



Beyond the CCSG – Part II (from Center to System)

Presented to: CCAF @ Moffitt Cancer Center Presented on: May 2017 Presented by: Alex Zafirovski, MBA, RT(T)ARRT Executive Director of Adminstration



- Overview and Introduction
 - From Center to System
- Panel discussion showcasing different approaches to alignment and integration, as many cancer centers are now becoming part of a health system.





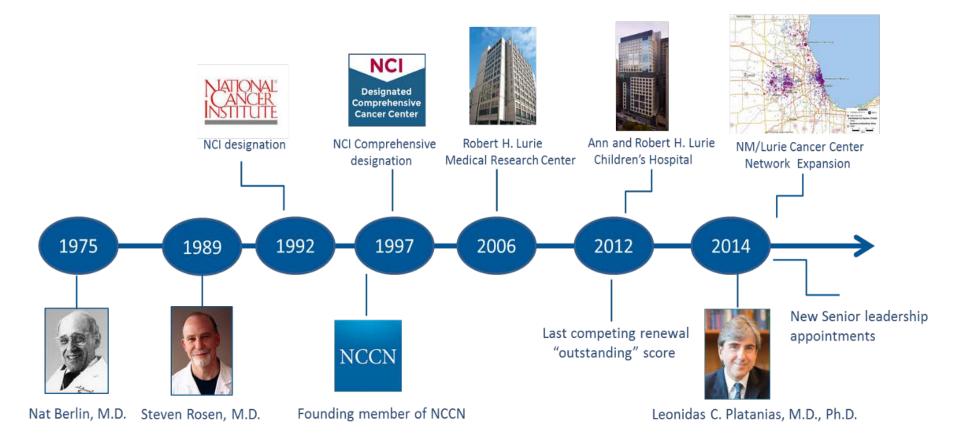




From Center to System



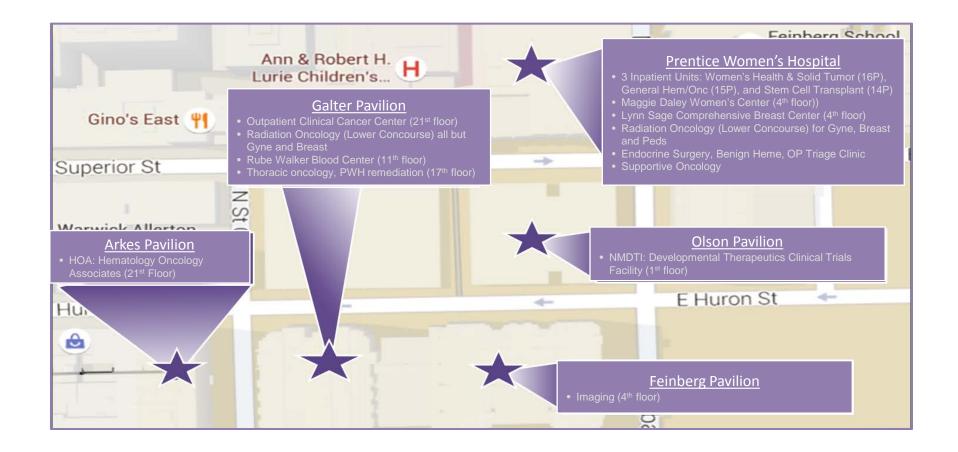
Lurie Cancer Center Overview







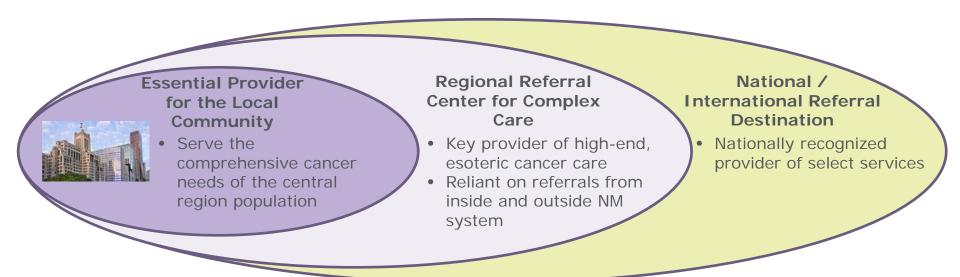
Clinical Facilities Current State







Lurie Cancer Center Multiple Roles Across Geographies



Key Initiatives:

<u>Local</u>

- Local convenient access to meet comprehensive community needs
- Increase efficiency to
 lower cost of care

<u>Regional</u>

- Seamless coordination of care / access for patients referred from other NM sites
- Relationships with independent referring providers
- Telehealth

