

# ASSOCIATION OF CANCER EXECUTIVES UPDATE

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## WHAT'S INSIDE

- 1 Ethos™ Therapy: Intelligent Adaptation Comes to the Radiation Oncology Clinic
- 3 ACE 2020 Annual Meeting Wrap-Up
- 5 3rd Annual International Oncology Leadership Conference

## The 2020 ACE Webinar Schedule

### HOW TO RAPIDLY DEPLOY A TELEHEALTH HIGH RISK PROGRAM

Tuesday, May 12

1:00 - 2:00 PM EDT

**Speaker:** Feyi Olopade Ayodele,  
co-founder and CEO of CancerIQ

COVID-19 has quickly altered the way high risk programs are caring for patients. This webinar will discuss how programs across the country are finding success by going virtual.

For complete ACE webinar information and to register, [please visit us here](#).

## Announcements

### CALL FOR NOMINATIONS: 3RD MARSHA FOUNTAIN AWARD FOR EXCELLENCE IN ONCOLOGY ADMINISTRATION

All nominations must be completed by:  
**October 1, 2020**

[Click here](#) for more information.

### BE A SPEAKER AT THE ACE 2021 ANNUAL MEETING

Submit a session proposal by  
**May 1, 2020**

[Click here](#) for more information.

## Ethos™ Therapy: Intelligent Adaptation Comes to the Radiation Oncology Clinic

Clinicians have long wanted the ability to adapt radiotherapy treatments to changes in patient anatomy over time. Adaptive treatment up to now has required time-consuming re-planning between treatment sessions or, more recently, monopolizing a delivery system for an extended period of time while the patient waits on the table for new plans to be generated. Neither of these alternatives is practical and affordable at scale. The process is long and complex. Clinics often don't have the resources even if they have the tools. However, the barrier to adaptive therapy is about to be leveled.

At ASTRO 2019, Varian introduced Ethos™ therapy, a Varian Adaptive Intelligence™ solution that uses artificial intelligence and machine learning to create contours and generate adapted plans for

physician review within minutes, while a patient is on the treatment couch. Ethos therapy allows a physician to choose which plan to deliver and to complete a treatment within a typical 15-minute treatment time slot.

### REMOVING THE BARRIERS TO ADAPTIVE THERAPY

Ethos therapy offers radiation oncologists a set of powerful yet simple tools that enable them to achieve their intention for each patient, each and every day. They can see changes in patient anatomy with diagnostic clarity and adapt the treatment plan within minutes. Online adaptive therapy is no longer an elusive aspiration—too complex and time-consuming to be practical and too exclusive for most clinics and patients. True to the Ethos name, this revolutionary therapy is within reach now

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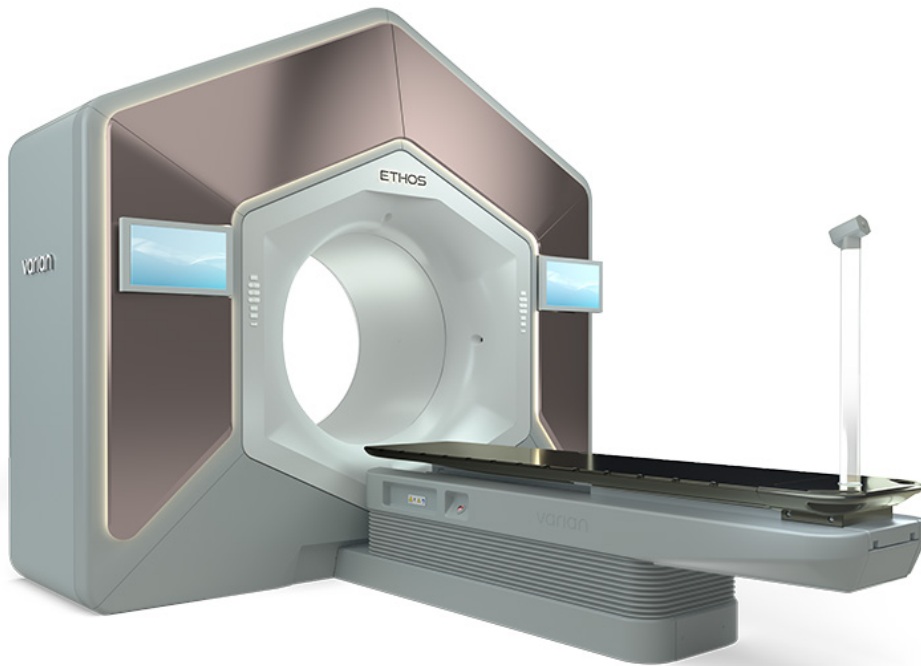
**Referral deadline:**  
October 31, 2020

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**Rules for receiving your  
reward gift card(s):** Member  
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### QUESTIONS?

