What to Look for in
Your Cancer Program Administrator

This integral member of the cancer team can make or break your cancer program

BY JAMES R. YATES, MSPH, MBA, CHE

In increasing numbers hospitals providing cancer care continue to organize these services into formalized cancer programs and/or cancer service lines. Likewise, many freestanding centers and group practices are widening their services to include multimodality treatment technologies and diagnostic services. Combine these trends with burgeoning bio-technological breakthroughs, increasing cancer patient volumes, and a reimbursement infrastructure as solid as quicksand, and what do you get? If you don't already have one, you get an experienced cancer program administrator.

Get ready, get set…get interviewing

Recruiting the Best and the Brightest

Once a decision is made to hire a program administrator, the process is straightforward for most healthcare organizations. The first step is to develop a position description. The steps that follow are equally clear-cut: recruit, select, and hire the best possible applicant for the job. The challenge in recruiting, whatever the cancer-care setting, is to find not just the candidates who are successful cancer program administrators; but to identify those candidates most likely to be successful in your program's unique environment.

Recruiting the best and brightest for your cancer program is complicated by many factors. Paramount is the fact that a cancer program administrator's areas of responsibility may cross many disciplines and functions, including:

- Operations management
- Human resources
- Finance and accounting
- Physician, payer, and community relations
- Marketing
- Business development
- Regulatory and legal issues.

Obviously, a truly comprehensive list of the characteristics and credentials needed for successful cancer program administrative management has tremendous breadth, depth, and length. Finding all these qualities in one candidate is unlikely. In today's healthcare environment—and not unlike the multidisciplinary care we strive to deliver—successful cancer program management requires a team approach. Selecting and supporting a program administrator who will be successful in your environment is a relationship building process for the cancer program *and* the candidate. The position description is the legal foundation for that relationship.

Developing a Position Description

Whatever the job title—manager, director, administrator—the primary responsibilities of a cancer program administrator are similar to those of other health administrative managers. Typically these include planning, organizing, developing, directing, and controlling a variety of service units. Some programs are structured so that the position also requires clinical or technical oversight. In crafting the cancer program administrator position description, the job requirements need to be clearly defined along with the programs or functions that make up the critical core of the position. Major responsibilities for budgets, supervising staff, and/or managing facilities, technology, or other functions must also be included. Finally, somewhere in the position description, you should address reporting relationships and geographic locations, if the candidate will be overseeing a cancer service line at multiple locations.

At a minimum, a good job description describes the essential duties and responsibilities of the position, and spells out the basic knowledge, skills, and abilities (KSAs)—both required and preferred. The mix and weight of KSAs that will define the critical competencies for the cancer program administrator position are complex and will be unique to your organization. In addition, the position description must describe the minimum—as well as the preferred—types of education, training, credentials, and experience that candidates must have to be eligible for consideration. Finally, the position description may identify and define key performance expectations.

Creating an Ideal Candidate Profile

Most executive recruiters will tell you that success in a position is all about finding a good "fit." While the position description is a vital and useful tool, it tends to focus on what every candidate needs to have just to get a foot in the door for the interview process. An "ideal" candidate profile can be an important step in succeeding at the "best fit" process.

Answering the following three questions can lay the groundwork for building an ideal candidate profile:

- What will our program administrator need to know?
- What elements of the job will the administrator need to excel at?
- What other traits or characteristics are needed for success?

When creating this profile, consider developing practical

tools in the area of health services administration and competency. Ongoing research in the area of health services administration and competency can be useful in developing ideal candidate profiles. A recent article by Shewchuk discusses a long list of researchers, including health management associations, that have explored and developed competency models for health services administrators.[1]

The *Education & Knowledge Checklist* (page 41) portrays the broad range of knowledge and education cancer program administrator candidates might possess—the information that the candidates know or understand. The *Skills, Abilities, & Experience Checklist* (page 42) allows easy identification of those candidates that have the desired skills or demonstrate the ability to learn them.

