The Association of Community Cancer Centers: Providing Advocacy and Education for the Multidisciplinary Cancer Care Team

*Christian Downs, JD,
MHA*

*By Christian Downs, JD,
MHA*

Since its inception more than 30 years ago, the Association of Community Cancer Centers (ACCC) has been an active voice for quality cancer care in our nation's communities. ACCC uniquely represents the cross section of the cancer-care team. The membership of ACCC includes hospital-based cancer programs, physician-group

practices, and individual medical oncologists, radiation oncologists, surgeons, nurses, pharmacists, social workers, and cancer program and practice administrators.

Today, ACCC's membership includes more than 750 cancer programs, 250 physician-group practices, and thousands of physicians, nurses, pharmacists, and administrators. With such a broad membership, the mission of ACCC is to ensure quality cancer care by offering excellent educational resources and effective advocacy to the cancer-provider community on both the state and national levels.

The two annual national membership meetings each year are ACCC's premier educational offerings. The national meetings are supplemented with more than 20 regional reimbursement meetings each year; an award-winning journal, *Oncology Issues*; and an award-winning Web site, <http://www.accc-cancer.org>.

In addition, ACCC's Center for Provider Education offers timely and practical education for both hospitals and physician practices on issues such as integrating new technology, strategic planning, and financial and programmatic analysis.

ACCC is well positioned, because of the broad cross section of its membership, to advocate for hospital-based cancer programs and the physicians who practice in this setting. ACCC has had several successes in which it has played a pivotal role: securing Medicare funding for hospice care, working with the National Cancer Institute (NCI) to bring

clinical trials to community hospitals and national and state legislation on off-label drug use, and several key provisions of the Medicare Modernization Act of 2003 (MMA). These provisions included increased reimbursement for certain cancer therapies administered in the hospital setting, coding changes that allowed the adoption of new therapies, and simplification of some of the pre-MMA coding and reporting requirements.

Having a multidisciplinary membership requires strong coordination with the various professional societies of our membership. For years, ACCC has looked to ASCO for leadership on issues like physician-office reimbursement, clinical trials support, and quality-care initiatives.

Currently, the two organizations are working together on a meeting for state society leaders in the winter. At this 2-day meeting, state society presidents and members of ASCO's Clinical Practice Committee and ACCC's Government Affairs Committee will hear about the latest regulatory and legislative changes affecting cancer care delivery and receive an update from policy makers in both the public and private sectors. The forum will also provide attendees with the opportunity to network with and learn from other state societies, as well as an opportunity to voice their unique needs and concerns.

At the same time, ACCC has worked closely with ASCO and the American Society of Hematology (ASH) on issues relating to the off-label use of drugs. ACCC, ASCO, and ASH have reached out to the two deemed compendia to help them improve their review processes and speed information to physicians, providers, and third-party payers.

With monumental changes looming—average sales price in the hospital setting, the Part D drug benefit, and the competitive acquisition program—ACCC, ASCO, and their partners will continue to work closely to ensure that our nation's providers have the tools and resources they need to provide quality cancer care to their patients. As the new executive director at ACCC, I am committed and looking forward to working with the ASCO leadership and its members.

Christian Downs, JD, MHA, is executive director of the Association of Community Cancer Centers. Previously, he has worked as an administrator at a tertiary-care hospital and managed a large, multispecialty practice.