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## Ch-Ch-Changes

by Christian Downs, JD, MHA

In January 2009, we witnessed one of our Founding Fathers' greatest legacies—the smooth transition of power from one leader to the next. While we take this seamless and peaceful transition for granted, in many countries and governments the process is not nearly as smooth. Sadly, the transfer of power can be violent and even deadly. And rarely do people benefit from violent regime change.

In this *Oncology Issues*, we focus on succession planning for community cancer centers. Just as peaceful leadership transition is critical to our nation's health, a smooth transition in cancer program leadership is vital to the well being of our patients and staff. In *Succession Planning: Building a Pool of Leadership Talent*, we learn that practical strategies for developing future leaders and “bench depth” are critical to programmatic success. As author Joan Evans points out, succession planning involves best practices, staff competency and performance measures, and future leadership needs.

Of course, anyone involved in succession planning at community cancer centers faces challenges related to the oncology workforce shortage—a long-standing concern of ACCC. In *Oncologist Succession Planning*, Kelley Simpson and Julie McGowan Lux show how effective succession planning can strengthen recruiting efforts, help prepare for reimbursement changes, and ensure continuity of practice culture and operations.

If we take away only one lesson from these two articles, it is this: succession planning at community cancer centers requires buy-in from physicians and staff. From your CEO to your front desk personnel, *everyone* has a part to play in identifying your

future leaders. The process is complex and may require staff to face some hard truths. However, a thoughtful, well-designed succession plan benefits not just the cancer program—but also your staff and patients. And improving services and processes to benefit staff and cancer patients is something we can *all* get behind.

This issue of ACCC's journal showcases many other opportunities for community cancer centers to improve services and processes. For example, Montefiore Medical Center focused on improving services to the under- and uninsured when it established its innovative HPV Vaccine



Clinic in the Bronx (see “A Model Hospital-based HPV Vaccine Clinic, page 34). And HCA Richmond Health System improved services for its breast care patients by establishing an integrated Breast Care Network across its nine-facility healthcare system (see page 36). The BCN project resulted in several programmatic benefits, including a reduction in patients leaving the healthcare system, volume growth, and increased patient and referring physician satisfaction.

From succession planning to programs geared towards meeting the unique needs of the under- and uninsured to disease-site specific performance improvement projects, this *Oncology Issues* shows how cancer centers serve their communities through hard work and dedication. And just as our Founding Fathers realized their obligation and responsibility—not only to their immediate constituents, but to future generations—we have the opportunity to show similar foresight as we plan for the future of our cancer care providers and cancer patients. □