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- ✓ Opportunities to increase your cancer program's visibility on ACCC's website and in *Oncology Issues*.
- ✓ For further information or to apply for membership, go to www.accc-cancer.org/membership or call 301.984.9496, ext. 226.

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You Gotta Have a Strategy

by Christian Downs, JD, MHA

Growing up, I used to play a board game called "Risk." The board itself was a Napoleonic-era political map of the earth divided into territories and continents. The goal was to use your armies to capture territories and eventually conquer the world. Invariably the game would come down to me and Timmy, with me isolated on New Guinea and Timmy controlling the rest of the world. As Timmy picked my pieces off, I remember him saying through a mouthful of Pop Rocks, "You gotta have a strategy."

As we put together this September/October 2008 edition of *Oncology Issues*, I think back to the game of "Risk" and how important it is to have that strategy.

Each article was specifically chosen to give *your* practice or hospital practical tools to develop and/or adapt strategies for *your* cancer program.

Former ACCC president and long-time contributor Cary Present, MD, FACP, highlights "practice-changing" abstracts and study results from ASCO 2008. His analysis distills the vast amount of information coming out of that meeting into a useable format for both clinicians and non-clinicians. Take time to focus on how these abstracts and study results may change the way you practice—both from a treatment and business perspective.

Dawn Holcombe identifies the unique challenges faced by physician office practices and explains the value of planning a strategic retreat. She looks at strategies from data collection and SWOT analysis to tips for selecting a skilled retreat facilitator. While this article is aimed at physician group practices, I am certain that much of this practical information can be adapted by our hospital members also.



A panel of expert authors, including ACCC past-president E. Strode Weaver, FACHE, MBA, MHSA, provides a detailed strategic planning process for hospital-based cancer programs. They recommend a comprehensive service line analysis as the first step in the strategic planning process. At the same time, components such as choosing the right team, collecting the correct data, developing a realistic *pro forma*, and ensuring return are equally important to successful strategic planning.

And, of course, the purchase of new technology and equipment is an essential part of any strategic planning. Take some time to read "The Digital Age" interview with Mary Hayes, MD, and Carina

Marrero, RT(R)(M) as they discuss how their healthcare system transitioned to all digital mammography.

After you finish these articles, be sure to visit ACCC's website at www.accc-cancer.org. We always have new and updated information that will help with strategic planning but also with the day-to-day operation of your cancer center. For those of you on the hospital-side of the equation, plan now to attend our one-day hospital summit in December in Tyson's Corner, Va. It's a great opportunity to network with your colleagues and learn what new and innovative ideas are moving community cancer care forward in the hospital setting.

Now I would like to end with some pithy antidote about how I roared back from my encampment in New Guinea and took the world back from Timmy the conqueror. But that is not what happened. Back then, more than likely we just quit playing "Risk" and moved on to football.

As providers today, we do not have that option. We gotta have a strategy. 📌