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for cancer patients everywhere. Ethos therapy is so intuitive to use that it can be adopted in virtually any clinic or hospital. No additional specialized staff or intensive new training are required. Information for making decisions is presented in structured, contextually logical and easy-to-understand manner.

### NEW LEVELS OF VISIBILITY

Ethos therapy integrates multi-modality diagnostic quality images at the point of treatment on the treatment console. By providing a current and detailed view of patient anatomy, Ethos therapy gives clinicians confidence that adapted plans are based on quality imaging. At each treatment, Ethos therapy shows:

- That day's anatomy with iCBCT images
- Diagnostic-quality CT, PET, MR, and CBCT images
- The expected 3D radiation dose to the target and organs at risk
- Preview of tradeoffs between target and critical structures

### SIMPLIFIED DECISION-MAKING GUIDED BY AI

Ethos therapy takes the complexity out of adaptive planning and enables decisions in minutes.

During initial planning, Ethos therapy quickly produces several customized plans, showing the possible radiation

dose distributions. Each day, the clinician selects the plan—original or adapted—that meets his or her intent. The process is guided by the technology, as follows:

- An intuitive decision tree guides the entire adaptive therapy process
- Treatment management and treatment planning applications are tightly coupled and context-aware
- Clinician approvals move the process from one step to the next
- Every step of the workflow is optimized for speed and safety

### AUTOMATED DOSE ACCUMULATION

Each day, the Ethos therapy system reconstructs delivered dose in relation to today's anatomy. This capability:

- Demonstrates that the patient is receiving the intended dose
- Improves understanding of the treatment progress
- Reduces the need for dose calculations by technical personnel
- Helps identify when re-simulation may be required
- Simplifies off-line adaption

### FAMILIAR, EFFICIENT QA

QA for Ethos therapy follows a familiar workflow, saving time and resources, and enhancing confidence in results.

- No additional staff or training is required for Ethos therapy commissioning or QA

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- Initial planning and adaptive planning at the console use the same algorithms for consistency
- Independent adaptive plan QA can be performed on-demand, without impeding treatment workflow

To advance the worldwide adoption of Ethos therapy, Varian supports the work of

an Adaptive Intelligence™ Consortium, a community of clinicians and scientists from leading cancer clinics across the globe. The consortium will lead clinical trials to develop evidence-based clinical protocols for Varian's Ethos therapy solution in order to minimize the need for individual clinics

to develop their own methods and practices.

For more information on Ethos and adaptive therapy, visit [www.varian.com/ethos](http://www.varian.com/ethos).

*DISCLAIMER: Individual results may vary. Products not available in all markets. Radiation therapy is not appropriate for all cancers and may cause side effects. For more information, please visit [www.varian.com/safety](http://www.varian.com/safety).*

## ACE 2020 Annual Meeting Wrap-Up

The 2020 ACE Annual Meeting was held in New Orleans, LA at the historic Roosevelt Hotel, the original home of the Sazerac cocktail. We were very pleased to welcome 215 attendees, the highest number of attendees in the last several years.

The meeting began with the presentation of the 2nd Marsha Fountain Award for Excellence in Oncology Administration which was awarded to Bill Laffey. Bill is a past president of ACE. He joins Nancy Bookbinder as recipients of the award.

We were also pleased to welcome the 2020 IOLC Chairman Anthony Paravati to provide attendees with preview of IOLC 2020 to be held in Rome.

Clint Koerkenmeier, 2020 ACE Conference Planning Committee Chairman and President-Elect welcomed attendees and the first speaker Jason Berry who is an author and a New Orleans historian. He was able to provide attendees with a sense of place to help frame the next few days in New Orleans.