Getting Real

Your cancer program can also use these checklists as a jumping-off point for developing a list of required and preferred KSAs, credentials, and work experiences specific to *your* organization. When doing so, consider developing your organization's checklists around four real-world context parameters: Services, Setting, Size, and Situation (see Figure 1).

For example, consider the impact of services, setting, size, and situation on the candidate profiles for two different scenarios (see Table 1).

Scenario one is a cancer program administration position with a medium sized, non-profit hospital. The administrator directly oversees inpatient services for general oncology, radiation therapy, and a small infusion center. The program is stable and has enjoyed steady growth in its small metropolitan marketplace.

Scenario two is a position in a large multi-specialty clinic environment offering medical and radiation oncology services in three locations. The environment is very competitive in this large metropolitan market in which many hospital/physician partnerships are developing. One of the sites is relatively new and is failing to meet its volume/net income targets. The previous cancer program administrator was released from the position.

Obviously, completing checklists for the "ideal" candidates for these two scenarios will result in two different profiles. In scenario one, the ideal candidate will likely be a registered nurse that is familiar with the hospital's needs, specifically in the areas of cost management,
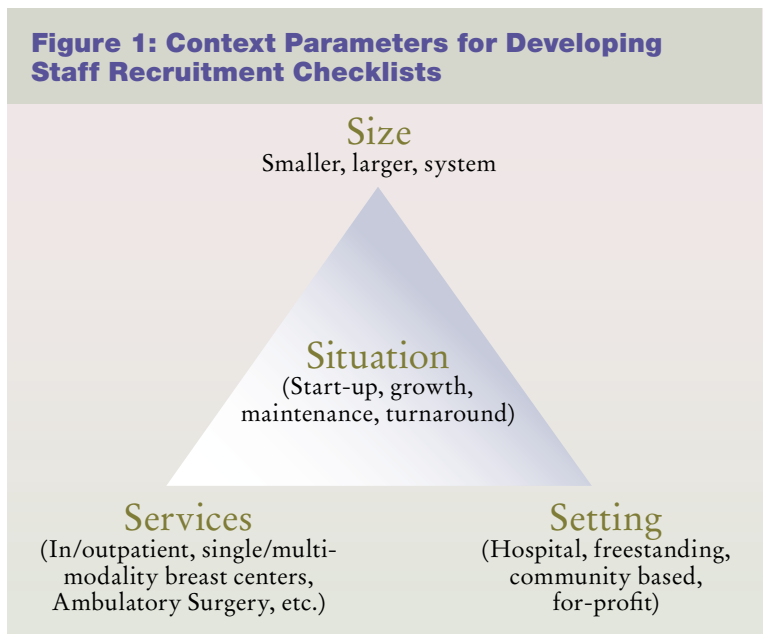
reimbursement, accreditation, customer satisfaction, and quality improvement. In scenario two, the ideal candidate will likely have skills in billing and reimbursement in the physician office setting, as well as experience in planning, marketing, and business development.

Fit to be Tried?

Cancer programs in search of the "best fit" candidates for program administrator positions often face two other key questions:
- Does the candidate need to be clinically trained (most commonly in medicine, nursing, or radiation therapy)?
- Is previous oncology experience a "must have" for the candidate?

The answer to the first question—must your administrator be clinically trained—is obvious when direct supervision of patient care is needed. In situations where the role is oriented towards general management, the answer is less clear. A recent article by Schultz cites simulation study data concluding that while medically trained individuals use clinical information more often in their decision making, this practice did not lead to better outcomes in terms of organizational performance (both financial and customer satisfaction).[2] Most healthcare professionals would agree that clinical training, coupled with management training and experience, can be both synergistic

Figure 1: Context Parameters for Developing Staff Recruitment Checklists

Size
(Smaller, larger, system)

Situation
(Start-up, growth, maintenance, turnaround)

Services
(In/outpatient, single/multi-modality breast centers, Ambulatory Surgery, etc.)

