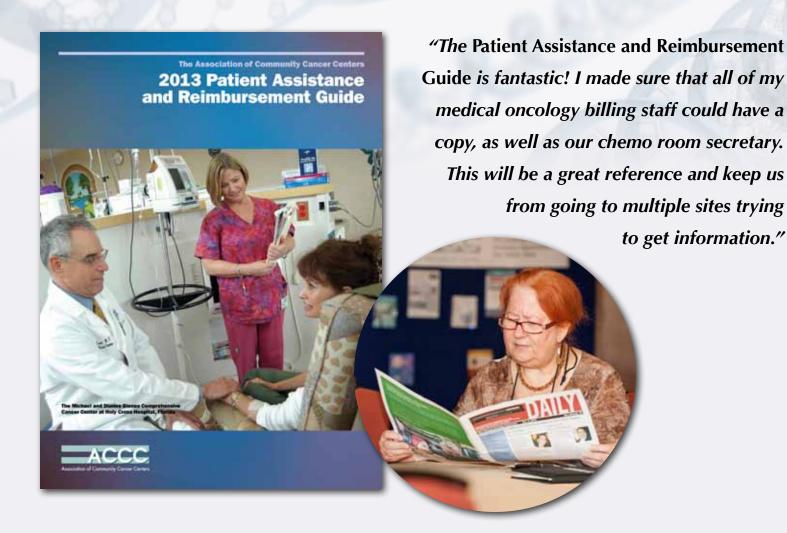
As changes in the oncology care landscape occur at an increasingly rapid pace, ACCC print and online publications continue to keep members informed and updated. Publications such as the Oncology Drug Reference Guide and the Patient Assistance and Reimbursement Guide serve as vital resources, aggregating information to save members time and money.



#### Oncology Issues

Among the innovative topics featured in ACCC's flagship publication, *Oncology Issues*, in 2012-2013, were:

- Strategies for juggling multiple accreditations
- A blueprint for designing physician compensation plans
- Tips for using social media in community cancer centers
- A how-to look at developing an oncofertility program
- Methods for ensuring an integrated cancer service line
- Suggestions for developing a patient-focused transitional care plan
- A primer on cancer management systems and pathways
- Steps for establishing an adolescent and young adult cancer survivorship program.



#### Oncology Drug Reference Guide

ACCC's 2012 Oncology Drug Reference Guide was unveiled at the ACCC 29th National Oncology Conference in San Antonio. The guide focuses on drugs paid under Part B of the Medicare program, listing each drug by HCPCS code, generic name, brand name, billing unit, and manufacturer contact information. The Oncology Drug Reference Guide lists average sales prices (ASP) for all currently marketed drugs that have HCPCS billing codes in the oncology range, or that have been approved by the FDA for treating cancer. The 2012 Oncology Drug Reference Guide mailed with the November/December 2012 Oncology Issues. The guide is updated quarterly online when the new ASP prices are released. The first update to the guide was in January 2013.

#### Patient Assistance and Reimbursement Guide

ACCC's 2013 Patient Assistance and Reimbursement Guide mailed with the January/February 2013 Oncology Issues. In addition to updates on all the major pharmaceutical, non-profit, and foundation patient assistance programs, the 2013 guide included an article about the model financial assistance program at ACCC-

member program Rex Cancer Center in Raleigh, N.C. For fiscal year 2011-2012, Rex Healthcare received nearly \$4.7 million in financial assistance for its cancer patients. In 2013, ACCC's *Patient Assistance and Reimbursement Guide* was also made available to ACCC members in a PDF format that they could download and save directly onto their desktop. As with the digital edition of the guide, the PDF version allows members to link directly to the programs and forms needed to procure financial assistance for their patients.

#### **ACCConnect**

ACCConnect, the biweekly email newsletter, provides current oncology news, including legislative and regulatory updates, reimbursement information, and drug updates, and keeps members informed about the latest offerings from ACCC. ACCConnect was redesigned in February 2013.

