Oncology Trends for Community Cancer Centers in 2010

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When "Top 10 Oncology Trends for 2008-2009" (*Oncology Issues*, July/August 2008) was published a mere 18 months ago, oncology service line directors and clinical leaders were devoting a high degree of attention to staying current with promising evolutionary steps in diagnostic and therapeutic cancer care, enhancements to customized patient care, and approaches to differentiating their community cancer centers. For most, an environment of declining reimbursement and aging and constrained workforces was a painful—but largely manageable—reality.

A year-and-a-half later, circumstances have changed. Today, community cancer centers, oncologists, and the healthcare industry as a whole are refocused on survival in the midst of very turbulent times. While technical signs indicate that the country is emerging from the recession, the pace and degree of economic recovery for communities, physicians, and community cancer centers remains uncertain. And while we may be able to anticipate the broad implications of healthcare reform—reduced Medicare reimbursement, pressure to eliminate "waste" and significantly reduce costs, increased access, and clinical integration—

Figure 1. Looking Forward on Past Trends

	Top 10 Trends for 2008–2009	Expected Status for 2010
1	Array of diagnostic testing techniques will continue to expand, but payers will reduce reimbursement for imaging and molecular-risk profiling will gain increased attention.	Continue.
2	Utilization of interventional oncology will continue to grow (percutaneous, endoscopic, radiofrequency ablation).	Accelerate if costs are reduced and outcomes continue to improve.
3	Increased utilization of surgical treatments for cancer with growing emphasis on minimally invasive and robotic procedures.	Surgical volume will grow as a consequence of population trends. Continued transition to minimally invasive and robotic procedures.
4	Expanding application of radiotherapy (IMRT, IGRT, Cyberknife®, Gamma Knife®, proton beam) to new tumor sites resulting in increased patient volume and revenue.	Flatten.
5	Increased use of drug (oral) therapy and targeted therapies and continued attention to the development of cancer vaccines and gene therapy.	Continue.
6	Continued streamlining and improved coordination of patient care via team treatment, tumor-site specialists, tumor-site care coordinators, remote scheduling and registration, and enhanced IT.	Accelerate with equal focus on cost management.
7	Growing application of pay for performance, quality benchmarking, and investment in electronic medical records (EMRs).	Accelerate.
8	Differentiation activities will focus on customized patient care, quality of life during treatment, and outcomes.	Shift of emphasis to efficiency, cost, and outcomes (value).
9	Increased application of evidence-based medicine.	Continue.
10	Increased sub-specialization of oncologists (by tumor site), increased turf battles among physicians in different specialties.	Continue.

the specific impact and the definitive models of successful future care delivery are still emerging. Given these uncertain times, as management teams plan for 2010 and beyond, it's useful to look back and assess the status of those 2008-2009 trends, while looking forward at some newly emerging trends.

Putting 2008-2009 Trends in Perspective

As shown in Figure 1 (on page 26), four of the trends highlighted in "Top 10 Oncology Trends for 2008-2009" are expected to progress as anticipated. Given healthcare reform and economic and broader societal events, three trends are likely to accelerate, and several will slow (flatten) or shift direction.

Figure 1 demonstrates just how fluid the relevance, importance, and potential impact of the trends affecting cancer care can be on program operations. These last 12 months have demonstrated that micro and macro changes can occur abruptly, and an organization's flexibility to rapidly adjust its course is a key contributor to its success. Proactively monitoring and anticipating the impact of pending trends is as important as reacting to those already identified.

Three New Trends for 2010 and Their Implications

For 2010, three trends are likely to have a significant near-term impact. Oncology programs and cancer service lines will want to monitor and proactively discuss these three areas:

1. Healthcare reform
2. Clinical integration
3. Data and information portals and educated and incentivized healthcare consumers.

Assuming that some form of healthcare reform is enacted, community cancer centers and oncologists are as likely to be affected as any other medical service line. The stated goals of healthcare reform are to increase access to and reduce the cost of care. Specific to cost reduction, significant attention will be devoted to:

- Reducing Medicare payments
- Eliminating wasteful and/or ineffective care
- Reducing use of outpatient imaging
- Enhancing case management through incentives related to bundled payment.

