ACCC PRESIDENT’S MESSAGE

ACCC, With an Assist

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From the COVID-19 pandemic, which exposed systemic gaps and disparities in care, to the egregious acts of racism we continue to see in our country, I think that everyone—both inside and outside of our specialty—would agree that 2020 has been a challenging year for cancer patients and cancer programs. Fortunately, oncology has always faced challenges, and cancer care teams are ever ready to change course and do what needs to be done to care for our patients and their families. But we do not have to do this alone. ACCC stands ready to assist by:

- **Sharing lessons learned from COVID-19.** During this pandemic, our healthcare teams rapidly deployed digital health resources, including telemedicine, to the great benefit of our patients and staff. We must continue to work together in teams, identify and adopt best practices, and learn from each other. You can start by listening to ACCC’s series of COVID-19 webcasts and podcasts at accc-cancer.org/COVID-19. Still, for all the lessons the pandemic has brought over the past months, we must be transparent and humble and recognize that there is much we do not yet know about this disease. To accelerate understanding and answer pressing questions, the oncology community is working quickly to gather needed data. Please help by enrolling today in the ASCO Survey on COVID-19 in Oncology (ASCO) Registry at asco.org/ascocoronavirus-information/coronavirus-registry.

- **Bringing to light critical needs, problems, and unknowns.** Our country has critical unmet needs in comprehensive vaccination, serology testing, available treatment options, and public health practice. Telemedicine and other digital health tools are in their infancy in terms of technology integration, workflow, best practices, and reimbursement. There are large populations who have unmet needs in cancer prevention, diagnosis, treatment, and care coordination due to socio-economic disparities; bias, including racism; and structural barriers. Further, bias due to under-representation on clinical trials is a critical threat to the validity of cancer research that exacerbates existing health disparities.

  - Developing solutions and resources to meet these needs, solve these problems, and bring clarity to these unknowns. This past summer ACCC partnered with the American Society of Clinical Oncology (ASCO) on a request for information to identify and implement novel strategies and practical solutions to increase clinical trial participation by racial and ethnic minority populations. (More to come on this exciting initiative.) For cancer programs experiencing challenges with telehealth implementation and reimbursement, ACCC has an on-demand webcast that covers changes to telehealth services, supervision, provider-based designations, coding for services, and more. Listen today at courses.accc-cancer.org/telehealth-reimbursement-update. Or maybe you are seeking clarification on how changes that the Centers for Medicare & Medicaid Services has put forth in the proposed CY 2021 Outpatient Prospective Payment System and Physician Fee Schedule rules will affect your cancer program or practice? ACCC’s on-demand webcast on the proposed rules can put the agency’s proposals in perspective. Listen today at courses.accc-cancer.org/courses.accc-cancer.org/2021-OPPS-PPS-Proposed-Rules. Solutions and resources exist, and I strongly urge you to spend time exploring ACCC’s robust education portfolio of webcasts and podcasts, blogs, online courses, educational supplements, and more.

I end this column with specific suggestions for how you can help. First, join the ASCO COVID-19 in Cancer Registry so that your cases are counted. (Remember: it is an acceptable clinical trial registry for the M. Christopher Incentive Payment System [Merit-based Incentive Payment System] COVID-19 Clinical Trials Improvement Activity.) Second, check back regularly for updates on promising ideas put forward from the joint ASCO-ACCC request for information. Third, plan for diversity, equity, and inclusion training for yourselves, your colleagues, and your staff. Finally, have and welcome frank conversations on racism. Only by working together can we make the necessary changes at our cancer programs and in our communities.