National/International

 Grow impact and reputation nationally





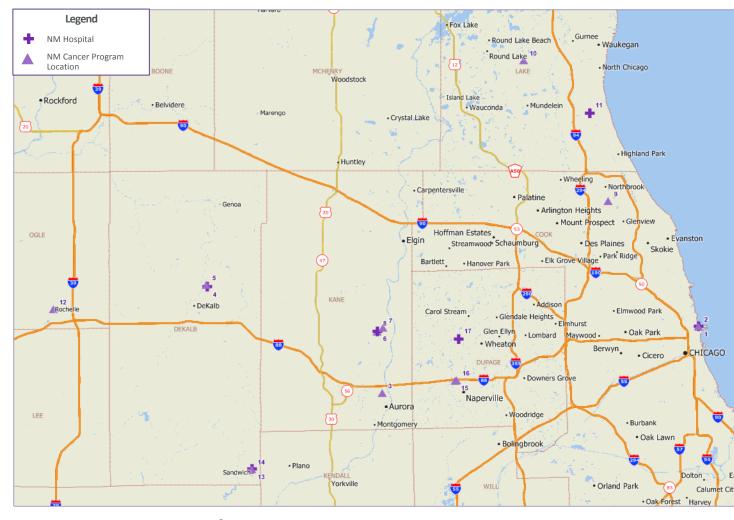
NM System Hospitals







NM Cancer Program Locations



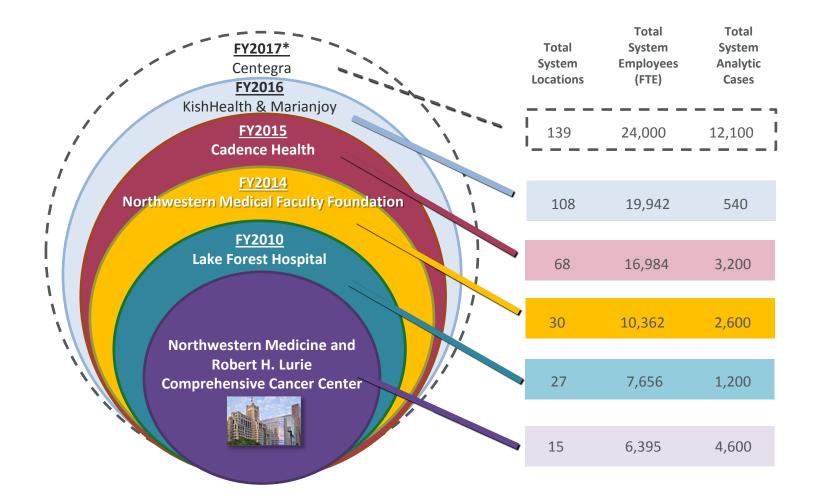




NM Hospitals & Cancer Program Locations

- 1. Northwestern Memorial Hospital
- 2. NMH & NMG/RHLCCC
- 3. NM Aurora Cancer Center
- 4. NM Kishwaukee Hospital
- 5. NM Dekalb Cancer Center
- 6. NM Delnor Cancer Center
- 7. LivingWell Cancer Resource Center
- 8. NM Delnor Hospital
- 9. NM Glenview
- 10. NM Grayslake
- 11. NM Lake Forest Hospital
- 12. NM Rochelle Cancer Clinic
- 13. NM Valley West Hospital
- 14. NM Sandwich Cancer Center
- 15. NM Warrenville Cancer Center
- 16. NM Chicago Proton Center
- 17. NM Central DuPage Hospital

Northwestern Medicine and Lurie Cancer Center Network Growing to Serve Our Patients





Your Cancer Center

Quick introduction of each cancer program

Yale

A Comprehensive Cancer Center Designated by the National Cancer Institute



Masonic Cancer Center

UNIVERSITY OF MINNESOTA

Comprehensive Cancer Center designated by the National Cancer Institute



UNIVERSITY OF MICHIGAN HEALTH SYSTEM





MAYO CLINIC







- How many locations does your clinical cancer program have?
 - A. 1
 - *B.* 2-5
 - С. 6-10
 - D. >10





Approaches to integrating faculty and staff

- Joint reporting structure
- Monthly meetings
- Disease groups
- Councils





System-Wide Disease Working Group Model

The clinical working groups will start in parallel to the research disease teams but ultimately may consolidate as appropriate.

