ASSOCIATION OF CANCER EXECUTIVES UPDATE

OCTOBER 2019 | www.cancerexecutives.org

association of cancer executives
Connecting All Oncology Leaders

WHAT'S INSIDE

The 2019 ACE Webinar Schedule

WEDNESDAY, OCTOBER 23

Data-Driven Sustainability: 4 Practical Ways to Leverage the Power of Data
1:00 PM EDT

Webinar presenters:
Matt Mulherin, Advanced Centers for Cancer Care (AC3)
Kim Woofter, RN, Advanced Centers for Cancer Care (AC3)

For complete ACE webinar information please visit us here.

Become a Certified Oncology Administrator – Only Through ACE!!!

As the premier professional organization for oncology administration, the Association of Cancer executives is pleased to announce the availability for members to be designated as a Certified Oncology Administrator. This exciting, first-of-its-kind opportunity is available only to ACE members following a thorough application and review process. It is expected that the first group of Certified Oncology Administrators will be announced shortly following our 2020 annual meeting in New Orleans.

Specific details and application forms will be found on the ACE web site at the following link (add link here). In general, receipt of the credential will follow a review of such criteria as:

- Membership in ACE
- Accumulation of approved education credits over the prior two years
- Current employment in
  - an organization which is either an NCI-designated center or a hospital accredited by the Commission on Cancer (specific requirements for position and operational/budgetary responsibility must also be met) OR
  - employment in a consulting firm whose focus is primarily oncology (specific client criteria as well as the applicant's role in client engagements must also be met) OR
  - receipt of waiver of current employment from the ACE Board of Directors

2019
member get a member campaign

Refer a new ACE member and get a reward!

association of cancer executives
Connecting All Oncology Leaders

Referral deadline:
October 31, 2019

Receive a $50 Visa Gift Card* per successful referral. **One card per referral. No limit on how many cards one person can receive.*

Rules for receiving your reward gift card(s): Member dues must be current for 2019-2020 and your name must appear on the new member's application.

QUESTIONS?

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cancerexecutives.org

- Receipt of three letters of recommendation from ACE members
- Completion of four case studies chosen from four different areas of oncology management, each case study written in a specified format of length and content
- Successful completion of a personal interview conducted at the 2010 annual meeting

You will also find a calendar of important dates on the web site. Applications must be completed toward the end of November, with any waiver requests received by early October.

We encourage you to start the application process right away to allow time for all criteria to be met, especially the writing of case studies. ACE looks forward to the opportunity of welcoming you into its inaugural class of Certified Oncology Administrators!!

Using Health Literacy and the Quadruple Aim to Inform Patient Education Strategy: Improving Value and Decreasing Costs by Promoting Health Literacy

TERRI HEDMAN, MSSL, BSN, RN, OCN
DEBORAH LETCHER, PhD, RN
RICHARD PREUSSLER, MA, LPCC

A 2018 executive summary of a National Academy of Sciences Workshop, *Building the Case for Health Literacy* (p.98) concluded that health literacy is important to support the business of healthcare by decreasing costs and improving value.

Sanford Health, one of the largest rural health systems in the United States, is dedicated to the integrated delivery of health care, genomic medicine, senior care and services, global clinics, research, and affordable insurance. Headquartered in South Dakota, the organization includes 44 hospitals, 1,400 physicians and more than 150 Good Samaritan Society senior care locations in 26 states and nine countries. Sanford has four mid-western cancer centers accredited by the American College of Surgeon's Commission on Cancer.

In 2015, the health system established the *Patient Education Sanford Standard*. Sanford Standards are organizing principles surrounding the commitment to reach a higher level, pursuing excellence in quality and experience. The overarching strategies of the Patient

Education Sanford Standard support the Quadruple Aim through enhancement of patient and staff experience, strengthening clinical outcomes, and lowering costs.

Endorsed by executive leadership, The Patient Education Sanford Standard has three core strategies: health literacy, leveraging patient education integration as a key attribute of the electronic medical record, and consistency of content at multiple access points.