HMO and PPO plan reimbursement is also likely to be adjusted downward toward Medicare levels as competition intensifies within health insurance exchanges. The resulting decline in revenue per case and the increasing service demand will necessitate collaboration among cancer centers, hematologists and oncologists, radiation oncologists, and surgeons to fundamentally redesign the process of diagnostic and therapeutic care to reduce cost and increase efficiency. Given this scenario, in the coming year community cancer centers must consider:

- Enhancing clinical coordination among oncologists and between oncologists and other physicians
- Increasing the role of lower-cost mid-level providers
- Moving selected components of care to lower-cost settings
- Implementing clinical integration.

Clinical integration is not a new concept. However, its current incarnation under the Accountable Care Organization (ACO) structure has gained a foothold more rapidly than previous versions. Under the ACO model, clinical and cost data from all components of the care continuum (physicians, hospitals, pharmacies, labs, independent diagnostic centers, and more) are collected. The resulting data warehouse becomes the basis for monitoring outcomes, adherence to protocols, and the design of new care delivery models. This clinical integration model has multiple implications for community cancer centers and oncologists in 2010. The following steps can help:

Proactively seek a defined role within the ACO structure. Rather than physicians loosely aligning through participation in cancer committees, tumor boards, patient care planning teams, and shared occupancy of a comprehensive cancer center, clinicians must become integrated in terms of sharing economic responsibility for managing highly coordinated, streamlined care that achieves high quality at lower costs. Rather than establishing clinical silos, turf protection, and maximizing personal patient volume activity to compensate for low reimbursement, the focus must be on a commitment to coordination, adoption of and adherence to evidence-based clinical protocols, and provision of optimum care.

Establish and reinforce the accountability of physicians, mid-level providers, administrative, and supporting staff. Because the ACO is a physician-led structure, your program will need to select and cultivate physician leaders based on their ability to guide their colleagues in attaining optimum care and achieving metrics specific to clinical quality, satisfaction, and cost management. This process, in turn, will mean redefining roles and annual objectives among cancer center personnel.

Recognize that effective patient management requires robust information technology. This technology must include an electronic health record that enables the cancer center, hospital, physician offices, lab, imaging, and other supporting services to share clinical information seamlessly. Kaiser Permanente's HealthConnect and its web portals are

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one example of such a robust IT system—admittedly on a larger scale than most community-based programs will need—with the types of functionality that cancer centers and their parent organizations must begin to develop in their information systems and websites. HealthConnect links Kaiser Permanente members with their personal health records and their health delivery team, enabling clinical integration. At the same time Kaiser Permanente's website serves a marketing role that provides information designed to differentiate and enhance enrollment in the plan, while also providing information that encourages and empowers members to take personal responsibility for managing their health.

Similar functionality is being sought by other health plans, hospital systems, and some comprehensive cancer centers in the design of their websites and portals. Microsoft, Google, and many other companies are competing to create data warehouses to support clinical integration, and telecommunications companies are working feverishly to establish robust handheld patient monitoring and connectivity tools.

In 2010 community cancer centers and oncologists should monitor these evolving trends and have discussions with parent organizations regarding how and when they will upgrade their websites and create portals. Going forward, they will need to ensure that the information posted on their website is correct and effectively reflects their value equation (i.e., access, clinical quality, satisfaction, and cost). At the same time, community cancer centers will need to incorporate tools tailored to meet the needs of physicians and patients in accessing information, scheduling, navigating the care delivery system, and long-term management of what has become a chronic illness.

Avoid the "Hunker Down" Trap

In these turbulent times, navigating the healthcare environment is like confronting an angry river swollen by heavy rains and spring run-off from melting snow. Facing the fierce elements, some bring in the sandbags, hoping to hold their ground against the inevitable onslaught. Most move to higher elevations, "hunker down," and wait for things to calm down. Others see the inherent opportunity to take control of their destiny. They elect to aggressively raft in the class 4 and 5 (most treacherous) rapids, carefully monitoring the current (trends), selecting their routes around dangerous whirlpools, and achieving highly desirable ends.

In these difficult times, many community cancer centers are hunkering down. This choice may seem safe, but this behavior brings real risks, including:

- Missing opportunities to meet the needs of the community with enhancements to care delivery
- Being outpaced by competitors that draw patients, physicians, and care providers from those hunkered down
- Losing support for the organization by parent hospitals, strategic partners, and sources of capital funds.

