ASCO's Clinical Practice Committee

Why Volunteer?

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MD*

By Therese M. Mulvey, MD

Often oncologists are politely asked by acquaintances, why do you do this? This familiar question often follows the career disclosure of cancer specialists. Choosing a career in oncology is a life decision. Caring for patients with life-threatening illnesses, keeping up with the myriad emerging therapies, managing treatment algorithms, and interfacing with almost every

other specialty in medicine is an ordinary day for oncologists. Why add to the work load and volunteer as an American Society of Clinical Oncology (ASCO) committee member or to chair a committee?

As a member of a society such as ASCO, we all often ask, "what is ASCO doing about. . . ?" In 2004, we all waited on pins and needles as the Centers for Medicare and Medicaid Services rocked the very core of our existence with their sweeping changes implementing the Medicare Modernization Act. After the Medicare Modernization Act, ASCO infused additional time and resources into the state society system through the establishment of the State Affiliate Grant Program, leadership conference, handbook, and Web site support. Until then, state societies primarily dealt with local coverage and access issues. As a state society member, I felt relatively disconnected from the national organization and I knew ASCO as the organization that hosted the Annual Meeting and provided Medical Knowledge Self-Assessment Program materials. Since then, ASCO has become much more immediate and tangible to me through e-mail alerts, legislative initiatives, and my involvement in the State Affiliate Leadership Conference.

No one feels comfortable when circumstances are out of control. In fact, as physicians and health care providers we seek to maintain control over our lives and those of our patients. It is a core function of our daily lives to know the facts, assimilate the data, and make decisions. The changes in 2004 and those that have followed were disarming. Not wanting to remain as a helpless jellyfish in a stormy sea, involvement seemed the only natural recourse.

All membership organizations depend on their constituents to speak up, get involved, and demand that the issues relevant to them are addressed. Without adequate representation how can we as practicing oncologists guarantee that this occurs? The State Affiliates, the Clinical Practice Committee (CPC),

and the Steering Committee of the CPC are the arenas for discussions regarding daily practice issues and implementation of initiatives. The CPC interfaces with other integral committees in the organization: Education, Government Relations, Career Development, Quality, Health Services, Cancer Research, and has direct liaisons to the Board of Directors. As practicing physicians, we reap the benefits of the strength and reputation of ASCO through the conduit of these committees.

What can we expect to address and accomplish this year? The CPC and its Steering Committee will continue to advocate for fair reimbursement for the services practicing oncologists provide. This continues to be a two-pronged approach through the legislative agenda and the oncology Carrier Advisory Committee Network. Private payer issues will begin to be addressed in general terms this year. Specifically, issues such as the unfunded mandates of excessive prior approval of therapies and radiographic testing will be explored with the quality of daily practice and access to care as the goals. Without easy access to both radiology and therapies, care is hampered and the physician is hassled. Integration of midlevel practitioners, collaborating with the Oncology Nursing Society to develop curriculum goals for nurse practitioners, and working with ASCO's Workforce Implementation Group, will be key to maintaining adequate access for our patients and preventing undo burden on those who directly care for patients. Quality will continue to be a focus. Making quality care the goal and preventing pay for process are the keys to successful implementation. The Electronic Health Records (EHR) agenda remains forefront as the implementation of EHR will lessen the burdens of data retrieval and communication between specialists and enhance quality. Preserving the ability to provide quality clinical trials for our patients will continue to be addressed as funding diminishes both locally and nationally.

Why volunteer? Because it is through the dedication of those who not only care about quality and access but also care directly for patients that meaningful change can take place for us and those we serve—our patients. The next time you hear, "What is ASCO doing about. . ." ask yourself, what am I doing to help myself by remaining engaged and involved?

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