Health literacy is central to this work. It is important to note that health literacy is more than simply reading words on a page. Health literacy is "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (Ratzan & Parker, 2000, p.vi).

This Sanford Standard flips the paradigm with regard to health literacy. Instead of the traditional notion of perceiving health literacy issues as a patient deficit, the Patient Education Sanford Standard provides a process to transform the health system into a health literacy promoting organization.

Low health literacy is costly and can be dangerous. For example, people who cannot correctly take medications as directed or understand hospital discharge instructions as provided are at risk for a higher rate of 30-day readmissions, adverse events, and mortality. Healthcare organizations are wise to recognize and attend to the importance of health literacy.

A 2008 U.S. Department of Health and Human Services bulletin reported over a third of U.S. adults would have problems with directions on a prescription or following a child's immunization schedule. Because of findings such as these, the Joint Commission requires that patient education is appropriate for patient's needs and abilities and that information provided is easy to understand.

While the Patient Education Sanford Standard evolves, subject matter expert engagement across the organization's vast footprint has flourished in a virtual working environment. Workgroup facilitators have developed skills in the areas of emotional intelligence, effective consensus building, and use of patient stories to illustrate the importance of health literacy concerns. The engagement of subject matter experts and teaching staff about health literacy principles has strengthened efforts to meet standard expectations in the development and use of patient education materials.

Infrastructure refinement has included the development of ordering and printing processes to ensure that materials have been vetted and that they align with health literacy standards. An archiving system for patient education materials supports staff, providers, and the organization with easy access for later content retrieval.

While recognizing staff and providers play a critical role in teaching patients, continuing development has been provided for them. All current providers participated in a presentation on the Patient Education Sanford Standard.

Information about the Sanford Standard is included in orientation for all new providers and interprofessional team members who care for patients as part of their scope of practice. Concepts such as learning needs assessment, patient teaching best practices including health literacy as a universal precaution, use of written materials that meet health literacy standards, and the importance of teach-back to evaluate understanding are areas of emphasis.

Oncologic treatment and associated side-effect management complexity benefit from health literate explanations. Significant efforts have been made to strengthen education for patients and families dealing with cancer, while supporting accreditation and regulatory standards. A group of system-wide subject matter experts developed materials for fertility and cancer treatment, immunotherapy, and hematologic malignancies. With the advent of some National Cancer Institute content moving to a digital format, the development of cancer-specific booklets provide an additional option for learning. In addition, a written resource for Basics in Cancer Treatment for use throughout the organization is nearly complete.

Sanford Health has taken a proactive approach to health literacy. Continued refinement of the Patient Education Sanford Standard will provide a health literate context for patients and families to be successful managing their health. This in turn supports strengthening a health literacy promoting organization.

Optimizing Your Oncology Practice: Real-World Approaches that Produce Results

KELLEY D. SIMPSON, *Director, The Chartis Group*
AUDREY LYSKO, *Associate Principal, The Chartis Group*
CYNTHIA BAILEY, *Manager, Chartis Physician Leadership Institute*

Oncology practices face intense financial pressures, driving practice consolidations, acquisitions and closures.

In the past decade, more than 1,600 community oncology clinics and practices closed, were acquired by hospitals, underwent corporate mergers or reported they were struggling financially. This trend is continuing — since 2016, clinic closings have increased by more than 10 percent and consolidations by more than 8 percent.[1]

At the same time, health systems are proactively seeking relationships with oncology practices in response to exponential increases in newly diagnosed cases and cancer survivors; the growing shortage of physicians;

and a desire to enhance their disease-specific subspecialty care capabilities across the continuum. Whether the strategy is potential partnership, acquisition or meeting practice or health system performance expectations, a clear understanding of oncology practice opportunities for clinical, operational and financial performance improvement is increasingly critical for independent practices, medical groups and health systems.