Setting
(Hospital, freestanding, community based, for-profit)

Table 1: Using Context Parameters in a Real World Setting

	Scenario One	Scenario Two
Setting	Non-profit, hospital-based	Physician owned multi-specialty group
Services	Supervision of an inpatient program, infusion center, and radiation therapy	Outpatient, including medical oncology and radiation therapy
Size	Medium, single location	Relatively large with multiple locations
Situation	Stable with steady growth	Turnaround at one location

and advantageous; however, it is this author's opinion that as the size and complexity of the program increases, the need for "hands on" clinical expertise decreases.

Is previous oncology experience a "must have"? The complexities of service delivery across the cancer care continuum make comprehensive knowledge of the cancer care product paramount to success. As such, prior knowledge and experience in oncology is a must in most situations.

In the "best fit" search, one final issue concerns the challenges that "role ambiguity" can present.

Successful cancer program management takes teamwork. For any cancer care program, developing and achieving the desired outcomes that represent success to the organization, requires the efforts of many loosely associated parties and entities. Likewise, cancer treatments are becoming increasingly complex and cancer care is delivered in an environment of constant regulatory and reimbursement change. All of these factors create many challenges for cancer program management. Some might compare the cancer program administrator's job to the well-worn phrase "it's like herding cats." With this in mind, your profile development and selection process should consider a candidate's leadership and management experience within matrix structures and in particular a candidate's ability to cope with (and to help others understand and cope with) a high degree of role ambiguity.

What do I mean by role ambiguity? Generally such ambiguity occurs at a hospital or practice when there is a lack of clarity or understanding of what actions need to be done and by whom. This ambiguity tends to increase in tandem with complexity. While a certain amount of ambiguity is probably inherent in our current healthcare environment, organizational planning, prioritization, and clear communications can reduce role ambiguity. In fact, coping with role ambiguity may be critical to success in some cancer programs.

Get Ready, Get Set…Get Interviewing

With the position description completed, an "ideal" candidate profile prepared, candidate checklists developed, and the other issues discussed above taken into consideration, you are ready to create a summary profile of key credentials, KSAs, and work experience that your preferred candidate would be expected to have. Whether in a narrative or checklist format, this profile can then be shared with recruiters, interviewers, and other members of the recruitment and selection team.

The job description and ideal candidate profile form the basis for determining which candidates are best suited for your position and organization. Once a candidate pool is established, the information regarding any candidate's fit for a position typically comes from three basic sources:

- Biographical data (CV or resume)
- Personal interview(s)
- Personal and professional references.

The first step in culling candidates is comparing the position description and profile to biographical data (the resume) to determine those who meet the minimum qualifications.

In finding the "best fit" candidate, developing a solid interview plan is key. Through the interview, your objective is to discover if—and to what degree—candidates truly possess and have previous experience with the KSAs core to your position. To do this, your interview needs to go beyond the basic questions of strengths, weaknesses, and goals. Many types of interview approaches and formats exist; whatever format you choose, preparation and organization are critical to ensuring that you get the information you need from the interview process. At minimum, preparation should include a pre-determined interview approach along with a list of relevant questions aimed at each of the key profile targets.

To determine a candidate's real-world experience with key issues, interview experts recommend using behavioral-based questions. For example, ask candidates to describe or recall a past situation where they dealt with an issue relevant to an ability or skill your cancer program is seeking. Another approach is to describe a hypothetical situation and ask that candidates elaborate on the approach they might take to the scenario you've outlined. Regardless of your interview format, maintain some level of consistency in questions among candidates. Keep notes (or a written log) of the candidates' responses to review *after* the interview. When aggregating responses from several candidate interviews, consider using a constant, established format to help with the selection process.

References are a final source of information regarding candidate "fit" for the program position. Keep in mind, however, that reference checking carries legal risk—particularly for past employers—so you should always consult with human resource or legal experts as to how to proceed. At minimum, you must obtain and clearly document authorization from the candidate to check his or her references. When possible, references regarding job-related questions from past employers and co-workers offer a very strong potential for validating impressions from the interview process, so referencing is worth the extra effort.

