

RESULTS OF THE CANCER CENTER BUSINESS INNOVATORS SURVEY

NOTEWORTHY INNOVATIONS

THE INNOVATORS SURVEY

In early 2007, the Cancer Center Business Summit undertook to identify examples of business or programmatic innovation in the organization and delivery of cancer care that might contribute to the respective cancer care organization's position as a market leader. A national Cancer Center Business Innovators Survey was conducted. We have summarized below a number of noteworthy cancer center business innovations that were identified as a result of this undertaking.

WHAT IS A CANCER CENTER INNOVATOR?

First, what do we mean by a "cancer center innovator?" Innovator organizations are ones that continually upgrade and reinvent themselves. We have proposed that a cancer center innovator combines or configures resources, such as manpower, capital, clinical processes, facility, equipment, typically in response to an environmental or market catalyst, in a manner that results in a distinguishable business model, practice or feature that positions the organization for future sustainability and success.

The innovation might be single-dimensional, such as adding a service line or developing a new work flow process, or it may be as complex as a model for integrating all elements of a comprehensive multi-modality cancer center. Whatever the form of the innovation, something occurs that stimulates this organization to evolve from the comfort level of status quo to a future state organizational construct.

WHAT ARE THE ENVIRONMENTAL-MARKET CATALYSTS?

We have postulated that certain environmental-market catalysts are stimulating such innovation in cancer care delivery and that innovative business models, practices or features are originating in response to some or all of these environmental-market trends.

The catalysts that appear to be fostering innovation are (1) declining reimbursement; (2) increasing cost of new technologies; (3) competitive threats; (4) increasing patient volume and service demand (cancer survivorship and aging population); (5) declining medical manpower pool; (6) patient/consumer expectations; and (7) demand for the demonstration of quality, performance, value.

In our Cancer Center Business Innovators Survey, we asked provider organizations around the country to respond to the above list of catalysts. Responses are shown in Table 1. Those catalysts marked as "consensus" means that for the most part, there was clear agreement among respondents that these were environmental-market catalysts that they were concerned about and/or responding to. Where there was no clear consensus viewpoint as to a particular catalyst, we have listed comments made as to that particular catalyst.

TABLE 1: ENVIRONMENTAL-MARKET CATALYSTS

Environmental-Market Catalyst	Clear Consensus Among Respondents?	Comments from Respondents
(1) declining reimbursement	YES	Lower margins and increasing costs; need to eliminate the "middlemen"
(2) increasing cost of new technologies	YES	Hospital-physician collaboration helps
(3) competitive threats	YES	Hospital v. physician nowWal-Mart next?; Differentiation is key; 2-hospital JV has eliminated that; consider "internal" threats like the unwillingness to change
(4) increasing volume demand	NO	Not an issue today, but is a 5-year timeframe con- cern; local competition has resulted in volume decline
(5) declining medical manpower pool	NO	Not directly affected yet – but coming; experience some difficulty in recruit- ing MDs; staff shortages for RNs, techs
(6) patient/consumer expectations	NO	Affluent and sophisticated market; internet a factor; Not a real factor for us yet
(7) demand for the demonstration of quality, performance, value.	YES	Early stage, but happening; demand is there from payors; hard to measure/demonstrate

CHARACTERISTICS AND DISTINGUISHING FEATURES

We have further postulated that there are certain characteristics that are common to successful cancer center organization. We asked cancer center innovator survey respondents whether they agreed or disagreed that these were critical success characteristics. Again, where there was clear agreement among respondents that these were important characteristics and critical to organizational success, we indicated "YES" in the consensus column in Table 2, on the following page.

TABLE 2: CHARACTERISTICS AND DISTINGUISHING FEATURES

Characteristic and Distinguishing Feature	Clear Consensus Among Respondents	Comments from Respondents
(1) physician leadership	YES	Physician Vision; governance is the issue
(2) managerial leadership	YES	Mgt. implements the vision; a real weakness in the industry
(3) sustainable capital structure	YES	No money, no mission
(4) sufficient number of providers organized in care teams	NO	Care teams not a necessary element
(5) clinical excellence: evidence- based practice	YES	NCCN guidelines; EBM hard to implement
(6) economic incentives aligned among the providers and other important stakeholders	YES	Hard to achieve
(7) multidisciplinary and multimodality approach to care delivery	NO	Neither are critical to success; know your limits
(8) continuity of care across a broad spectrum of services	YES	Nurse navigator will help
(9) service excellence: patient- focused care	YES	View your service from the patient/customer perspective
(10) cost control and financial management	NO	Don't overlook making investment in tomorrow; economic analysis before implementation
(11) highly visible/dominant in their market	NO	Market dominance not critical; OK to be a niche player

CANCER CENTER BUSINESS INNOVATORS PROFILED

Representative innovator organizations and their respective noteworthy characteristics are profiled in the summary grid that follows. The organizations profiled are by no means an exhaustive list of all cancer care organizations out there that may have innovative business or programmatic features, but is instead a "fly over" of the national scene that gives us a general sense of the trends in the sector and the noteworthy features common to those that have assumed the risk of innovation in response to their market challenges.

