Building a Premier Regional Cancer Program in Today’s Rapidly Changing Oncology Landscape

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Introductions

Mark Witte
Executive Director
TriHealth Cancer Institute

Joined TriHealth in 2012 as the first Executive Director of the TriHealth Cancer Institute

Prior to TriHealth, served as CEO of the largest independent primary care physicians group in Greater Cincinnati

Harrison Burns
Engagement Manager
The Chartis Group

Has led strategic planning engagements for a number of nationally ranked health systems, AMCs, and children’s hospitals

Areas of focus include enterprise strategic planning, health system partnerships/affiliations, and cancer service line development
A leading integrated health system serving the Greater Cincinnati region

- McCullough-Hyde Memorial Hospital
- Evendale Hospital
- Good Samaritan Hospital
- Bethesda Butler Hospital
- Bethesda North Hospital
- TriHealth Rehabilitation Hospital

6 Hospitals
12 Major ambulatory facilities
600+ Employed PCPs and specialists
4th Largest employer in Cincinnati
$1.7B Total revenue

Source: TriHealth internal data
The Chartis Group provides comprehensive advisory and analytics services to the healthcare industry.
Today’s Learning Objectives

01. Explore **key drivers** of the rapidly changing oncology care delivery landscape

02. Define **strategic imperatives** for developing a leading regional cancer program in today’s evolving healthcare environment

03. Articulate specific tactics and best practices for **successful execution** of these imperatives
INTRODUCING TRIHEALTH CANCER INSTITUTE (TCI)
**TriHealth Cancer Institute (TCI) Overview**

- **2010**: Year TCI was formed by acquiring 7-physician oncology practice
- **3.5K+**: Newly-diagnosed cancer patients per year
- **50K+**: Outpatient encounters per year
- **27**: Oncology specialists
- **30+**: Active clinical trials (and member of several national research partnerships)

**Location Infusion Center Radiation Center Breast Center**

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Infusion Center</th>
<th>Radiation Center</th>
<th>Breast Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Good Samaritan</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>2. Bethesda North</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>3. Bethesda Butler</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>4. McCullough-Hyde</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Outpatient Centers**

| 5. Anderson        | ✓               |
| 6. Kenwood         | ✓               |
| 7. Arrow Springs   | ✓               |
| 8. Cheviot         | ✓               |
| 9. Western Ridge   | ✓               |
## TCI’s Track Record of Dramatic, Sustained Growth

**TCI Physicians**

<table>
<thead>
<tr>
<th>Year</th>
<th>Med Onc</th>
<th>Rad Onc</th>
<th>Gyn Onc</th>
<th>Breast Surg</th>
<th>Surg Onc</th>
<th>Neuro Onc</th>
<th>Hematologist</th>
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<tbody>
<tr>
<td>2010</td>
<td>11</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2011</td>
<td>11</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2012</td>
<td>14</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>2013</td>
<td>18</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>10</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2014</td>
<td>20</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>10</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>2015</td>
<td>24</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>13</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>2016</td>
<td>27</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>13</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

**Economic Impact on TriHealth System**

<table>
<thead>
<tr>
<th>Year</th>
<th>Cancer Net Revenue</th>
<th>% of Total System Net Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>$75M</td>
<td>9%</td>
</tr>
<tr>
<td>2011</td>
<td>$97M</td>
<td>11%</td>
</tr>
<tr>
<td>2012</td>
<td>$107M</td>
<td>11%</td>
</tr>
<tr>
<td>2013</td>
<td>$108M</td>
<td>11%</td>
</tr>
<tr>
<td>2014</td>
<td>$140M</td>
<td>13%</td>
</tr>
<tr>
<td>2015</td>
<td>$164M</td>
<td>14%</td>
</tr>
<tr>
<td>2016</td>
<td>$194M</td>
<td>15%</td>
</tr>
</tbody>
</table>

Source: TriHealth internal data
Key Drivers of TCI’s Sustained Success

01 TEAM OF HIGHLY-SKILLED PROVIDERS
- Nearly 30 cancer specialists
- Oncology-certified nurses
- Patient support resources

02 REGIONAL DELIVERY SYSTEM
- Widely-distributed network of hospitals, satellite clinics, and infusion centers

03 PREMIER CANCER PROGRAMS
- Leading cancer programs in Breast, Gynecologic, Lung, Digestive, Skin/Melanoma, and Neuro

04 MULTI-DISCIPLINARY CANCER CARE
- Multi-disc. clinics in Breast, Lung, Digestive, and Melanoma
- Correlated with improved outcomes