NM Cancer Leadership												
	Central Region		North Region		West Region		Future Region					
Clinical Disease N	Norking (Gro	up 1									
Research Disease	e Team 1											
Clinical Disease \	Norking (Gro	up 2									
Research Disease	e Team 2											
Clinical Disease \	Norking (Gro	oup 3									
Research Disease	e Team 3											
Clinical Disease \	Vorking (Gro	oup X									
Research Disease	e Team X											

Working Group Characteristics:

- Cross-regional
- Aligned b/w Clinical and Research Teams
- Part of NM Cancer
 Leadership Model
- Administrative resources assigned to support Group's work



- What % of your faculty is currently employed by the institution?
 - A. 100%
 - *B.* >75%
 - *C.* >50%
 - D. 25-50%
 - *E.* <25%
 - *F.* <10%





Approaches to capital and operational budgeting

->\$1M

- Priorities decided locally









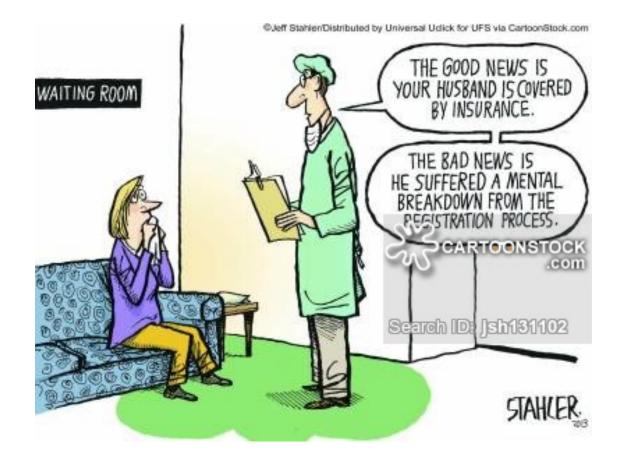
Audience question 3

- Capital budgeting at my organization is done:
 - A. Centrally
 - B. Locally
 - C. Mix of Both





How will you assure a consistent patient experience across all locations?







- Is the patient experience the same/close enough at all the locations of your cancer program?
 - Yes
 - -No







- Do you have system wide tumor boards?
 - Yes
 - -No





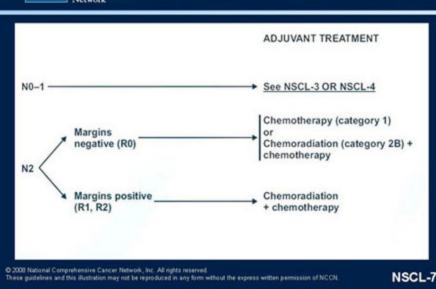
Can you assure that all patients will be treated on a same clinical care model?





NCCN National Comprehensive Cancer Network®

Non-Small Cell Lung Cancer Clinical Practice Guidelines in Oncology – v.2.2008









What data and metrics will you need, in order to measure cancer system success?

Relationships	Qtr	Plan	YTD	Plan	Reliability		Plan	YTD	Plan
Likelihood to recommend					Access - how long does it take to get appt				
Patient Engagement (enrollment in MyChar	t)				Timeliness: Consult to Dx, Dx to treatment				
Referring MD satisfaction					Evidence based care (concordance with guideline	s)			
Engagement - MD					Patient reported outcomes				
Engagement - staff					Patients w/ advanced directives; end of life meas	ure			
Turnover (Voluntary)					Mortality (risk adjusted)				
Injuries to staff					Preventable adverse events				
					Length of Stay				
Efficiency	Qtr	Plan	YTD	Plan	Growth		Plan	YTD	Plan
Utilization: of providers/ staff					Volume and/or Market share				
Utilization: of space (infusion chairs, clinics)					Screening volumes				
Staff hours per unit of service					New unique patients to NM				
Specialty pharmacy utlization					In-migration - outside svc area and international				
Medicare spending per beneficiary					Leakage				
Cost per case					Marketing Impact				
Net operating income									
Integration		Plan	YTD	Plan	Research				
To be determined:					Clinical trial accruals				
# of disease teams launched					# of trials opened across the system				
# cases presented at "system" tumor bds	;								
Medical staff satisfaction question									
Other?									





How will you develop and implement a single brand?



Northwestern University

ROBERT H. LURIE COMPREHENSIVE CANCER CENTER OF NORTHWESTERN UNIVERSITY

M Northwestern Medicine[®]

Feinberg School of Medicine











- Is there a single brand for your entire cancer program?
 - A. Yes
 - B. No







• When you think of all the challenges and work ahead, in terms of going from the single center location to a health system journey, what is the single word that comes to mind?

> <type 1 word that describes this feeling> word cloud will be constructed real time.











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