We have concluded that there is a growing trend in considering new and innovative business relationships and constructs for cancer care delivery in response, at least in part, to environmental and market challenges. And we believe that by taking calculated business risk and being shamelessly persistent in implementation and follow through, a cancer care services organization increases its chances of sustaining itself in the long term, that is, in surviving and thriving in a rapidly evolving market environment.

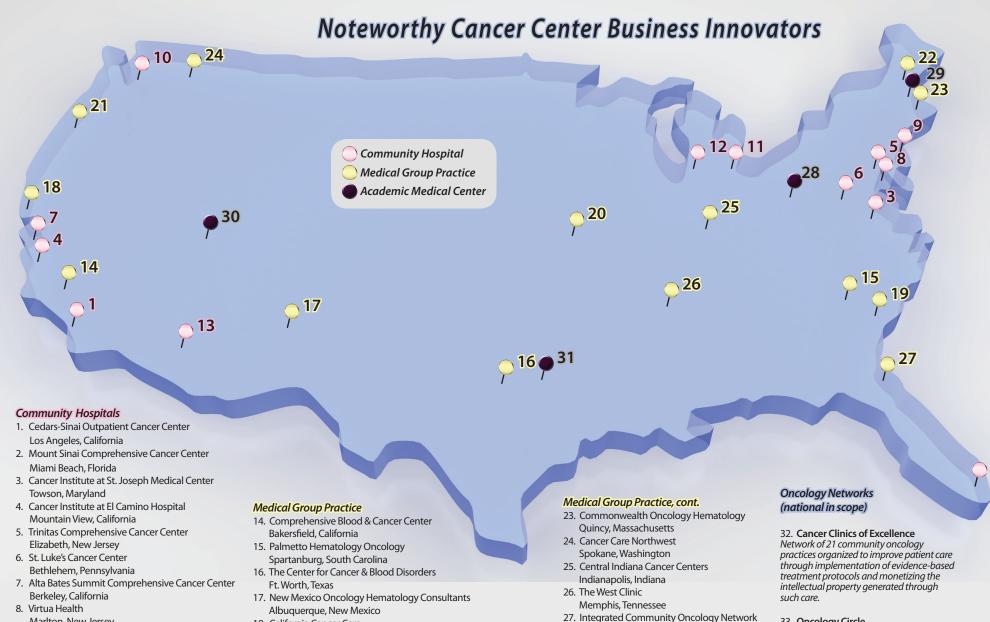
Respectfully submitted,

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Jacksonville, Florida **Academic Medical Centers**

- 28. UPMC Cancer Centers Pittsburgh, Pennsylvania
- 29. Dana-Farber Cancer Institute Boston, Massachusetts
- 30. Huntsman Cancer Institute Salt Lake City, Utah
- 31. Mary Crowley Cancer Research Centers Dallas, Texas

33. Oncology Circle

"Knowledge Exchange" and 35 member community oncology practice peer group for clinical and management data benchmarking and data mining.

34. Catholic Health Initiatives

System-wide network to develop program consistency within CHI hospitals. Focus on implementing multidisciplinary care approach at community level.

- Albuquerque, New Mexico
- 18. California Cancer Care Greenbrae, California
- 19. South Carolina Oncology Associates Columbia, South Carolina
- 20. Kansas City Cancer Center Overland Park, Kansas
- 21. Pacific Oncology Cancer Center Portland, Oregon
- 22. New Hampshire Oncology-Hematology Hooksett, New Hampshire