05 EXCEPTIONAL PATIENT EXPERIENCE AND OUTCOMES
- Excellent quality reflected by numerous accreditations and certifications
THE EVOLVING ONCOLOGY CARE DELIVERY LANDSCAPE:
WHAT GOT US HERE TODAY WILL NOT GET US TO TOMORROW...
Cancer’s Significant Impact

Cancer is big...
- 1:3 lifetime probability (1.7M new diagnoses annually)
- 1:4 deaths attributable to cancer (2nd leading cause of death)
- 2.5M under active treatment annually

...and getting bigger
- Propelled by age wave and lifestyle
- New screening = >100M screened
- New therapies = mortality rate ↓, but...
- 15M+ survivors, and growing fast

Cancer has an outsized impact on healthcare today, and in a population-health future

Source: American Cancer Society, Cancer Facts and Figures 2017
Disparities and Access to Care

Geographic Disparity

Many do not receive current standard of care, much less advanced treatments

Changes in screening, diagnosis and treatment will have significant effects for both patients and providers.
Reimbursement Changes

Cancer = one of the most profitable service lines for health systems

Increasing Economic Pressures

- Dependency on 340B pricing
- Hospital-based vs. provider-based billing
- New payment models: CMS’ Oncology Care Model (OCM)

Increasing drug costs and reimbursement pressure will have a negative financial impact for many providers
When choosing a provider, newly-diagnosed cancer patients value a **physician who sub-specializes in their specific tumor type** above all other program features.

### What Do Cancer Patients Want and Deserve?

When choosing a provider, newly-diagnosed cancer patients value a **physician who sub-specializes in their specific tumor type** above all other program features.

#### Cancer Program Features by Value to Patients when Choosing Providers (Mean Utility Scores[^1])

<table>
<thead>
<tr>
<th>Feature</th>
<th>Mean Utility Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor who specializes in my particular cancer</td>
<td>12.8</td>
</tr>
<tr>
<td>Clinical quality</td>
<td>11.5</td>
</tr>
<tr>
<td>Technology and treatment options</td>
<td>10.6</td>
</tr>
<tr>
<td>Accreditation</td>
<td>9.9</td>
</tr>
<tr>
<td>Patient support services</td>
<td>9.6</td>
</tr>
<tr>
<td>In-network for my insurance</td>
<td>8.3</td>
</tr>
<tr>
<td>Ranking</td>
<td>8.1</td>
</tr>
<tr>
<td>Recommendation from my doctor</td>
<td>7.3</td>
</tr>
<tr>
<td>Location</td>
<td>5.9</td>
</tr>
<tr>
<td>Cost</td>
<td>3.2</td>
</tr>
<tr>
<td>Availability of appointments</td>
<td>3.0</td>
</tr>
<tr>
<td>Facility and amenities</td>
<td>2.7</td>
</tr>
<tr>
<td>Availability of clinical trials</td>
<td>2.6</td>
</tr>
<tr>
<td>Recommendation from my family and friends</td>
<td>2.6</td>
</tr>
<tr>
<td>Customer service</td>
<td>1.9</td>
</tr>
</tbody>
</table>

**Source:** Advisory Board Company, 2015 Cancer Patient Experience Survey, Oncology Roundtable interviews and analysis

[^1]: Utility scores indicate the relative value of each attribute and sum to 100

[^2]: Patients who were diagnosed within the last two months and have started or will soon start treatment
What Do Cancer Patients Want and Deserve?

Cancer patients value convenience – patient experience is an increasingly critical point of differentiation for cancer programs

Cancer Center Services by Value to Patients (Mean Utility Scores)