For the first time in 2012, ACCConnect Daily, a newspaper highlighting speakers, sessions, and events, was produced and distributed at ACCC's conferences and meetings.

# Meetings

Approximately 650 members from 294 cancer programs participated in meetings this year, benefiting from the expertise of nationally-recognized speakers and the shared wisdom of their colleagues. These dynamic meetings provide a forum for multidisciplinary professionals to gain valuable strategies and solutions on business and economics, the latest policy updates, and innovations in cancer care delivery.



my practice."

#### **National Oncology Conference**

The ACCC 29th National Oncology Conference held October 3-6, 2012, in San Antonio, Texas, provided participants with tools to help members better manage services, maximize resources, and promote transformational change. Eleven Cancer Program Members shared best practices, process improvements, and creative approaches as recipients of ACCC's 2012 Innovator Awards. In recognition of the budget cuts and travel restrictions in effect at many programs, ACCC recorded all meeting sessions and made the content available to members online.

#### **Regional Meetings**

Recognizing the importance of making in-person meetings accessible to more members, ACCC offers free Regional Oncology Economic and Management Meetings throughout the country. Sessions focus on the latest trends and legislative issues along with the nuts and bolts of financial assistance, billing and coding, and quality reporting.

ACCC regional meetings are a benefit to ACCC members, offered at no cost. Fall 2012 Regional

meetings were held in Jersey City, New Jersey (Northeast Regional); Louisville, Kentucky (South Central Regional); and Denver, Colorado (Western Regional). These meetings included workshops for financial specialists and administrators as part of ACCC's Financial Information and Learning Network education program.

breaks. I gain so many valuable connections I can call on throughout the year to apply to

Spring 2013 regional meetings will be held as follows:

Southeast Regional: Ft. Lauderdale, Florida, April 23, 2013, in collaboration with the Florida Society of Clinical Oncology.

Western Regional: Las Vegas, Nevada, May 9, 2013, in collaboration with the Nevada Oncology Society.

Great Lakes Regional: Lansing, Michigan, June 11, 2013, in collaboration with the Michigan Society of Hematology and Oncology.

#### **Annual National Meeting**

The ACCC 39th Annual National Meeting held March 6-8, 2013, in Washington, DC, brought together hundreds of cancer care professionals for thought-provoking sessions focused on business, economics, and healthcare policy. The meeting kicked off with members participating in ACCC's Capitol Hill Day on March 6.

Participants began the day with a training session, so that all attendees—from seasoned veterans to Washington first-timers—were comfortable talking to their elected officials and advocating for important issues.

#### **ACCC Surveys Conference Needs**

In 2012 ACCC conducted a survey to determine preferences regarding in-person conferences and meetings. Respondents rated ACCC meetings highly for their quality, and indicated that the ability to hear well-respected and innovative speakers in the field is by far the most compelling reason to attend meetings. Networking was rated second most important, with an ability to meet peers to discuss cancer center management issues also rated highly. ACCC's Program Committee is incorporating this feedback as they formulate plans for future meetings.

# Advocacy

As the leading education and advocacy organization for the cancer team, ACCC is a powerful voice on issues with national legislators on Capitol Hill and with the Centers for Medicare & Medicaid Services (CMS).

This year, ACCC commented on numerous issues to CMS, visited with many lawmakers, and encouraged grassroots involvement from members. Here are highlights.



Representatives' offices explaining what ACCC is and the fact that as an organization, our members take care of close to 60 percent of all cancer patients. That's very influential."

"We went to Capitol Hill after being briefed on the issues. We spent a few minutes at our

#### **Action on Legislative and Regulatory Issues**

ACCC submitted comments on the 2013 Proposed Physician Fee Schedule. CMS agreed with ACCC comments on cuts to radiation and medical oncology and the final rule reflected positive changes.

We submitted comments on the 2013 Proposed Hospital Outpatient Prospective Payment System Rule. CMS had proposed to increase drug reimbursement from ASP+4% to ASP+6%, a position ACCC has long advocated for, and CMS finalized that change in the final rule.