12. West Michigan Cancer Center Kalamazoo, Michigan

Grosse Pointe Woods, Michigan

9. St. Vincent's Comprehensive Cancer Center

10. Swedish Medical Center Cancer Institute

11. Van Elslander Cancer Center, St. John's Hospital

13. Virginia Piper Cancer Center Scottsdale, Arizona

Marlton, New Jersey

New York, New York

Seattle, Washington

NOTEWORTHY CANCER CENTER BUSINESS INNOVATORS OCTOBER 2007

ORGANIZATION	PROFILE	NOTEWORTHY INNOVATION
1. Cedars-Sinai Outpatient Cancer Center Los Angeles, CA	Community Teaching Hospital 39 MDs - private practice + faculty. (Med onc, rad onc, surg onc) Major metro, intense competition	 All support services contiguous space Dedicated imaging services – patient convenience Center open 24/7 Managed in affiliation with corporate partner
2. Mount Sinai Comprehensive Cancer Center Miami Beach, FL	Community Teaching Hospital 21 MDs (Med onc, rad onc, surg onc) Major metro, intense competition	 Satellite facility managed from central office – economies of scale Satellite radiation treatment planning done remotely Managed in affiliation corporate partner
3. Cancer Institute at St. Joseph Medical Center Towson, MD	Community Hospital 19 MDs (medc onc, employed + private practice; rad onc JV; surg onc, employed) Suburban, intense competition	 MD Director + Admin Director Leadership as model for "co-management" Multidisciplinary model - patient sees all 3 med specialties at one appointment
4. Cancer Center at El Camino Hospital Mountain View, CA	Community Hospital 10 MDs ((med onc, rad onc, surg onc) Suburban, intense competition	 Hospital-based services with private medical practice tenant Shared admin and support personnel costs
5. Trinitas Comprehensive Cancer Center Elizabeth, NJ	Community Hospital 4 med onc, 1 rad onc Major metro, intense competition	 Patient-centered healing environment Concierge meet & greet and NaviCare patient tracking system Managed in affiliation with corporate partner

ORGANIZATION	PROFILE	NOTEWORTHY INNOVATION
6. St. Luke's Cancer Center Bethlehem, NJ	Community Hospital 16 MDs (med onc, rad onc, surg onc) Suburban, intense competition	Advanced technology radiation and surgery Multidisciplinary care teams
7. Alta Bates Summit Comprehensive Cancer Center Berkeley, CA	Community Hospital 15 MDs (med onc, rad onc, surg onc) Major metro, intense competition	 Pediatric rad therapy with ped on- cologists at Children's Hospital Managed in affiliation with corporate partner
8. Virtua Health Marlton, NJ	Community Hospital 47 MDs – staff Suburban, intense competition	 Fox Chase Cancer Center – Affiliate First in market with JV for rad therapy RN Navigator program for patient care continuity
9. St Vincent's Comprehensive Cancer Center New York, NY	Community Teaching Hospital 24 MDs -staff (med onc, rad onc, surg onc) Major metro, intense competition	 Freestanding self-contained facility, includes breast center and ambulatory surgery center 24/7 treatment unit Focus on "niche" services Management in affiliation with corporate partner
10. Swedish Medical Center Cancer Institute Seattle, WA	Community Teaching Hospital – 3 campuses 55 faculty and staff physicians (med onc, rad onc, surg onc) Major metro – intense competition	 "Virtual clinic" orientation to 12 multidisciplinary cancer programs Matrix management organization: MD Exec Director with full authority & accountability for cancer service line
11. Van Elslander Cancer Center, St. John's Hospital Grosse Point Woods, MI	Community Teaching Hospital 24 physicians (med onc, rad onc, surg onc) Major metro – intense competition	 Freestanding outpatient cancer center Multidisciplinary approach Mixed staff model: private practice community oncologists plus staff oncologists housed in same facility
12. West Michigan Cancer Center Kalamazoo, MI	Community Hospital Joint Venture 9 physicians (med onc, rad onc, gyn onc) Suburban – friendly competition	Freestanding NFP center owned by 2 Community Hospitals

ORGANIZATION	PROFILE	NOTEWORTHY INNOVATION
13. Virginia Piper Cancer Center Scottsdale, AZ	Community Hospital Major metro – intense competition	 Blend of community oncology, academic medicine and genomic research Corporate genomic research partner Translational Genomics and Molecular Profiling Institutes
14. Comprehensive Blood & Cancer Center Bakersfield, CA	Medical Group Practice 18 MDs (Med onc, rad onc, surg onc) Suburban - rural, intense competition	 Freestanding cancer center Academic Affiliation: UCLA International: satellite site in India
15. Palmetto Hematology Oncology Spartanburg, SC	Medical Group Practice 5 MDs (med onc) Suburban-rural, intense competition	 Private medical practice within hospital-based cancer center Academic Affiliation: M.D. Anderson Fully operational EMR practice-wide In-office dispensing pharmacy.
16. The Center for Cancer & Blood Disorders Ft. Worth, TX	Medical Group Practice 15 MDs (med onc, rad onc) Major metro, intense competition	 Freestanding cancer center Multidisciplinary care Flexible holding company practice model with multiple service lines JVs with City for land and hospital for cyberknife
17. New Mexico Oncology Hematology Consultants Albuquerque, NM	Medical Group practice 15 MDs (med onc, rad onc) Secondary metro, intense competition	 Freestanding cancer center Incorporate surgical and rehab services Satellite site under contract with Indian Health Services Organizer of community-wide physicians organization
18. California Cancer Care Greenbrae, CA	Medical Group Practice 11 MDs (med onc) Major metro/suburban, intense competition	 Leadership in community-based clinical trials Leadership in defining quality measures AAAHC Accreditation