The rest of the day was filled with several quick hitting sessions on the following sessions:

- State of Art Immunotherapy
- New Commission on Cancer Standards
- Disrupting the Oncology Care Continuum through AI and Advanced Analytics
- Telemedicine
- Update on All Regulatory Changes
- Results of National Evidence Based Oncology Navigation
- Value Based Care and Alternative Payment Models
- Patient Experience Success – A Top 10 List

Day one concluded with a reception in the sold-out expo hall. ACE is very thankful to all our sponsors and exhibitors that make the annual meeting possible each year. Attendees received a Patagonia pack with the new ACE logo and “passports” to Palm Springs and Rome in their registration materials.

Attendees needed to collect stamps from each vendor to enter a drawing to receive a complementary registration and two nights stay in the host hotel of the upcoming IOLC 2020 and ACE 2021 Annual Meeting.

The collection of great sessions and speakers carried over into day two with the following sessions:

- Leading the brains of your people to higher levels of performance
- Oncology Margins Management Strategies

- Always Open: How to Offer Same Day Appointments
- Drug Reimbursement – What's New and What to Expect
- Increasing Staff Retention – Best Practices in Real World Leadership
- APM & Bundled Payments in Oncology



- New Drugs and Technology
- Integrating Consistency Across Care Systems

Attendee evaluations have been very favorable, and a great deal of thanks goes to Clint Koerkenmeier and the entire conference planning committee.

We look forward to the upcoming 2021 ACE Annual Meeting. We will be returning to the Westin Mission Hills Resort & Spa in Rancho Mirage, CA from January 29 – February 1, 2021. President-Elect Melissa Childress is the new conference chairperson and leader of the conference planning committee.

If you are interested in serving on the planning committee, please contact ACE HQ. If you are interested in submitting a session proposal please visit: <https://www.cancerexecutivesmeeting.com/speaking>.



Incoming President Clint Koerkenmeier presents outgoing President Ollieta Nicholas with the ACE gavel.



Vendors at the ACE 2020 Annual Meeting.

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### 3rd Annual International Oncology Leadership Conference

D. VERHOEVEN, MD, PHD<sup>1</sup>, A. PARAVATI, MD, MBA<sup>2</sup>

#### SUMMARY

The annual International Oncology Leadership Conference (IOLC) brings together physicians and administrative professionals from around the world to share best practices and to discuss future trends and challenges affecting the provision of cancer care. Following prior IOLC meetings in London and Milan, the conference in 2019 took place in Antwerp. Chairperson Prof. *Didier Verhoeven* and the planning committee organised an engaging agenda which was divided in to three parts: economy, technology, and patient engagement/leadership. One of the main purposes of this conference is to compare US and European approaches and to learn from each other. Attendees from thirteen countries participated at the IOLC 2019. IOLC is presented by the *Association of Cancer Executives* and in partnership with *Hauck & Associates, Inc.* Some interesting points of the meeting are mentioned throughout the article.

In the economy session, Catherine Gillespie (RGN, BSc, MA, oncology nurse and administrative leader from the UK) shared her experience from Hamad, Qatar. She observed the benefits to an emerging national health system of investing in a long term partner, in the case of Qatar, Toronto's Princess Margaret Hospital, as opposed to short term consultancies aimed at quick results and interventions.

Didier Verhoeven spoke about the pay for performance (P4P) strategy. The aim of this strategy is to improve the quality of clinical care, to reduce the cost of care, and to spend resources more wisely while providing financial incentives to caregivers for practicing in a 'value-based' way. Recently, a pay for performance program was introduced in Belgium, based on the following metrics: hospital/clinic participation in accreditation programs, patient experience, and a selection of clinical (oncologic) process and outcome

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indicators. In a recent publication in the *Annals of Internal Medicine* by Mendelson et al. (2017) from Harvard, researchers analysed 69 studies to assess the effect of P4P incentives.