ACCC submitted comments on CMS proposed rules including the Physician Payment Sunshine Act, Essential Health Benefits, Coverage with Evidence Development, the Clinical Lab Fee Schedule, Electronic Health Records Meaningful Use, Coverage of PET scans, and research priorities for the Patient Centered Outcomes Research Institute (PCORI).

We encouraged individual members and oncology state societies to submit comments on issues including the 2013 Proposed Physician Fee Schedule and its cuts to radiation oncology and Essential Health Benefits.

In addition, we met with numerous members of key Congressional committees to discuss issues of concern to ACCC, including the Sustainable Growth Rate (SGR), sequestration, the prompt pay discount, oral parity, drug shortages, chemotherapy teaching codes, the elimination of the Independent Payment Advisory Board (IPAB), medical malpractice reform, and more.

#### **Participation in Coalitions**

Get menhadin ACCDs 2313 Greenway Mysor

ACCC participated in numerous coalitions, including the Stop Cuts to ASP Coalition, the Patient Equal Access Coalition, the State Patient Equal Access Coalition, MAPRx, C-Change, and the Commission on Cancer Advocacy Committee.

#### **Grassroots Advocacy Campaign**

In December 2012, ACCC initiated a renewed effort to engage ACCC members in grassroots initiatives through the presidential theme, "The right treatment at the right time." Members volunteered to participate in grassroots efforts such as letter writing, calling, and emailing their elected officials. In addition, more than 70 ACCC

members signed up to participate in the Capitol Hill Day as a part of the ACCC 39th Annual National Meeting. This number represents a nearly 100 percent increase in the number of participants from ACCC's 2011 Hill Day event.

More state oncology societies are engaging their local legislators through site visits, visits to state capitals, and having legislators attend membership conferences.



# Awards

Each year ACCC recognizes three individuals who have made exceptional contributions to the oncology community and the care of patients with cancer.

The Innovator Awards were created to recognize ACCC members who have developed and implemented innovative programs to improve access, quality, and cost-effectiveness of cancer care.

ACCC's Clinical Research Award is bestowed upon an individual or individuals whose research has significantly and positively impacted the oncology patient, family, and/or community.



Donna Berry, PhD, RN, AOCN®, FAAN, was recognized for her extensive research, leadership, and commitment to individuals with cancer. Dr. Berry is director of the Phyllis F. Cantor Center for Nursing & Patient Care Services at the Dana-Farber Cancer Institute in Boston, Mass. She is also an associate professor of medicine at Harvard Medical School. Dr. Berry pioneered research in two

important areas: patient-centered oncology care and nursing leadership within oncology.

**ACCC's Annual Achievement Award** honors an outstanding individual for excellence in advocacy, dedication, and commitment to the care and treatment of patients with cancer.



Jimmie C. Holland, MD, is the Wayne E. Chapman Chair in Psychiatric Oncology, Memorial Sloan-Kettering Cancer Center, and is recognized internationally as the founder of the subspecialty of psycho-oncology. She has been at the forefront of efforts to delineate the prevalence and nature of the psychologic and psychiatric implications of cancer for patients, their

families, and healthcare professionals.

ACCC's David King Community Clinical Scientist Award recognizes an outstanding researcher for excellence in service to the oncology community.



Patrick J. Flynn, MD, is the director of Research at Minnesota Oncology Hematology, PA, and medical director, Autologous Bone Marrow and Stem Cell Transplant, at Abbott-Northwestern Hospital. Dr. Flynn's areas of special interest include autologous peripheral blood stem cell transplantation; hematology, including bleeding and clotting disorders; and colorectal

cancer. Under Dr. Flynn's leadership, clinical trial accrual has risen from 50 to 500 patients per year, achieving success through a consortium of physicians, clinics, and hospitals that cover the entire metropolitan Twin Cities and beyond.

#### **2012 ACCC Innovator Awards**



In 2012 ACCC welcomed GE Healthcare as the sponsor of the ACCC Innovator Awards, a partnership which further enhances the visibility of the awards program on a national level.