IN THE PAST DECADE

1,600+

community oncology clinics and practices closed, were acquired by hospitals, underwent corporate mergers or reported they were struggling financially.

SINCE 2016, CLINIC CLOSINGS HAVE INCREASED BY MORE THAN

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FIGURE 1:
Efforts to assess oncology practice performance must appreciate the unique blend of circumstances and challenges that these practices face:

Greater demand for and complexity of services.
More and more people are living with cancer or its after-effects, due to increasing survival rates, and an aging population that is driving new diagnoses.

In 2018, estimates indicate more than
16M CANCER SURVIVORS
in the United States and
1.7M NEW DIAGNOSES.[2]

Decreased supply of oncologists.
The current population of oncologists is aging, with only 16 percent of the oncology workforce younger than age 40.

The American Society of Clinical Oncology (ASCO) projects a shortage of over
2,200 ONCOLOGISTS
by 2025 amidst a
40% GROWTH
in the overall demand for oncologist services.[3]

The growth of consumer driven cancer care.
The cancer patient is in the driver's seat more than ever before. Taking advantage of an abundance of online information, patients are researching providers specializing in their cancer type, reading online provider reviews, and comparing quality performance and price. Discerning, digitally-empowered cancer consumers are then looking for **convenient access through mobile scheduling apps, telehealth and e-consult capabilities, and real-time remote care management.**

Program differentiation.
Innovative cancer programs are increasingly reorienting their providers and care team, space and operations around disease "pods" that allow cancer patients to **see all specialists and supportive care professionals in a single location,** entirely devoted to best-practice care delivery for their specific cancer type.

Era of innovation.
Advanced diagnostic testing (i.e., biomarker testing) and monitoring are becoming increasingly important tools for nearly all oncologists.

Targeted drugs and immunotherapies are being used more frequently as treatments become more personalized, often
REQUIRING ONCOLOGISTS TO SEEK PARTNERSHIPS with academic medical centers or lab vendors who can provide access to advanced testing and clinical trial research capabilities.

Accelerating cost of care.
As more diagnostics, drugs and technologies become available, the cost of cancer care continues to escalate, and for some hospital providers, the loss of 340B drug discount program support will further stretch resources.

Providers are adding support staff such as
FINANCIAL NAVIGATORS to help patients manage the financial burden of care.

ADOPTION OF VALUE-BASED CARE.

Larger scale, national pilot projects, like the Centers for Medicare and Medicaid Services (CMS) Oncology Care Model, are addressing total cost of cancer care by limiting care variation and reducing ED visits and hospital readmissions, while local payers are partnering with community providers to implement clinical pathways to reduce care variation and overuse of diagnostics.

While the challenges confronting oncology practices may seem overwhelming, there are a range of available indicators that can help practices identify the level and type of potential risk.

Monthly indicators, like the ones listed below, can signal the need for real-time adjustments or opportunities for the practice to proactively seek new avenues for partnership. These metrics are not overly sophisticated, relying on data readily available in most practices:

FIGURE 2

CAPACITY INDICATORS

- New patient volumes per FTE hem/onc
- Mix of OP/IP new patient volumes
- Case mix of new patients by ICD10 code representing solid tumor, liquid tumor and benign hematology
- Established patient visits per new patient
- Initial infusion volumes per new patient
- Age of Oncology Workforce
- APP ratio per FTE hem/onc

REVENUE INDICATORS

- Revenue growth over 2-3 year period
- Revenue growth rates relative to expense growth rates
- % denied claims
- Days in A/R analysis
- Payor mix profile trending
- % collection rates by payor
- % case mix shift driving revenue production and overall returns

EXPENSE INDICATORS

- Drug cost per unit compared to reimbursement per unit
- Staffing salary and benefits expense
- Drug and staffing cost trending as % of total practice expense
- Cost-benefit analysis of drug usage; lower cost drugs equally efficacious clinically
- General and administrative cost
- Staffing profile analysis and rightsizing