This meta-analysis demonstrated that P4P might be associated with improved care in an ambulatory setting. However, they

found no positive association of improved health outcome in all settings combined. These authors concluded P4P does not improve the health of patients, may harm sicker and poorer patients, encourage caregivers to avoid sicker patients, and in some cases may serve as a perverse incentive causing life-saving treatments to be withheld. In addition, it creates interruptions in needed care, undermines altruism and professionalism and lastly, causes doctors to ‘game’ quality measures. A better approach may be ‘Value-based health care’, which seeks to redefine value by placing the patient at the centre. Looking for actions as catalysts for value, it is suggested not to reward volume, but to standardise methods and to create choices, thereby avoiding monopolistic scenarios. Lastly, data and outcomes must be transparent. Alex Zafirovski (MBA, Lurie Cancer Center at Northwestern University, Chicago (USA)) presented his organisation’s approach to comprehensive cancer care and research. This approach is characterised by world-class teaching programs and a commitment to advancing the quality of cancer care across all the major disciplines: medical, surgical, radiation and interventional oncology. Collaboration with cancer centres across the nation and around the world resulted in improved performance outcomes at Northwestern. Special attention was given to the Chicago Sister Cities International Medical Initiative Program, which brings international physicians from 29 Sister Cities to Chicago to participate in various research and clinical experiences.

Denis Lacombe (MD, general director of the EORTC) spoke about the many gaps in knowledge of the efficacy and therapeutic use of medicines, which can



impose a significant financial burden on healthcare systems, to the detriment of more cost-effective interventions. Policy changes are required to integrate clinical research with care at the bedside. New avenues to optimise the integration of drug development and care are being proposed to achieve this ultimate goal.

In the technology session, Anthony Paravati (director of stereotactic radiosurgery and stereotactic body radiotherapy services at Kettering Health Network in Ohio (USA) and chair of next year’s conference in Rome) drew a contrast between the predominant European model of building cancer services around large referral centres and

the ‘regionalised’ model, more prevalent in the United States. People who live outside of the large population centres have to travel long distances when they need advanced specialised services such as radiosurgery or stereotactic body radiation therapy. In the US, the tendency has been to offer the same or near the same level of sophisticated therapy as found in referral centres, also in small regional centres affiliated with larger referral centres. An aspect of fundamental importance to the success of the ‘regionalised’ model is the implementation of adequate IT/software infrastructure for communicating across the clinical network to make sure that the care delivered in the smaller outlying



'regional' centres does not suffer in terms of quality, safety, or outcomes.

Marc Gelinus (MHA, CMPE, CPHIMS, FACHE from the Oncology Group, Dallas (USA)) spoke about proton therapy gaining acceptance in the US and the growing number of facilities offering this service. His discussion made clear that opinions are divided regarding the value of proton therapy and that more scientific evidence must be provided to prove the value of this costlier approach to radiotherapy. In the patient involvement/leadership session, Michael Koroscik (MHA, MBA, Sutter Health, Sacramento (USA)) discussed how to reduce emergency department visits and hospitalisations due to the side effects of oncologic treatments. To prevent those visits and their associated negative consequences on cost, quality and patient

satisfaction, Sutter Health has invested in urgent care programs for cancer patients. The Cancer Patients Urgent Care Pro Forma was shared to demonstrate the impact of Sutter's approach to urgent care for cancer patients on the system's financial performance.

Marc Peeters (MD, PhD, University of Antwerp) highlighted the use of health information technology to improve early symptom detection to prevent admission through the emergency department. The use of an interactive self-reported tool is feasible, reliable, and acceptable to outpatients. The RemeCoach and its associated algorithm will be further developed as an interactive patient-reported outcome (PRO) system, to improve early detection of side effects in an outpatient setting.

At the end of the conference, an interesting international debate was organised to discuss key points related to accountable cancer care and during which several of the most vexing issues affecting cancer care were discussed from both a European and a North American perspective.

Next year's conference will be held in Rome from 15-17 November, 2020 in collaboration with the Policlinico Universitario Agostino Gemelli IRCCS.

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**IOLC**  
INTERNATIONAL ONCOLOGY  
LEADERSHIP CONFERENCE

**Rome, Italy**  
**15-17 November 2020**

#IOLC2020 | [www.oncologyleadership.org](http://www.oncologyleadership.org)

Association of Cancer Executives is pleased to announce the first class of

## Certified Oncology Administrators (COA)<sup>TM</sup>

Angela Appiah

William Laffey

Michael Peters

Wendy Austin

Robert Houlihan

Steven Castle

John Montville

If you are interested in becoming a COA<sup>TM</sup> please contact **Brian Mandrier, ACE Executive Director.**