ORGANIZATION	PROFILE	NOTEWORTHY INNOVATION
19. South Carolina Oncology Associates Columbia, SC	Medical Group practice 19 MDs (med onc, rad onc, gyn onc) Secondary metro, collaborative	 Freestanding cancer center Multidisciplinary and multimodality Founding member of oncology network initiative
20. Kansas City Cancer Center Overland Park, KS	Medical Group Practice 36 MDs (med onc, rad onc) Major metro, intense competition	 Clinical pathways: 100% evidence-based practice Multiple practice sites Management in affiliation with corporate partner
21. Pacific Oncology Cancer Center Portland, OR	Medical Group Practice 15 MDs (med onc) contract for rad onc Major metro, intense competition	 Freestanding cancer center Early adopter of mid-level providers Protocol standardization through Formulary Committee
22. New Hampshire Oncology Hematology Hooksett, NH	Medical Group Practice 12 MDs (med onc) Suburban - rural, friendly competition	 Multiple practice sites Dedicated Oncologic Hospitalist program Dedicated patient Advocate program JV cancer center development with Community Hospital and AMC
23. Commonwealth Oncology Hematology Quincy, MA	Medical Group Practice 23 MDs (med onc) Major metro/suburban, intense competi- tion	 Freestanding cancer center JV in affiliation with corporate partner Multiple practice sites Central corporate office management economies of scale
24. Cancer Care Northwest Spokane, WA	Medical Group Practice 16 MDs (med onc, rad onc, surg onc) Secondary metro, friendly competition	 Integrated multidisciplinary care model Fully operational EMR practice wide Clinical pathways: evidence-based practice Management in affiliation with corporate partner

ORGANIZATION	PROFILE	NOTEWORTHY INNOVATION
25. Central Indiana Cancer Centers Indianapolis, IN	Medical Group Practice 13 MD (med onc, rad onc) Major metro, intense competition	Freestanding cancer centerCyberknife radiosurgeryAutologous transplants
26. The West Clinic Memphis, TN	Medical Group Practice 18 MDs (med onc, gyn onc) Secondary metro – intense competition	 Diagnostic & interventional radiology Fully operational EMR practice wide International: satellite site in Singapore
27. Integrated Community Oncology Network Jacksonville, FL	Medical Group Practice 47 MDs (med onc, rad onc) Secondary metro – intense competition	 Merger of two medical group practices (med onc and rad onc) in LLC format Multi-State (FL and GA)
28. UPMC Cancer Centers Pittsburgh, PA	Academic Medical Center Secondary metro, intense competition	 Private medical practice responsible for full cancer service line Central cancer center with multiple "hub and spoke" model Innovative approach to develop JVs with local providers for cancer treatment services International: satellite site in Ireland
29. Dana Farber Cancer Institute Boston, MA	Academic Medical Center Major metro, intense competition	 Clinical research center of excellence with broad-based affiliates program Developing regional "hub and spoke" model program
3o. Huntsman Cancer Institute Salt Lake City, UT	Academic Medical Center Secondary metro, intense competition	 Multidisciplinary care: 12-teams Genetic and clinical trials research 50-bed cancer hospital

ORGANIZATION	PROFILE	NOTEWORTHY INNOVATION
31. Mary Crowley Cancer Research Center Dallas, TX	Private Academic Research Center Major metro	 Community-based outpatient research in vaccine, gene and cellular therapies Multiple outlet affiliates program Independent within AMC setting
32. Cancer Clinics of Excellence National	Community Practice Oncology Network 21 medical group practices All market types, intense competition	 National network of community oncology practices organized to improve patient care through implementation of evidence-based treatment protocols and monetizing the intellectual property generated through such care Corporate partner
33. Oncology Circle National	Community Practice Oncology Network 35 medical group practices	 Knowledge exchange and peer group for clinical and business data benchmark- ing and data mining Industry sponsorship
34. Catholic Health Initiatives National	Hospital System Network	 Hospital system sponsored clinical trials clearinghouse New initiative in community-based multidisciplinary care model at affiliated hospitals