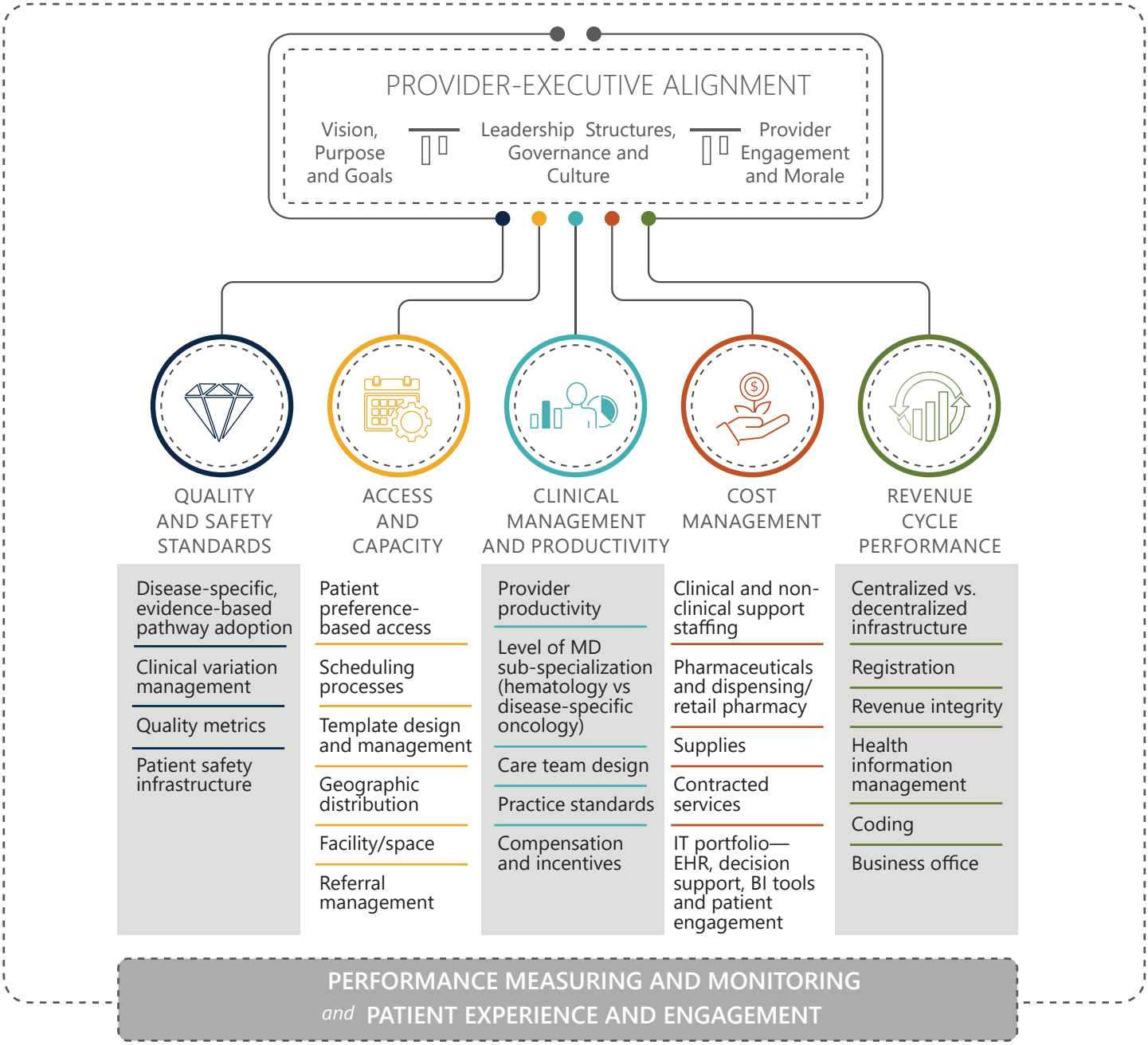
STRATEGY INDICATORS

- New patient by referring physician trend analysis
- Shift in aligned physicians/ competitors impacting referral patterns
- Change in percentage of benign hematology referrals
- New patient by referring physician trend analysis
- Health system or competitor oncology-specific market strategy — new cancer center, alignment of groups in the market, NCI affiliations, etc.

