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ACCC champions the importance of access to cancer specialists and appropriate cancer therapies and leads efforts to respond to regulations and legislation that threaten to compromise the delivery of quality cancer care. In addition to top-notch advocacy, ACCC membership brings many tangible benefits, including access to the new *Members-Only* section of our award-winning web site, subscriptions to our renowned publications, and educational and networking opportunities at ACCC's two national conferences and free regional meetings. Our voice is authoritative and well respected.

If you would like more information or if you have any questions regarding ACCC membership, go to [www.accc-cancer.org](http://www.accc-cancer.org).

# Between a Rock and a Hard Place

## The Genesis of OPEN (Oncology Pharmacy Education Network)

by Lee E. Mortenson, DPA

There are a group of folks who everyone in hospitals understands to be between a rock and a hard place. They are called pharmacists, and their situation is quite complicated. Pharmacists and hospital formulary committees have been struggling with price increases from manufacturers and new technology—new drugs with new therapeutic value. They've been tasked to answer some tough questions: How do you measure the value of a new drug? What are the practical economics of the situation?

In oncology, pharmacists face some significant problems. First, there are few instances of truly "equivalent" drugs, a fact that severely limits a pharmacist's choice. Second, while a number of the first generation oncology drugs are now off patent, few of those drugs are used alone. Instead these drugs are often used in combination with newer, more effective, and more expensive drugs.

Even worse, until ACCC was able to convince Congress to increase reimbursement for outpatient oncology drug use, hospital pharmacists faced a situation where more patients meant more financial losses. Fortunately, that situation has now changed, and we have a window of time where oncology outpatient drug costs are being met. Those of us concerned about the looming reimbursement cuts in physician offices see the hospital outpatient setting as a minimal "safety net" for patients.

But we can't allow ourselves to become complacent. Oncology pharmacy has many issues on its plate: continuous adjustments in APC rates, new C-codes, delays in code approval, payment for pharmacy services, which were completely excluded under the APC system, and

methods of measuring trade-offs between regimens. Plus, the oncology pharmacist is not always included in the activities of the oncology team. Often whipsawed between hospital administration cost concerns, formulary committee ideas, physician clinical concerns, manufacturer issues, and constraints brought about by group purchasing organizations, the oncology pharmacist has an important role to play. And, until recently, the oncology pharmacist had no organized voice in policy and educational concerns.

That situation changed with the formation of the Oncology Pharmacy Education Network (OPEN), under the auspices of ACCC. Ernie Anderson, MS, RPh, a nationally recognized pharmacist from the Lahey Clinic in Massachusetts and a new member of ACCC's Board of Trustees, chairs the group and has assembled an all-star advisory board of leading pharmacists.

The group is off to a running start with 1,100 pharmacy members among ACCC institutions, a new web site ([www.accc-cancer.org/OPEN](http://www.accc-cancer.org/OPEN)) filled with tools and relevant news accessible through ACCC's web site, and meetings with MedPAC about the congressionally mandated study on pharmacy costs. In addition, ACCC held nine regional meetings on Practical Economics in June, with more pharmacy-related meetings planned at ACCC's two national meetings.

Without question, the whole oncology team, including oncology pharmacists, is facing some significant obstacles and opportunities in the months ahead. OPEN is a vital, new pathway to assuring that the whole team works together for the best results possible. 📌