<table>
<thead>
<tr>
<th>Service</th>
<th>Mean Utility Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of my care takes place in one building</td>
<td>11.3</td>
</tr>
<tr>
<td>Specialized symptom management</td>
<td>10.1</td>
</tr>
<tr>
<td>One point of contact to help me understand my care</td>
<td>9.3</td>
</tr>
<tr>
<td>Multidisciplinary care clinics</td>
<td>8.8</td>
</tr>
<tr>
<td>Nurse phone line for help with symptoms</td>
<td>6.6</td>
</tr>
<tr>
<td>Online portal to view test results, contact care team</td>
<td>6.5</td>
</tr>
<tr>
<td>Financial counseling</td>
<td>5.6</td>
</tr>
<tr>
<td>Survivor support services after finishing treatment</td>
<td>5.1</td>
</tr>
<tr>
<td>Patient education services</td>
<td>5.0</td>
</tr>
<tr>
<td>Help scheduling and coordinating my appointments</td>
<td>4.9</td>
</tr>
<tr>
<td>Extended hours of operation</td>
<td>4.2</td>
</tr>
<tr>
<td>Complementary and alternative medicine</td>
<td>3.9</td>
</tr>
<tr>
<td>Social and mental health services during treatment</td>
<td>3.9</td>
</tr>
<tr>
<td>Support services for my family</td>
<td>3.6</td>
</tr>
<tr>
<td>Access to genetic testing and counseling</td>
<td>3.0</td>
</tr>
<tr>
<td>Parking that is convenient and affordable</td>
<td>2.2</td>
</tr>
<tr>
<td>Free or discounted transportation</td>
<td>2.1</td>
</tr>
<tr>
<td>Religious and spiritual services</td>
<td>2.0</td>
</tr>
<tr>
<td>Help with nutrition</td>
<td>1.9</td>
</tr>
</tbody>
</table>

Source: Advisory Board Company, 2015 Cancer Patient Experience Survey, Oncology Roundtable interviews and analysis

¹Utility scores indicate the relative value of each attribute and sum to 100
STRATEGIC IMPLICATIONS FOR REGIONAL CANCER PROGRAMS
Foundational Elements of Leading Regional Cancer Programs

Due to the rapidly evolving cancer care delivery landscape, it is increasingly important for regional cancer programs to develop strategies for **growth** and **market distinction** across several key dimensions.
TCI’s Four Strategic Imperatives

1. Deliver the highest quality care by ensuring patients have access to **sub-specialized programs** and provider expertise.

2. Cultivate a highly-collaborative provider community by creating a culture of **multi-disciplinary, team-based care**.

3. Enhance **patient convenience and experience** by migrating cancer services into state-of-the-art, co-located facilities.

4. Provide patients with **enhanced access to cutting-edge research** and the greatest advances in cancer diagnostics and treatments.
1 Sub-Specialized Programs and Provider Expertise

Considerations for Regional Cancer Programs:

- Identify **select cancer types to prioritize** for programmatic growth and distinction (based on competitive positioning, core program competencies, level of investment required, etc.)
- Develop an aligned **recruitment philosophy** and approach
- Enhance patients’ access to sub-specialized expertise by establishing **multi-disciplinary clinics**, tumor boards, and integrated patient support services
- Integrate **specialized/oncology-certified nursing** across continuum of cancer care
Culture of Multi-Disciplinary, Team-Based Care

Prevention → Screening → Diagnosis → Treatment → Recovery Survivorship

Psychosocial Screening & Palliative Care

Targeted Navigation Based on Need

Primary Care

The future of cancer care requires **consistent, evidence-based care** across the entire continuum.

Requires a **holistic approach** to providing an **exceptional patient experience**.

Reflects **Commission on Cancer** standards and other accreditations.

*Source: Graphic adapted from COC standards*
Providers Must Shift Their Focus from Management of Traditional Asset “Silos”...
...To Management of Key Clinical Areas or Disease-Specific Programs

- Hospitals
- Ambulatory Facilities
- Physician Practices
- Care Continuum Assets

- BREAST CANCER PROGRAM
- LUNG CANCER PROGRAM
- DIGESTIVE CANCER PROGRAM
- GENITOURINARY CANCER PROGRAM
Reimagining Cancer Program Management and Strategic Planning Approach

A key success factor of TCI’s strategic plan was repurposing the charge and structure of the program’s Cancer Committee.

Cancer Committee of the PAST
- Maintain Accreditations

Cancer Committee of the FUTURE
- Guide program development and uphold standards of care
The Creation of “Disease-Based Teams”

Charge of Each Disease-Based Team:
1. Identify and bring together a multi-disciplinary team of oncology and non-oncology physicians, nurses, and support staff who play a pivotal role within the disease-specific area.
2. Spearhead program development within the disease-specific area.
3. Create clinical guidelines to be used for treatment of all disease-specific cancer patients within the health system (and monitor performance).
4. Conduct periodic team meetings and report to Cancer Committee on a quarterly basis.
Patient Convenience and Experience: Co-Location of Cancer Services

Why are integrated, co-located cancer services important for regional cancer programs?