Underperformance on any of the metrics listed in the table above may be a symptom of a deeper issue; therefore, a comprehensive assessment. that identifies opportunities for improvement across all dimensions of oncology practice performance, whether independent, affiliated or integrated within a broader health system, is the first step toward improved performance.

It is essential to use an approach that accounts for a broad set of clinical, operational and financial performance requirements, and enables organizations to understand not only critical gaps and opportunities for improvement, but also the interconnectedness of potential solutions. The framework below can help leadership think through the key components of practice performance to surface opportunities to better meet patient, provider, health system and community needs, and better align the strategic requirements of the practice with the broader system, payers and employers.

FIGURE 3



PROVIDER-EXECUTIVE ALIGNMENT

Are your providers and administrators aligned around the strategic goals of the practice and/or the broader oncology service line? Are the mechanisms in place to foster ongoing provider engagement in the practice's success?

REAL WORLD EXAMPLE

Purposefully engaging providers in the determination of strategic goals, and ensuring they are fully invested and contributing toward a defined future direction, is critical to long-term success. Providers must be active participants in strategic decision-making, hold positions on key leadership committees, and take accountability for practice success. If a shared vision is not established at the outset, organizations risk going down an unproductive and unsustainable path. As an example, following a recent hospital's acquisition of a large oncology practice, the organization realized that the current wRVU productivity-based measures on which compensation was based were not in alignment with their objective to pursue a disease-specific program growth strategy. Thus, a compensation redesign was required to enable achievement of newly aligned success drivers. In hindsight, the organization recognized that development of a shared vision at the outset of the relationship may have made for a smoother transition.

QUALITY & SAFETY STANDARDS

Are well-defined quality metrics in place with a process for continuous quality improvement? Is your practice achieving superior clinical outcomes and effectively managing variation to drive highly reliable clinical results?

REAL WORLD EXAMPLE

A southeastern cancer center embarked on an ambitious strategy to offer world-class clinical services, cutting-edge technology and an unparalleled patient experience, by aligning with a National Cancer Institute Comprehensive Cancer Center (NCI Center), with the goal of marrying the convenience and comfort of a community hospital setting with the resources of a world-class academic cancer center. Recognizing the need to align its own resources and capabilities with the NCI Center's, they proactively organized Clinical Performance Groups (CPGs) in six common disease groups. The CPGs created checklists for each disease site to review current practice and set the course for future state operations including: how to work up a patient, how to treat a patient, how pathology would be evaluated and what the post-op care would look like. Today, the organization has more than doubled their CPGs and turned those original checklists into dashboards for every group to support continuous monitoring and quality improvement as measured by industry best practice, national evidence-based guidelines, the NCI Center's standards, and the organization's own internal benchmarks. Results are impressive: 25 percent growth since opening in January 2017, with 50 additional physicians from around the country and a doubling of employees from 600 to 1,200.

ACCESS AND CAPACITY

Are your patients able to readily access providers and services when, where, and how they want and need to? Is capacity for services aligned with patient needs?

REAL WORLD EXAMPLE

One approach to improving the patient experience and reducing avoidable hospitalizations and costs is to develop oncology urgi-care centers. Cancer-oriented urgi-care centers run by dedicated Advanced Practice Providers (APP) provide patients with immediate access to care for their acute needs, often alleviating the need for the patient to visit an Emergency Department (ED) or be readmitted to the hospital for symptom management. A southwestern cancer center, after establishing a cancer urgi-care center as part of broader practice transformation efforts, saw the following improvements: 12 percent reduction in inpatient admissions; 11 percent reduction in 30-day hospital readmissions; 6 percent reduction in ED visits; and, notable improvements in patient quality of life.