Eleven Cancer Program Members (eight projects) were selected as

winners for their replicable tools and unique ideas.

Winners presented their innovations at the ACCC 29th National Oncology Conference in San Antonio, Texas, and their projects were shared online and in *Oncology Issues, ACCConnect,* and *Delegate REPartee*. All Innovator Award winner meeting sessions were recorded and are available for purchase.

Representatives from GE Healthcare are visiting each of the 2012 Innovator Award winners to present plaques from the GE Healthymagination program, and to learn more about the specifics of these award-winning programs.

"In today's healthcare environment it is critical to share best practices to advance cancer care. GE Healthcare welcomes the opportunity to continue collaborating with these Innovator Award-winning cancer programs to better understand current challenges and help provide solutions."

- Timea Zsiray, GE Healthcare, Oncology Marketing Manager

#### **2012 Innovator Award Recipients**

Akron General Medical Center, McDowell Cancer Center, Akron, Ohio

Bridging the Psychosocial and Financial Needs of Oncology Patients

Anne Arundel Medical Center, Geaton and JoAnn DeCesaris Cancer Institute, Annapolis, Md. Rapid Access Chest and Lung Assessment Program

Dorcy Cancer Center at St. Mary-Corwin Medical Center, Pueblo, Colo.

A Comprehensive Team Approach for Patients with Head and Neck Cancer

Fox Chase Cancer Center, Philadelphia, Pa.

New Approaches to Maximize Patient Flow and Reduce Inpatient Hospital Length of Stay

OhioHealth Grant Medical Center, Grant Cancer Care, Columbus, Ohio

A Unique Screening Outreach Program: ConvenientCare Mammography

**St. Luke's Mountain States Tumor Institute, Boise, Idaho** *A Multidisciplinary Supportive Oncology Clinic with Integrated Medication Therapy Management* 

Southwest Cancer Center, UMC Health System, Lubbock, Tex.

Process Improvement Through Patient and Employee Feedback

Virginia Piper Cancer Institute® - Abbott Northwestern Hospital, Minneapolis, Minn.; Virginia Piper Cancer Institute® - Unity Hospital, Fridley, Minn.; Mercy Hospital Cancer Program, Coon Rapids, Minn.; and United Hospital Cancer Program, St. Paul, Minn.; all part of Allina Health

How to Develop a Breast Cancer Program Across a Large Health System



# Treasurer's Report

Becky L. DeKay, MBA, Treasurer

The statement of Financial Position shows an increase in net assets from \$3,199,156 to \$3,822,299 for fiscal year 2011-2012, and the Statement of Activities and Change in Net Assets shows total unrestricted net assets at year end of \$897,366, up from \$827,444 at the beginning of the year. The cash reserve account increased from \$408,974 to \$448,525. Audited financial statements for the fiscal year ended June 30, 2012, are provided.

Amendments to the budget for the purpose of conducting special projects in conjunction with the Corporate Development Committee have been approved for fiscal year 2013. The Board approved budget amendments for up to \$5,500,000 of revenue with associated direct project costs of \$5,225,000. Funding commitments as of December 31, 2012, total \$4,335,000, with associated project costs estimated at \$4,118,250.

#### **Association of Community Cancer Centers** Statement of Financial Position as of June 30, 2012

	<b>ASSETS</b>			
<b>Current Assets</b>				
Cash	\$ 4,192,157			
Accounts Receivable	193,543			
Sponsorship Receivable	394,400			
Prepaid Expenses	48,813			
Total Assets	<u>\$4,828,913</u>			
LIABILITIES AND NET ASSETS				
Current Liabilities				
Accounts Payable & Accrued	\$ 434,979			
Liabilities Deferred Revenue				
Membership Dues	501,385			
Other	70,250			
Other	70,230			
Total Current Liabilities	1,006,614			
Net Assets				
Unrestricted	\$ 897,366			
Temporarily Restricted	2,924,933			
Total Net Assets	\$3,822,299			
Total Liabilities and Net Assets	<u>\$4,828,913</u>			