In addition to a commitment to oncology, a cancer program administrator candidate should also have a connection to the health services management professional community. Membership—or more importantly participation—in local, state, and national organizations creates unique networking and educational opportunities. Whether the professional organization is the American College of Healthcare Executives, the Medical Group Management Association, the Oncology Nursing Society, the Association of Cancer Executives, the Association of Community Cancer Centers or others, a track record of active professional involvement is a check mark in the plus column for any successful candidate. ⦿

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References

[1] Shewchuk RM, O'Connor SJ, Fine DJ. Building and understanding of the competencies needed for health administration practice. *J Healthcare Management*. 2004;50 (1):32-47.

[2] Schultz FC. Who should lead a healthcare organization: MDs or MBAs? *J Healthcare Management*. 2004;49(2):103-117.

CANDIDATE'S NAME: _____ REVIEWER: _____

EDUCATION AND KNOWLEDGE	Not applicable Required Preferred	Weak	Moderate	Strong
Education Level				
BA business management	_____	_____	_____	_____
BA in clinical management	_____	_____	_____	_____
Master's in business/ management/financial	_____	_____	_____	_____
Master's in clinical/clinical administration	_____	_____	_____	_____
PhD	_____	_____	_____	_____
MD	_____	_____	_____	_____
Knowledge of Operations				
Cancer care continuum	_____	_____	_____	_____
Medical oncology expertise	_____	_____	_____	_____
Radiation oncology expertise	_____	_____	_____	_____
Inpatient services	_____	_____	_____	_____
Process improvement strategies/techniques	_____	_____	_____	_____
Patient/Consumer Focus				
Regulatory knowledge	_____	_____	_____	_____
Patient/family education needs	_____	_____	_____	_____
Community healthcare needs	_____	_____	_____	_____
Marketing and PR techniques	_____	_____	_____	_____
CAM needs and options	_____	_____	_____	_____
Patient/family psycho-social support	_____	_____	_____	_____
Political, Legal, Ethical Concerns				
Medical ethics	_____	_____	_____	_____
Patient rights	_____	_____	_____	_____
General legal	_____	_____	_____	_____
Organizational governance	_____	_____	_____	_____
Financial and Economic Issues				
Specific billing and reimbursement issues	_____	_____	_____	_____
Accounting and budgeting	_____	_____	_____	_____
Healthcare public policy	_____	_____	_____	_____
Fundraising	_____	_____	_____	_____
Business development	_____	_____	_____	_____
Partnerships and joint ventures	_____	_____	_____	_____
Medical and Physician Relationships				
Legal and malpractice process	_____	_____	_____	_____
Research/organizational/bioethics	_____	_____	_____	_____
Error/risk reduction strategies	_____	_____	_____	_____
Physician education process	_____	_____	_____	_____

CANDIDATE'S NAME: _____	REVIEWER: _____		

SKILLS, ABILITIES, & EXPERIENCE	Not applicable Required Preferred	Weak	Moderate	Strong
Managing Costs	_____	_____	_____	_____
Recruiting and Retaining Staff	_____	_____	_____	_____
Managing Staff Productivity	_____	_____	_____	_____
Meeting Stakeholder/Customer Needs				
Organization	_____	_____	_____	_____
Community	_____	_____	_____	_____
Customers: patients and families	_____	_____	_____	_____
Physicians	_____	_____	_____	_____
Payers	_____	_____	_____	_____
Regulatory and accrediting	_____	_____	_____	_____
Managing Technology				
Capital equipment	_____	_____	_____	_____
Facilities	_____	_____	_____	_____
Construction	_____	_____	_____	_____
Information technology	_____	_____	_____	_____
Growing the Business	_____	_____	_____	_____
Planning				
Strategic	_____	_____	_____	_____
Operational	_____	_____	_____	_____
Financial	_____	_____	_____	_____
Technological	_____	_____	_____	_____
Organizational development	_____	_____	_____	_____
Problem Solving				
Data management skills	_____	_____	_____	_____
Analytical skills	_____	_____	_____	_____
People skills	_____	_____	_____	_____
Communication	_____	_____	_____	_____
Team Building	_____	_____	_____	_____
Performance Management	_____	_____	_____	_____