CLINICAL MANAGEMENT AND PRODUCTIVITY

Is the care team organized to optimize the skills and experience of each member of the team? Is the compensation and incentive model aligned with the productivity goals for all members of the team?

REAL WORLD EXAMPLE

Diversifying provider staffing through the use of APPs and hospitalists provides substantial benefits, including: containing overall salary and benefit costs; leveraging existing hematologists and oncologists to see new patients, while expanding capacity for established patients; reducing overall cost of cancer care by positioning APPs for symptom management; expanding survivorship care planning for legacy patients; and improving provider and patient satisfaction.

Incentive payments based on performance can be a powerful tool to support practice objectives. Effective metrics may include: operational process measures (e.g., chart completion rate); patient experience survey results; clinical measures (e.g., adherence to evidence-based guidelines and hospice admission rates); and strategic measures (e.g., referral relationship management and development of institution-specific pathways for top disease areas). In some cases, performance awards can be as high as 20 percent of clinical compensation or, in the case of co-management arrangements, up to 50-70 percent tied to meeting or exceeding specific industry standards.

COST MANAGEMENT

How well is the practice managing operating expenses, including staffing, drug costs and supplies?

REAL WORLD EXAMPLE

Because pharmaceutical costs represent a significant portion of practice expenses for oncology practices, this is often a critical focus area. One hospital provider with a Professional Services Agreement with a local medical oncology practice established a Drug Formulary Assessment and Management Committee to proactively manage existing and new oncology-specific pharmaceuticals and supportive care medications, through: evaluation of pricing/charge structure versus payer reimbursement rates; cost-benefit assessment process for newly released pharmaceuticals and off-label drug usage; decision support tools, including industry vendor established clinical pathways, proactive management of drug usage and finances; and education and communication across the practice to promote best practice adoption.

REVENUE CYCLE PERFORMANCE

Are revenue cycle processes helping you optimize collections? Are practice resources "right sized" to support increasing payer requirements for pre-authorization?

REAL WORLD EXAMPLE

Many organizations are utilizing financial navigators to help educate patients and families regarding the potential financial burden associated with treatment plans, to design payment plans that meet patient-centric situations, and to identify community resources and other programs to limit the patient's/family's financial exposure. These programs may include: drug company discounts, support for meals and transportation, and philanthropic resources. Successful implementation provides needed support to patients, while reducing associated bad debt for the organization.

PERFORMANCE MEASURING AND MONITORING

Are expectations and goals for the practice clearly defined, measured, monitored and communicated in a consistent and meaningful way? Are appropriate systems, processes, resources and skills in place to ensure ongoing and continuous performance improvement?

REAL WORLD EXAMPLE

Trend analysis and benchmarking are one of the best, most efficient ways to find strategic, operational and financial opportunities to improve your practice. Cross-functional dashboards can be developed to easily monitor success on key measures, such as:

- Patient mix and productivity by disease site
- New patient appointment lag time (i.e., time from diagnosis to initial consult)
- Staffing ratios by role and function
- Pharmacy costs and utilization
- Patient throughput, including patient wait times
- Claims denials and causation
- Patient experience and engagement (e.g., CAHPS or practice-designed surveys)

PATIENT EXPERIENCE AND ENGAGEMENT

Is care delivered in a way that initiates and builds ongoing patient engagement and satisfaction with the practice and health system?

REAL WORLD EXAMPLE

One of the most underreported phenomena in the value-based shift is the changing nature of cancer patient engagement. Increasingly savvy cancer consumers are actively engaged in choosing the best value-proposition among available services, seeking highly flexible, highly accessible services and the ability to truly influence the care decisions that affect their survival and quality of life. As such, providers are beginning to enable 24/7 patient interaction through various venues including patient portals, forums and apps, while developing the infrastructure and processes—staffing, triage, moderation—to support this ongoing dialogue. Engagement may take many forms, including symptom management, patient-to-care team education, and patient-to patient education.