# Association of Community Cancer Centers Statement of Activities and Change in Net Assets for the Year Ended June 30, 2012

Revenue	Unrestricted	<b>Temporarily Restricted</b>	Total
Membership Dues	\$ 867,655	\$ -	\$ 867,655
Conferences and Meetings	540,323	352,000	892,323
Journal	235,642	98,800	334,442
Interest	7,894	-	7,894
Other	88,163	46,000	134,163
Pharmaceutical Reimbursement Project	10,655	4,905,350	4,916,005
Net Assets Released from Donor Restrictions	<u>4,848,929</u>	(4,848,929)	-
Total Revenue	<u>\$6,599,261</u>	<u>\$553,221</u>	<u>\$7,152,482</u>
Expenses			
• General	\$ 743,569	\$ -	\$ 743,569
Conferences and Meetings	932,263	-	932,263
Journal	419,116	-	419,116
Membership	239,904	-	239,904
Other	35,897	-	35,897
Pharmaceutical Reimbursement Project	4,158,590	-	4,158,590
Total Expenses	<u>\$6,529,339</u>	\$ -	<u>\$6,529,339</u>
Change in Net Assets	\$ 69,922	\$ 553,221	\$ 623,143
Net Assets, Beginning of Year	\$ 827,444	\$ 2,371,712	\$ 3,199,156
Net Assets, End of Year	<u>\$897,366</u>	<u>\$2,924,933</u>	\$3,822,299

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### A Look at What's Coming in 2013 and 2014...

In the coming months, learn more about the **Community Resources Centers (CRCs)** available to ACCC members through the "Improving Quality Care in Small-Population Cancers" initiative that focuses on Chronic Myeloid Leukemia, Multiple Myeloma, and Acute Promyelocytic Leukemia.

Look for the final results of ACCC's fourth **Cancer Care Trends in Community Cancer Centers** survey, which will be sent to members with the July/August issue of *Oncology Issues*. Use the survey findings to benchmark your program against others across the nation!

In November, along with your *Oncology Issues*, look for a special non-clinical supplement on melanoma, part of ACCC's just-launched **Melanoma: Strategies & Tools to Improve the Patient Experience** education program. And, throughout 2013-2014, look for *Oncology Issues* to provide leading-edge content, including articles on biosimilars in oncology, clinical trials in an age of consolidation, and a multidisciplinary approach to survivorship care.

Now in their third year, the **ACCC Innovator Awards**, sponsored by GE Healthcare, recognize and honor pioneering strategies for the effective delivery of cancer care in the community setting. Winners gain national visibility as both ACCC and GE Healthcare showcase their innovations to oncology care providers and the broader healthcare community throughout the year.

Tap into the knowledge and creativity of oncology thought leaders and award-winning cancer programs from around the country at the **ACCC 30th National Oncology Conference**, Oct. 2-5, 2013, in Boston, Massachusetts. Bring the best home to your patients and your program.

2013 will draw to a close with ACCC's Fall **Regional Oncology Economic and Management Meetings**. Learn about some of the hottest topics in oncology management today. Then ask questions and get answers that you can take home and apply at your cancer program. Regional Meetings are free to all ACCC members, so put these dates on your calendars today—Oct. 22, 2013, Northwestern Regional, Eugene, Oregon; Nov. 7, 2013, Midwestern Regional, St. Louis, Missouri; and Dec. 10, 2013, Southeastern Regional, Savannah, Georgia.

2014 marks the **Association of Community Cancer Centers' 40th Anniversary** as the leading education and advocacy organization for the multidisciplinary cancer team—physicians, nurses, administrators, pharmacists, social workers, navigators, registrars, and more. The idea of a multidisciplinary approach to cancer care is now the norm, but it was revolutionary four decades ago. Celebrate 40 years of accomplishments—including bringing clinical trials to the community setting, supporting the development of state oncology societies, and advocating for the passage of off-label legislation—at the **ACCC 40th Annual National Meeting**, March 31-April 2, 2014, in Arlington, Virginia, and throughout 2014.



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