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ACCC Welcomes Its Newest Members

Augusta Oncology

Augusta, Ga.
Delegate Rep: Whitney Still
Website: augonc.com

The Cancer Center of Hawaii

Honolulu, Hawaii
Delegate Rep: Carolyn Voulgaridis, BSN, JD
Website: tccoh.com

Hawaii Pacific Health

Kapi'Olani Medical Center

Honolulu, Hawaii
Delegate Rep: Elizabeth Wright, DNP, MSN, RN, OCN
Website: hawaiiapacifichealth.org/kapiolani

Hawaii Pacific Health

Pali Momi Medical Center

Aiea, Hawaii
Delegate Rep: Elizabeth Wright, DNP, MSN, RN, OCN
Website: hawaiiapacifichealth.org/pali-momi

Hawaii Pacific Health

Straub Medical Center

Honolulu, Hawaii
Delegate Rep: Elizabeth Wright, DNP, MSN, RN, OCN
Website: hawaiiapacifichealth.org/straub

Hawaii Pacific Health

Wilcox Medical Center

Lihue, Hawaii
Delegate Rep: Elizabeth Wright, DNP, MSN, RN, OCN
Website: hawaiiapacifichealth.org/wilcox

Intermountain Healthcare

Intermountain Cancer Center

Salt Lake City, Utah
Delegate Rep: Craig Nielsen, MBA, BSRT(T)
Website: intermountainhealthcare.org/services/cancer-care

Kaiser Permanente Washington

Seattle, Wash.
Delegate Rep: Kathy Kronmal, BSN, MBA
Website: wa.kaiserpermanente.org/html/public/specialties/cancer

Mercy Health

Anderson Hospital

Cincinnati, Ohio
Delegate Rep: Elaine Wiseman
Website: mercy.com/locations/hospitals/cincinnati/mercy-health-anderson-hospital

Mercy Health

Clermont Hospital

Batavia, Ohio
Delegate Rep: Elaine Wiseman
Website: mercy.com/locations/hospitals/cincinnati/mercy-health-clermont-hospital

Mercy Health

Springfield Regional Medical Center

Springfield, Ohio
Delegate Rep: Pilar M. Gonzalez-Mock, RN, MS
Website: mercy.com/locations/hospitals/springfield/springfield-medical-center

Pardee Hospital

Pardee Cancer Center

Hendersonville, N.C.
Delegate Rep: Carol Brown, CTR, ABA
Website: pardeehospital.org/care-treatment/cancer

ACCC Surgical Oncology Pre-Conference

On March 4, 2020, attendees at the ACCC 46th Annual Cancer Center Business Summit had the chance to attend one of two pre-conferences. Here are highlights from the Surgical Oncology Pre-Conference.

Increasing the number of subspecialists (e.g., breast surgeons, gynecologic oncologists) was identified as the top opportunity to realize cancer program return on investment (ROI) by respondents to ACCC's 2019 *Trending Now in Cancer Care* survey. This pre-conference explored what achieving ROI may entail with sessions on effective models for integrating surgical oncology services into freestanding practices and hospital-based cancer programs.

Loren Rourke, MD, MHCM, FACS, and Lawrence D. Wagman, MD, FACS, FPCS (hon), level-set the discussion by delineating the commonalities and differences between surgical oncology and medical oncology services. Dr. Rourke, chief surgical officer, US Oncology,

and Dr. Wagman, surgical oncologist, City of Hope, Upland, and regional medical director for the Inland Empire, helped to plan the day's agenda.

Among the considerations regardless of care setting:

- Program/practice marketplace: What is needed in your community? Where are there gaps in care or expertise?
- Physician champion: Do you have physician leadership buy in?
- Recruitment: What are the oncologic surgeon skill sets needed and what care gaps will you fill?
- Infrastructure: Understand the needs of surgical oncology services and assess whether your program is adequately resourced.
- Marketing: How will you spread the word about your surgical oncology services?

