

# AMC Affiliation with a Community Cancer Center

## Putting the pieces together

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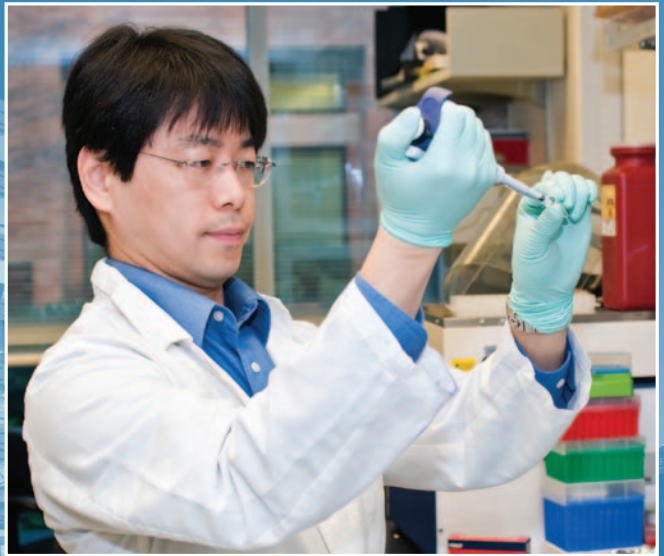
**T**he healthcare industry is changing. Across the country, community cancer centers are examined closely for cost effectiveness, quality care, and access to treatments for patients closer to home. New requirements, reduced reimbursement, shifts in payer models or contracts, and microscopic evaluations of clinical performance are just some of the ongoing challenges community cancer centers face today. Therefore, it is no surprise that more and more community cancer centers are looking for partnerships or affiliations that offer the right balance of structure to assist in improving their oncology care delivery without sacrificing their independence. Many models exist. There are community-hospital to community-hospital affiliations that combine specific services, such as cardiology, and specialty surgical services, such as neurology. Some affiliations focus primarily on electronic health record (EHR) integration. Two of the two most common models of oncology-specific affiliations include:

1. Clinical research and pharmacy affiliations
2. Academic medical center (AMC)-to-community cancer center affiliations.

This article focuses on the latter. While the AMC affiliation model and process described here is specific to the Seattle Cancer Care Alliance affiliation program, some similarities to other academic affiliations likely exist.

### The Process

There are no “cookie-cutter” approaches for this relationship model. Affiliations will vary, depending on the core components that are available and offered. The needs of the immediate community will determine the needs of the community cancer center, helping to identify what an affiliation with the academic institution might offer to help improve the quality of care in the community setting. That said, the path to any affiliation begins with three steps.



**Step 1: Assessment.** A full and complete assessment of the community cancer center program is key to understanding what infrastructure is in place or what infrastructure needs improvement and/or enhancement. This assessment should include a broad view of patient volumes, disease focus, staffing model, and other pertinent information critical to the overall operations of the cancer center program. The assessment provides insights on the program's experience with clinical trials, which is a priority for an academic affiliation model. This exercise benefits both the community cancer center and the academic medical center, providing a mechanism to find areas for collaboration and focus for the affiliation.

**Step 2: Site Visit.** This face-to-face visit is the initial step in building the relationship. Without a candid dialogue, the potential affiliation already is on softer ground. This relationship building step is the foundation for the partnership and the ongoing face-to-face interactions between the two organizations that are critical to a successful affiliation. Specifically, this interaction between the community cancer center lead clinical and administrative staff and the academic medical center's affiliation team and directors is an opportunity to meet in person, answer questions from both sides, and tour the facility first hand.

Occasionally, the academic medical center team will provide a more formal presentation to the community cancer center executive leadership, which often is indicative of overall executive leadership commitment to the affiliation. The site visit also engages all of the staff and helps alleviate any feelings of being "threatened" by a potential collaboration with an outside organization. The visit opens the door for continued dialogue and is an opportunity to evaluate cultural similarities and differences.

**Step 3: Internal Stakeholder Reviews.** After completing steps 1 and 2, the two organizations should independently:

- Review the potential affiliation relationship with their internal stakeholders
- Discuss any added financial commitment (for example, an affiliation membership fee)
- Assess the overall value and benefits affiliation
- Confirm leadership commitment to move forward.

Steps 1 through 3 can take up to a year to complete, but, in the end, these steps are the defining factor in moving forward with any affiliation. Only after this review and when overall agreement and consensus is reached can contract and agreement negotiations begin.

### Benefits to Affiliation

When deciding to affiliate, community cancer centers should consider many factors including, overall infrastructure, quality, and culture. So what are the benefits and challenges with an AMC-community cancer center affiliation? Figure 1 (page 24) outlines some core components of an AMC-community cancer center affiliation, with Fox Chase Cancer Center Partners representing the academic medical center.<sup>1</sup> Although the diagram does not present a comprehensive list of benefits, it shows what community cancer centers can access when affiliating with an academic medical center and the benefits of having access to these programs.

**Access to clinical research.** These mostly investigator initiated trials are otherwise not available to community cancer centers. From the academic medical center's perspective, implementing trials at community sites provides access to patients eligible for enrollment on protocols that are critical to improving current standards of care. It also benefits the community cancer center, increasing patient access to a variety of trials.

**Access to continued medical education and additional educational opportunities for other disciplines.** These opportunities come in a variety of formats from grand rounds to shadow opportunities and actual classroom-style forums.