For those willing to identify and manage risks, opportunities exist for programmatic enhancement, outpacing competitors, and retaining and strengthening support from allied programs and facilities. However, the opportunity windows are generally narrower and close faster than in the past. Thus, as community cancer centers prepare for 2010, they must monitor environmental cues, identify where trends converge and signal opportunities, complete timely analysis on potential initiatives, and accelerate implementation.

The Big Picture

To this point, we have focused on trends specific to the healthcare industry likely to affect community cancer centers. In addition, a broad array of other factors drawn from multiple industries and society in general will create opportunities and challenges for cancer programs in 2010. To show the breadth of these trends, Figure 2 (page 29) presents them by category. Five categories of trends and issues have an potential impact on oncology:

- Technology
- Industry (healthcare)
- Political and regulatory
- Societal
- Economic

It is convenient to refer to this chart by the acronym TIPSE. Each column has a non-prioritized list of trends related to the heading. There is no specific relationship across a row. Community cancer centers can use this chart as a starting point to study and amend or as a model to create their own version during a management meeting or planning retreat.

The TIPSE chart provides a structure for identifying trends and a reminder to the management team that, for each trend, they should be identifying the implications for their program. The chart is also an effective way to spot circumstances where trends intersect or are interdependent. Generally, those places where trends converge present an opportunity to reposition or repackage existing services and products or develop new services and products that better respond to patients' and customers' needs. Additionally, points of convergence may provide cues for operational enhancement. By capitalizing on those opportunities for growth and improved operations, community cancer centers can propel themselves beyond the "hunker down" mentality and significantly enhance their future competitive position, financial performance, and viability.

Figure 2. TIPSE Chart

Technology	Industry	Political and Regulatory	Society	Economy
Miniaturization and digitization	Mergers and consolidation	Licensure changes	Demographic shifts (aging, ethnicity, etc.)	Reduced access to capital
Wireless monitoring	Personalized medicine	Regulatory changes	Environmental concerns	Increased taxes
Continued work on cancer vaccines and gene therapy	Clinical integration, ACOs, medical homes, and other integrated models	Anti-trust regulations	Multicultralism	Reduced discretionary income
Genetic testing and counseling	HMO and PPO shift	Tax law changes	Consumerism (customization)	Inflation
Data and information portal and electronic health records	Medicare and Medicaid cuts necessitate substantial re-engineering of operations not just staff reductions or cost shifting	Healthcare reform (reduced waste, reduced cost, bundled payments, value)	Family/lifestyle changes (Internet use, one-stops, dispersed family)	Unemployment
Precision diagnostics (PET/CT, lung CT, Tomosynthesis, molecular imaging)	Limited supply of hematologists and oncologists and radiation oncologists and pending retirements	Globalism	Cancer as a chronic disease and cancer patients with multiple co-morbidities	Business demographics
Robotic surgery	Retail medicine	Watchdogs and reporting	Medical tourism	Business interests
Precision therapeutics (SRS, targeted protein therapies)	Transparency (prices, outcomes, satisfaction)		Increased uninsured population	Federal and state budget shortfall

Genomics-Driven Personalized Cancer Treatment

Applying TIPSE

The purple circles and arrows in Figure 2 show how community cancer centers and oncologists can apply the TIPSE chart to identify new opportunities. Ovals are drawn around five converging trends:

1. Cancer as a chronic illness
2. Genetic testing and counseling at the community hospital level
3. Precision therapeutics
4. Consumerism
5. Personalized medicine.

Given this intersection, one implied opportunity is to reposition a community cancer center on the basis of using genomics data to design and deliver personalized diagnostics and therapeutics specific to a given tumor site with enhanced clinical efficiency and minimized harm to healthy tissue and side effects to the patient. At the same time, information specific to successful treatment of a patient's tumor may be "banked" for future use in the event the patient develops another tumor of the same type, a relative develops that type of tumor, or for personalized treatment design for other individuals with similar genetics. This process of building a strategic and operational action plan around the convergence of trends is a portion of the approach applied by the oncology program at El Camino Hospital in Mountain View California.

Planning for 2010

What lies ahead in 2010 reflects both some continuation of the 2008-2009 trends and a number of new, unexpected challenges. Community cancer centers that are quicker to recognize the opportunities that apply to them and—most importantly—have the wherewithal and courage not to "hunker down" but instead to capitalize on these trends, will be better positioned through these turbulent times, and emerge successfully into calmer waters. With this statement in mind, community cancer centers and oncologists should adopt a proactive stance in their planning for 2010 and beyond.

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