



The Challenges of Change

*Integrated Oncology Consulting Solutions
And Cancer Care Center Planning*

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Over the past 30 years, those of us with a career in cancer care have seen dramatic changes. Cancer care has moved from the broad to the targeted, from the simple to the complex and from sequential to interdisciplinary. Cancer patients are now seeing better outcomes and experiencing enhanced levels of support as they move through the continuum of care. Reflecting on our past is a reminder of how far we've advanced. It also reminds us that periods of great change can inspire even better care.

One change in cancer care was noted at the March meeting of the Association of Community Cancer Centers (ACCC). Dr. Jimmie Holland, a long-time researcher and supporter of Psycho-Oncology care for patients, was given the ACCC Annual Achievement Award. In her acceptance speech, she related how, after many years, Psycho-Oncology has been recognized as a necessary and critical element in oncology—even leading the American College of Surgeons (ACoS) Commission on Cancer to now require distress screening for all patients.

Another change was reported in *The New York Times*. On March 11, a lead article reported on a study presented at the Society of Gynecologic Oncology's Annual Meeting on Women's Cancers. It said that "only a third of patients received the best possible care. . .for ovarian cancer" with the difference being in those cared for at "low volume providers and low volume centers" who did not receive the best care.¹ The issue of surgical subspecialists for oncology has been an ongoing discussion since the first fellowship program for surgical oncology took place in the mid 1970's.

While these two examples are recent, cancer care is forever changing. Some people react with fear by saying, "The sky is falling." Here are just a few issues that have caused angst and concern in past years:

- * When DRG's (Diagnostic Related Groups) for inpatient care began in 1983, hospitals said they would have to close due to poor payments and bundled payments.
- * APC's (Ambulatory Payment Classification) followed in August 2000 for outpatient services, moving payments from a charge-based reimbursement. This was said to be the death knell for outpatient services.
- * AWP/ASP for drug payments was implemented in 1997 and many said, "This rule will force oncologists to close their offices."
- * The Institute of Medicine report in 1999 entitled "Ensuring Quality Cancer Care" discussed the need for an integrated approach to cancer care and hypothesized that not all patients received appropriate quality care.
- * NNCN guidelines (started in 1995) "will force us into cookbook medicine."

And during this time, the delivery of cancer care changed for the better.

- * In 1974, the ACCC was founded to support community cancer care as cancer care was moving out of academia and into the community hospital setting.
- * In 1982, Susan G. Komen for the Cure was founded, bringing patients into the discussion of breast cancer care in a new way.
- * In 1993, the Oncology Nursing Society devoted a full issue of *Seminars in Oncology Nursing* to the topic of oncology service line development. The authors, including Marsha Fountain, the

¹ The New York Times March 11, 2013 "Widespread Flaws Found in Ovarian Cancer" online at <http://www.nytimes.com/2013/03/12/health/ovarian-cancer-study-finds-widespread-flaws-in-treatment.html?pagewanted=all>

current President of The Oncology Group, proposed a dramatic change in how cancer care was managed in a hospital setting.

- * In 1986, “25 leaders with expertise in cancer research, community-based cancer support programs, cancer information services and cancer advocacy gathered in Albuquerque, New Mexico and founded the National Coalition for Cancer Survivorship (NCCS). The founders adopted an NCCS charter that states, ‘From the moment of diagnosis and for the balance of life, an individual diagnosed with cancer is a survivor.’ This definition would go on to be accepted as the standard in the cancer community.” (NCCS Website, www.canceradvocacy.org.)ⁱⁱ
- * In 1994, the Association of Cancer Executives was founded to develop future oncology program executives.
- * In 1999, the American Institute of Architects Academy for Health Conference invited leading cancer administrators and clinicians (including this author) to meet with leading healthcare architects at “The Art and Science in Cancer Center Design” conference to discuss responses to the growth of community cancer center development.

While many of the changes that took place in previous years were met with fear and trepidation, hospitals and physician practices learned and adapted in order to continue to meet the needs of cancer patients across the care continuum. The Oncology Group’s consultants were often at the forefront of this learning curve, working in and with hospitals and physician practices as cancer program administrators and thought leaders. The Oncology Group consultants also focused on helping hospitals and practices adapt to the changing cancer care environment. This trickle of change in cancer care has now become a tsunami, requiring providers be proactive and aggressive in preparing their organizations for the future.

From research to treatment to reimbursement to survivorship, cancer care places an increasing burden on hospitals and physician practices and requires a significant level of cancer management sophistication in future planning. Cancer is often seen as a disease of aging and the growth in the older population is responsible for an increase in cancer cases. As more patients are surviving, long term surveillance is needed. Earlier attention to palliative care in advance of hospice care, complementary and integrative medicine and focused plans of care are becoming the norm. There is a push toward less fee-for-service and more value-based reimbursement models. Accountable Care Organization (ACO) development is the new reality. While only a few factors are mentioned here, future influences on cancer care are many and varied.

The Oncology Group offers extensive experience to cancer care providers—hospitals, physicians and affiliated organizations—who need help developing strategies and initiatives to prepare their organizations to survive the tsunami of change bearing down on cancer care in the coming years. From the 25-bed hospital leader who wants to make sure access to cancer care is appropriate for their population to the cancer program leader with more than 2,000 new cancer patients who wants to enhance and align incentives with physician practices in the area, the goal is optimal, efficient and appropriate care for cancer patients. The Oncology Group offers expertise in all areas of the cancer care continuum. Our consultants were at the forefront of cancer program development and service line management for cancer care and today are internationally recognized experts in the field of oncology care.

ⁱⁱ A little known fact is that the seed money for this first meeting was given by St. Joseph Cancer Center in Albuquerque. Marsha Fountain, current President of The Oncology Group, was the Cancer Program Administrator at the hospital that provided the grant for the first meeting.

Learning from the past while preparing for the future, the cancer care team must work to provide measured and documented quality patient care at an efficient and effective cost, with enhanced patient outcomes and optimal patient and physician satisfaction. As an integral part of the cancer team, The Oncology Group is committed to assisting clients in providing the best possible cancer care setting for their patients. If you would like more information about The Oncology Group's services, please contact us at info@theoncologygroup.com or call us at 512.583.8815.