- Creates a “one stop shop” for cancer patients
- Enables multi-disciplinary care and integration of cutting-edge research and tumor-specific programs
- Opportunity to support patients’ full range of needs by providing genetics, nutrition, behavioral health, social services, and financial counseling under one roof
- Provides opportunity to innovate and differentiate competitive positioning for many regional cancer programs
TCI’s Development of a Comprehensive Cancer Center

PROJECT VISION:
Consolidate all cancer services on Bethesda North Hospital’s campus into one co-located building to further support multi-disciplinary cancer care, improve patient access, and provide a consistent patient experience.
Current State: Disparately Located Services Across Campus (Breast Cancer Patient Journey Example)

1. Screening mammogram – lump found
   Location: A: Breast Center

2. Image guided biopsy (and pathology determination)
   Location: A: Breast Center

3. Sees surgeon
   Location: B: Offices

4. Disease-specific tumor board
   Location: B: Multi-disc. clinic

5. Sees Med Onc, Rad Onc, and Surgeon
   Location: B: Multi-disc. clinic

6. Genetic counseling (if applicable)
   Location: A: Breast Center

7. Surgery performed
   Location: C: Main

8. Receives chemotherapy
   Location: D: ATC*

9. Receives radiation
   Location: E: Medi-Center

10. Starts hormone therapy
    Location: D: ATC*

11. Follow-up mammogram
    Location: A: Breast C.

12. Routine follow-up
    Location: B: Offices

13. Serial imaging
    Location: A: Breast C.

* “ATC” = Ambulatory Treatment Center
Future State: Co-located, Integrated, and Comprehensive Services

The 80,000 square foot center will feature the following key services:

**Level 3:**
- Infusion
- Lab
- Pharmacy (specialty and retail)
- Clinic, consult, and multi-disciplinary space

**Level 2:**
- Women’s Center
  - Center for breast care
  - Diagnostic area and exam room module dedicated for Breast and Gynecologic Oncology patients
- Tumor board space
- Clinic, consult, and multi-disciplinary space

**Level 1:**
- Oncology urgent care
- Imaging
- Patient support services (genetics, behavioral health, nutrition, social work, navigators, financial counseling)
- Research and clinical trial patient evaluation/consultation space

**Basement:**
- Radiation oncology
Enhanced Access to Cutting-Edge Research

**Considerations for Regional Cancer Programs:**

- Pursue a clinical trial **portfolio strategy** (e.g. cooperative trials, industry trials, trial networks/alliances, etc.)
- Explore **mutually-beneficial strategic partnerships** with larger-scale cancer programs that have broad clinical trial portfolios and infrastructure (e.g. AMCs, NCI-designated centers, etc.)
- Prioritize research **infrastructure investments** (e.g. onsite coordinators, data and analytic resources, etc.) that best support the program’s priority disease types
- Develop a **nimble model** to expedite and streamline the organization’s internal approval processes
Other Lessons Learned Through The Strategic Planning Process

It is critical to involve physician leadership in strategic planning, and there is great value in holding a program-wide “kick-off retreat” and annual “state of the union” meeting.

Form should follow function: develop a clear and aligned program governance structure to advance strategic priorities and maintain momentum.

Do not wait to develop or acquire oncology-specific predictive/prescriptive analytic capabilities if your cancer program is planning to pursue meaningful quality and value-based care initiatives (e.g. CMS’ Oncology Care Model).

It is important to foster an entrepreneurial culture, and design and deploy standardized processes/tools to support development of follow-on and “grassroots” strategic initiatives.
The oncology care delivery landscape is evolving, predominately driven by rising disease incidence and prevalence, emerging technologies and innovative therapies, increasing economic pressures, and shifting consumer expectations.

To deliver the best care to their patients and communities in this future environment, many regional cancer programs should pursue strategies focused on achieving greater** sub-specialization**, a **multi-disciplinary, team-based** care model, superior patient **convenience and experience**, and enhanced access to **cutting-edge research**.

Each strategy and tactic is **market-specific** – regional cancer programs should assess their competitive positioning and local market dynamics to define their specific strategic priorities for growth and distinction.
Questions?

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