

## ONCOLOGY ISSUES

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## FROM THE EDITOR

# Growing Your Cancer Service Line

BY CHRISTIAN DOWNS, JD, MHA



There is an old business school case study where a professor tells students that revenue for Company X has increased 20 percent year over

year. The students nod their head approvingly. The professor goes on to mention that the company's costs have increased 25 percent during that same time. The students frown. Then the professor asks, "Is Company X growing?" Taken at face value the professor's question seems pretty straightforward. But by the end of the semester, the students realize the question is far more complex.

In this edition of *Oncology Issues* we look at growing your cancer program. The metrics that immediately come to mind might include revenue, number of new analytic cases, number of staff, perhaps new satellite offices.

But, like the professor's question above, the issue is far more complex.

Take Paul Schilstra's article on growing your cancer program in challenging times. The author notes that community cancer centers need a different perspective to market and grow their program in today's competitive and challenging environment. He goes on to provide six critical success factors to ensure growth.

I challenge you to look at the rest of the articles in this issue and think about how they relate to growing your cancer service line.

For example, in our cover article, "Cancer Management Systems—Are We Heading Down the Right Road?" Amy Schroeder provides a big picture look at today's oncology landscape—from both the provider and payer perspective. One emerging trend: the use of pathways and cancer management systems. Can these systems help grow your program? What if they increase service line volume but

ultimately drive down reimbursement?

In a companion article, "Accountable Care for Cancer," author Kathy Lokay identifies cost drivers in oncology, as well as opportunities to control costs. As she so aptly puts it—*Healthcare reform is demanding lower costs without any compromise in quality or outcomes.* Her takeaway message for the oncology community is to either get on board and develop provider-driven solutions or risk being run off the road by payer-driven solutions. I'm certain we can all agree that the better option is collaboration between stakeholders that will look to reduce costs, ensure quality, and improve outcomes. Ultimately, the fruits of our labor should support programmatic growth.

And then there's Dr. Cary Present's annual "Best of ASCO" column. A community oncologist and a former ACCC president, Dr. Present offers his perspective on the abstracts and presentations of ASCO 2012 that will likely change the way we practice oncology—a valuable and practical summary. At the same time, underlying the highlighted advances are some important questions: How are practices and hospitals going to cover the cost of implementation? And will patients be able to afford the new treatments? Will early implementation of these new treatment options differentiate your program from competitors, ultimately driving program growth? Or will the costs of these new treatments offset program growth?

As we ponder the answers to these questions, I would challenge community cancer centers to consider growing their programs and services from the inside. In other words, maybe it's not all about volume and revenue. We have an opportunity to redefine "growth." Take, for example, the experience described in the article on "Implementing a Service Excellence Program." Middlesex Hospital's *Prescription for Excellence* customer service program improved patient and staff satisfaction, clinical outcomes, and patient safety. That sounds like growth to me. 