Equally important for patient activation is ensuring engagement of the support network surrounding the patient. Cancer patients are most involved as shared-decision makers when they have family and friends who are likewise engaged through innovative programs, such as: development of a cancer "partner's clinic" to help educate the partner on what to expect from the course of treatment in terms of physical and psychosocial effects and to teach techniques for providing support; a cancer family retreat or all-day workshop to bring cancer patients and families together for community learning; and working with the cancer patient support services team to design a caregiver "toolkit" to equip care team members with mobile applications, video series, books and literature, and other forms of multi-media.

A comprehensive framework like the one described above can help leadership develop a roadmap for improvement by creating alignment around a future vision and performance requirements, and by identifying, prioritizing and sequencing the interrelated changes needed to achieve desired results.

For example, efforts to improve provider productivity are typically dependent upon the appropriate care team structure being put into place; and meaningfully improving revenue cycle performance relies on a high level of physician engagement.

Once major performance gaps and root causes are identified, practices – with or without health system partners – can begin to develop focused, prioritized action plans with required resources, timelines, cost and success metrics. For many, a step-by-step approach focused on a handful of priority initiatives with the most potential impact to the organization, is the best way to start. Regardless of how many initiatives a practice takes on, a focused change management strategy and proactive communication plan is a critical component. The strategy should ensure provider and staff engagement throughout the process, building motivation for a new and different practice environment and a sense of ongoing ownership and accountability for the newly transformed practice.

Sources:

[1]Community Oncology Alliance Practice Impact Report. http://www.communityoncology.org/2016-coa-practiceimpact-report/

[2]American Cancer Society: Cancer facts & figures 2018. https://www.cancer.org/research/cancer-facts-statistics/ all-cancer-facts-figures/cancer-facts-figures-2018.html

[3]2018 Oncologist Workforce Study. https://www.doximity.com/oncologist_workforce_study

Utilizing Technology to Provide an Oncology Nurse Navigator Supported Patient Engagement Survivorship Program

NICK JAIDAR, MHA, FACHE,
ACE Administrative Fellow 2019

Director of Oncology Operations & Faculty Practice Administrator
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We all want to provide high-quality, person-centered ongoing survivorship care and support, however, organizations across the country are continuously searching for ways to mitigate the stress involved with patients transitioning from active treatment to the post treatment phases of care. During this time, survivors are at risk for being lost during this transition and missing out on the close follow-up that they need. According to the American Cancer Society it is expected that cancer survivors in the US will exceed 20 million people by 2026.

With this is mind, a collection of nurses, school of nursing students, information systems representatives and administrative support members came together to initiate a study to attempt to solve this problem.

So how did we accomplish this tall task. Our group identified core pillars that we all wanted to accomplish during the study:

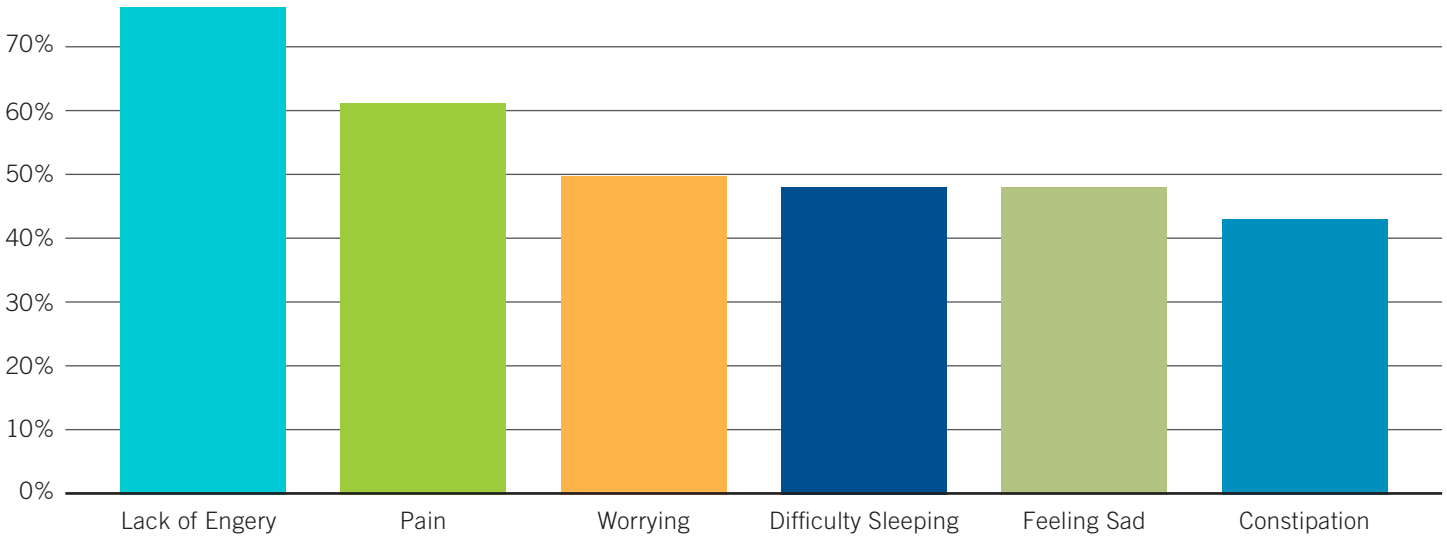
- Evaluate the effectiveness of utilizing a web based patient portal and cancer specific survivorship program
- To engage patients in their cancer survivorship care, foster communication between the Oncology Nurse Navigator (ONN) and patients, and improve quality of survivorship care by offering online support beyond cancer treatment
- Develop and pilot-test the electronic Cancer Survivorship Patient Engagement Toolkit (CaS-PET)

Our baseline indications (mentioned below) provided us a wealth of insight on how to structure the study and where to focus our priorities.

Reflecting on the baseline data and in order to achieve our clinical programmatic goals we adopted a structure that involved:

- A multidisciplinary group developed the CaS-PET which included patient portal (PP) e-messages, online educational resources, and a discussion board

FIGURE 4: Most Frequently Reported Physical/Mental Symptoms



- Cancer survivors within 6 months of the end of curative treatment participated in this single-group, pre-post design, prospective pilot study
- Data collected at baseline and at the end of the 3 month intervention using an online survey
- ONN's identified eligible participants, developed and delivered survivorship care plans and engaged with patients based on PP and discussion board communications

The results were impressive and ultimately the project was selected as a podium presentation at 2019 ONS congress and is in process of being published. What we found was the following:

- All participants completed the baseline survey and data analyzed using descriptive statistics
- Multiple interactions with participants led to ONN's providing further resources and referrals to support specialists including nutritionist and mental health services.
- Preliminary follow-up survey and focus group evaluations of the CaS-PET experience have been positive for both the patients and ONNFeedback from one of the patients solidified the impact of the study best, "The plan helped me move from treatment to living in the present. I was stuck in the cancer mode and the plan enabled me to see a future in survivorship. It helped me plan and set realistic goals."

Following review of our baseline to comparative data as well as the qualitative feedback from patients and staff involved in the study, we believe that the oncology nurse navigator can be instrumental in empowering survivors in setting realistic goals and promotion of healthy lifestyle. A series of next steps was developed that included a submission to NIH for a grant proposal, manuscript within a nursing journal and poster/podium presentations within various professional societies. Lastly, we intend to further develop online education modules are being developed based on the physical/mental cancer symptoms data.

References:

American Cancer Society, Cancer Facts & Figures 2018, https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2018.html, 2018

Institute of Medicine, From Cancer Patient to Cancer Survivor: Lost in Transition, National Academies Press, Washington, DC, 2006

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To learn more about the role or function and how it can help your cancer program feel free to email Nick Jaidar at nicholasjaidar@umm.edu