# FIGURE 1. AFFILIATION BENEFITS BETWEEN AN ACADEMIC MEDICAL CENTER AND ITS COMMUNITY PARTNERS



## CLINICAL RESEARCH

- Access to an array of clinical trials
- Support in developing research infrastructure
- Invitations for physicians to participate in study design
- Assistance streamlining and overcoming regulatory hurdles

## QUALITY ASSURANCE

- Assistance with clinical quality measurements
- Periodic quality audits
- Evaluation of clinical infrastructure

## CONTINUING MEDICAL EDUCATION

- Participation in grand rounds and tumor boards
- Frequent educational seminars
- Physician education and networking

## CLINICAL OPERATIONS SUPPORT

- Assistance with accreditation
- Staff training in advanced techniques
- Onsite second opinions at select locations

## BUSINESS SUPPORT

- Creation of formal program plan—both strategic and operational
- Coordinated marketing and co-branding campaigns
- Feasibility studies and business plans

## ADVANCED SERVICES

- Access to genetic counselors and other highly trained staff
- Support in establishing high-risk screening programs

Source: Fox Chase Cancer Center Partners, Philadelphia, Pa.  
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Learning opportunities are often tailored specifically to the community cancer center's educational needs. By participating in these events, the community cancer center develops a stronger relationship with the academic providers with specialty expertise in oncology care and research. The academic medical center benefits from establishing relationships with community providers by:

- Hearing first-hand challenges with certain patient-care issues and learning how academic providers can assist
- Improving protocol development to better fit a community cancer center setting
- Gaining opportunities for collaborating in other projects.

**Access to program development expertise.** This expertise can range from developing a survivorship clinic to assistance with an accreditation process or implementing various patient navigation models. The community cancer center and the academic medical center both benefit from the sharing of best practices and plans to improve the quality of care and the patient experience.

**Access to quality assurance experts.** This access raises the bar for improving the standards of cancer care in the community by allowing the community cancer center to participate as a part of the academic affiliation network. Most academic affiliate models have what is described as a “network” where several community cancer centers within a region are affiliate members of the academic institution. Network members benefit from other programs by leveraging each affiliate's expertise and best practices. The network relationship provides a safe environment for sharing information that would otherwise be considered competitive intelligence. And because each of the affiliates has gone through the same in-depth due diligence prior to becoming an affiliate, network affiliates already share a common culture and mission between themselves and with the academic organization. Fostering an annual event where all the affiliates can gather is one way to continuously encourage sharing and collaboration. Finally, the opportunity for program integration becomes an option.

From the academic perspective, affiliation can help realize a mission-driven effort to improve access to quality care for oncology patients.

While this list of benefits is by no means comprehensive, there are challenges related to affiliation.

## Affiliation Challenges

Examples of common affiliation challenges include:

- Lack of an efficient process for referring a patient from the affiliate
- Cumbersome process for referring to the academic medical center
- Medical records are not available, thus delaying patient care
- Electronic transfer of films for a patient referred to the academic center is inefficient and often delays the patient's appointment







ALL PHOTOS COURTESY OF SEATTLE CANCER CARE ALLIANCE.

- Insurance coverage issues
- Healthcare reform issues
- Leadership and physician transitions at the community cancer center
- New “ownership” of the community cancer center
- Clinical research is not a revenue-generating program.

The good news: once challenges are identified, they often become an opportunity to improve processes for the best possible patient care delivery.

In addition to the challenges listed above, “perceptions” may exist that—left unaddressed—may turn into challenges. Usually, however, these are resolved by improving communication, fostering face-to-face interactions, and continuing education and awareness about each organization. For example:

- A “perception” that patients do not return to the community cancer center after a referral to the academic medical center. This complaint or issue between community cancer centers and academic medical centers is common. Although there may be some truth to this perception, it is an opportunity for improvement. Academic centers are large organizations with very complicated operational structures. Academic affiliation program leaders must make time to educate and communicate to their internal programs about the affiliate (the community cancer center) and its clinical staff and infrastructure. The academic medical center should provide several venues to increase interaction between its internal programs and its affiliate(s).
- A “perception” that community cancer centers are competition or lack integrity in the delivery of oncology care. This “perception” of community-based care varies, especially in the current healthcare environment where collaborations and/or affiliations seem to be the best approach

to manage the changing healthcare landscape. Most, if not all, community cancer center providers have come from an academic setting; some community centers have very robust clinical and research infrastructures. Continued education and awareness about each organization and infrastructure is critical, and providers need to have plenty of opportunities for dialogue.


### Leveraging Affiliation

Successful affiliation relationships do not happen overnight. Success requires champions (a director and medical director) from both the community cancer center and the academic medical center to be fully engaged, to believe in the mission and vision of the relationship, and to be the constant “face” of the relationship for the life of the affiliation. The first year of the affiliation (once all agreements are signed) is the “getting-to-know you” phase where additional introductions of programs, initiative development, and overall “learning the dance steps” occur.

The second year brings more specific program development and goals, infrastructure improvements, and training and education.

By years three through five, the community cancer center and the academic medical center are comfortable with and knowledgeable about the other program. Now opportunities exist for more targeted program development, such as survivorship clinics, and new ventures for additional collaborations, such as protocol development, care pathway development, and other integrated opportunities. At this stage, within the affiliations, coordinated efforts in quality performance, strategic planning, and, sometimes, with payer negotiations, can be initiated.

### Into the Future?

Affiliations, joint ventures, partnerships, and other collaborative models are here to stay. More and more, patients are demanding higher standards of care and access to experts and new treatments closer to home. Unfortunately, the number of cancer patients will rise exponentially in the next decade, and we already know that reimbursement will continue to decline, affecting how we run our business. We face additional challenges in clinical research, changes to accreditation requirements, drug shortages, and more. Affiliations and partnerships allow cancer programs to explore resources and expertise from each other. By affiliating or partnering, we can be unified in riding out the constant healthcare evolution. 

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### References

1. Lewandowski KO, et al. Oncology Briefing: AMC Community Hospital Cancer Center Affiliations. The Advisory Board Company, Washington D.C.; May 30, 2008.