As a first step, Dr. Wagman advised, “See what you need, see what your resources are, and see what you can do with what you have.” Pre-conference presentations demonstrated that ROI will come, but integrating surgical oncology services is not a simple or fast process and requires multifactorial assessment. The investment yields multiple benefits. “Bringing services together is beneficial from the patient quality perspective. It’s good for patients and for physicians,” Dr. Wagman said, citing the benefits of streamlined access to care and multidisciplinary collaboration.

The process of bringing these specialties together is much easier when physicians are employed than practicing in the community, noted Dr. Rourke. Areas of overlap between specialties can be a prickly issue. In sorting this out, “there is no right or wrong answer”; however, she emphasized, “These conversations have to take place upfront.”

Lucy Langer, MD, president, Compass Oncology, a 40-physician practice, shared steps for effective integration of surgical oncology services into an independent freestanding practice. In today’s turbulent healthcare landscape, top-of-mind concerns, Dr. Langer said, are how to survive the multiple pressures exerted on practices and ensuring the practice’s future viability.

Diversifying the practice’s portfolio by bringing surgeons on board is one strategy for addressing viability, Dr. Langer said. Cancer clinics considering this option need to proceed carefully to mitigate risk. This includes assessing patient volumes, practice infrastructure, and surgical oncologists’ practice needs and learning to “speak the same language,” she said. When a surgeon says, “I need a scheduler, it [means something] very different from a medical oncology scheduler.” This is just one example of the challenges of effectively integrating specialties with diverse processes and workflows.

When integration is done well, bringing surgeons into the practice offers the opportunity to partner with gynecologic oncologists and surgeons who are upstream, and also more effectively partnering with referral sources, she said.

Compass Oncology’s secret to successful integration? Dr. Langer shared the following tips:

- Bring surgeons into the practice as equals.
- Acknowledge the differences between medical and surgical oncology.
- Learn what your surgeons need and work to adapt quickly.
- Provide leadership opportunities for surgeons, including involvement in governance (e.g., a guaranteed seat on board).
- Acknowledge the challenges to getting the compensation formula “right” and have the flexibility to adjust.

Joseph J. Bennett, MD, FACS, chief of surgical oncology, Helen F. Graham Cancer Center & Research Institute, presented lessons learned

through development of a highly successful surgical oncology program within a hospital cancer center. As in the practice setting, the process begins with assessment, he said. “Do you need a surgical oncology program? What disease site will be your focus?”

Next, consider what your surgical oncologists want to do. These highly trained physicians want opportunities to use their specialized skill sets. At the same time, oncologic surgeons want to work in multidisciplinary care, Dr. Bennett said. “Surgical oncology is a team sport.”

Among the considerations and challenges that have to be resolved along the path to developing a successful surgical oncology service are the following:

- Employment model—Hospital-employed? Private practice? Hybrid?
- Infrastructure to support surgical oncology.
- Culture change for surgical oncologists—providers may feel threatened by the start of a surgical oncology program and a new model of integrated services.
- Referral patterns—navigating changes.
- Performance expectations—setting and maintaining these.
- Need to evolve.
- Recruitment of surgical oncologists.

Pre-conference presentations on integration of services across care settings demonstrated that ROI can be realized, but building a successful program takes time and commitment. Equally important to success in all settings: physician champions, supportive leadership, and patience.

Rounding out the pre-conference, Dr. Rourke focused the discussion on the role of surgical oncology in breast cancer. Referencing the surgical, medical, and radiation oncology pillars of cancer care and the need for coordination and integration of care delivery, she said, “The patient is sitting on a three-legged stool. If one leg isn’t working well, the patient falls off the stool.”

There is no one-size-fits-all solution to integration of breast surgeons into the cancer program, she said. “It depends on where you live, the market you’re in.” However, breast surgeon integration into the multidisciplinary cancer team is the new standard of care, Dr. Rourke emphasized.

“It’s less about who owns what in terms of continuum of care and more about can we get all these resources around the table [to benefit the patient],” she said.

“It takes a village to bring breast surgery into any environment—hospital-based or community cancer center. Breast surgeons are comfortable being part of the team. Not any one person makes this work, it’s administrators, clinicians, and staff all working together for the benefit of patients.”